

Center for Reconstructive Urethral Surgery



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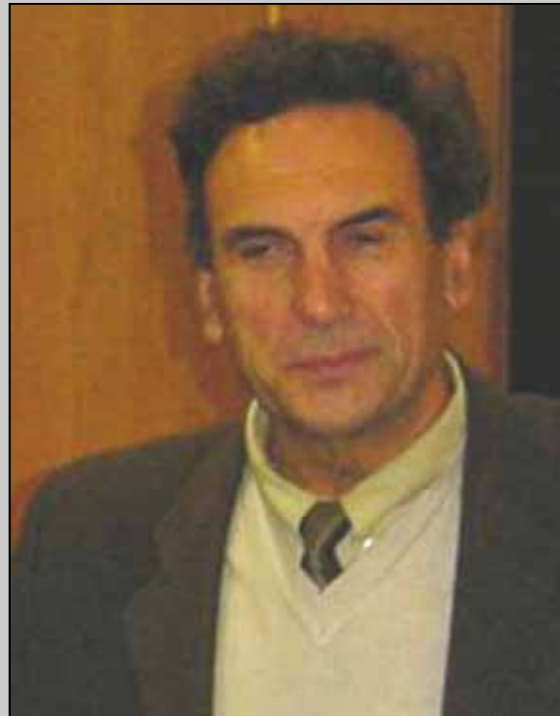


23rd Saudi Urology Conference 2011

Dammam – South Arabia

21 – 24 February 2011

Surgical options in patients with failed hypospadias repair



Professor Sava Perovic – Belgrade - Serbia

Failed hypospadias repair

Part 1

International Congress on Hypospadias Surgery

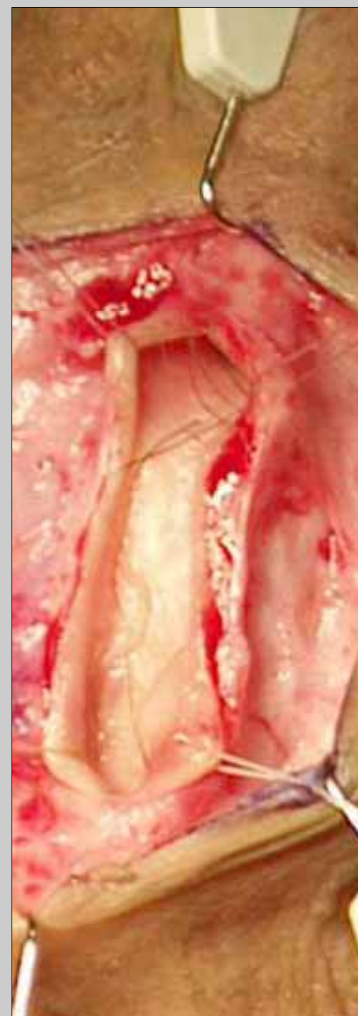


Prishtina, 2 – 5 September 2007

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...the other side of the coin



Failed hypospadias repair

How often it is?



“ Strictures in adults who had a hypospadias repair is a growing industry ”

Andrich DE and Mundy AR, Eur Urol 2008, 54:1031-1041



Dear Colleagues,
The European Center for Failed Hypospadias Repair is pleased to invite you to the

1ST INTERNATIONAL CONFERENCE ON FAILED HYPOSPADIAS REPAIR

which will be held on
SEPTEMBER, 18th 2010 in AREZZO, ITALY.

We look forward to welcoming you.



Please fill the Contact form on the website www.failedhypospadias.com for the Conference registration

Failed Hypospadias Repair
www.failedhypospadias.com



Patients with urethral stricture diseases: 1510

→ Failed hypospadias repair: 223 (14.7%)

Barbagli G et al., J Urol 2010, 183:207-211



Patients with penile urethral stricture diseases: 437



Failed hypospadias repair: 223 (51%)

Barbagli G et al., J Urol 2010, 183: 207-211

The aim of this lecture is to present data coming from two specialized Centres

1176 patients

**The Center for
Reconstructive
Urethral Surgery**

Arezzo - Italy

223 patients



**The University
Children's Hospital**

Belgrade - Serbia

953 patients

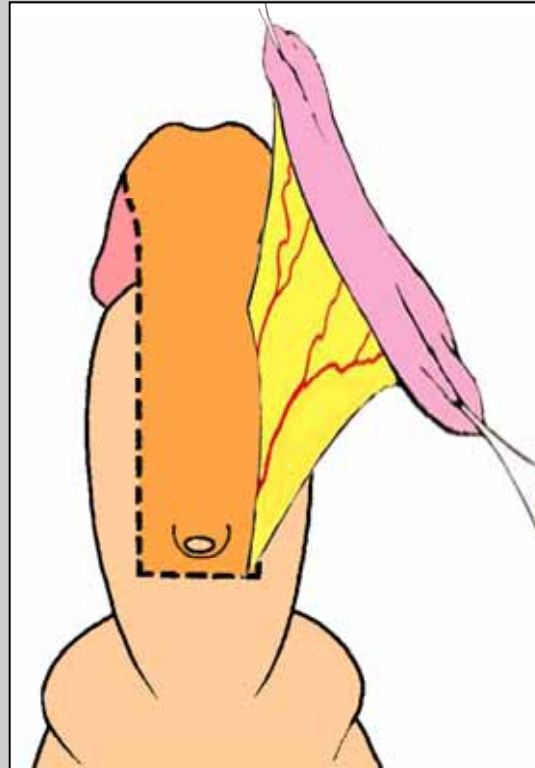
J Urol 2010, 183:207-211

Age range in 1176 patients

age (years)	N. patients
1 – 16	250 (21.2%)
17 – 20	451 (38.4%)
21 – 40	358 (30.5%)
41 – 60	112 (9.5%)
> 60	5 (0.4%)
< 16 years	250 (21.2%)
> 16 years	926 (78.8%)

Barbagli G et al., J Urol 2010, 183: 207-211

**Pediatric urologists stated that the majority of patients
with failed hypospadias are primary treated to repair
proximal hypospadias
“one-stage repair”**



Site of primary hypospadias in 1176 patients

glandular : 193 (16.4%)

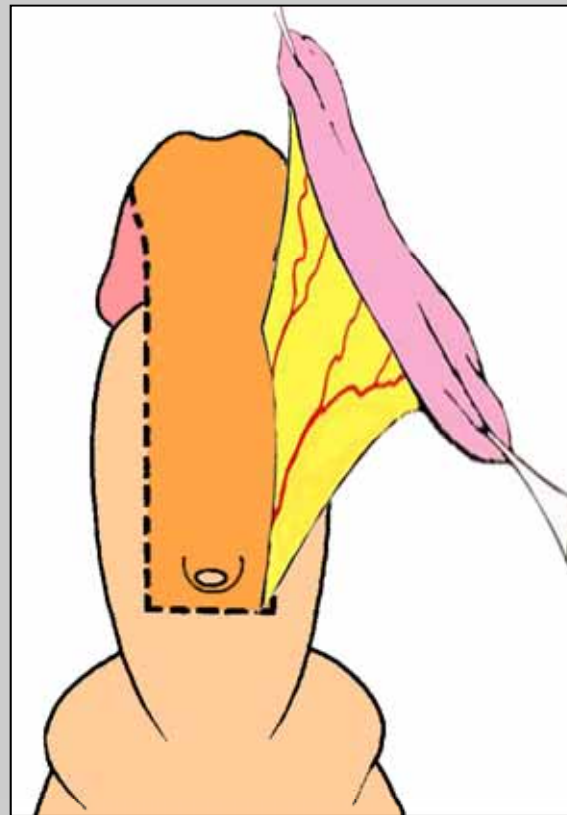
penile : 702 (59.7%)

peno-scrotal: 281 (23.9%)



Barbagli G et al., J Urol 2010, 183: 207-211

**Pediatric urologists stated that the majority of patients
with primary hypospadias are treated by using
“one-stage repair”**



Number of operations to repair primary hypospadias in 1176 patients

N. operations	N. patients
1	130 (11.1%)
2	347 (29.5%)
3	320 (27.2%)
4	159 (13.5%)
5	108 (9.2%)
> 5	112 (9.5%)

minimum: 1 maximum: 23 median: 3

Barbagli G et al., J Urol 2010, 183:207-211

Number of operations to repair complications following primary hypospadias repair in 1176 patients

N. operations	N. patients
1	760 (64.6%)
2	280 (23.8%)
3	82 (6.9%)
4	31 (2.7%)
5	9 (0.8%)
> 5	14 (1.2%)

minimum: 1 maximum: 8 median: 2

Barbagli G et al., J Urol 2010, 183:207-211

Total number of operations to repair primary hypospadias repair and complications in 1176 patients

N. operations	N. patients
2	102 (8.7%)
3	289 (24.6%)
4	369 (31.4%)
5 – 10	311 (26.4%)
11 – 20	91 (7.7%)
> 20	14 (1.2%)

minimum: 2 maximum: 23 median: 5

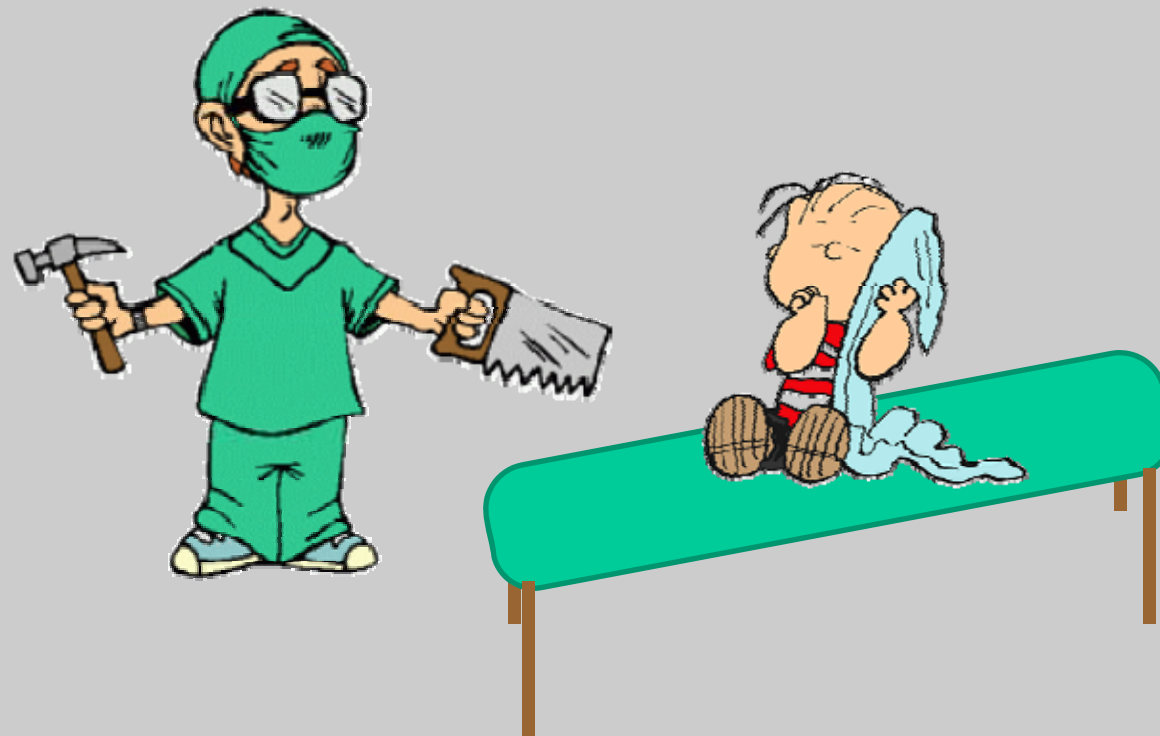
Barbagli G et al., J Urol 2010, 183:207-211

In conclusion, 1176 patients underwent a median of 5 surgical operations to repair primary and failed hypospadias



No other congenital abnormality of the body requires a median of 5 surgical operations to be cured !

