

Discharge advice following hypospadias repair using a stent and dressing

Information for parents



Shipwreck QAH (023) 9228 6391

Specialist Support

If you require this leaflet in another language, large print or another format, please contact the Health Information Centre Tel: (023) 9228 6757, who will advise you.



After your son's hypospadias repair

Following discharge from the ward you will need to return in about 7 days to have your son's stent and dressing removed. An appointment has been made for you to return to the ward on:

Date: Time:

Care at home

Until your next appointment, special care is needed to ensure that your son remains comfortable and infection in his wound and urine are avoided. Please try to ensure the following:-

- The stent is continuously dripping into a second nappy as you have been shown. If the stent stops dripping, check that it has not become kinked or twisted. If you can see no obstruction, place a new dry outer nappy back on and give your child a good drink. After 30 minutes, check the first nappy again. If it is still dry and you can see no urine dripping from the stent, then contact the ward **immediately** for advice. The stent could have become blocked and you may need to return to the ward so we can get it draining again. Failure to keep the stent dripping will mean that urine will collect in the bladder and your son will then pass urine down his urethra which may be painful and may damage the repair
- It is normal for your son's urine to look slightly pink and this may come and go over the next few days. However, it is **not** acceptable for the urine to look red, like a flow of blood. If this happens, you must ring the ward **immediately**. You may need to return to the ward for assessment
- Your son needs to have a really good fluid intake while the stent is in place to keep the bladder flushed out. This will help prevent infection and will also help to keep your son's stools (poo) soft and more comfortable to pass without straining
- It is important to keep the dressing dry by continuing to use double nappies as you have been shown. Please ask if you would like us to help you again to change a nappy, as we want you to feel confident before you leave the ward. We are here to help!

What if the dressing starts to come off?

If the dressing starts to come off, especially around the scrotal area (balls), please contact the ward for advice. If the dressing becomes loose underneath, it will no longer be supporting the penis which may change position causing the stent to 'pull'. This may cause pain and put pressure on the new urethra, which we want to avoid.

What if the dressing becomes soiled?

If the dressing becomes soiled with stools or starts to smell unpleasant, it is important to contact the ward and arrange to come for an assessment. Depending on how long the dressing has been in place, we will want to remove it and either replace it or leave just the stent in place. If a soiled dressing is not removed, then it is likely to cause wound infection and breakdown.

About medication

On discharge, you will be provided with 3 medications to give to your son and these all have important roles.

- **Trimethoprim** – this is an antibiotic that is white in colour and is given once at night to prevent the risk of urine infection
- **Oxybutynin** – this is a clear medication that is called an 'anticholinergic'. This means it will work on the bladder to calm it down and stop it from having a spasm. The spasms are caused by the stent and should stop once it is removed. This medication is given 3 times a day. It is important to try and space the doses out evenly or you may find your son gets spasms in the early hours of the morning. We recommend you give the last dose late in the evening. A fact sheet about oxybutynin is available for you to take home
- **Lactulose** – this is used to keep the stools soft as straining to have a bowel action will be uncomfortable and may lead to fistula formation. Not all children need to take two spoonfuls every day; it is very individual. We recommend that you give one spoonful on your first evening at home and then see what the stools are like the next day. If they are soft, you may not need to give two doses every day.

Too much lactulose will cause very runny stools that may soil the dressing.

Pain after surgery

It is to be expected that your son will experience some discomfort following surgery and we recommend you give him paracetamol of any brand. You must follow the directions on the bottle, according to his age, to work out the dosage. You do not have to stop the other three medicines if you give paracetamol. If paracetamol is not enough to keep your son pain free, please contact the ward for advice as we may need to give him a stronger medication. We will need to assess him first.

At home

Please try to ensure that while at home all bicycles and toys that are straddled are put away as they will cause pressure on the penis and may damage the repair. We understand that it is difficult to keep any toddler still, but quite calm activities for a few days will help his wound to heal.

Returning to the ward

When you return for dressing removal, we will sit your son in a warm bath to loosen the dressing. We recommend that you give a dose of paracetamol about 30 minutes before you get to the ward. Please bring a towel with you and any special bath toys that you think may encourage your son into the bath. If you are concerned that your son does not like the bath, please let us know in advance so we can plan a different approach to avoid unnecessary distress.

The stent is held in place with a small stitch that we need to cut to remove it. To do this we need to keep your son still for a few minutes and a cuddle with you wrapped in a towel is the best approach. Be prepared for your son to protest, as no toddler likes to be confined.

