

## PP-22 Two-Stage Repair Of Proximal Hypospadias Using Free Preputial Graft - Lessons Learnt

Poster Bildiri

Jan Trachta<sup>1</sup>, **Jiri Trcka**<sup>1</sup>, Jan Kriz<sup>1</sup>

1 Motol University Hospital, Prague

**Introduction** Presentation of the results, complications and lessons learnt of a pilot cohort of patients with proximal hypospadias operated on with a two-stage technique using a preputial graft. **Methods** Retrospective analysis of operative protocols of a single surgeon, photographs and postoperative medical records with a focus on complications and their possible causes. The results were processed using basic statistical methods in Microsoft Excel. **Results** From 2017 to 2021, we operated on 46 patients with proximal hypospadias (peno-scrotal, scrotal, and perineal), 19 of whom were excluded because they were reoperations after other urologists, and included 27 native hypospadias patients who presented for at least one follow-up minimum 6 months after the second stage of surgery. Nine of the 27 patients required at least one reoperation (33%) for the following complications: infection and scarring of the preputial graft after the first stage 1 time, stricture of the neo-meatus or transition of the native and formed urethra 4 times, fistula or partial dehiscence 11 times. The most common perioperative errors were lack of well-vascularized tissue prepared in the subcoronary collar area during the first phase, incision of too narrow a strip of well-attached graft, and too tight suture of the neourethra on the 8F nasogastric tube during the second phase. **Conclusion** Even when the proximal hypospadias surgeon is aware of his perioperative errors such as preparation of lack of well-vascularized tissues or suturing under slight tension, he tends to repeat these errors due to lack of systematic approach, mental discipline, rigour and obsession for details.

**Keywords:** proximal hypospadias, two-stage technique, preputial graft, complications