Surgical options



Our experience on 1176 patients showed four different types of surgical options:

- 1. Patient requiring only urethroplasty**
- 2. Patient requiring only corporoplasty**
- 3. Patient requiring urethroplasty and corporoplasty**
- 4. Patient requiring complete resurfacing of the genitalia**

Urol Int 2011, in press

Group	Type of complication	Type of repair	N° patients
1	meatal-urethral stricture, retrusive meatus, fistula diverticulum, other	urethroplasty	301 (25.5%)
2	residual penile curvature, corpora cavernosa deformity, penile shortening or torsion	corporoplasty	60 (5.2%)
3	stricture, fistula, diverticulum associated with residual glans or penile curvature or deformity	urethroplasty corporoplasty	166 (14.1%)
4	glans dehiscence, glans necrosis, glans torsion or curvature, loss of penile/scrotal skin, midline septum, abnormal peno.scrotal or peno.pubic junction, buried penis, trapped penis, other	genitalia resurfacing	649 (55.2%)
total			1176

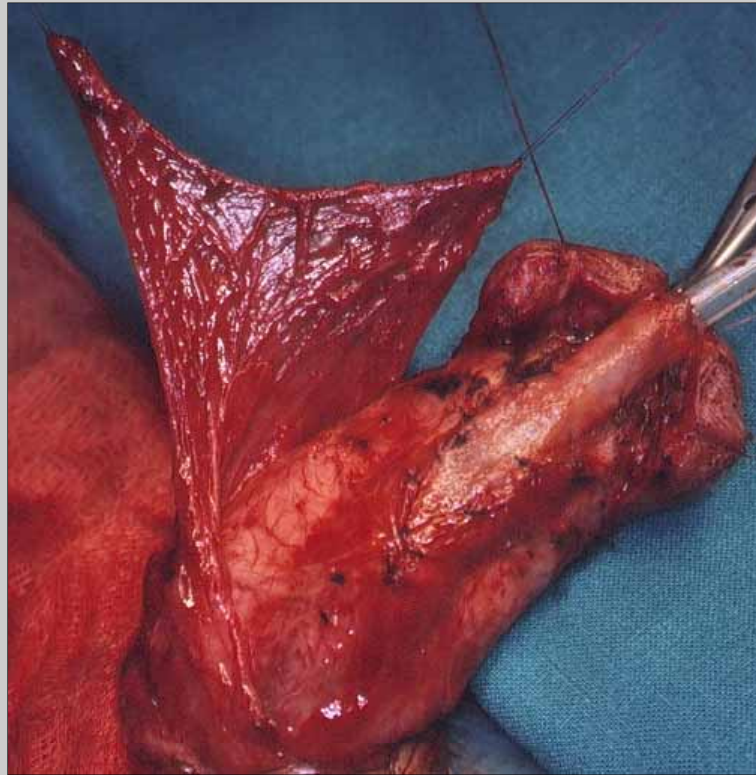
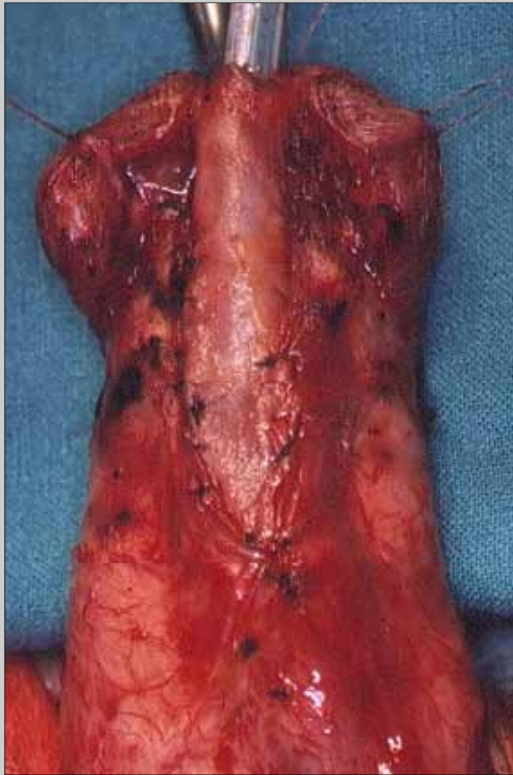
Urol Int 2011, in press

Urethroplasty

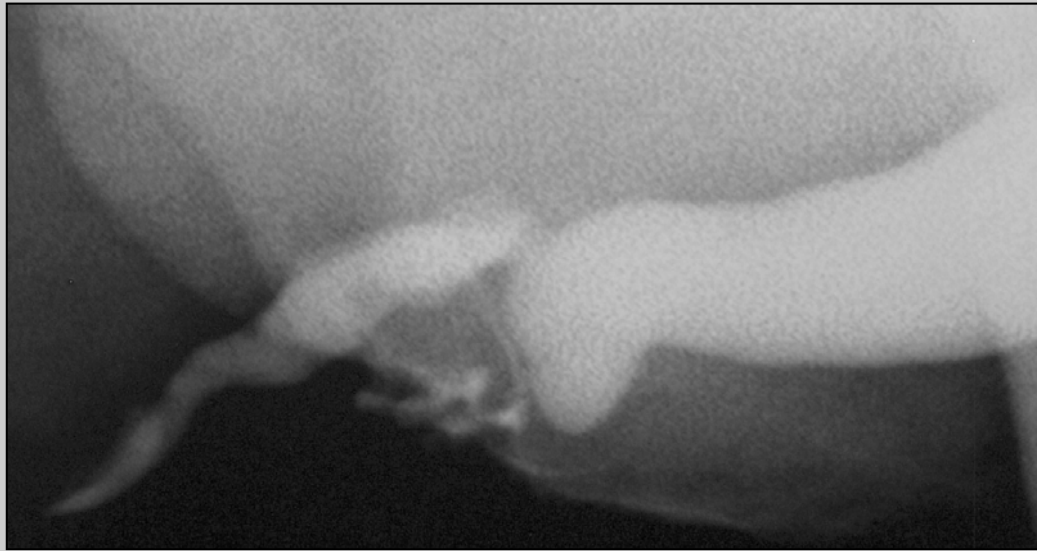
Group	Type of complication	Type of repair	N° patients
1	meatal-urethral stricture, retrusive meatus, fistula diverticulum, other	urethroplasty	301 (25.5%)

