



Letter to Editor: Clinics in Surgery

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Letter to Editor

Have read two papers related to urethral mobilization and advancement procedure for distal hypospadias repair published in 2017 [1,2]. There are many techniques described for the repairment of hypospadias. Although some of them are used very common, urethral mobilization and advancement procedure is one of the methods which is not a frequently used in spite of being a simple and easily learned method as the authors mentioned in their paper. In suitable cases of distal hypospadias, this method is very successful for both cosmetically and functionally as the authors mentioned. Additionally, short catheter time and no fistul formation are the other advantages.

We had published our results about urethral mobilization and advancement procedure in the cases of distal hypospadias [3]. Our results were also very satisfactory. No fistula formation and meatal retraction had been seen. Urethral catheter had been removed in postoperative second day. Urethra mobilization had been ranged from 0.5 cm to 1.5 cm. Cosmetic and functional results were good in sixth month control. Main complication was meatal stenosis. It was probably related to insufficient dissection of glandular wings. Two important points should be emphasized in particular for this method. They are adequate dissection of glandular wings and adequate urethral mobilization. First one is important for avoiding meatal stenosis. Second one is important for preventing postoperative metal retraction. If these two points are considered during the surgery, both cosmetic and functional results will be perfect. I would like to thank the authors for reminding us that this method is not used as often as it deserves urethral mobilization and advancement method should be kept in mind by the surgeons dealing with hypospadias.

References

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