



## Enhanced hypospadias surgery in spongioplasty with buck's fascia covering

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**Received:** 27-Nov-2023, Manuscript No. PUCR-23-124287; **Editor assigned:** 01-Dec-2023, PreQC No. PUCR-23-124287 (PQ); **Reviewed:** 15-Dec-2023, QC No. PUCR-23-124287; **Revised:** 22-Dec-2023, Manuscript No. PUCR-23-124287 (R); **Published:** 29-Dec-2023, DOI: 10.14534/j-pucr.20222675616

### Description

Hypospadias is a congenital condition where the urethral opening is located on the underside of the penis instead of the tip. Surgical intervention is often required to correct this condition, aiming to restore normal urinary function and achieve a cosmetically satisfactory appearance of the penis. Various surgical methods are available for hypospadias repair, each tailored to the specific anatomical and functional needs of the patient. Spongioplasty with Buck's fascia covering dorsal inlay graft urethroplasty is a refined approach used in primary hypospadias repair, especially in more complex cases. This technique involves augmenting the spongiosum, the spongy tissue surrounding the urethra. It includes dissecting around the urethral plate and utilizing spongiosal tissue for urethral reconstruction.

Buck's fascia, a robust connective tissue layer, is employed to cover the dorsal inlay graft. This layer acts as a protective barrier over the reconstructed urethra, enhancing its durability and potentially reducing the risk of postoperative complications. This technique

employs a graft, often sourced from oral mucosa or buccal mucosa, to create a new urethral tube. The graft is placed into a dorsal incision on the penis, allowing for the formation of a functional urethra. Buck's fascia coverage provides robust protection for the reconstructed urethra, potentially reducing complications like fistula formation and ensuring long-term durability.

Incorporating Buck's fascia has shown promise in reducing complications such as graft contracture, thereby minimizing the need for secondary surgical interventions. Besides functional reconstruction, this approach aims to achieve a cosmetically satisfactory appearance of the penis, contributing to better psychological and social outcomes for the patient. Studies have suggested that the utilization of Buck's fascia in hypospadias repair might lead to decreased rates of fistula formation, a common complication in conventional techniques. This method is particularly advantageous for complex hypospadias cases, where traditional approaches might pose challenges in achieving successful reconstruction.

Performing spongioplasty with Buck's fascia covering dorsal inlay graft urethroplasty requires specialized skills in pediatric reconstructive urology due to its complexity. Comprehensive postoperative care and vigilant follow-up are important to monitor for any signs of complications and ensure proper healing and functional outcomes. The choice of graft material is pivotal and depends on factors such as patient age, tissue availability, and the surgeon's preference, necessitating careful consideration.

Spongioplasty with Buck's fascia covering dorsal inlay graft urethroplasty is particularly advantageous in

cases of severe or complex hypospadias. Its versatility and ability to address more challenging anatomical abnormalities make it a suitable choice when traditional repair techniques might be inadequate. The application of Buck's fascia to cover the dorsal inlay graft contributes to increased durability of the reconstructed urethra. By minimizing complications such as graft contracture and reducing the risk of fistula formation, this technique enhances the success rates and long-term outcomes of hypospadias repair. Beyond functional reconstruction, this method focuses on achieving aesthetically pleasing results. It aims to create a natural-looking penis, which is essential for the psychological and social well-being

of the child as they grow older.

### ***Conclusion***

In conclusion, Spongioplasty with Buck's fascia covering dorsal inlay graft urethroplasty stands as an advanced surgical technique for primary hypospadias repair in children. Its benefits include improved durability, reduced complications, better cosmetic outcomes, and potential suitability for complex cases. However, successful implementation requires specialized surgical expertise and meticulous postoperative care to achieve optimal functional and aesthetic results in pediatric patients undergoing hypediapospadias repair.