Urol Int 2011, in press

Ventral onlay **oral mucosa** graft

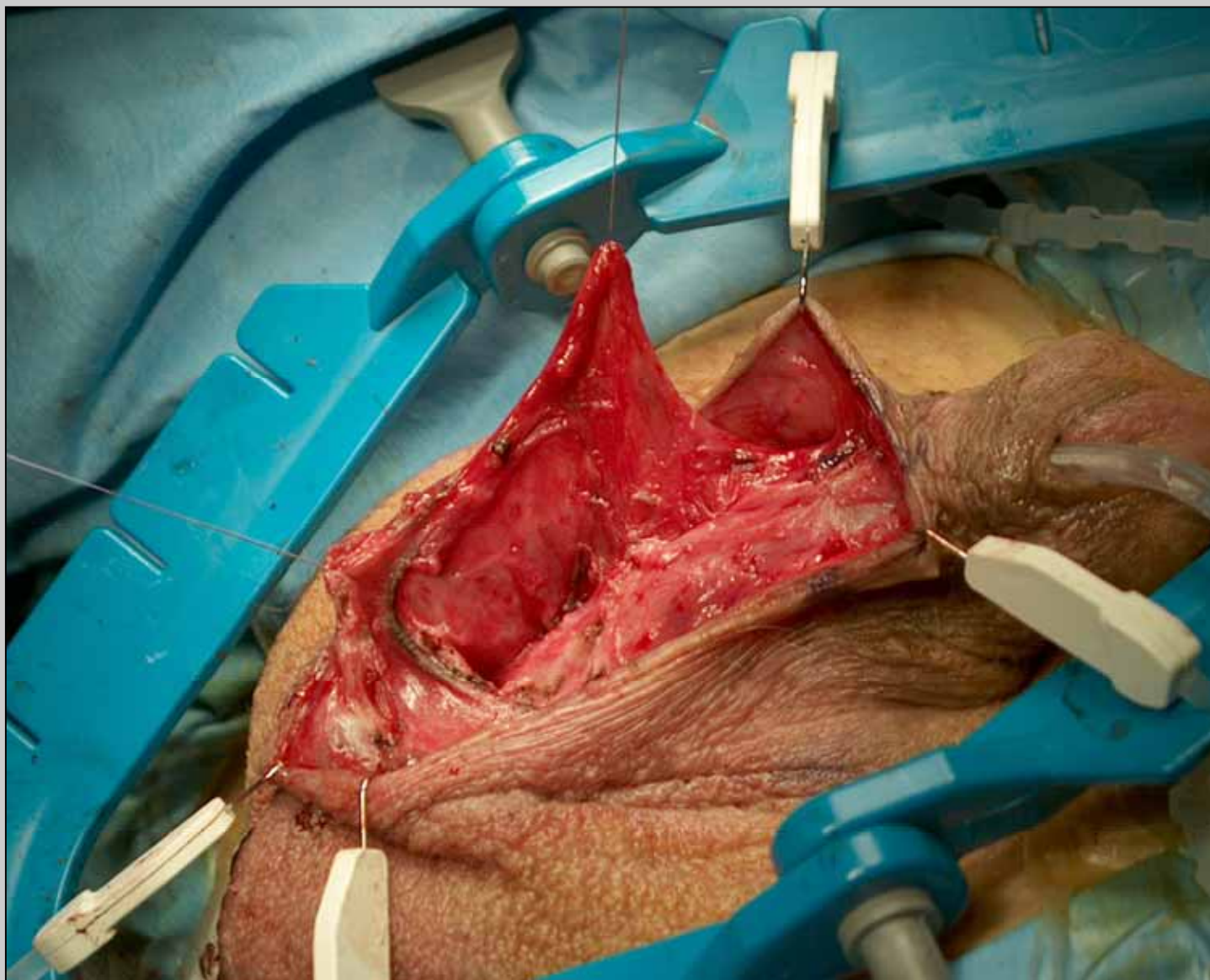


Dorsal onlay **oral mucosa** graft

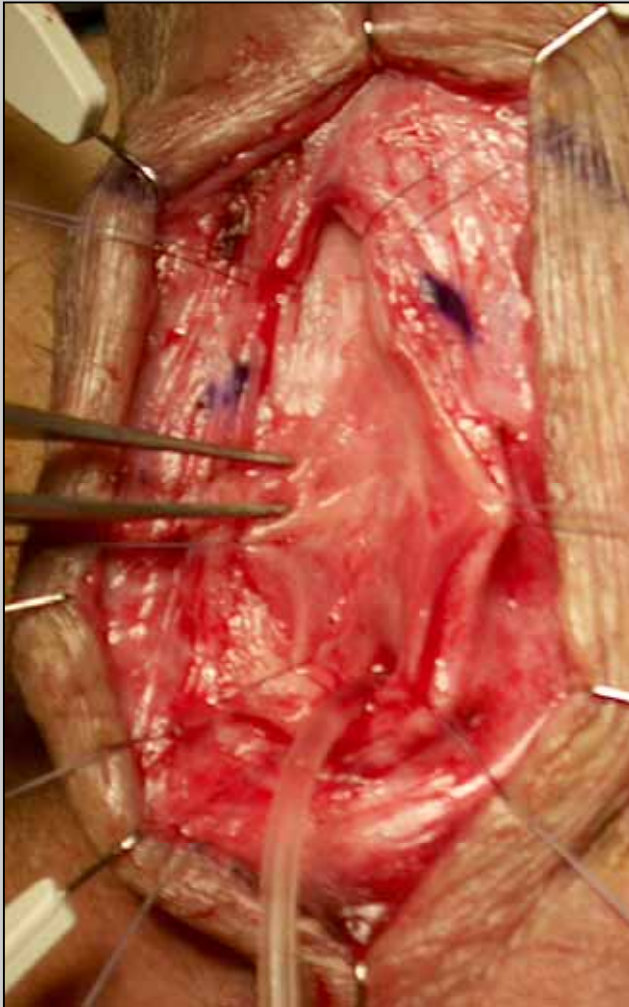


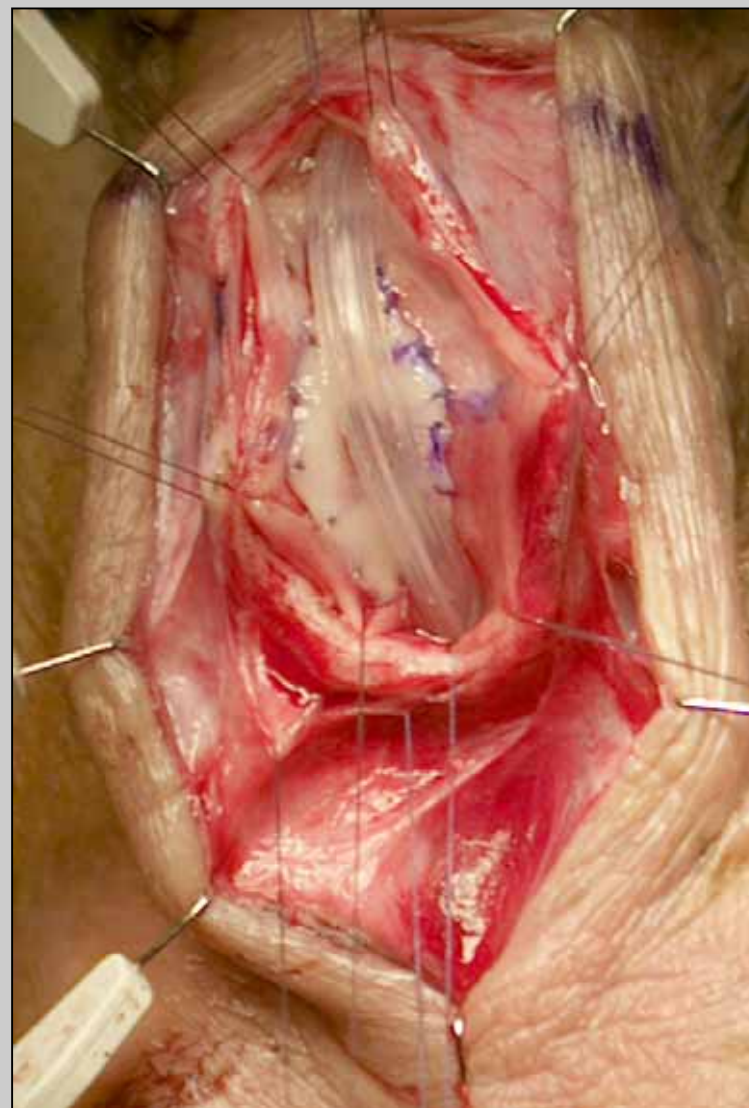
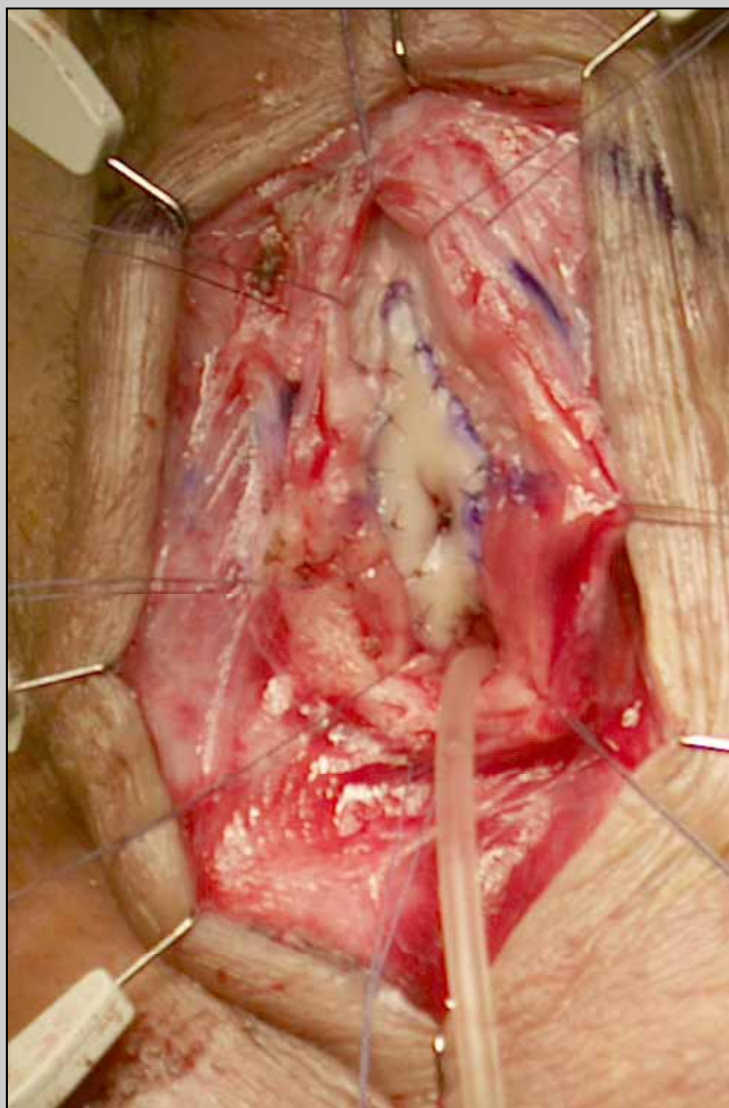


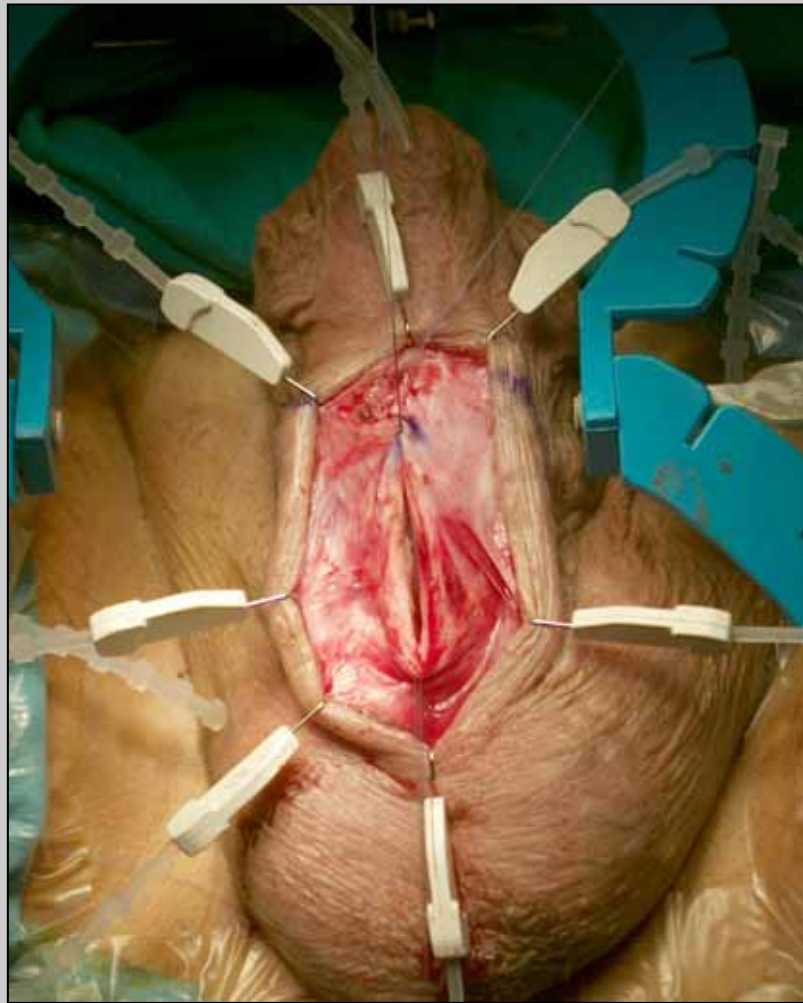




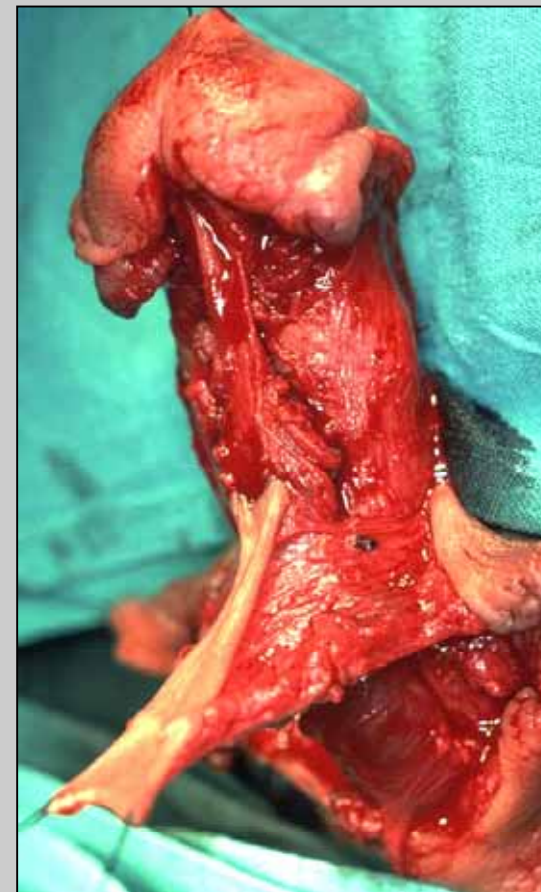
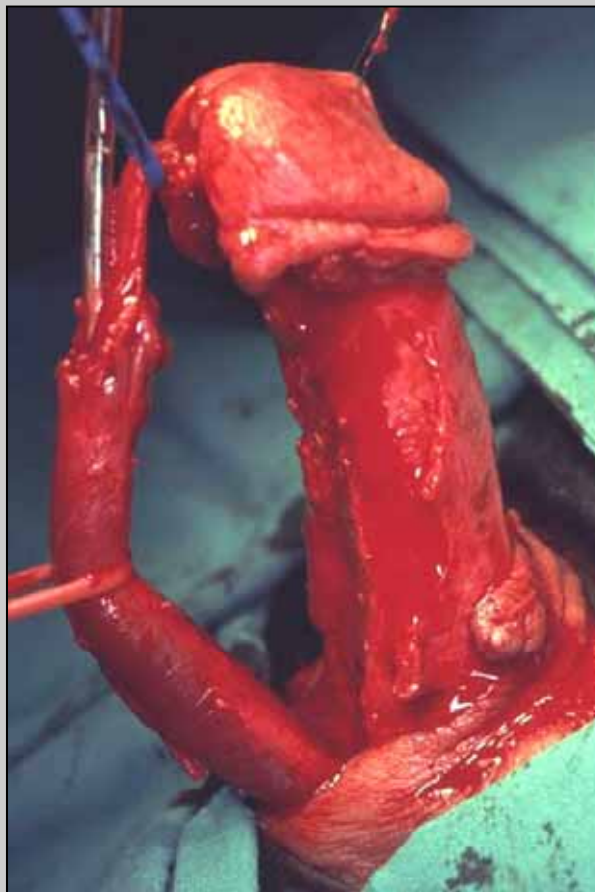
Dorsal inlay **oral mucosa graft**

