

## MIDWIFERY CARE MANAGEMENT FOR A 12-YEAR-OLD PANT WITH POST-OP PENOSCROTOL HYPOSPADIA IN THE MUSDALIFAH WARD MEDAN HAJI HOSPITAL IN 2025

<sup>1</sup>Arfadillaumroh, <sup>2</sup>Isabela Amandine Br Siregar, <sup>3</sup>Riszanaya Mukti, <sup>4</sup>Alvin Adelia  
Cahyaningtyas, <sup>5</sup>Ariska Fauzianty

<sup>1, 2, 3, 4, 5</sup>Sekolah Tinggi Ilmu Kesehatan Mitra Husada Medan

Email: [2319201004@mitrahusada.ac.id](mailto:2319201004@mitrahusada.ac.id), [2319201027@mitrahusada.ac.id](mailto:2319201027@mitrahusada.ac.id),  
[2319201056@mitrahusada.ac.id](mailto:2319201056@mitrahusada.ac.id), [2319201002@mitrahusada.ac.id](mailto:2319201002@mitrahusada.ac.id),  
[ariskafauzi@mitrahusada.ac.id](mailto:ariskafauzi@mitrahusada.ac.id)

### ABSTRACT

**Background:** Hypospadias is one of the most common congenital abnormalities in male children and requires surgical management. Postoperative conditions often lead to problems such as pain and risk of infection, thus requiring comprehensive midwifery care to support patient recovery. At RSU Haji Medan, cases of hypospadias in children are still found and require optimal follow-up care. **Objective:** This study aims to describe the implementation of midwifery care in children with post-operative penoscrotal hypospadias in managing pain and preventing complications. **Methods:** This study used a descriptive case study design with a subject of An. P, a 12-year-old male with post-operative penoscrotal hypospadias. Data were collected through anamnesis, observation, physical examination, and medical record documentation. **Results:** The assessment results showed that the patient experienced acute pain with a pain scale of 6 after surgery and had a risk of infection. Interventions provided included pain management, wound care, monitoring of vital signs, and education for the patient and family. After continuous care was provided, the pain scale decreased from 6 to 0 within a few days of treatment, and no signs of infection were found in the surgical wound. **Conclusion:** Comprehensive and continuous midwifery care is effective in reducing pain, preventing complications, and supporting the healing process in patients with post-operative hypospadias.

**Keywords:** Hypospadias, Postoperative, Midwifery Care, Acute Pain, Risk of Infection

## INTRODUCTION

Hypospadias is a congenital disorder in boys characterized by the urethral opening being located on the underside of the penis, which causes an abnormal urine stream, and is often accompanied by penile curvature (chordee)(Borkar et al. 2024). This condition can interfere with urination, erections, and also aesthetic aspects. Hypospadias is a fairly common congenital disorder, ranking second after cryptorchidism, and can be classified as anterior, middle, or posterior. This abnormality occurs due to disruptions in genital development during the embryonic stage, influenced by various factors such as genetics, hormones, and environmental exposure, including chemical exposure during pregnancy that can disturb the balance of androgen and estrogen hormones. Globally, the prevalence of hypospadias is estimated to be around 1 in 250–300. the birth of a baby boy and has a higher risk in individuals with a family history(Muhammad Ridha, Syahnan, and MUYASIR 2025).

In Indonesia, the incidence of hypospadias is still relatively high and continues to be found in various referral hospitals in recent years, like in Padang with 44 cases (2020–2022), in Bandung with 147 cases (2019–2023), and in Palembang with 103 cases (2021–2023), showing that hypospadias is still a significant child health issue spread across different regions. A similar situation is also seen at RSU Haji Medan, where hypospadias cases in children are still encountered, including patients post-surgery who need follow-up care(Maghfira et al. 2024).

Common complaints experienced by patients with hypospadias include a urine stream that spreads or dribbles, causing the child to often urinate while sitting, as well as changes in the shape of the penis that bend due to the buildup of fibrous tissue on the ventral side. This condition is not It not only affects physical function, but can also impact quality of life, growth and development, as well as the psychological state of patients and their families, such as lowering a child's self-confidence and causing anxiety for parents. Hypospadias management is usually done through staged surgeries like chordectomy, urethroplasty, and glansplasty, which aim to improve the function and appearance of the penis to be closer to normal(Putri and Tahir 2024). However, these surgeries still carry risks of complications like acute pain, surgical wound infections, urethrocutaneous fistulas, and urethral narrowing.

