

Correction of Chordee

Information for parents



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This leaflet is aimed at parents or caregivers for all children undergoing correction of chordee surgery under the care of Leeds Children's Hospital.

What is chordee?

Chordee is a condition that a boy is born with which makes the penis bend downwards. We do not know what causes chordee but during development in the womb more elastic tissue may develop on top of the penis than on the bottom half. Chordee can also be due to tethering of the skin on the underside of the penis or abnormal development of scar tissue around the urinary tube. Sometimes with chordee, the urinary opening does not develop at the tip of the penis but on the underside (hypospadias).

Chordee without hypospadias can go undetected for many years as it may only be noticeable during erections.

Are there any alternatives to an operation?

Surgery is the only effective treatment for chordee. The ideal time for chordee repair is around 2 years of age.

What happens in the operation?

The operation is carried out under a general anaesthetic and takes around one to two hours, depending on the severity of the chordee.

The aim of the operation is to straighten the penis by removing the scar tissue and reducing skin tethering.

What are the risks?

All operations have a risk of bleeding and infection. Your child may be given antibiotics to help prevent infection, but occasionally this can cause the wound to open.

A urinary catheter or tube may be placed into your child's bladder, through the hole that he wees from, during the initial recovery to aid your child passing urine and this can cause bladder spasms, for which you will also receive medication. Sometime the chordee tissue can recur resulting in a penis with a recurrent bend and the need for further surgery.

How do I look after my child after?

Your child will recover from the anaesthetic and they will be able to eat and drink soon afterwards. If your child is still in nappies he may come back from theatre wearing two. This is what we call double-napping; the inner nappy collects stool and has a hole cut out at the front. Through this hole his penis will poke through wrapped in a dressing. There will be a thin plastic tube "stent" dripping urine into an outer, second nappy. This tube is passing through the urethra into the bladder. If your child is toilet trained he will have a normal urethral catheter.

As mentioned above the urine tubes can cause bladder spasms, which can present tummy pain, discomfort around the penis or bottom area but you will be given medication for this. Regular paracetamol / ibuprofen may be required for a couple of days at home. We would anticipate you going home on the day of surgery.

Your child will be uncomfortable for a day or two. You can pick them up, cuddle them and treat them normally from immediately post operatively. The dressing and drainage tube stay in for at least a week; nursing staff will explain how to look after these before going home.

Sometimes the urine can be stained pink, this is where the stent may be rubbing on the bladder but is not a cause for concern unless you see blood clots in the stent, if so please contact the ward.

Baths and showers should be avoided until after everything is removed. **WARNING this will smell by the end of the week, this is normal.** If the dressing gets dirty during nappy changes, gently dab off stool with a damp cloth.

Will I be followed up?

Should your child have severe pain, not improved by medication, oozing from the wound, the dressing falls off, the amount of urine draining reduces or stops or the tube falls out please contact the number below.

If your child has a urinary tube you will need to come back after approximately one week for dressing removal on the ward. This can be uncomfortable so give your son the full pain relief in the morning before you leave home, do not give the bladder spasm medication. When the dressing has been removed the penis will look red, swollen and bruised this is normal and should settle.

If however you do experience problems such as increased pain, wound becomes increasingly red, hot and swollen, oozing from wound, high temperature or problems passing urine you can either visit your local GP or get in contact with us through the main hospital switchboard on **0113 243 2799** and ask to be put through to the ward you were looked after on or the secretary of the surgeon who did your operation.

Do bear in mind there is a limit to what staff will be able to advise on without seeing your child. If your child is unwell and you need help as an emergency, you should get them to your nearest A&E.



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