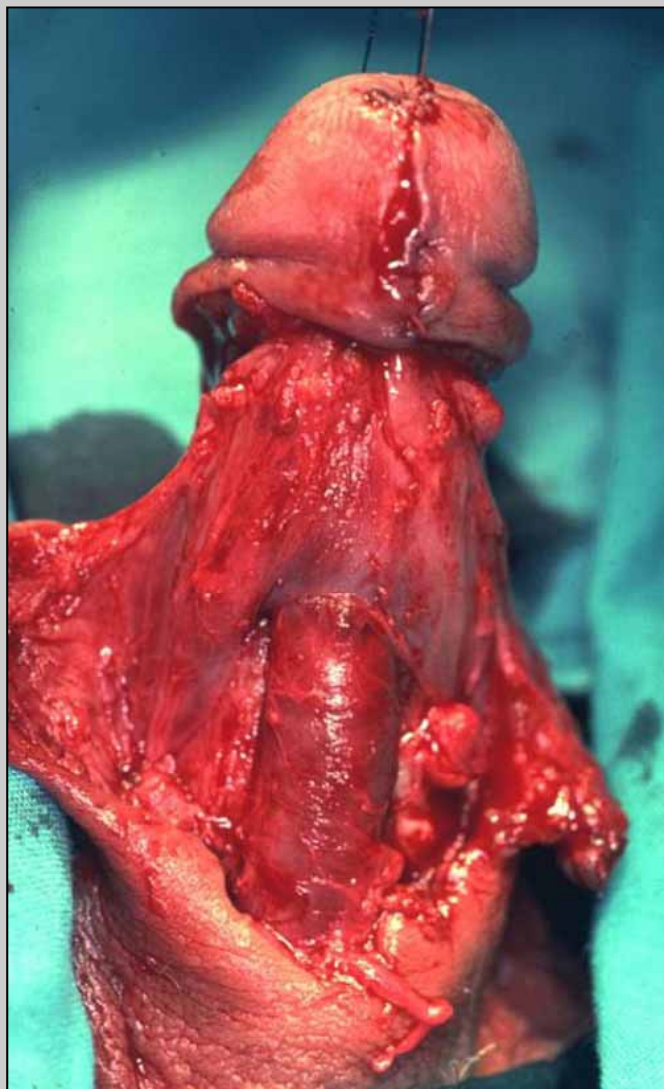






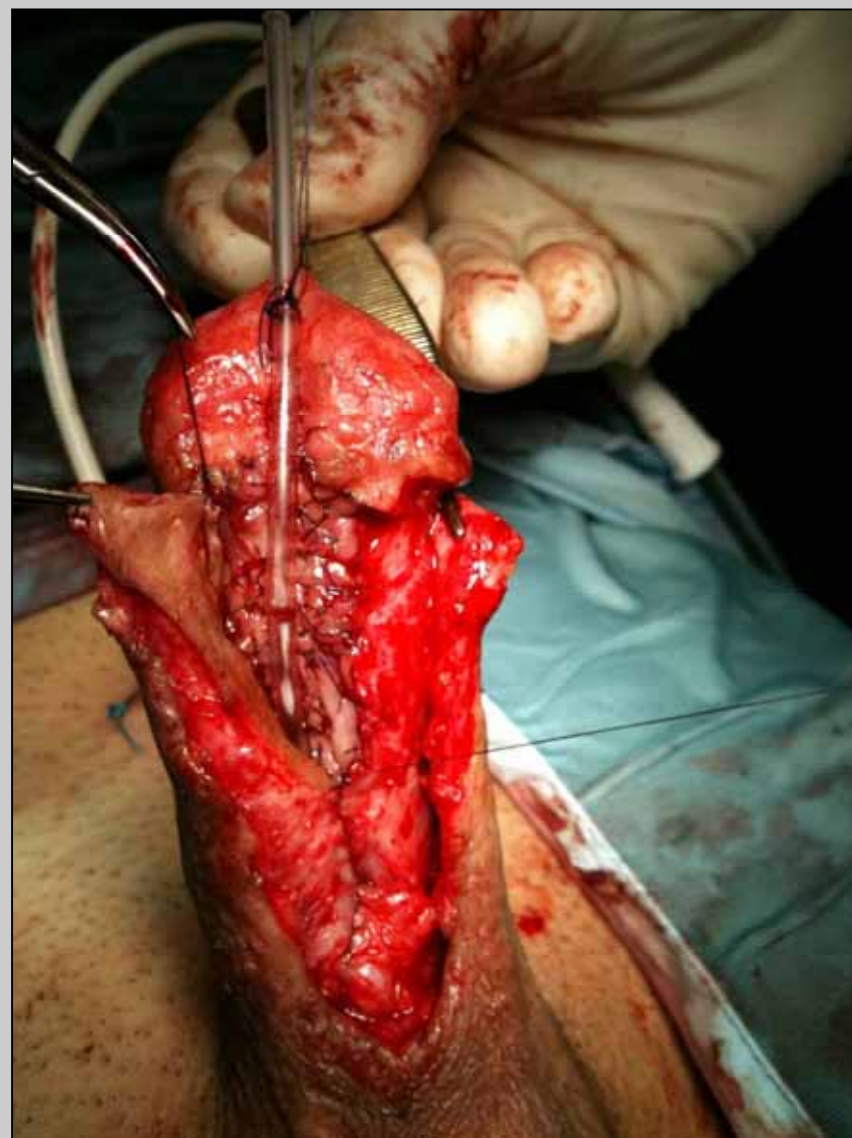
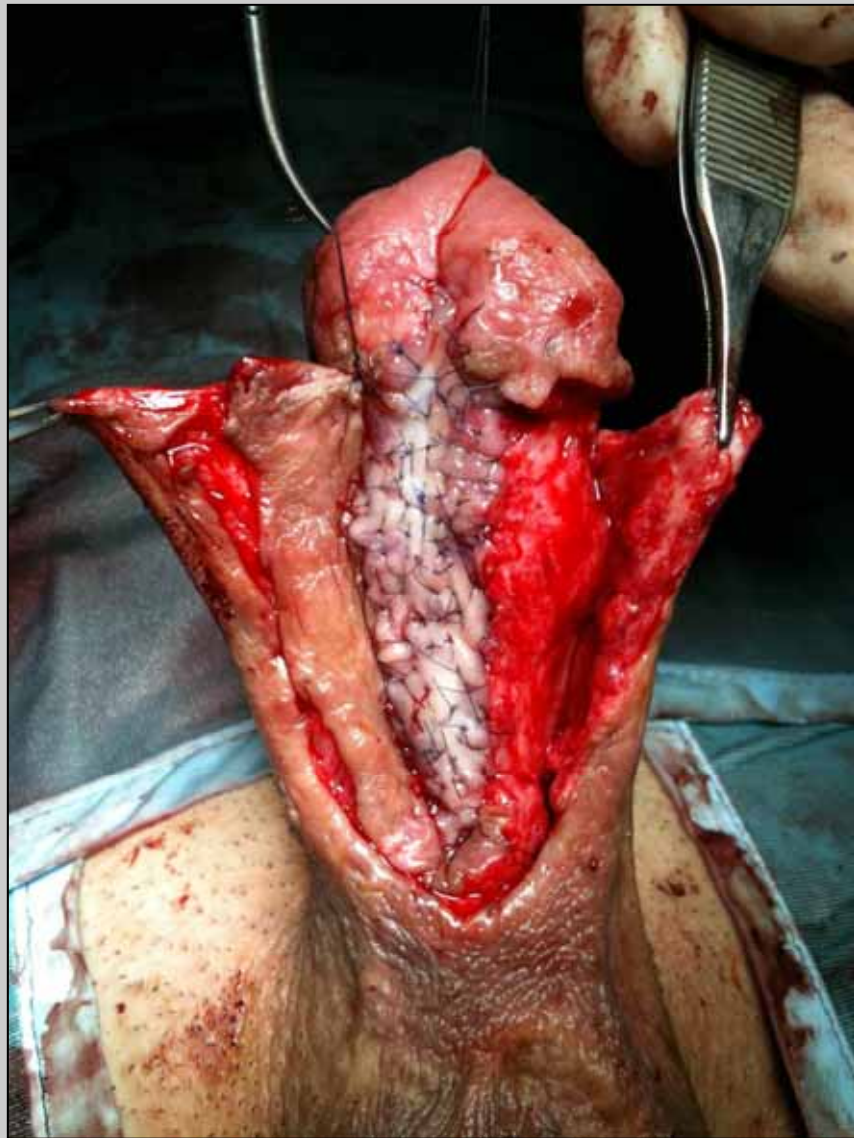
Dartos **fascial flap** urethroplasty

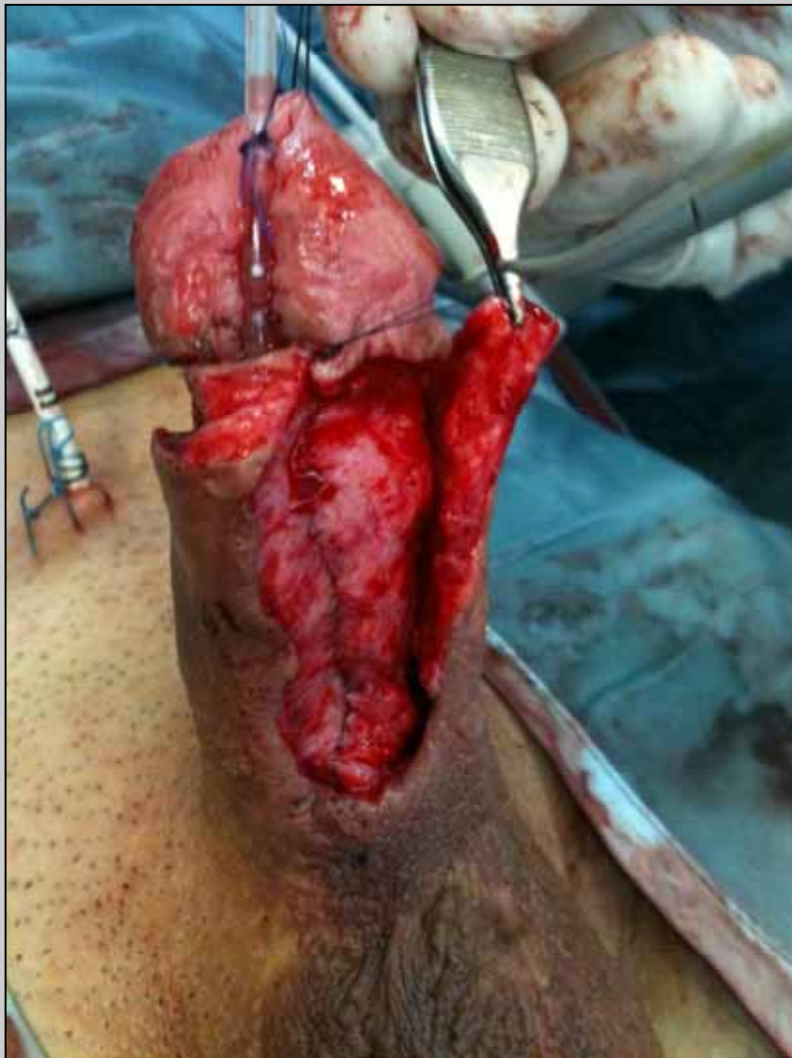




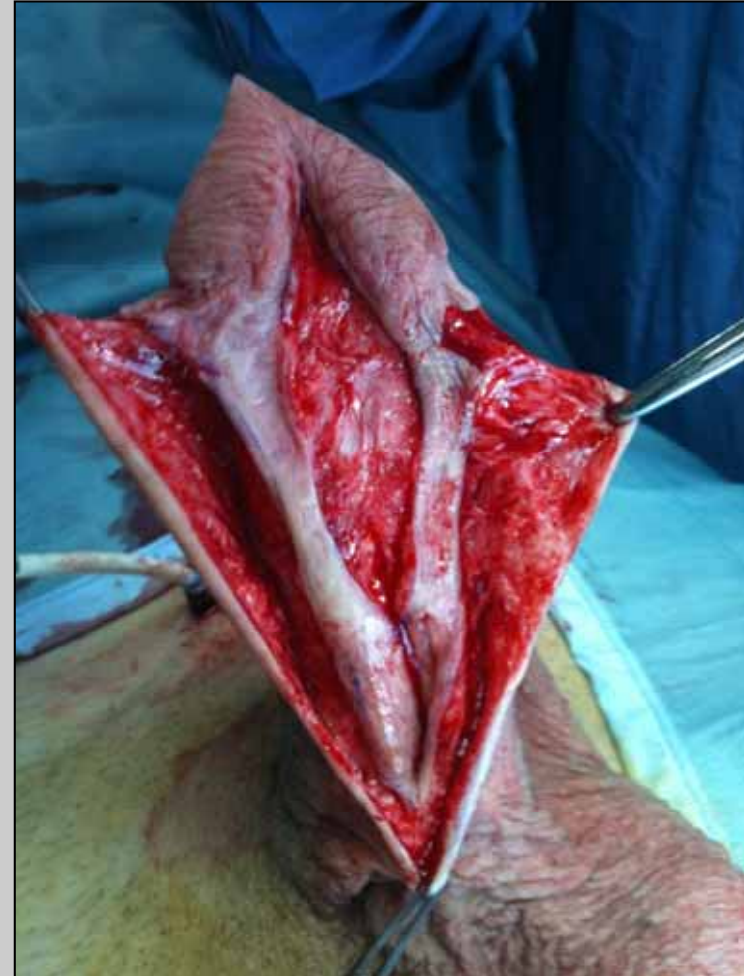
Dartos fascial flap and oral mucosal graft combined urethroplasty

