PP-15 Impact Of Catheter Type On Early And Late Complications In Patients With Distal Hypospadias

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Aim: The aim of this study was to investigate the impact of catheter type on early and late complications in patients with distal hypospadias. Methods: We examined patients who underwent surgery for distal hypospadias at our clinic between 2021 and 2023. Hospital records were reviewed retrospectively for data including patient demographics, surgical details, and complications. Patients who underwent surgery with multiple-sessions, fistula repair only, or were discharged without a catheter were excluded from the study. The patients were divided into 2 groups as the urethral catheter group and the trans-vesical catheter group. Results: A total of 159 patients were included in the study. Among these patients, 116 were catheterized with a urethral catheter, while 43 had a trans-vesical catheter. Groups were homogenous in terms of age (mean age 38 vs 55 months respectively, p=0.079), operation duration (median duration 83±27 vs 92±23 minutes respectively, p=0.060) or presence of chordee (9/116 vs 8/43, p=0.079). Patients with trans-vesical catheters were mostly discharged on the same day of the operation (53.5%), while most of the patients with urethral catheter were hospitalized for longer (92.1%) (p<0.001). Postoperative infection occurred in two patients in the urethral catheter group, but there was no significant difference (p=1.000). Among the early complications, catheter occlusion (30.2%) was more common with trans-vesical catheters, while catheter dislocation (15.5%), painful voiding (4.3%), and difficulty in voiding (4.3%) were observed with urethral catheters. There was also no significant difference between the groups in terms of long-term complications such as meatal stenosis (p=0.392), fistula formation (p=0.625), or redo surgery (p=0.760). Conclusion: Our results showed that catheter type changed the type of early postoperative problems but did not change complications. Patients with urethral catheters were hospitalized longer which may be attributed to difficulties with urination, or concerns about catheter displacement or monitoring the urine output.

Keywords: distal hypospadias, urethral catheter, trans-vesical catheter, complications