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Evaluation of the Relationship Between Postoperative Surgical Complications and Caudal Epidural Block in Pediatric Hypospadias Surgery

Pediyatrik Hipospadias Cerrahisinde Postoperatif Cerrahi Komplikasyonlar ile Kaudal Epidural Blok İlişkisinin İncelenmesi

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ABSTRACT

Objective: The use of caudal epidural block (CEB) for perioperative analgesia in hypospadias surgery has yielded conflicting results regarding its impact on postoperative complications. Our aim is to evaluate the relationship between postoperative surgical complications and the use of CEB in pediatric hypospadias surgery, specifically assessing the impact of CEB across different surgical techniques.

Methods: This retrospective study analyzed pediatric patients who underwent hypospadias surgery under general anesthesia, with or without CEB, at Gazi University between January 2017 and December 2021. Data from 174 patients, aged 7 to 143 months, were reviewed. Parameters included patient age, level of the ectopic external urethral meatus, surgical technique, postoperative complications, and anesthetic method. Statistical analyses were performed using IBM SPSS V22.0.

Results: Among the patients, 144 (82.8%) received CEB and 30 (17.2%) did not. No serious CEB-related complications were observed. Postoperative complications were recorded in 28.7% of cases. The study found no significant difference in complication rates between patients with and without CEB. The frequency of complications varied significantly with the level of the external urethral meatus. The study indicates that the choice of anesthetic method, including the use or nonuse of CEB, does not significantly affect postoperative complications following pediatric hypospadias surgery. While CEB

ÖZ

Amaç: Hipospadias cerrahisinde perioperatif analjezi amacıyla kaudal epidural blok (KEB) kullanımının, postoperatif komplikasyonlar üzerindeki etkisine ilişkin literatürde çelişkili sonuçlar bulunmaktadır. Bu çalışmanın amacı, pediatrik hipospadias cerrahisinde KEB kullanımı ile postoperatif cerrahi komplikasyonlar arasındaki ilişkiyi değerlendirmek ve farklı cerrahi tekniklerde KEB'nin etkisini incelemektir.

Yöntemler: Bu retrospektif çalışmada, Ocak 2017–Aralık 2021 tarihleri arasında Gazi Üniversitesi'nde genel anestezi altında, KEB uygulanarak veya uygulanmadan hipospadias cerrahisi geçiren pediatrik hastalar analiz edildi. Yaşları 7–143 ay arasında değişen toplam 174 hastanın verileri değerlendirildi. İncelenen parametreler; hasta yaşı, ektopik eksternal üretral meatusun seviyesi, uygulanan cerrahi teknik, postoperatif komplikasyonlar ve anestezi yöntemi idi. İstatistiksel analizler IBM SPSS V22.0 yazılımı kullanılarak yapıldı.

Bulgular: Hastaların 144'üne (%82,8) KEB uygulanırken, 30'una (%17,2) uygulanmadı. KEB'ye bağlı ciddi bir komplikasyon saptanmadı. Postoperatif komplikasyonlar olguların %28,7'sinde gözlemlendi. KEB uygulanan ve uygulanmayan hastalar arasında komplikasyon oranları açısından anlamlı bir fark bulunmadı. Komplikasyon sıklığının, eksternal üretral meatusun seviyesine göre anlamlı farklılık gösterdiği saptandı. Bulgular, KEB uygulanıp uygulanmamasının da dahil olduğu anestezi yönteminin, pediatrik hipospadias cerrahisi sonrası postoperatif komplikasyonları anlamlı düzeyde etkilemediğini göstermektedir. KEB

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ABSTRACT

provides effective analgesia, its association with complications is not statistically significant.

Conclusion: CEB is a beneficial analgesic technique in pediatric hypospadias surgery and is not associated with a significant increase in postoperative complications. Its use should be considered for its analgesic benefits.

Keywords: Anesthesia, caudal, epidural, conduction-blocking, hypospadias, postoperative complications

INTRODUCTION

Hypospadias, one of the most common congenital anomalies in males, is a malformation in which the external urethral meatus is located proximally and ectopically (1). Hypospadias occurs in approximately 1 in 200–300 male births and is the second most common congenital anomaly in males, after undescended testes (2). The diagnosis of hypospadias is made by physical examination, during which chordee and preputial defects are frequently observed (3).

