



# AN ANATOMICAL HYPOSPADIAS REPAIR INCORPORATING Y-V PREPUTIOPLASTY IN DISTAL URETHRAL RECONSTRUCTION



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## BACKGROUND

The choice of the surgical technique in hypospadias surgery is largely based on the experience and skill of the operating surgeon, and subject to a qualitative assessment of the hypospadias features. In this study, the preliminary results of a hypospadias repair technique, in which ventral mobilization and reconstruction of the foreskin with Y-V plasty is presented.

## MATERIALS AND METHODS

The described technique is performed in 39 patients with hypospadias. Eighteen of the patients had distal hypospadias and 21 proximal hypospadias (with variable degrees of chordee).

### The surgical technique

- is consisted of a Y-V plasty on the abundant dorsal hood
- circumferential incision between the proximal two arms of the Y incision
- degloving of the proximal and distal foreskin, & ventral rotation of the distal foreskin (V)
  - reunion of the flaps on the ventral-midline
- tubularized incised plate (TIP) repair was carried out in all patients
- the urethral stent was left open into the diaper for about 5 to 7 days



## RESULTS



At a mean follow up of 8 months, 2 (5%) of the patients developed urethral fistula. 1 (3%) meatal stenosis. Fistulas are repaired and meatal stenosis is cured with dilatation, successfully. Thirty-five patients underwent secondary circumcision, and 4 patients remained with easily retractable residual foreskin.

## CONCLUSION

Surgery of a hypospadiac penis must include anatomical correction of the chordee, urethra and the foreskin. Ventral mobilization and reconstruction of the degloved dorsally hooded foreskin with Y-V plasty resulted with low complication rate and excellent postoperative appearance. It is observed that this method provided; 1- normal anatomical restoration, 2- a protective layer over the distal part of the tubularised neourethra with rich Dartos layer, 3- contributed not to endanger ventral lengthening.