

SAGA (SAGITTAL ADVANCEMENT AND GLANULAR APPROXIMATION) FOR DISTAL HYPOSPADIAS. REPORT OF 300 CASES

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Objective: In an attempt to avoid the drawbacks of the magpi technique (meatal retraction and unsatisfactory glans shape), the authors present the results of a series of 300 patients who underwent a Sagittal Advancement and Glanular Approximation (SAGA) repair in distal hypospadias.

Methods: The principle of the SAGA repair involves a ventral W-shaped incision centred on the hypospadiac meatus. Thick bilateral glanular flaps are sharply mobilised and approximated vertically in the midline with tension free sutures. Thus, creating a 6 to 7 mm ventral submeatal glanular bridge and restoring a conical glans over a 3 to 4 mm mucosal collar. As the technique evolved, a spongioplasty was associated whenever a hypoplastic distal urethra was present.

300 patients underwent a SAGA repair between 1990 and 2005. Hypospadias was glanular in 172 (57.3%), coronal in 75 (25%) and subcoronal in 53 (17.7%). Mean age at surgery was 39 months (10 days-16 years), and mean follow-up duration 14 months (3 months-10 years). 13 (4.3%) had previous hypospadias surgery and 3 (1%) previous circumcision. Spongioplasty was performed in 30 (10%). 8 (2.7%) with wide-mouthed meatus had additional glans remodelling with meatal 'lateral pad' excision and suturing.

Results: 288 (96%) patients had excellent cosmetic and functional results. 8 (2.6%) complications requiring a second procedure occurred: 3 fistulas, 2 meatal retractions, 2 meatal stenosis and 1 distal urethral necrosis. They all occurred in the first 150 patients and were secondary to poor case selection and prior to spongioplasty in hypoplastic distal urethras.

4 patients presented mild meatal retraction requiring no further surgery.

The last 150 patients had a complication free outcome.

Conclusion: The SAGA technique provides excellent cosmetic and functional results in distal hypospadias with defects up to 7 mm. Deep glanular groove and poor paramental compliance with urethral hypoplasia might be regarded as relative contraindications.

Presentation Type: Oral Presentation

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