In healthcare practice, caring for patients after hypospadias surgery doesn't just focus on medical procedures but also requires comprehensive midwifery care. Midwifery management includes thoroughly assessing the patient's condition, monitoring vital signs, managing pain, wound care, infection prevention, meeting basic needs, and providing education to patients and their families(Evalilis Br Munthe, Nur Azizah, and Rosmani Sinaga 2024). Pain management for post-surgery patients is generally still dominated by pharmacological therapy, such as giving analgesics(Rinayanti Manurung et al. 2024). However, non-pharmacological approaches also play an important role in helping increase patient comfort, reduce tension, and support the healing process(Kamelia Sinaga, Citra Anugerah, and Azri Yani 2023). Therefore, pain management needs to be carried out in an integrated way through both pharmacology and continuous midwifery care.

Based on observations and practical experience in the field, the implementation of midwifery care management for post-hypospadias surgery patients. The author is interested in conducting a case study titled “Midwifery Care Management for P, a 12-Year-Old Patient”

with Penoscrotal Hypospadias Post-Operation in the Musdalifah Room at Haji Medan Hospital in 2025.

## RESEARCH METHOD

This research uses a descriptive case study design, which is a study aimed at systematically describing the condition of patients based on data obtained during the care process. The subject in this case study is An. P, a 12-year-old boy diagnosed with post-operative penoscrotal hypospadias. The study was conducted in the Musdalifah Room at Haji Medan General Hospital from June 20–25, 2025, covering stages from assessment to evaluation.

Data was collected through anamnesis, observation, physical examination, and reviewing medical record documentation. The instruments used included patient assessment forms and pain scale evaluation sheets. The data obtained was then analyzed descriptively based on the midwifery care process, which covers assessment, diagnosis, planning, implementation, and evaluation. Measurement results showed a pain score of 6, which falls into the moderate to severe pain category. In addition, the patient also showed physiological responses such as increased pulse rate and discomfort during movement.

During the care process, comprehensive midwifery care was provided, including regular monitoring of vital signs, observing the condition of the surgical wound, repeatedly assessing pain using FLACC, meeting the patient's basic needs, and collaborating on giving pain relief according to the medical plan. The patient's family was also involved in the care to support recovery and make the patient more comfortable.

## RESULTS AND DISCUSSION

### RESULTS

Based on the results of the midwifery care assessment conducted on a 12-year-old woman with post-penoscrotal hypospadias surgery in the Musdalifah Ward of Medan Haji Hospital, it was found that the patient experienced acute pain in the area of the urethroplasty surgical wound. This pain was evident from changes in the patient's behavior, which included becoming more fussy, restless, displaying grimacing facial expressions, and frequently protecting the genital area during movement or activity. Based on the results of the midwifery care assessment conducted on a 12-year-old woman with post-penoscrotal hypospadias surgery in the Musdalifah Ward of Medan Haji Hospital, it was found that the patient experienced acute pain in the area of the urethroplasty surgical wound. This pain was evident from changes in the patient's behavior, which included becoming more fussy, restless, displaying grimacing facial expressions, and frequently protecting the genital area during movement or activity.

Throughout the treatment process, comprehensive midwifery care is provided, including regular vital sign monitoring, surgical wound observation, repeated pain assessment using FLACC, meeting the patient's basic needs, and collaboratively administering analgesic therapy according to the medical program. The patient's family is also involved in the care to support the recovery process and enhance patient comfort. After continuous midwifery care was provided, there was a gradual decrease in the intensity of pain until the patient no longer complained of it. The patient's pain scale progression can be seen in the following table:

**Table 1. Progression of FLACC Pain Scale in A. P**

| Hari  | Skala Nyeri | Keterangan                                                                                      |
|-------|-------------|-------------------------------------------------------------------------------------------------|
| Day 1 | 6 → 3       | The pain is still moderate, starting to ease after initial intervention and pain relief therapy |
| Day 2 | 3 → 2       | Mild pain, the patient's condition is getting more stable                                       |
| Day 3 | 2 → 0       | No pain is felt, the patient seems comfortable                                                  |

Based on these results, there was a drop in the pain scale from 6 to 0 over three days of treatment. This shows that the midwifery care provided was effective in helping reduce pain, increase comfort, and support the recovery process of the patient after penoscrotal hypospadias surgery.

## DISCUSSION

At the assessment stage, An. P, a 12-year-old patient post-penoscrotal hypospadiassurgery, came in complaining of pain at the surgical wound area. The patient appeared restless, fussy, and showed an increased heart rate. From the observation using the FLACC scale, a pain score of 6 was obtained, indicating moderate to severe pain. This condition is still considered normal in the early post-operative phase because the body is responding to tissue trauma from the surgery(Khoo et al. 2026). Compared to research findings, such conditions are often seen in pediatric patients after urethroplasty, especially in the first 24 hours. One study mentions that pain in this phase is generally moderate to severe before gradually decreasing as the healing process progresses and proper therapy is given. This shows that the condition experienced by the patient aligns with the clinical pattern described in the theory(Jesus and Pippi-Salle 2025).