One of the most commonly used classifications for hypospadias was proposed by Duckett. According to this classification, hypospadias is divided into two groups: distal and proximal. Distal hypospadias is observed in 70% of cases, in which the ectopic meatus is located on the glans, corona, or distal shaft. Proximal hypospadias, seen in 30% of cases, is characterized by an ectopic meatus located on the mid-penile shaft, proximal shaft, penoscrotal region, or perineal region (4).

Caudal epidural block (CEB) is a commonly used regional anesthetic and analgesic technique that can provide perioperative and postoperative analgesia. It can be useful in pediatric patients undergoing sub-umbilical procedures, including inguinal hernia repair, hypospadias surgery, and lower extremity procedures. CEB can be used alone or serve as a supplement to general anesthesia for these procedures (5). Complications associated with CEB include headache, systemic toxicity from local anesthetics, transient neurological symptoms, cauda equina syndrome, and wound pain (6).

In hypospadias surgery, postoperative complication rates range from 5–10% for distal hypospadias to 15–90% for proximal hypospadias. The most common complications include fistula, meatal stenosis, dehiscence of the wound or glans, persistent chordee, and diverticulum (7).

Conflicting results regarding the effect of CEB on postoperative complications in hypospadias cases have been reported (8,9). In our study, we aimed to contribute to the literature by reporting data from our center and to evaluate separately the effects of different surgical techniques.

MATERIALS AND METHODS

After approval was obtained from the Clinical Research Ethics Committee of Gazi University, patients who underwent surgery for hypospadias between January 2017 and November 2021 were retrospectively evaluated. A total of 174 ASA I patients who underwent hypospadias surgery and received general anesthesia, with either CEB or penile block (PB), were included in the study. The patients were followed for a minimum of 6 months.

ÖZ

etkili bir analjezi sağlamakla birlikte, komplikasyonlarla istatistiksel olarak anlamlı bir ilişki göstermemiştir.

Sonuç: KEB, pediatrik hipospadias cerrahisinde yararlı bir analjezik tekniktir ve postoperatif komplikasyonlarda anlamlı bir artış ile ilişkili değildir. Analjezik faydaları göz önünde bulundurularak kullanımının değerlendirilmesi önerilir.

Anahtar Sözcükler: Anestezi, kaudal, epidural, iletim bloğu, hipospadias, postoperatif komplikasyonlar

Patient data were reviewed to determine patients' ages, hypospadias levels, anesthesia methods, hypospadias repair types, and complications. Levels of hypospadias were classified as proximal, midpenile, subcoronal, coronal, or glanular in each patient. Anesthesia methods were divided into two groups: CEB and PB; both groups underwent general anesthesia.

According to our clinic's standard operating procedure, CEBs are performed by an experienced anesthesiologist in no more than two attempts. If CEB cannot be performed within the first two attempts, it is performed under USG guidance. PBs are performed by surgeons. For CEB, 0.8 mL/kg of 0.20% bupivacaine is administered, with a maximum total volume of 20 mL.

Surgery was performed using meatotomy, meatal advancement and glanuloplasty incorporated (MAGPI), tubularized incised plate urethroplasty (TIPU), the Mathieu procedure, skin-flap methods, and graft methods. It was evaluated whether postoperative complications such as recurrence, fistula, and urethral stricture were related to CEB.

Statistical Analysis

SPSS Version 22.0 for Windows (IBM Corp., Armonk, NY) was used for statistical analysis. Chi-square and Fisher's exact tests were used to compare categorical variables between patients who received CEB and PB, and between patients with and without complications. Chi-square and Fisher's exact tests were used to compare the presence or absence of complications between patients who received CEB and those who received PB.

RESULTS

Data from 174 patients were analyzed. Patient ages ranged from 7 to 143 months (mean $\pm$ standard deviation, 4.70 ± 2.61 years). The Ectopic external urethral meatus was glandular in 52 patients (29.9%), coronal in 55 (31.6%), subcoronal in 33 (19.0%), midpenile in 12 (6.9%), and penoscrotal in 22 (12.6%). The mean age of the 30 patients who received PB was 6.17 ± 2.87 , whereas the mean age of the 144 patients who received CEB was 4.40 ± 2.46 ; this difference was statistically significant ($p < 0.01$). Patients were evaluated for postoperative surgical complications, including recurrence, fistula, and urethral stricture. Complications occurred in 7 of the 30 patients who received PB and in 43 patients who received CEB, with no statistically significant difference between the two groups ($p = 0.472$). When evaluating the relationship between CEB and PB and the frequency of complications across surgical techniques, no statistically significant differences were found for any individual

technique. The MAGPI procedure, one of the most frequently performed techniques, was associated with complications, including recurrence ($n = 1$), fistula ($n = 2$), and urethral stricture ($n = 2$), in 11.62% of the 43 patients who received CEB. No complications occurred in the 11 patients who received PB; the difference was not statistically significant ($p = 0.571$) (Table 1).