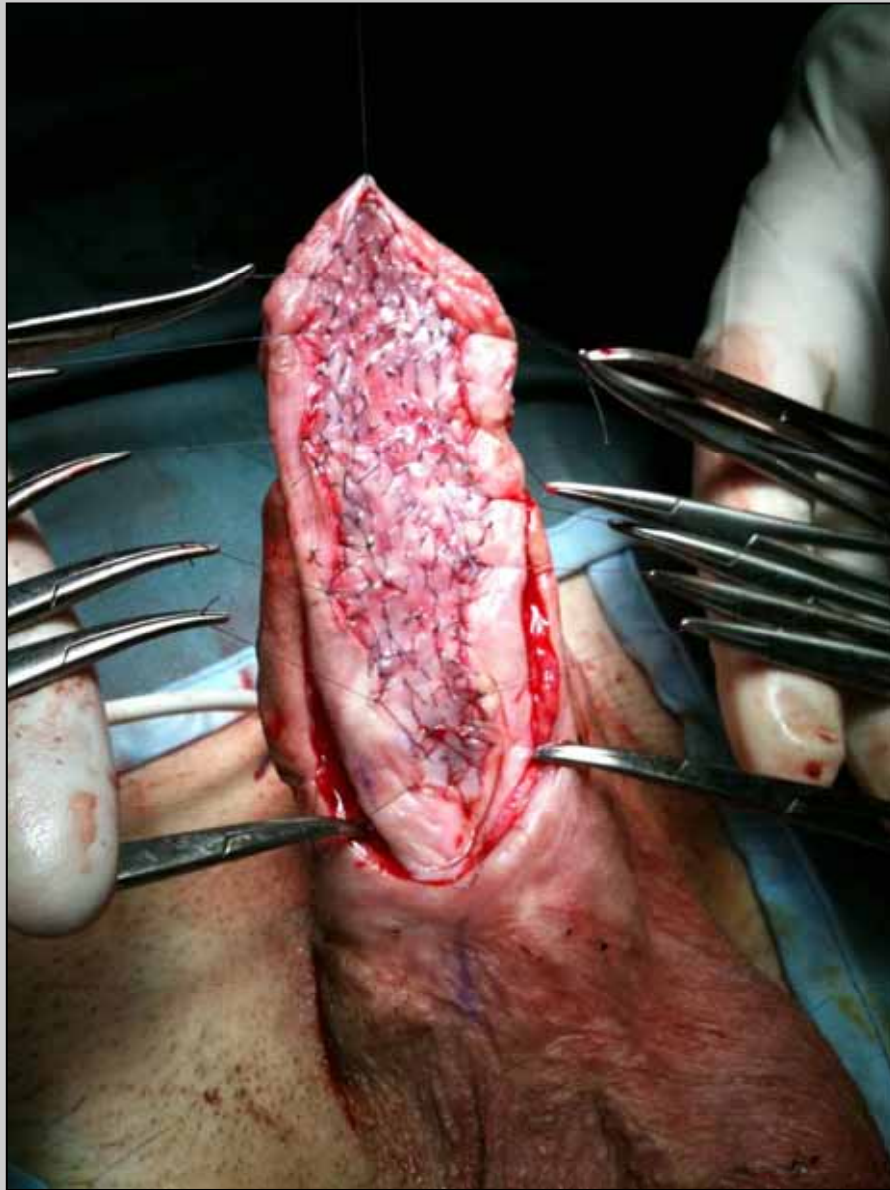


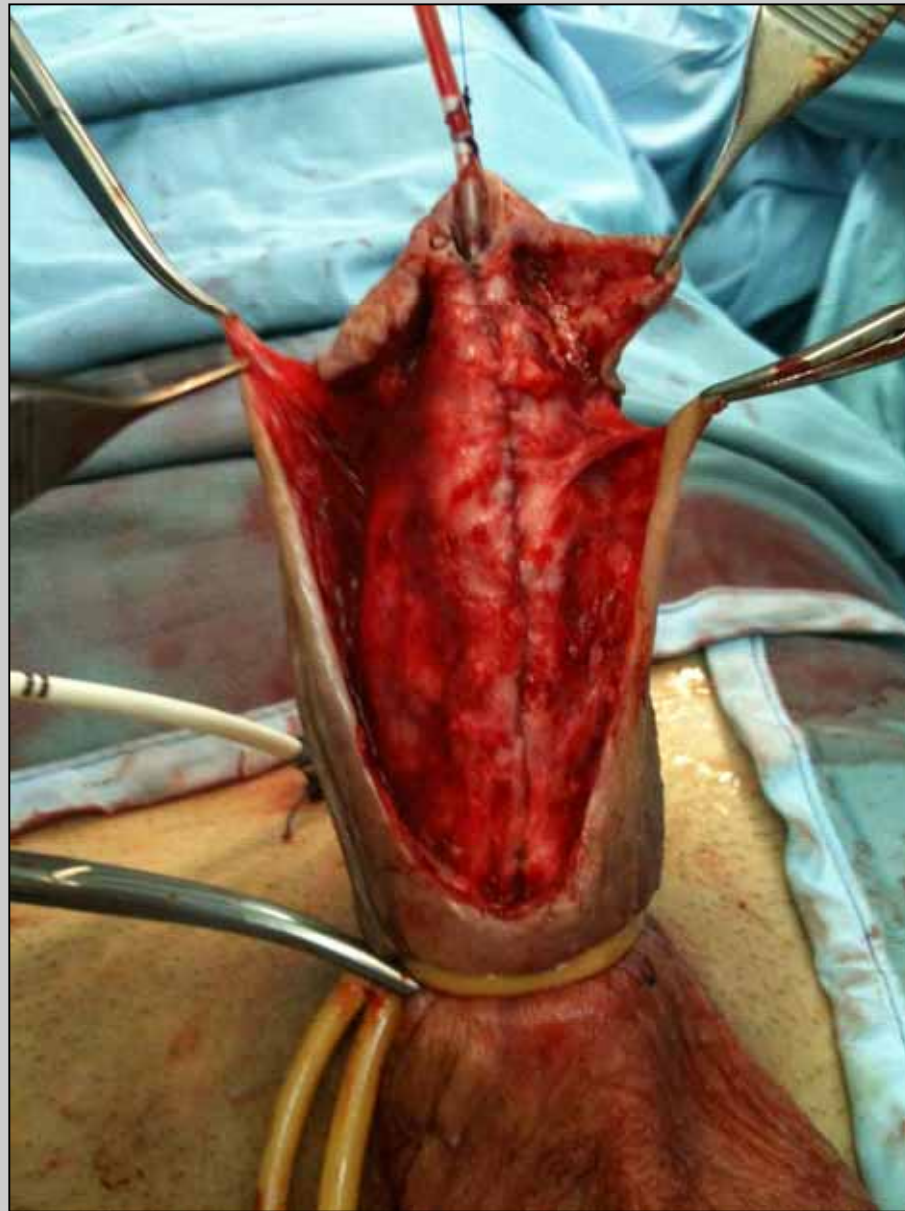




Two-stage urethroplasty with **oral mucosal graft**







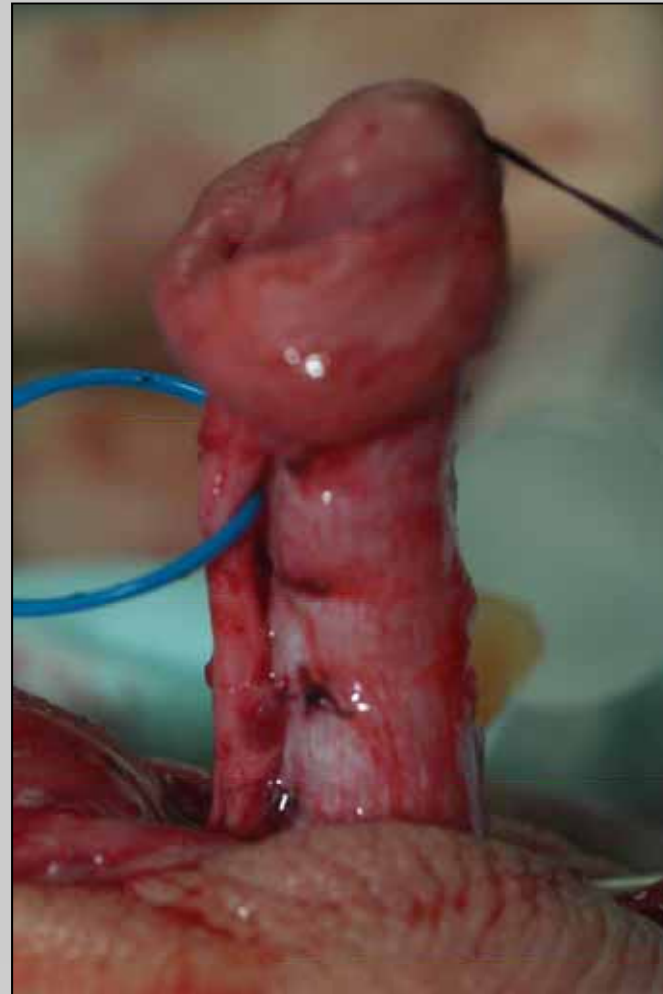


Corporoplasty

Group	Type of complication	Type of repair	N° patients
2	residual penile curvature, corpora cavernosa deformity, penile shortening or torsion	corporoplasty	60 (5.2%)

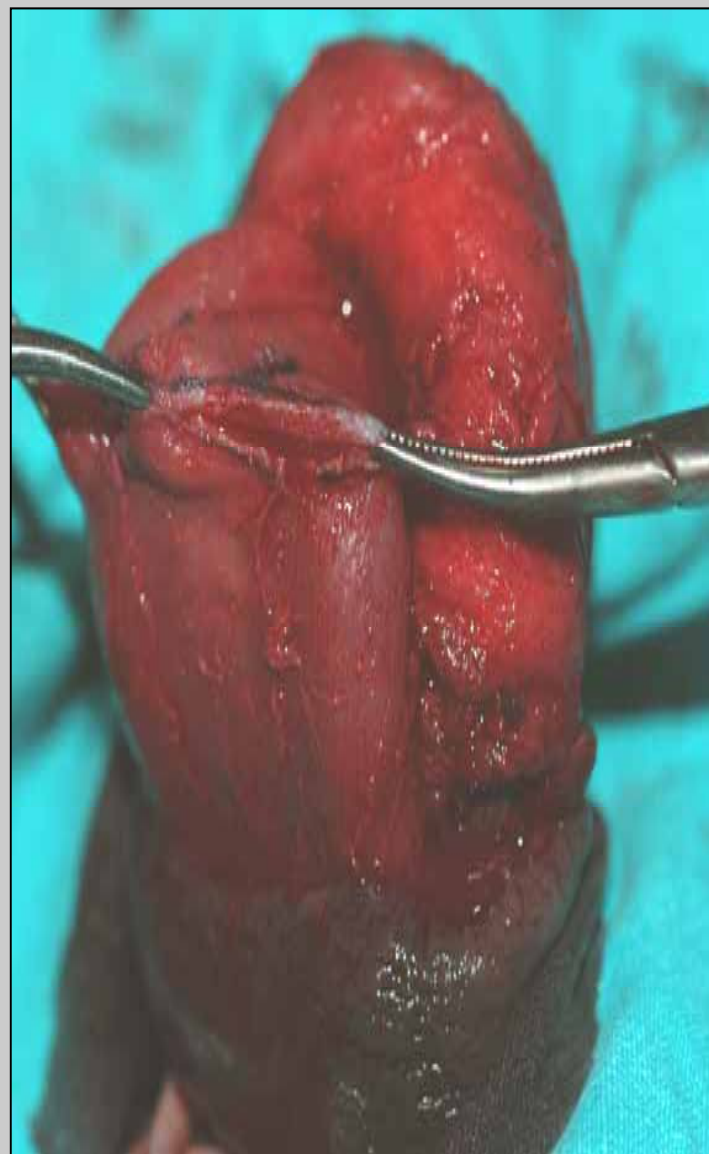
Urol Int 2011, in press

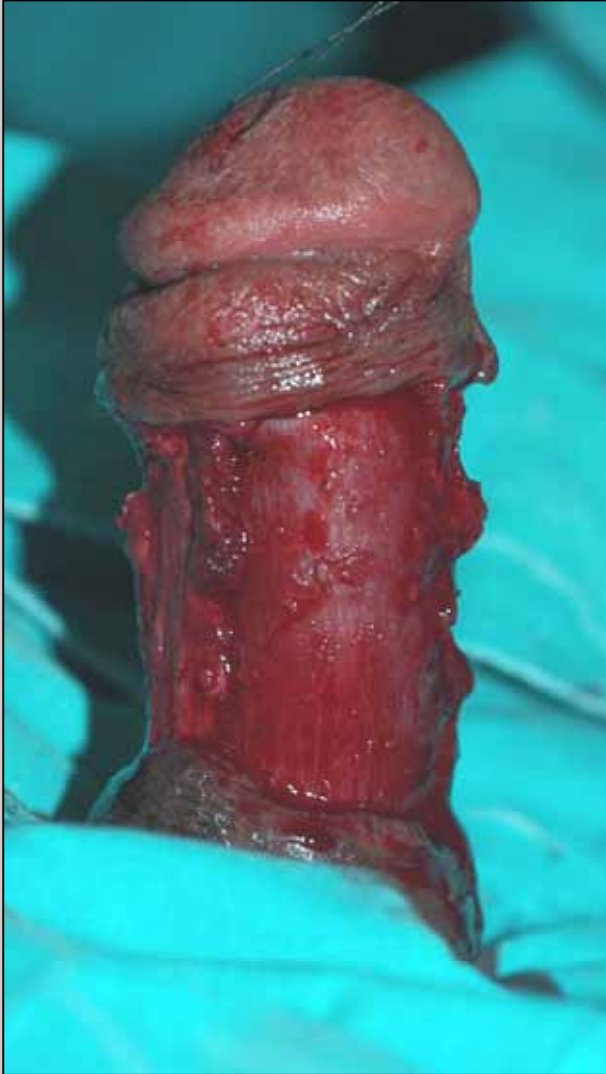
Shorthening technique using multiple small incision and suture



