

METHOD OF RE-ELIMINATION OF COMPLICATIONS AFTER URETHROPLASTY IN CHILDREN

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The purpose of the study: to achieve good results using the method of balapenial neourethroplasty with the method of “Vesicoendopunction” in the repeated operation of patients with hypospadias observed.

Material and styles. The TashPMI clinic was approached by 82 patients aged 1 to 18 who underwent hypospadias surgery in various hospitals and were diagnosed with complications after the operation. In the same patients, repeated balapenial neourethroplasty surgery was performed, with 8 of them (9.8%) producing urethral-cutaneous discharge.

Result. The use of the balapenial neourethroplasty method for repeated operation gives a good result when the complications listed above are noted.

Despite the fact that there are about 200 operational methods in the treatment of hypospadias, this is calculated from problems that have not been solved until the end of the elimination of a birth defect (1,2,6,9). Because after the operation, various complications occur from 15% to 48% (3,4,5,8). These complications can be incomplete receipt of chorda torques, neomeatus retraxia, neomeatus stenosis, the formation of several urethral-cutaneous mites, rough scars of different shapes, meatostenoses. It should be noted that despite the fact that many children have hypospadias, a condition of removal of kermak sheets occurs, which, of course, leads to a complication of plastic surgery.

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Material and styles.

With the listed complications, 82 patients from 1 to 15 years old applied. Of these, 6 had the cephalic form of hypospadias, 16 had the distal form of penial hypospadias, 15 had the medial Form, 11 had the proximal Form, 9 had the penoscrotal, 13 had the Yoruba form of hypospadias, and 12 children had the intermediate form. Of the patients who applied, up to 22 had undergone surgery for one, 23 for two, 18 for three, 12 for four, 4 for five, and 3 for six. In 10 of the patients who underwent surgery, there were different levels of deformities due to incomplete extraction of the chordal sutures and pain during times of erection, while in 8 patients neomeatus retraxia was reported, in 11 several urethral-skin leaks were reported, in 13 patients, the urethra fell on the penile body part of the urethra (Table 1). In 8 patients, rough scars of different shapes were observed to be accompanied by leaks, while in 4 patients, the postoperative urethra was narrowed. In patients born with 28 hypospadias, an appeal was made

to eliminate hypospadias after circumcision. In overcoming the mentioned complications, we laughed at the newly developed method of balapenial neouretroplasty.

Table 1
Complications reported in patients before kayta surgery

Age of patients	Incomplete receipt of chorda torques	Neomeatus retraction	Several urethral-skin mites	Fall of the urethra into the body part of the penis	Rough scars are accompanied by leaks	Stenosis of the neouretra	Cases in which Kertmak sheets were removed	Total
1-3	-	-	3(13,0%)	3(13,0%)	2(8,6%)	-	15(65,2%)	23
3-7	1(5,0%)	2(10,0%)	5(25,0%)	4(20,0%)	3(15,0%)	-	5(25,0%)	20
7-11	4(28,5%)	1(7,1%)	1(7,1%)	1(7,1%)	1(7,1%)	2(14,2%)	4(28,5%)	14
11-15	5(20,0%)	5(20,0%)	2(8,0%)	5(20,0%)	2(8,0%)	2(8,0%)	4(16,0%)	25
Total	10 (1,2%)	8(9,7%)	11 (13,4%)	13 (15,8%)	8 (9,7%)	4 (4,8%)	28 (34,1%)	82

Balapenial neouretroplasty method: first of all, an obturating draining-Flushing catheter is placed on the bladder in the vesicoendopunction method. Surgical method-circular shearing is performed along the axis of the crown of the penis. This cut on the ventral surface of the penis is deepened, and in the choir drawers on this surface are cut transverse, and the penis is adjusted. Along the middle of the dorsal surface of the penis, a trimming is performed along its base to the length of the side, the skin on that side is transferred to the ventral surface of the penis and sutured lengthwise with a thread of 6-0 vicryl, without taking the epidermis suture. On the two sides of this suture line, a skin equal to the width of the urethra is left and a parallel shearing is made, one side is removed from the dorsal surface of the penis to the tip of the skin, and the other side is rotated “W” – wire from the proximal side of the hypospadias hole. It is on the outside of this parallel trim that the remaining skin edges are separated from the base around 0.3-0.4 cm. And the edges of the skin on the inner side are sewn with 6-0 vicryl threads without taking the epidermis suture. Thus the neouretra is formed. Then the second floor is sewn to the seam. From the 0.2 cm side of the suture line, the needle is sanitized and removed from the opposite side of 0.1-0.2 cm. The needle is re-inserted through the same hole, passed through the subcutaneous layer another 0.2-0.4 cm and tied. When sewn in the same way, the second floor line does not overlap the first floor line. This drastically reduced the formation of the urethral-cutaneous fistula. At the beginning of the penis, the skin is cut off, where the tarmov is dressing, and it is removed from the distal end of the tarmovdn neouretra, suturing to the apical part of the penis with a thread of 6-0 vicryl, making a neomeatus. Now the skin on the ventral surface of the penis and around the head is sewn together. Therefore,

the urethra is mainly made of the skin at the base of the head of the penis and the body of the penis.

Conclusion and judgment

With this method, 82 patients underwent surgery, 9 of which (11.0%) produced urethral skin leaks. After 2-3 months, the leaks were also surgically eliminated. Other complications did not recur. An obturated draining-washing catheter, on the other hand, prevents urine from entering the wound area, ensuring that the neouretra stays dry and allows the neouretra to be rinsed with antiseptic solutions and drugs that enhance tissue regeneration.

Conclusion

1. The use of the balapenial neouretroplasty method for repeated surgery when the complications listed above recur gives good results.
2. When performing these operations, it is better to apply an obturating and draining catheter, which will ensure that urine does not fall into the jaroocate area.

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Re – correcting surgery for neourethroplasty in children

Key words: hypospadias, operation, re-correcting surgery.

the aim of present research was to spend the repeated operation on the occasion of hypospadias to the patients with the complications after the operations. By that we have used the method of



balopenial neuretroplics. At 8 patients from 82, the repeated operation by this method the formation of skin-urethra fistula have been observed. In 2-3 months the fistulas were liguidated by surgical method. Other complication were not observed