Ethical approval was obtained from the Gazi University Clinical Research Ethics Committee (decision number: 219, dated: 27.12.2021).

DISCUSSION

Our study found no significant association between anesthetic method (with or without CEB) and postoperative complications in pediatric hypospadias surgery. According to our literature review, a prospective study published in September 2011 was the first to suggest that CEB causes vasodilation and venous pooling, leading to increased bleeding and penile edema in the surgical field, increased tension in sutures, and impaired wound healing, thereby increasing urethral fistula formation (10). Later, Zaidi et al. (11) reported that, in a randomly selected group of operated hypospadias patients at their center, the use of CEB was not significantly associated with fistula development. In the next study, Kreysing and Höhne (12), who evaluated all hypospadias patients over a five-year period, reported that CEB was not statistically associated with fistula development. However, a subsequent study by Kim and colleagues reported that the use of CEB in hypospadias surgeries performed with the TIPU technique significantly increased the frequency of postoperative complications (13). Saavedra-Belaunde et al. (14), who examined the effect of CEB on complications in distal hypospadias surgery, similarly reported that it increased the frequency of postoperative

complications over a five-year period. In the same year, Braga et al. (15) and colleagues reported that CEB did not alter the frequency of complications in patients undergoing the TIPU technique, whereas Taicher and colleagues reported that CEB increased postoperative complications thirteenfold. They further stated that its application should be carefully evaluated until further research is conducted, which may increase ethical dilemmas for clinicians (8).

The first meta-analysis on this subject reported no significant relationship between CEB and postoperative complications. However, two meta-analyses published approximately six months later reported that CEB increased the frequency of postoperative surgical complications (16-18).

While studies continued to report conflicting findings regarding whether CEB increases postoperative surgical complications of hypospadias, Ngoo et al. (19), in 2020, highlighted a different point by showing that PB significantly increased the need for postoperative revision surgery. Following this publication, Braga et al. (20) drew attention to the issue by publishing an article that discussed the dilemmas and attributed the existing contradictions to methodological issues such as selection bias, confounding, sample size, reliability, and generalizability.

Since then, five retrospective studies, one randomized controlled trial, and three meta-analyses have all reported that CEB has no effect on complications of hypospadias surgery (9,21-28). In a recent meta-analysis published in 2024, which included 3,201 patients and 10 studies involving 33 surgeons, the importance of study design, sample size, and power analysis was particularly emphasized, in addition to reporting the study's results, thereby addressing previous conflicting publications (28).

Table 1. Ages and complications based on surgical techniques with caudal epidural block or penile block

	Complication	Total ($n = 174$)	Caudal block ($n = 144$)	Penile block ($n = 30$)	p-value
Age (years)		4.70 ± 2.61	4.40 ± 2.46	6.17 ± 2.87	0.002 ^a
Meatotomi ($n = 17$)	+	0	0	0	-
	-	17	13	4	
MAGPI ($n = 54$)	+	5	5	0	0.571 ^b
	-	49	38	11	
TIPU ($n = 53$)	+	24	19	5	1.000 ^b
	-	29	24	5	
Mathiue ($n = 36$)	+	10	9	1	1.000 ^b
	-	26	23	3	
Onlay island flap ($n = 7$)	+	2	2	0	-
	-	5	5	0	
Dorsal inlay graft ($n = 7$)	+	6	5	1	1.000 ^b
	-	1	1	0	

A Mann-Whitney U test was used for statistical analysis.

Fisher's exact test was used for statistical analysis.

MAGPI: Meatal advancement and glanuloplasty incorporated, TIPU: Tubularized incised plate urethroplasty.

Several authors have proposed that CEB may increase postoperative complications through vasodilation induced by decreased sympathetic activity, leading to venous pooling in penile tissues. This hemodynamic alteration has been suggested to promote intraoperative penile edema, increased bleeding within the surgical field, and subsequent tension on suture lines, mechanisms that are thought to impair tissue healing and to predispose patients to fistula formation or dehiscence, as initially described by Kundra et al. (10) and later supported by Kim et al. (13) and Saavedra-Belaunde et al. (14) and their colleagues. However, numerous subsequent retrospective studies, randomized trials, and meta-analyses have not confirmed a consistent association between CEB and impaired wound healing, calling into question the clinical relevance of this proposed physiological pathway (9,21–28). In line with these recent findings, the absence of a significant difference in complication rates in our study suggests that venous pooling is unlikely to be a predominant mechanism underlying postoperative complications.

