

PP-11 Cryocalcium Glue In Hypospadias Surgery

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Background: Urethrocutaneous fistulas are the most common late complication of hypospadias repair. It seems that one of the most important factors in reducing the likelihood of fistula formation is the use of intermediate layer of healthy tissue between the neo urethra and the skin. Clinical and experimental experiences suggests that fibrin glue prevents urinary extra vasation from urological surgical anastomosis, but sealant is commercially inaccessible, animal based and expensive. In this study, we tried to introduce a new formulation of glue. It was made up from cryoprecipitate (fibrinogen and human factor 13), calcium gluconate and matched human Packed RBC (as the origin of human thrombin). **Materials and Methods:** In a prospective clinical, case- control study, Four hundred cases of distal penile hypospadias were selected for the study (300 cases vs. 100 controls). Three hundred cases underwent TIPS urethroplasty (tubularized incised-plate) with application of cryocalcium glue. A 1–2 cc of Cryocalcium Glue was applied over the closure area, and ventral dartos flap was brought over it. Then, another layer of glue was applied, and skin closure was performed. All patients were followed up after 2 weeks of surgery and then 3 monthly. **Results:** Urethrocutaneous fistula occurred in five patients of the case group and six patients in the control group (1.6% vs. 6%, $P = 0.001$). There was no case of allergic reaction in the case group. **Conclusion:** It seems that urinary tract catheterization with latex catheters is a safe, feasible, and in-expensive procedure for short-term post-operative course in hypospadias surgery in patients without latex hypersensitivity.

Keywords: Hypospadias, Glue, Fistula