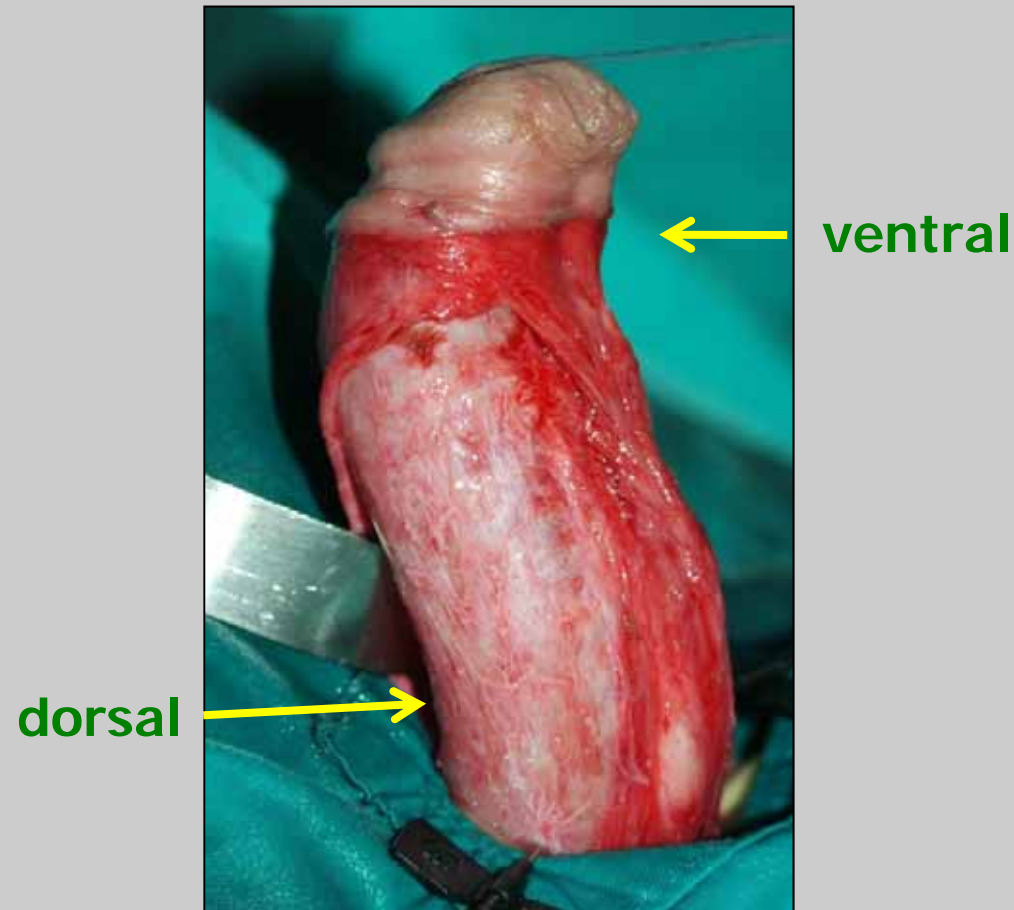
Shorthening technique using penile disassembly and incision corporoplasty

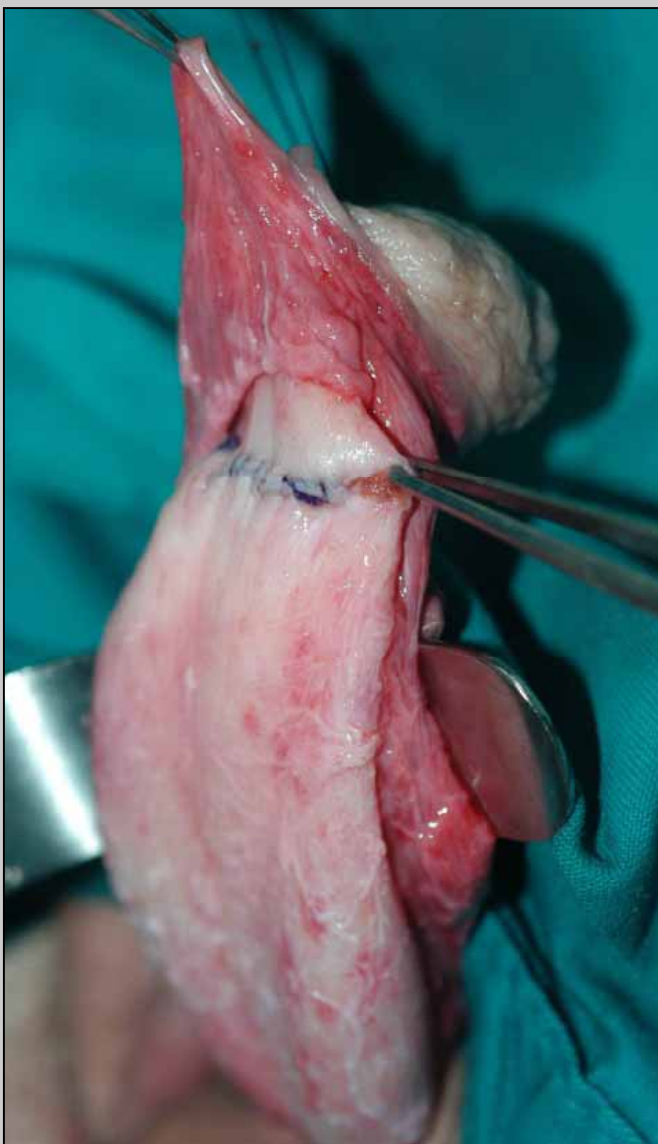


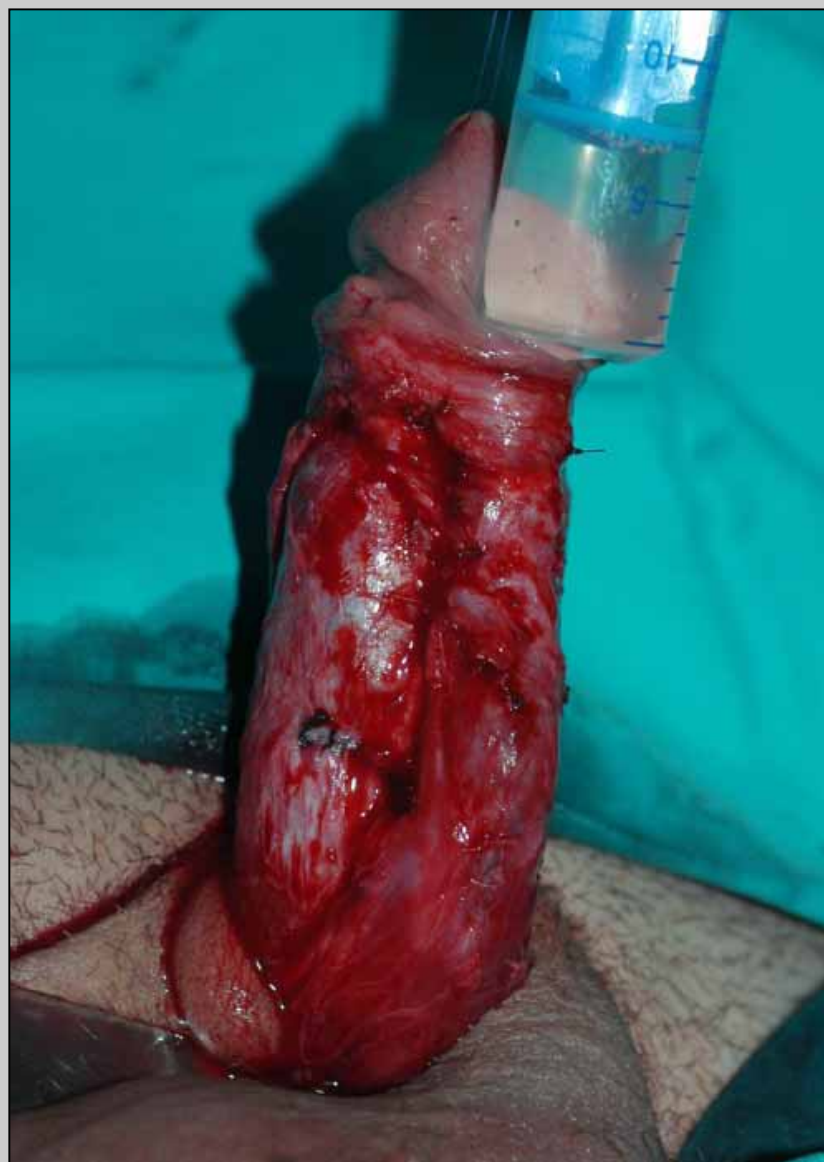




Double “S” curvature (arrows) modified using double incision and corporoplasty





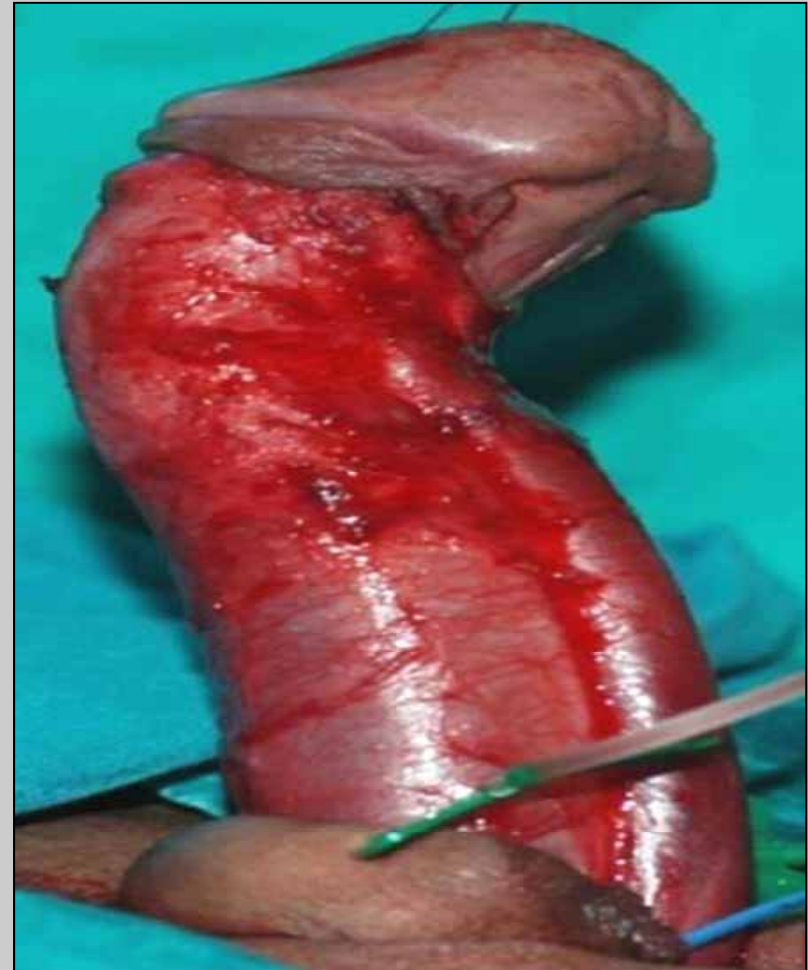


Urethroplasty and corporoplasty

Group	Type of complication	Type of repair	N° patients
3	stricture, fistula, diverticulum associated with residual glans or penile curvature or deformity	urethroplasty corporoplasty	166 (14.1%)

