

PENILE DRESSING FOR HYPOSPADIAS SURGERY

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SUMMARY

Retaining a dressing on the phallus has always been difficult. Newer and innovative techniques are coming up in this regard. One such method is suggested which I find extremely useful. Advantages of this dressing are easy application, stability for a long time and easy and painless removal.

INTRODUCTION

Penile surgery has been one of the oldest surgical procedures carried out in history. Circumcision has been depicted in the ancient Egyptian manuscripts. Hypospadias is another common congenital anomaly for which more than 150 procedures have been adopted. Fracture penis, open trauma, Pueronie's disease and balanitis Xerotica Obliterans are other few conditions where surgery on penis is carried out. Because of the anatomical location, its variability in size and being and end organ, leaves its dressing a lot more difficult than it might seem to the unaccustomed physician.

Hypospadias surgery is one of the common surgical procedures in the department of Plastic surgery in Peshawar. True incidence of this disease has never been measured in the community but our hospital

based statistics show that it is very common in this province especially from areas of Bajour Agency and Dir District. Because of the high work-load of this kind of procedure, we had been perturbed by the slippage of our dressings after surgery. We evolved our dressing technique over the last six years to the present regime and are now quite satisfied with this material to use as a simple dressing over penis after any kind of surgery.

MATERIAL AND METHODS

Mepitel is a new dressing based on medical grade silicone gel. It is available in various sizes. We use 10x10 cm size.

After repair or hypospadias is complete, the phallus is held upright with traction on the stay suture in the glans and catheter. *Mepitel* 10x10 cm is cut into two ribbons of 5x10 cm. Peins is dried with a gauze and

the ribbon is wrapped around. The second ribbon is wrapped on top of the other or to cover any raw area left from the first one. No suture of the dressing is required as the dressing sticks well to the penile skin and to itself. The catheter is then fixed to the suprapubic skin with an adhesive tape.

I remove the catheter on the fifth to seventh day. However, I leave the *Mepitel* dressing in place to fall off itself somewhere in the second week.

RESULTS

We retrieved data of all hypospadias procedures from January 1998 to December 1999 from our computer records. As in stage I repair we did not use any wrap around dressing, these were excluded and only stage II procedures were included in the study. A total of 211 stage II procedures were identified. At the end of all these procedures *Mepitel* was used as a wrap around dressing. The dressing remained intact in all the cases until removed 10 to 14 days post surgery. There was no incidence of slippage of the dressing. There were no cases of constriction effect of the dressing with swelling of the organ, due to elasticity of the dressing. Post operative removal of the dressing was very painless and did not need any sedation or anaesthesia. The

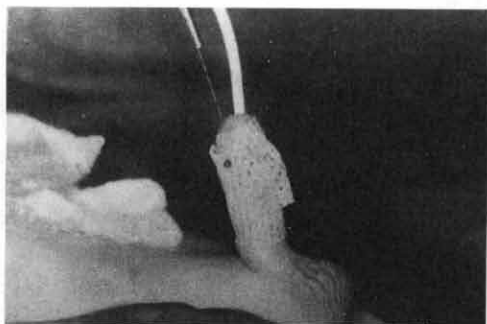


Fig. 1: Penile dressing with *Mepitel* at the conclusion of surgery

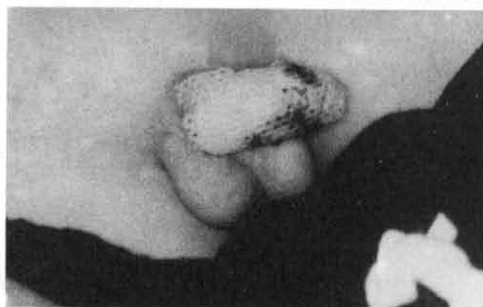


Fig. 2: Dressing still intact on the seventh post-operative day after removal of catheter

dressing never got stuck to the wound margins and was very easily peeled off in all the cases. The records showed no complication directly or indirectly related to the dressing.

DISCUSSION

I universally use a two stage technique of Aivar Bracka for hypospadias repair. The first stage consists of correction of chordee, glans split and tie over a preputial graft. So dressing is not problem as the tie over dressing is secure in place and no further dressing is needed. However, in the second stage when a urethral tube is made around a catheter, a secure dressing is very important. Bracka uses a sterile thin foam which he wraps around and secures with a couple of stitches.¹ I could not find any such dressing here in this country. So my pursuit for a suitable dressing continued.

Tulle grass dressing was used and secured with a stitch but it would slip off. Furthermore, the dressing was unyielding and would dry out to stick to the wound. Simple wrap around dressings are perhaps more successful in other hands.² Fixing the dressing with the penis to the suprapubic region did not help in my hands.³ Then *Duoderm* was tried but it proved to be too messy and again would slip out. *Tegaderm*

has been used elsewhere⁴ but proved to be useless in the same manner in my hands.

Mepitel was introduced in this country in 1997 and was promoted for dressing any wound. Its properties attracted me to try this in hypospadias surgery. It is elastic so can yield to swelling of penis after surgery. Its unique property of adhering to normal skin keeps it in place without slipping for up to two weeks. Still a more desirable property is non-adherence to raw area which makes removal easy and without much discomfort to the patient.

Now this is routinely use in our unit for penile dressing and so far we have not come across any problems with this. A useful dressing reduces postoperative pain and invites less complications. This tends to reduce the number of postoperative inter-

ventions which gives relief to the family and the caring nursing staff.⁵

REFERENCES

1. Bracka A. 'A versatile two-stage hypospadias repair'. *Br J Surg.* 1995; 48: 345.
2. Burbige KA. 'Simplified postoperative management of hypospadias repair'. *Urology* 1994; 43(5): 719.
3. Tan KK, Reid CD. 'A simple penile dressing following hypospadias surgery'. *Br J Plastic Surg.* 1990; 43(5): 628.
4. Retik AB, Baur SB, Mandell J, Peters CA, Colodny A, Atala A. 'Management of severe hypospadias with a two stage repair'. *J Urol* 1994; 152(2): 749.
5. Sugar EC, Firlit CF, Reisman M. 'Pediatric hypospadias surgery'. *Pediatr Nurs.* 1993; 19(6): 585.