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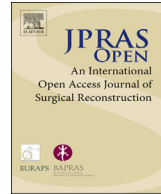
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Short Communication

Technical tip: Identifying the boundaries of the urethral plate in TIP Urethroplasty

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Hypospadias is one of the most common congenital birth defects occurring in approximately 1 in 300 live male births. Corrective surgery aims to correct the position of the urethral meatus forming a slit like meatus in the glans.¹ Tubularized Incised Plate Urethroplasty originally described by Snodgrass in 1994² has been shown to be effective in treating distal hypospadias and associated with a low rate of complications (4%).^{1,3} It is the most commonly performed operation for distal and mid penile shaft hypospadias⁴ and the preferred technique by the senior author. Delineating the boundaries of the urethral plate and therefore the incisions for creation of the neo-urethra is often challenging as the boundary between plate and glans may be indistinct. The senior author uses ChloroPrep[®] with tint routinely for pre-operative skin preparation. The product contains chlorhexidine gluconate 20 mg/ml, Isopropyl Alcohol 70 mg/ml, purified water and Sunset Yellow (E110) tint which stains the skin an orange colour to demonstrate the area that has been cleansed.⁵ We have found that the urethral plate stains a more intense shade of orange than the surrounding tissue and thus highlights the incision for the neo-urethra. We present a very simple method of identifying the boundaries of the urethral plate which may be incorporated into standard pre-operative preparation and as such does not add any additional operative time to the TIP Urethroplasty (Figures 1 and 2).

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Figure 1. Pre-operative photograph.



Figure 2. Intraoperative photograph following cleansing of the skin with Chloraprep®, note urethral plate stained orange.

Conflicts of interest statement

None.

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