Urol Int 2011, in press

Urethral fistula and residual distal curvature



Multiple incisions and suture corporoplasty



Multiple incisions and suture corporoplasty



One-stage urethroplasty covered by dartos fascial flap

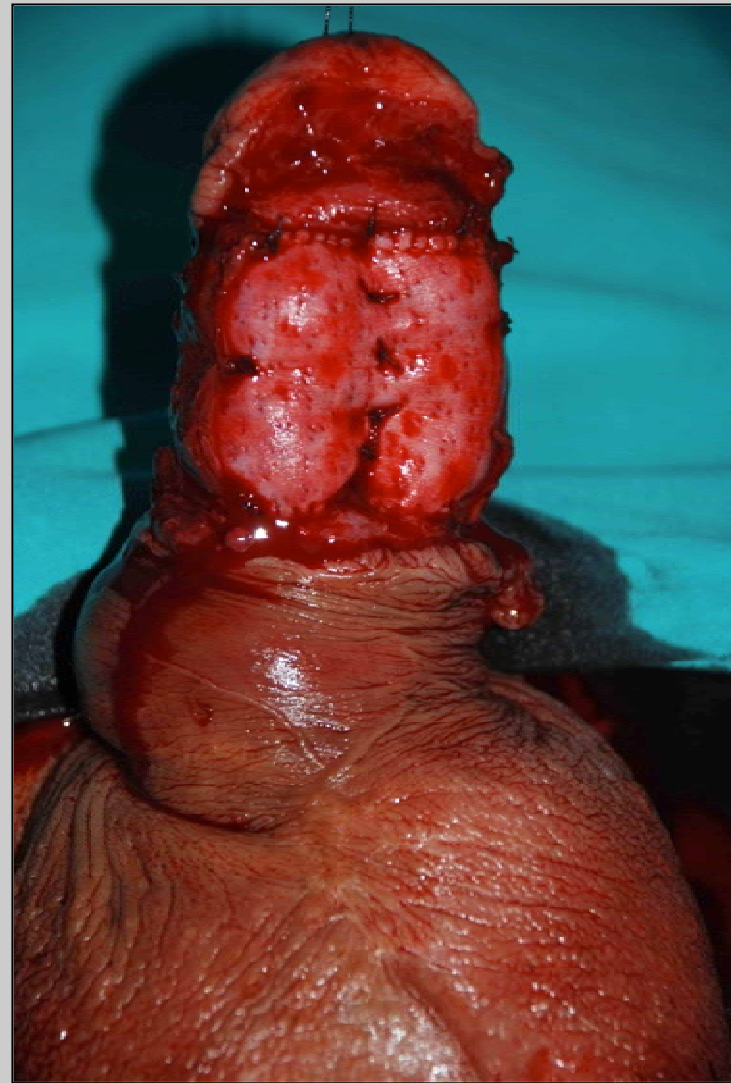




Short urethra fistula and residual distal curvature

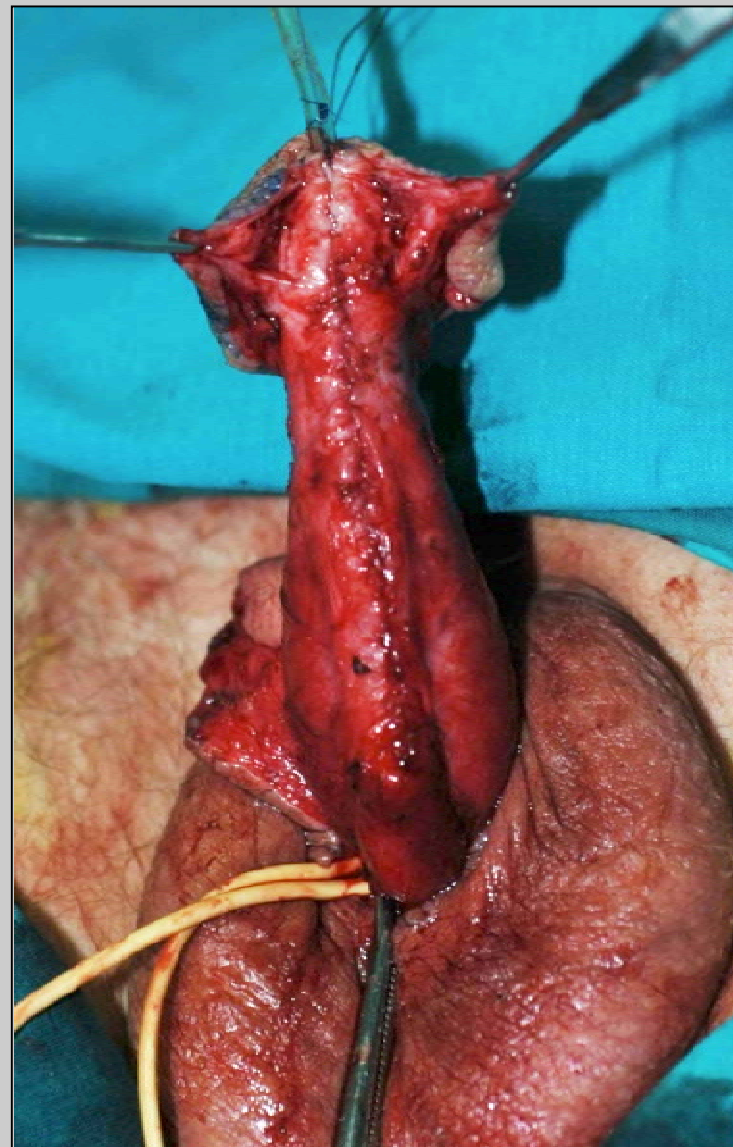
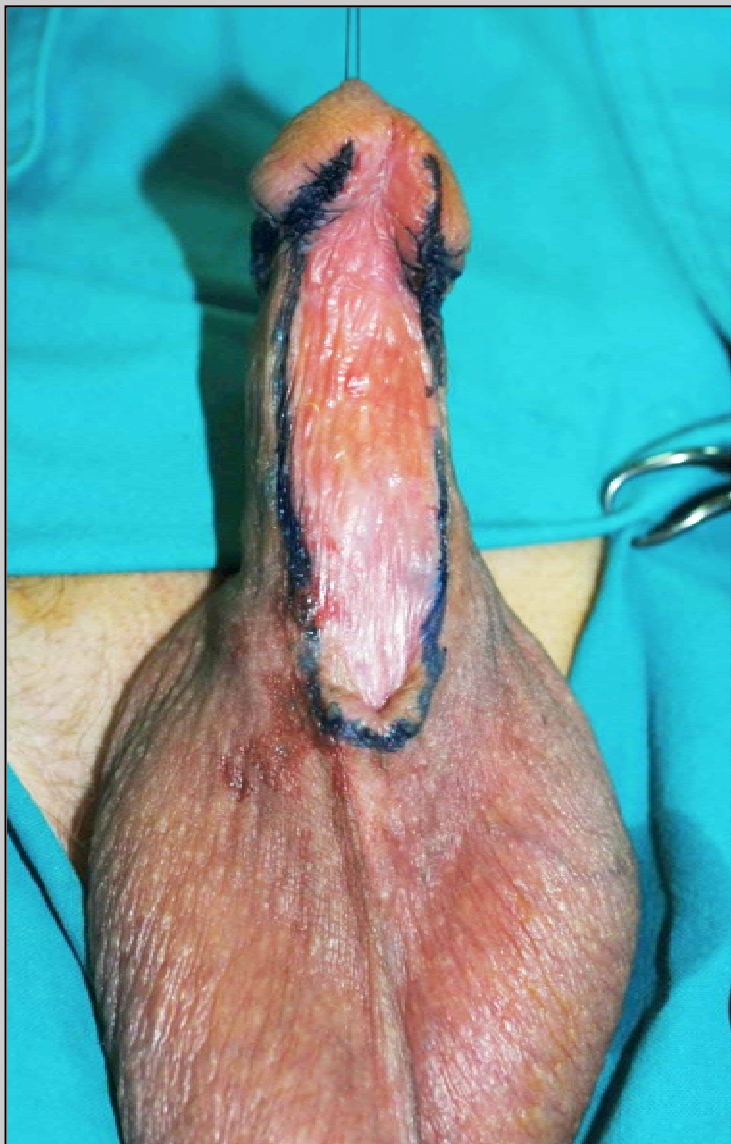


Ventral graft for penile lengthening



Two-stage urethroplasty using oral graft







Genitalia resurfacing

Group	Type of complication	Type of repair	N° patients
4	glans dehiscence, glans necrosis, glans torsion or curvature, loss of penile/scrotal skin, midline septum, abnormal peno.scrotal or peno.pubic junction, buried penis, trapped penis, other	genitalia resurfacing	649 (55.2%)

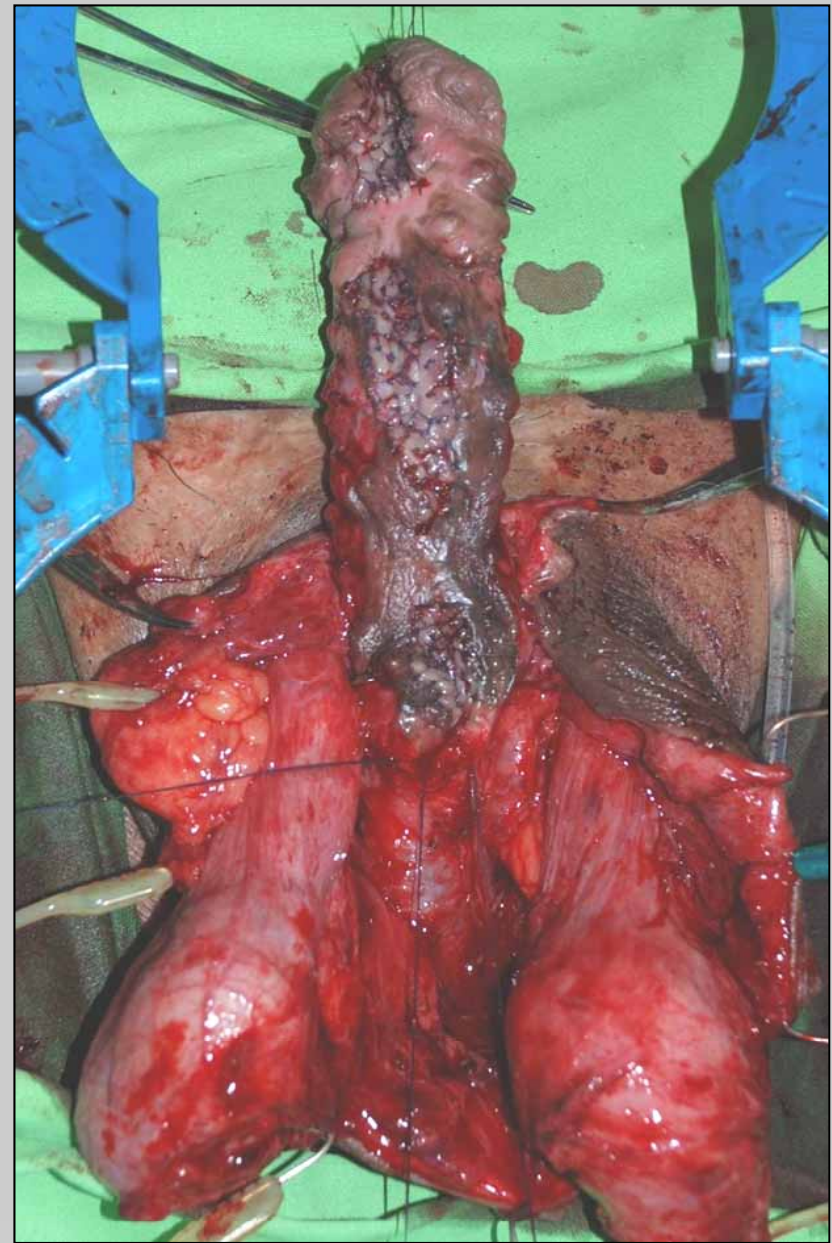
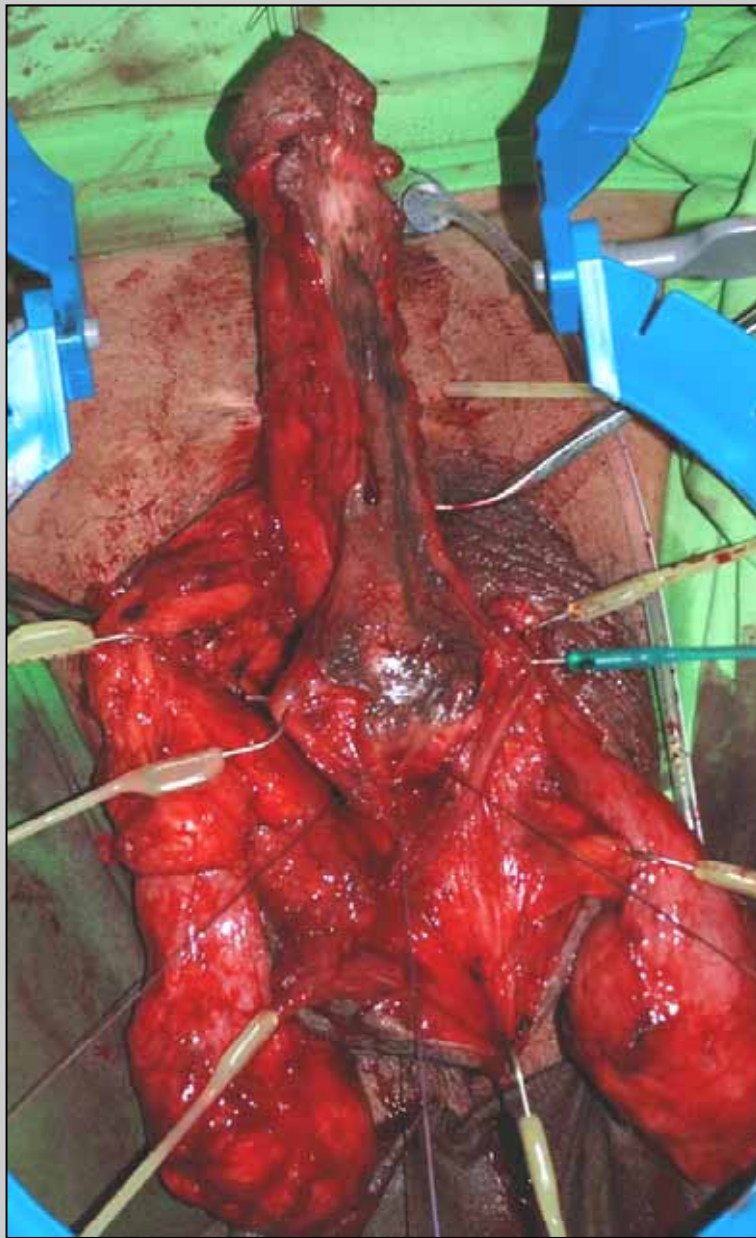
Urol Int 2011, in press



















