



DOERNBECHER  
CHILDREN'S  
*Hospital*

## PEDIATRIC UROLOGY

# Home care after hypospadias surgery

### What to expect

After surgery, your child will have some soreness, bruising, and swelling in the affected areas.

Right after surgery, the penis may look more swollen on one side. Or it may look crooked. Your son's pee will be light pink, and you may see some small spots of blood on his diaper.

Your child may have a sore throat on the day of surgery. He may also have red marks on his face. These are from tape used during surgery.

### Your child's bandage

Your child will have a bandage that pushes the penis flat against his tummy. The bandage covers the penis completely. You may take the bandage off 3 or 4 days after surgery. Leave the tube in your child's penis when you take the bandage off.

- It is normal for the bandage to have some blood on it or look pink or red.
- You may take the bandage off early if poop gets under it and you cannot clean it. You may wipe the outside of the bandage with a baby wipe or washcloth if poop gets on the outside.
- After you take the bandage off, please put antibiotic ointment on the surgical cut for 2 weeks. Do this 2-3 times a day or every time you change your child's diaper.
- If your child has stitches, please put antibiotic ointment on the stitches, too.

### About the double diaper

The purpose of the double diaper is to keep the penis dry, keep poop off the end of the catheter and drain pee into the outside diaper.

- Change the outside diaper every 2-3 hours.
- Change the inside diaper at least 3-4 times a day and as soon as your child has pooped.
- The inside diaper may be the size your child usually wears. The outside diaper should be one size larger.
- You may need extra help to change your child's diaper, to keep him from pulling out the tube.

## Care of the tube

The small tube in the penis goes all the way into your child's bladder. It drains the bladder while his penis is healing. The tube will slowly drip pee into the diaper, so the outside diaper should be wet. If you watch the tube for 3-5 minutes and do not see pee draining, please call our clinic.

- We will send you home with a syringe in case the tube is plugged or does not drain properly. We will show you how to fix the tube before you leave the hospital.
- It is common to see some blood in the pee draining from the tube.
- Every time you change the inside diaper, put some antibiotic ointment or petroleum jelly where the tube comes out of the penis. After the bandage is off, put ointment on the surgery area, too.
- The tube is stitched to the tip of your child's penis. Do not try to take it out. The tube needs to stay in place so your child's new urethra can heal over it.

## Eating and drinking

- Your child may have an upset stomach or throw up after anesthesia. Start off with things like juices, popsicles, water or ice. If your child is hungry, give them a small, light meal. For example, they can try eating some toast with no butter, plain rice or applesauce.
- Make sure your child drinks plenty of liquids.

## Activity

- Keep your child at home as much as possible until the tube is removed.
- No bike riding or straddle toys, walkers, swings, jumpers, climbing structures, or sports for 2 weeks. Try to keep your child's activity level low during this time.
- Do not use a baby carrier that spreads your child's legs and puts pressure on his groin or penis for 2 weeks after surgery.

## Bathing and water

- Your child may only have sponge baths until the tube comes out. After the tube is out, they may take a 5-10-minute bath or shower.
- Once the dressing is off, you may clean your child's penis with a soft washcloth or baby wipe and water.
- No swimming pool or hot tub use for 2 weeks after surgery.

## Medication

Your child's doctor will prescribe several medications after this surgery. These may include:

- Pain medications – acetaminophen (Tylenol), ibuprofen (Advil, Motrin) and oxycodone
- Medication for bladder spasms – oxybutynin (Ditropan)
- Antibiotics to prevent infections

Your child should take the antibiotics until the tube is taken out. Write down what medications you give your child and the time you give them.

For mild to moderate pain:

Give your child ibuprofen (Advil, Motrin) and acetaminophen (Tylenol). Give one, but not both, every 3 hours. For example, if you give ibuprofen first, give acetaminophen 3 hours later. Then 3 hours later give ibuprofen again. Keep switching back and forth during the day and night as needed.

For severe pain:

The doctor might have prescribed pain medication for your child. Only use it for severe (very bad) pain. Your child may not need this at all. If you think your child has severe pain, but you did not get a prescription for pain medication, please call our office right away.

It is OK to:

- Give pain medications less often or not at all if you think your child is comfortable without medication. Make sure you are writing down the time and name of medications you give.
- Use pain control methods like comforting, breast feeding, bottle feeding, ice packs, distraction and limiting your child's activity.

If you have leftover medications after your child gets better, please talk with your pharmacist about getting rid of them. **Do not** put them in the sink or flush them down the toilet.

### **Medication for bladder spasms**

Oxybutynin (Ditropan) is for bladder spasms, or cramps. Give your child this medication every 8 hours the first day after surgery. Then, give it only when your child needs it. You can tell if they need it by the signs below.

- Babies: May cry and pull their legs up to their chest. May be fussy and seem to have pain even after you give them pain medication.
- Toddlers and older children: May tell you they have pain in their bottom or penis. They may feel like they need to pee but cannot. Or they may say it hurts when they pee, or they have cramps in their belly or bottom.

### **Constipation**

- Your child may be constipated after surgery. They may not have difficulty pooping at all, or they may have small, hard or painful poop. If so, this is from the anesthesia and pain medications.
- If your child is constipated before surgery, you may want to consider giving them:
  - More liquids, unless your doctor tells you not to.
  - More high-fiber foods, such as whole wheat bread.
  - Apple, pear or prune juice to drink.
  - Medications such as MiraLAX or suppositories, if approved by your doctor.

If your child has never taken medications for constipation, talk with your doctor first.

## Using MyChart for medical information

MyChart is a way to see your child's medical information online. Please set up a MyChart account for your child as soon as possible if you do not have one. It is best to set this up **before** your child's surgery.

- Please call our office or go to the front desk during business hours to get an account.
- You can use MyChart to send messages to your child's doctor. You can also send us photos and ask general questions.
- If you send a MyChart message with a photo or an urgent concern, you **must** also call our office. This tells us to check the message right away.

## When to call your doctor

Call us at **503-494-4808** (8 a.m. – 5 p.m., Monday – Friday) if you have questions, concerns or your child has any of the following:

- **Swelling** or **bleeding**. A small amount is normal.
- **Redness, pain** that gets worse, or **pus** from the surgery area
- **Not eating or drinking well**, or **unusually fussy or tired**
- **Tube or stitch comes out** a little bit or all the way
- **Pee not draining** even after you use the syringe
- **Fever** of 101 degrees or higher
- **Pain even after you give pain medicine**

You may send a photo through MyChart. Please call us if you do this.

You may also call us toll free at **1-888-222-6478** and dial extension **4-4808**.

After hours and on weekends and holidays, call **503-494-8311** and ask for the pediatric urology doctor on call.