At the stage of diagnosis enforcement, acute pain is identified as the main problem related to undergoing surgery. In midwifery practice, pain in children is not always verbally expressed, so observing behavior becomes very important. Expressions like crying, restlessness, and changes in vital signs are the main indicators used to assess the level of discomfort. This approach is also in line with various studies that confirm that the FLACC scale is the most suitable tool to assess pain in pre-adolescent children. because it can objectively depict nonverbal responses(Maesaroh et al. 2024). Besides the main issues, there is also a possible risk of infection in the surgical wound area. This needs to be watched out for because the genital area is highly moist and close to excretory pathways, making it more prone to contamination. Obstetrics and pediatric surgery literature also mention that the most common post-urethroplasty complications include infection, fistula, and impaired wound healing(Arnout et al. 2025). Therefore, regular wound monitoring becomes an important part of the care process.

In practice, collaboration with doctors is carried out for the administration of analgesic therapy as well as monitoring the patient's condition. This collaborative approach is an important part of modern pain management, where care doesn't rely on just one profession. Other studies also explain that the use of analgesics like ketorolac has been proven effective in reducing postoperative pain intensity, especially in the first 24 hours after the procedure(Ahmed et al. 2023). This care plan focuses on pain control, monitoring vital

signs, meeting the child's basic needs, and educating the family. In pediatric midwifery, family involvement is a key factor because children heavily rely on their immediate environment to feel safe and comfortable during recovery. Family support can help reduce anxiety and improve adaptive responses to pain.

The results of the care provided showed good progress. The pain scale, which was initially at 6, then dropped to 3 on the second day, and finally was no longer felt on the third day. This decrease shows that the combination of medical therapy, close monitoring, and continuous midwifery care provides effective results in managing post-operative pain (Effendi et al. 2025). These findings are also in line with recent research that states a comprehensive approach to managing pediatric pain, which includes pharmacological therapy, continuous observation, and family support, can speed up the recovery process and significantly improve patient comfort (Sridharan, Kesarkar, and Dias 2025).

At the final stage, the evaluation showed that the care goals had been achieved. The patient no longer complained of pain, their general condition was stable, and no signs of complications such as infection were found. This indicates that the midwifery care process that was carried out followed the applicable principles and standards (Sinaga 2022). The results of this case show that the midwifery care steps applied to a post-penoscrotal hypospadias surgery patient were appropriate and in line with the latest theory and research evidence. The approach taken not only helped reduce pain but also supported the patient's overall recovery, both physically and in terms of comfort (Nainggolan et al. 2025).

## CONCLUSION AND SUGGESTION

1. At the assessment stage in midwifery care, it was found that An. P, aged 12 years, after urethroplasty surgery due to penoscrotal hypospadias, experienced acute pain problems characterized by complaints of fussiness, restlessness, and changes in physiological responses such as increased pulse rate and uncomfortable expressions in the surgical wound area.
2. The established obstetric diagnosis is acute pain related to a physical injuring agent (urethroplasty surgery). Furthermore, there are potential risks of infection and bleeding in the postoperative area that need to be anticipated in obstetric care.
3. In this case, midwifery interventions were required, including collaboration with physicians in administering drug therapy and regularly monitoring the patient's general condition and vital signs. No gaps were found between theory and the implementation of midwifery care in the field.
4. Midwifery interventions were carried out through pain management, patient condition observation, and collaboration in providing pharmacological therapy according to the medical program.
5. The implementation of midwifery care was carried out according to plan, including administration of drug therapy (ketorolac, paracetamol, and ranitidine), monitoring of vital signs, and observation of the patient's pain response. The implementation results demonstrated a congruence between theory and practice.
6. The evaluation results indicated that the midwifery care provided was effective, with outcome criteria including reduced postoperative pain, improved general patient condition, greater patient calm, and no signs of complications during treatment.

## SUGGESTION

Healthcare workers, especially midwives, are expected to provide more optimal and continuous midwifery care for patients after hypospadias surgery, particularly in monitoring pain, vital signs, and

preventing complications. Hospitals are expected to keep improving the quality of services according to standard procedures, especially in managing post-operative pediatric patients. Families are expected to play an active and cooperative role in supporting the child's care and recovery. Future researchers are expected to build on this study as a reference to improve the quality of midwifery care in similar cases.

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