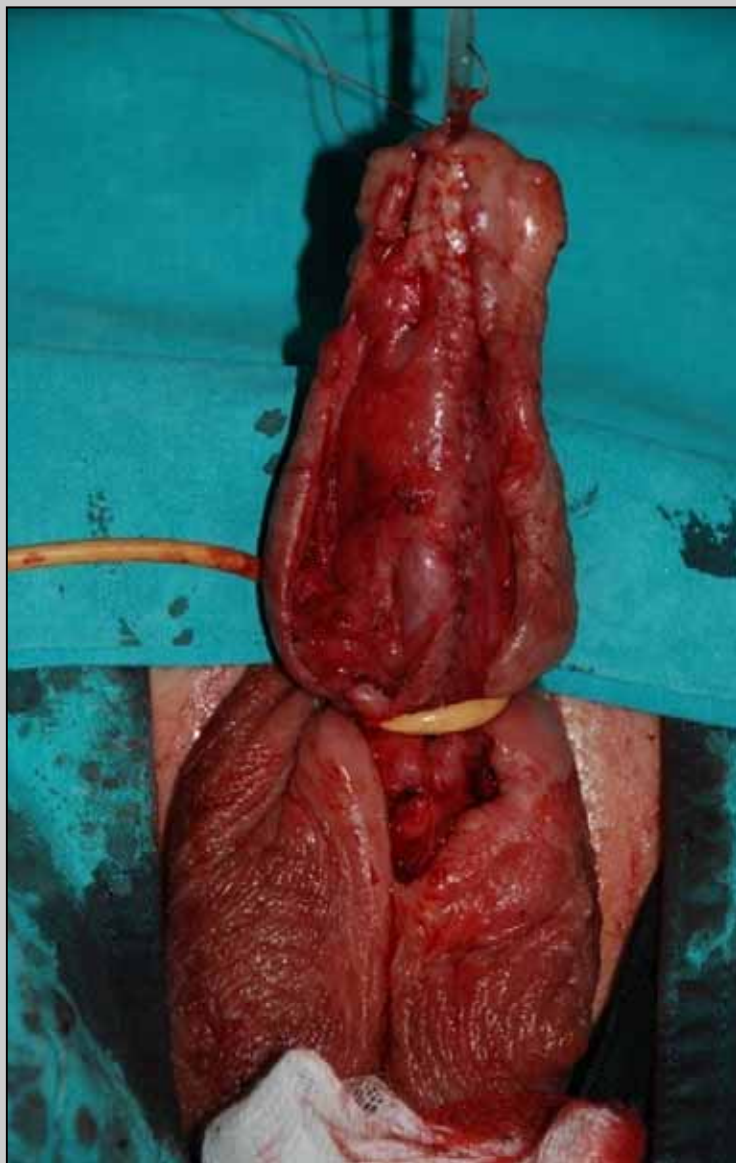




Completely straightened and lengthened penis

e-mail: info@urethralcenter.it

website: www.urethralcenter.it



















Success or failure ?

- **End-point of the reconstructive surgical itinerary**
- **No meatal or urethral dilation**
- **Absence of complications or poor aesthetic outcome requiring revision**

Results in 1176 patients

Type of repair	N° patients	Mean follow-up months	Success rate %	Failure rate %
urethroplasty	301 (25.5%)	58.6 (12-186)	270 (89.7%)	31 (10.3)
corporoplasty	60 (5.2%)	63.2 (12-237)	58 (96%)	2 (3.3%)
urethroplasty corporoplasty	166 (14.1%)	60 (12-210)	147 (88.5%)	19 (11.5%)
genitalia resurfacing	649 (55.2%)	59.8 (12-192)	561 (86.4%)	88 (13.6%)
total	1176	60.4 (12-237)	1036 (88.1%)	140 (11.9%)

Urol Int 2011, in press

Results

evaluation

objective



subjective

Success or failure ?



Conclusions

Failed hypospadias repair is not a problem for the pediatric urologist, because the mean age of patients was 31 years.

Failed hypospadias repair is not a problem for the urethral surgeon, because only in 25.5% of cases the reoperative surgery was restricted only to the urethra.

Failed hypospadias repair involves, in the majority of patients (55.2%), the urethra, corpora cavernosa, glans, penile shaft and skin, requiring complete resurfacing of the genitalia.

Conclusions

Failed hypospadias repair is a complex problem requiring full collaboration between the urethral surgeon and the surgeon widely skilled in reconstructive surgery of the genitalia (penile prosthesis implant, surgery for Peyronie's disease, surgery for male to female transition, surgery for complex defects of the corpora cavernosa).

Conclusions

Shouldn't patients with complex failed hypospadias repair be referred to a Center of expertise?



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Center for Reconstructive Urethral Surgery

Failed hypospadias repair

Part 2



**Our experience showed two different populations in which attempts
at hypospadias surgical correction failed**

Patients showing multiple penile deformities caused by:

- Error in evaluation
- Error in design
- Error in surgical technique
- Error in postoperative care



Patients showing a satisfactory final outcome having:

- Cosmetically acceptable meatus
- No evident penile deformities such as fistula or chordee



- Urethral stricture

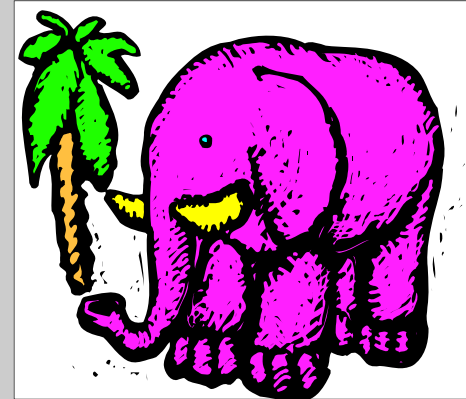
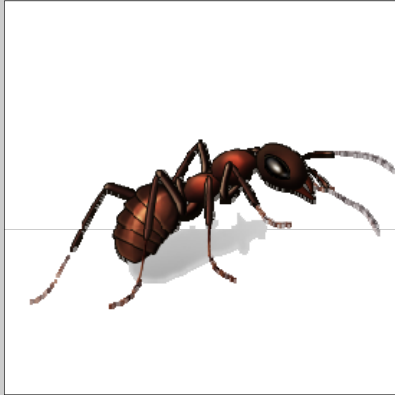


Why ?

The pediatric urologist maintains that:
**“ The neo-urethra I construct in the child will
follow the growth of the penis into adulthood “**



Have you ever seen an ant become an elephant ?



18 months old



18 years old

The normal urethra is a **spongiosum-made urethra**



The urethra in the patient who underwent hypospadias reconstruction is a **skin-made urethra**



**What is the the difference between
the **spongiosum-made urethra** and
the **skin-made urethra****

?

As far as urinary function is concerned, the reconstructed **skin-made urethra** is able to work as a normal **spongiosum-made urethra**



Pediatric surgeons and parents are very satisfied with the outcome.....

....but, unfortunately, the urethra is a part of the penis...



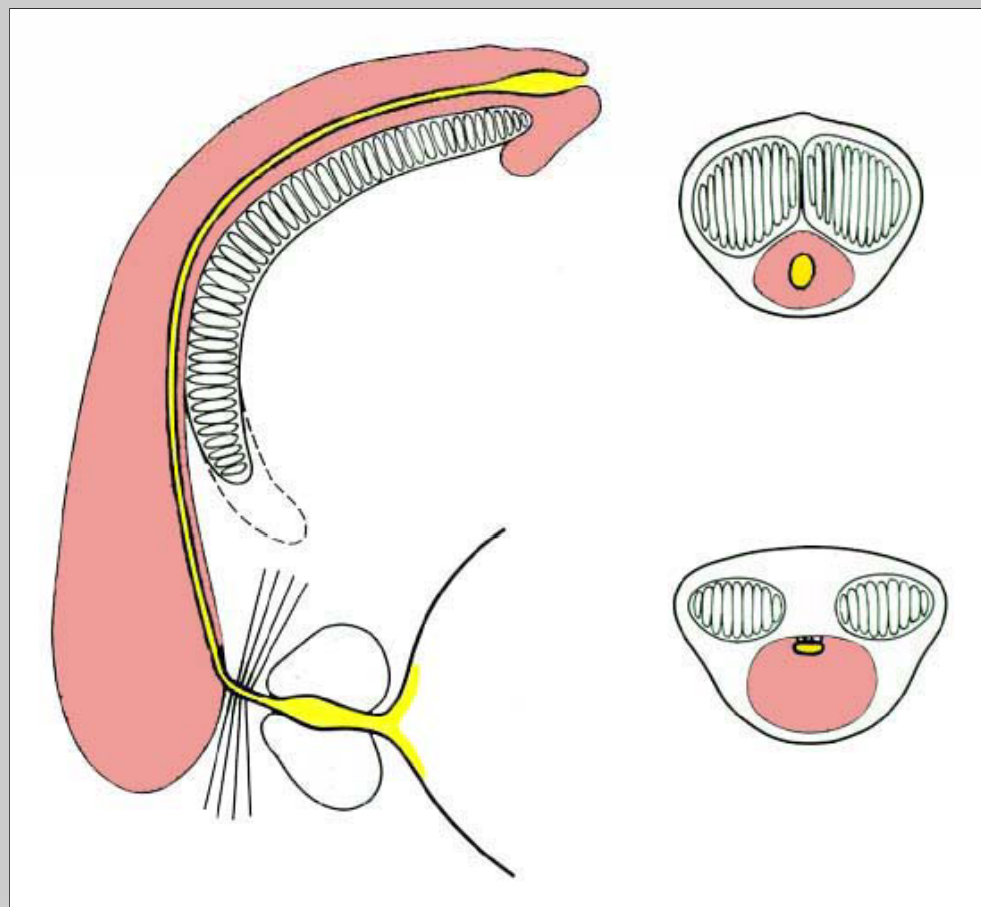
...and when children reach full sexual maturity, problems come ...

...and the **skin-made urethra** over time will be
KO!



Why ?

The **skin-made urethra** is not surrounded by the soft, well vascularized **corpus spongiosum** ...



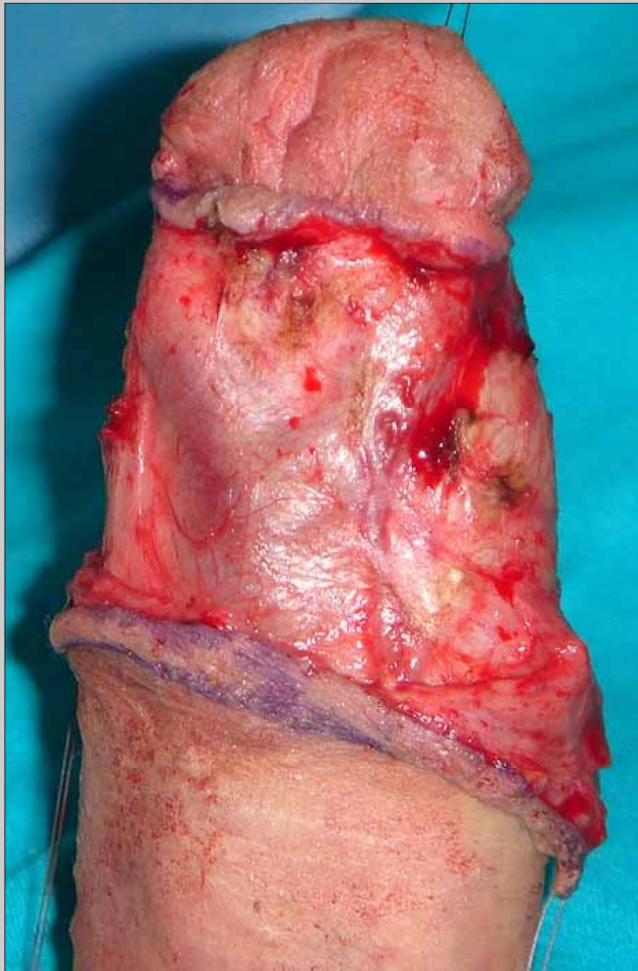
... and this **skin-made urethra** does not tolerate
the repeated mechanical stretch and trauma during
erection and sexual activity



During sexual activity, the corpus spongiosum is to the urethra what the airbag is to the body during a car accident



The lack of spongiosum tissue promotes urethral deterioration over time



Hypospadias surgery is now at its end-point



Pediatric urologists' triumph over the results of hypospadias repair in childhood is not justified

Success in hypospadias surgery is not measured in one or even in five years

In order to collect more detailed epidemiological data, **pediatric surgeons are invited to publish the long-term results (> 20 years) of hypospadias surgery performed in their hospitals**



Surgeons involved in hypospadias surgery are warmly invited to develop new studies in tissue engineering and transplant research



Hypospadias surgery will have improved only when corpus spongiosum is made available, and a new **spongiosum-made urethra can be transplanted in the patient**

**Failed hypospadias repair is one of the most difficult problems to face
and requires full collaboration between surgeons involved in this
issue**



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Belgrade – Serbia

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Center for Reconstructive Urethral Surgery



"Web-on"

Training on Reconstructive
Urethral Surgery

Instruction for pre-registration

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Instruction for pre-registration

1. Visit our website (www.urethralcenter.it)
2. Click on **"Web on" Training on Reconstructive Urethral Surgery**
3. Complete the enclosed the **pre-registration form**

You will receive further more detailed information when our new educational program is ready to begin.

We sincerely hope that you or your Department will be interested in pursuing our project.

Please do not hesitate to contact us for any question you may have.

Thank you and we look forward to hearing from you soon.

Guido Barbagli and Massimo Lazzeri
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