Hypospadias - Paediatric Full Clinical Guideline - Burton Only

Reference no.: WC/NP/44N/Aug 20/v006

1. Introduction

Hypospadias is a congenital malformation of the male genitalia characterised by incomplete development of the urethra in which the opening is located on the ventrum rather than at the tip of the penis. Severity depends on the location of the urethral opening. In most cases, the opening is located on the glans. Moderate or severe forms of hypospadias occur when the opening is situated more proximally on the penile shaft, at the base of the penis or, in rare cases, in the scrotum or perineum.

2. Aim and Purpose

To inform staff, within all areas, in the management of neonates and infants with hypospadias.

3. Classification

Hypospadias can be classified according to location (glandular, coronal, subcoronal, distal penile, mid shaft, proximal penile, peno-scrotal, scrotal or perineal) or according to severity i.e. mild (glandular or coronal), moderate (sub-coronal or penile) and severe (peno-scrotal, scrotal or perineal).

4. Management

The aetiology of hypospadias remains unknown with environmental exposure in the form of endocrine disruptors being the most likely explanation. Appendix 1 is a general guideline on the management of newborns noticed to have hypospadias on the Postnatal Wards.

In cases of undescended testes together with hypospadias (proximal defect), chromosome analysis should be requested and on call consultant to be informed. An urgent referral to Paediatric Urologist may be required.

Distal defects (e.g. hooded prepuce) can be referred to Urologist after reassessment in the clinic at 2-3 months of age.

Advise parents to avoid circumcision on religious grounds until reviewed by Urologist.

5. Suggested key review criteria for monitoring and/or audit

Appropriateness of management/follow up according to the severity of hypospadias
Associated congenital/chromosomal anomalies
Timing of referral to Paediatric Urologist
Delayed diagnosis (beyond neonatal age group)

6. References

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Appendix 1: Management of Hypospadias