

results are connected with the learning curve. The smaller number of subsequent hydrocele was also observed, probably due to slight change of the operating method – ligation of the testicular vessels in more proximal manner – which can spare lymphatic vessels.

DOES URETHRAL STENTING AFTER MATHIEU PROCEDURE FOR HYPOSPADIAS REPAIR INFLUENCE THE OUTCOME?

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Introduction. Hypospadias is a common malformation of the penis; its rate is ca. 1:300 male neonates. The majority, ca. 70 % is the distal form of the malformation. One of the surgical method utilized for that form of the hypospadias is the Mathieu procedure (flip-flap, metal-based flap)

Purpose. The aim was to assess the outcomes of the treatment of distal hypospadias using Mathieu procedure with and without urethral stenting.

Method. 132 boys with distal hypospadias were operated on using Mathieu method in years 2005–2011. Stenting catheters were left for 12–24 postoperative hours in 60 boys (group A), and in the rest 72 patients no catheters were left (group B). Preputioplasty was performed in all cases. The age of operated boys in group A was 7 months – 13,5 years (av. 3,3 years); in group B: 6 months – 16 years (av. 2,7 years). Boys in both groups were discharged home on the next day after the operation. The fistula formation, urethral stenosis and foreskin dehiscence were assessed.

Results. In group A: 4 boys (6,7%) had urethral fistula which were surgically repaired, 5 (8,3%) had foreskin dehiscence requiring redo correction and one patient (1,6%) had significant urethral stenosis requiring urethral dilatation in general anesthesia. In general 17 % of patients in group A required next general anesthesia, in than number 15,4 % had surgical redo operations. In group B: 3 boys (4,2%) had urethral fistula, 2 (2,7%) had foreskin dehiscence and 1 boy (1,4%) had both fistula and foreskin dehiscence. In general 8,3% patients in group B required redo operation.

Conclusions. Urethral stenting after Mathieu procedure for distal hypospadias repair does not influence the outcome of the treatment. Consequently the children after Mathieu procedure need short term hospitalization.