

A MODIFICATION OF TUBULARIZED INCISED PLATE URETHROPLASTY (TIPU) WITH DOUBLE-LAYER DARTOS FLAP COVERAGE OF THE NEOURETHRA

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Objectives: Results of a TIPU modification with double-layer dartos flap coverage of the neourethra are presented in this study.

Material and Methods: Modified TIPU repair was performed on 65 children (6 months–17 years) with distal hypospadias between 1999–2005. 58 were primary (7 circumcised), 7 were secondary. A circumferential incision was made 1-2 mm proximal to the hypospadiatic meatus. Penile skin was de-gloved until the radix. Bifurcated corpus spongiosum in the distal was undermined bilaterally and approximated in the midline to cover the attenuated urethra. 2.5x1 cm size dartos flap was prepared with its pedicle extending until the radix. Urethral plate was incised deeply in the midline. 2 deep parallel incisions were made on the glans on the glanulomeatal lines. Neourethra was tubularised on a 10-12 Fr. catheter with interrupted 6/0 PDS sutures placed from distal to proximal without inverting the epithelial edges, meatus being created wide and not too distal. The left edge and right edges of the ventrally transferred dartos flap were fixed to opposite glanular wing edges with 5/0 PDS. Free portions of both flap edges were laid on the neourethra, providing double-layer coverage with the same flap. Glanular wings were approximated in the midline with subcuticular 5/0 PDS. Preputium was cut 1-2 cm in the midline and transferred to the ventrum, covering the skin defect with subcuticular sutures. Tourniquet or vasoconstrictor agents were not used in any case. Catheter was removed on postoperative 1–7th days. All children were evaluated for voiding pattern and fistulas on postoperative 15th, 60th and 180th days.

Results: A projectile voiding pattern and a cosmetic slit-like meatus was achieved in all children. No meatal stenosis were seen. Fistula developed in 2 cases.

Conclusion: Coverage of neourethra with double-layer dartos flap, extension of urethral tubularization not too distally, and subcuticular sutures are key factors affecting the functional and cosmetic outcome of TIPU repair.

Presentation Type: Oral Presentation

Authorize Publishing: Yes

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