Stent removal should be very quick and cause just a short amount of discomfort as the stent comes out. In our experience you will remember its removal far longer than your son!

Following the removal of the stent, it is important that we see at least one good wet nappy before you leave the ward. Please note that you could be on the ward for most of the day as it may be a number of hours before your son will pee for us.

Finally.....

Once you have left the ward, please remember that you are not on your own. Should you want to discuss any aspect of care, please telephone us. The specialist nurses are available Monday to Friday or you can ring the ward staff at any time on the numbers below. Your son's notes will be kept on the ward so that we can refer to them if you call.

We believe that a happy and confident carer means a happy comfortable child, so please ring if you have a concern.

Telephone Numbers:

- Shipwreck QAH (023) 9228 6391
- G4 Nephro / Urology - Southampton (023) 8077 7222 ext. 8620

Care advice following removal of the Hypospadias Stent and Dressing

Please follow the guidelines below:

- Please give tonight's dose of trimethoprim (antibiotic)

You can now stop all medications. Please note you may give your son paracetamol suspension today and tomorrow to ensure he is comfortable.

Please check:-

- that your son's penis is healing well
- the swelling and bruising has/is going down
- the stitch lines are healing
- there are no signs of fistula formation ie: a visible hole, urine leaking

- there are no signs of the hole at the tip of the penis becoming tight (meatal stenosis). This is indicated by your son
 - straining to pass urine and that the urine is a fine stream
 - nappies are taking longer to become wet
- Please do not add bubble bath in baths for one month while the penis is healing
- Avoid swimming for one month
- Please do not allow your son to straddle on trikes/bikes for one month
- Attend the outpatient appointments with your son
 - One month after surgery the appointment will be with a Urology Nurse Specialist based in Southampton General Hospital
 - Three months after surgery the appointment will be with the Paediatric Urology Consultant at the hospital you have been seen in before

Further information regarding the Oxybutynin drug

Oxybutynin is a anticholinergic drugs and is also known as Ditropan or Cystrin. It works by helping the bladder muscle, which is called the detrusor, to relax. This helps by:

- Increasing the amount of urine that the bladder can hold which for children should reduce the amount of times that they have to rush off to the toilet as their bladder capacity increases
- Also prevents the bladder from being overactive or having erratic contractions

It is these uncontrollable contractions that can lead to urgent feelings of wanting to empty the bladder which is sometime accompanied by sudden wetting episodes. Children taking oxybutynin should see a reduction in wetting episodes and urinary urgency.

Oxybutynin is only available on prescription and is usually taken 2-3 times a day. It is available in both tablet and syrup form. A patient is usually started on a low dose that can be increased if no initial benefit is seen.

Minor side effects from this drug can be quite common and will include:

- Dry mouth
- Facial Flushing
- Dry skin
- Constipation

If your child does develop any of the above symptoms please inform us. We do not always stop the medication unless the symptoms are marked and out weigh any benefit. Initial side effects can also wear off after a few weeks. It is advised that all side effects are discussed with the doctor or nurse specialist before an increase in medication is made.

Constipation is the only minor side effect and it is extremely important to treat this quickly. We know that being constipated can cause bladder dysfunction and if left untreated can become worse. Usually a small amount of laxative is used to cure the problem. It is important that you child has a good amount of fluids to drink on a regular basis.

There are also more severe side effect that may occur in a small number of children which are:

- Blurred vision
- Headache
- Drowsiness or irritability
- Dizziness
- Skin rash
- Mood swings or behaviour changes
- Sleep Disturbance

Please contact us if any of the above occur.

Glossary

Spasm – sudden jerk of muscles which cannot be prevented

Consent - What does this mean?

Before any health professional examines or treats you they must have **your consent or permission**. Consent may be implied (e.g. offering a wrist for taking a pulse) or written (where you sign a form agreeing the treatment/operation).

Young people are presumed to be able to give consent depending on their maturity and the nature of the decision. Where a child is not competent to give consent, only a person (or body) with parental responsibility may consent on the child's behalf. More detailed information is available www.dh.gov.uk

Information we hold about you and your rights under the Data Protection Act

Please refer to the booklet 'Your Healthcare Information – Your Rights! Our Responsibilities!' for further guidance.

How to comment on your treatment

We aim to provide the best possible service and staff will be happy to answer your questions. However, if you have any concerns you can also contact the Patient Experience Service on 0800 917 6039 or E-mail:

portsmouthhospitals.patientexperience@porthosp.nhs.uk

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