

## **SPONGIOPLASTY A NOVEL TECHNIQUE TO PREVENT FISTULA IN HYPOSPADIS REPAIR**

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**Introduction:** Various healthy & well vascularized tissue used for preventing fistula are dartos fascia, vascular pedicle, tunica vaginalis & denuded inner prepuccial skin. Vascular pedicle incorporation may cause torsion & tunica vaginalis requires dissection of scrotal sac. The objective was to mobilize & utilize the corpus spongiosum for spongioplasty over the neo-urethra to prevent fistula.

**Patients & methods:** Spongioplasty was done in 85 (75 TIP, 7 chordee without hypospadias, 3 secondary repair) cases with age varying from 1 year to 20 years since last 6 years.

**Technique:** Plane of dissection was created at the level of Buck's fascia near normal urethra & divergent corpus spongiosum with urethral plate/ hypoplastic urethra was dissected from corpora after penile degloving. Same incision was extended into glans to dissect spongiosum & glanular wings were raised for glanuloplasty. Mobilized spongiosum was sutured over neo-urethra / mobilized hypoplastic urethra in chordee without hypospadias as an additional vascular layer to complete spongioplasty.

**Results:** Two patients had fistula & one had meatal stenosis requiring second surgery with over all complication rate of 3.53% in a follow up of 6 months to 3 years.

**Conclusion:** Our technique of spongioplasty is simple, easy & effective to prevent fistula in hypospadias repair.

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