Study Limitations

This study has several limitations that should be acknowledged. First, its retrospective design inherently carries a risk of selection bias and limits the ability to control for potential confounding factors. The relatively small sample size, particularly in the PB group, reduces the statistical power and restricts the generalizability of the findings. Finally, the single-center institutional nature of the data may not reflect practices or outcomes in other settings, reducing external validity.

Prospective, multicenter studies with larger sample sizes and detailed stratification based on hypospadias severity, surgical technique, and patient-specific factors are necessary to provide more definitive evidence on the impact of different regional anesthesia techniques on outcomes of hypospadias surgery.

CONCLUSION

Hypospadias surgery is one of the most challenging areas in pediatric urology because of the high prevalence of hypospadias, relatively high complication rates, and more than three hundred surgical techniques described in the literature. The application of CEB, a frequently used technique in this field, has often been investigated for its impact on surgical outcomes, resulting in conflicting findings in the literature. In our study, the lack of a significant difference in surgical complications associated with CEB suggests that its use, considering the associated risks, is not a contraindication to surgery in these patients. Considering its analgesic effectiveness, we believe CEB to be beneficial in pediatric hypospadias surgery.

Ethics

Ethics Committee Approval: Ethical approval was obtained from the Gazi University Clinical Research Ethics Committee (decision number: 219, dated: 27.12.2021).

Informed Consent: Retrospective study.

Footnotes

Authorship Contributions

Surgical and Medical Practices: C.K., G.A., R.K., Z.T., K.S., B.I., Concept: R.K., Z.T., K.S., B.I., Design: R.K., Z.T., K.S., B.I., Data Collection or

Processing: C.K., G.A., G.G.K., Analysis or Interpretation: C.K., G.A., G.G.K., Literature Search: C.K., G.A., R.K., Z.T., K.S., B.I., Writing: C.K., G.A., G.G.K., R.K., Z.T., K.S., B.I.

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References

1. Bouty A, Ayers KL, Pask A, Heloury Y, Sinclair AH. The genetic and environmental factors underlying hypospadias. *Sex Dev.* 2015; 9: 239-59.
2. Blaschko SD, Cunha GR, Baskin LS. Molecular mechanisms of external genitalia development. *Differentiation.* 2012; 84: 261-8.
3. Baskin L. What Is Hypospadias? *Clin Pediatr (Phila).* 2017; 56: 409-18.
4. van der Horst HJ, de Wall LL. Hypospadias, all there is to know. *Eur J Pediatr.* 2017; 176: 435-41.
5. Hüppe T, Pattar G, Maass B. Kaudalanästhesie: Übersicht und praktische Handlungsempfehlungen [Caudal Anesthesia: Overview and Practical Recommendations]. *Anesthesiol Intensivmed Notfallmed Schmerzther.* 2022; 57: 724-36.
6. Xie L, Tao H, Bao F, Zhu Y, Fang F, Bao X, et al. Major complications of caudal block: A prospective survey of 973 cases in adult anorectal surgery. *Heliyon.* 2023; 9: e20759.
7. Wood D, Wilcox D. Hypospadias: lessons learned. An overview of incidence, epidemiology, surgery, research, complications, and outcomes. *Int J Impot Res.* 2023; 35: 61-6.
8. Taicher BM, Routh JC, Eck JB, Ross SS, Wiener JS, Ross AK. The association between caudal anesthesia and increased risk of postoperative surgical complications in boys undergoing hypospadias repair. *Paediatr Anaesth.* 2017; 27: 688-94.
9. Alizadeh F, Amraei M, Haghdani S, Honarmand A. The effect of caudal epidural block on the surgical complications of hypospadias repair in children aged 6 to 35 months: A randomized controlled trial. *J Pediatr Urol.* 2022; 18: 59.e1-6.
10. Kundra P, Yuvaraj K, Agrawal K, Krishnappa S, Kumar LT. Surgical outcome in children undergoing hypospadias repair under caudal epidural vs penile block. *Paediatr Anaesth.* 2012; 22: 707-12.
11. Zaidi RH, Casanova NF, Haydar B, Voepel-Lewis T, Wan JH. Urethrocuteaneous fistula following hypospadias repair: regional anesthesia and other factors. *Paediatr Anaesth.* 2015; 25: 1144-50.
12. Kreysing L, Höhne C. A retrospective evaluation of fistula formation in children undergoing hypospadias repair and caudal anesthesia. *Paediatr Anaesth.* 2016; 26: 329-30.
13. Kim MH, Im YJ, Kil HK, Han SW, Joe YE, Lee JH. Impact of caudal block on postoperative complications in children undergoing tubularised incised plate urethroplasty for hypospadias repair: a retrospective cohort study. *Anaesthesia.* 2016; 71: 773-8.
14. Saavedra-Belaunde JA, Soto-Aviles O, Jorge J, Escudero K, Vazquez-Cruz M, Perez-Brayfield M. Can regional anesthesia have an effect on surgical outcomes in patients undergoing distal hypospadias surgery? *J Pediatr Urol.* 2017; 13: 45.e1-4.
15. Braga LH, Jegatheeswaran K, McGrath M, Easterbrook B, Rickard M, DeMaria J, et al. Cause and effect versus confounding-is there a true association between caudal blocks and tubularized incised plate repair complications? *J Urol.* 2017; 197: 845-51.
16. Zhu C, Wei R, Tong Y, Liu J, Song Z, Zhang S. Analgesic efficacy and impact of caudal block on surgical complications of hypospadias

