

PP-04 Gud Technique In Hypospadias Redos: An Value Alternative To Distal Fistulas And Glans Deiscense

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**Introduction:** Distal hypospadias failures normally present with coronal or subcoronal fistulas or glans dehiscences. Considering that tissue may present scars and fibrosis, many authors suggest inlay grafts in one or 2 stages. We, differently, believe that GUD technique with entire glans deconstruction and minor urethral mobilization is the most effective approach. We want to review our data. **Methods:** We have reviewed all cases operated as redos in our institution with the GUD technique since 2018. Patients were evaluated for age, type of complication (fistula/dehiscence) quality of glans, mobility of urethra and distal penile skin, number of previous surgeries and previous failed techniques. **Results:** We found thirty-six patients treated as secondary repair, presenting with an urethral fistula (n=28, 77.7%) or distal penile meatus (n=8, 22,3%). TIP repair was the predominant primary surgery (n=30, 83.3%) and mean age at surgery was 2.2 years (1.3 to 9). None patients had fixed or non mobile distal urethra on physical exam and glans was mostly well healed and had a non obstructive distal urethra to a 8 Fr catheter (27/30). Fistula was punctiform in 20 and large in 10 patients. Mean previous surgery was 1.3 per patient (1-3). Patients had an uneventful outcome and surgery was effective in 37 cases (97,3%), one patient had partial glans dehiscence and healed spontaneously. Mean follow-up is 21.4 months. **Conclusion:** The GUD technique is an excellent alternative for distal fistula repair (coronal/subcoronal/distal penile) and redos. It has the advantage of avoiding grafts and to rely on the patient's healing of suture lines in pre-assessed tissue.

**Ksywords:** Distal hypospadias, hypospadias repair complication