- repair: a systematic review and meta-analysis. *Reg Anesth Pain Med*. 2019; 44: 259-67.
17. Goel P, Jain S, Bajpai M, Khanna P, Jain V, Yadav DK. Does caudal analgesia increase the rates of urethrocutaneous fistula formation after hypospadias repair? Systematic review and meta-analysis. *Indian J Urol*. 2019; 35: 222-9.
 18. Tanseco PP, Randhawa H, Chua ME, Blankstein U, Kim JK, McGrath M, et al. Postoperative complications of hypospadias repair in patients receiving caudal block vs. non-caudal anesthesia: A meta-analysis. *Can Urol Assoc J*. 2019; 13: E249-57.
 19. Ngoo A, Borzi P, McBride CA, Patel B. Penile nerve block predicts higher revision surgery rate following distal hypospadias repair when compared with caudal epidural block: A consecutive cohort study. *J Pediatr Urol*. 2020; 16: 439.e1-6.
 20. Braga LH, McGrath M, Farrokhyar F. Dorsal penile block versus caudal epidural anesthesia effect on complications post-hypospadias repair: Dilemmas, damned dilemmas and statistics. *J Pediatr Urol*. 2020; 16: 708-11.
 21. Kandırıcı A, Mutlu M, Yiğit D. Hipospadias ameliyatında kullanılan blok anestezisi komplikasyon oranlarını artırıyor mu? *J Behcet Uz Child Hosp*. 2021; 11: 328-32.
 22. Zhang J, Zhu S, Zhang L, Fu W, Hu J, Zhang Z, et al. The association between caudal block and urethroplasty complications of distal tubularized incised plate repair: experience from a South China National Children's Medical Center. *Transl Androl Urol*. 2021; 10: 2084-90.
 23. Karagözlü Akgül A, Canmemiş A, Eyvazov A, Hürel H, Kiyan G, Umuroğlu T, et al. Effects of caudal and penile blocks on the complication rates of hypospadias repair. *Balkan Med J*. 2022; 39: 239-45.
 24. Fischer KM, Van Batavia J, Hyacinthe N, Weiss DA, Tan C, Zderic SA, et al. Caudal anesthesia is not associated with post-operative complications following distal hypospadias repair. *J Pediatr Urol*. 2023; 19: 374-9.
 25. Adler AC, Bhatia VP, Chandrakantan A, Nathanson BH, Ouellette L, Austin PF. Association of analgesic block with the incidence of complications following hypospadias surgery; a meta-analysis. *Urology*. 2022; 166: 11-7.
 26. Xia Y, Yang Z, Li J, Liu P, Song H, Sun N, et al. Urethrocutaneous fistula and glans dehiscence formation of hypospadias surgery in patients receiving caudal block vs. non-caudal block: A meta-analysis. *J Pediatr Urol*. 2024; 20: 227-36.
 27. Hu JC, Belon C, Ravula NR, Durbin-Johnson B, Kurzrock EA. Impact of caudal block on revision rates after hypospadias repair: Multi-institution review. *J Pediatr Urol*. 2023; 19: 292.e1-7.
 28. Adler AC, Austin PF. Caudal block for hypospadias repair: Unfolding the controversy through statistical analysis and how we can put it all to rest! *Paediatr Anaesth*. 2024; 34: 108-11.