

Information for Parents About Meatal Stenosis

Meatal stenosis (*mee-ay-tal*) is the medical term used to describe a narrowing at the end of the urine channel on the tip of the penis. No one knows for certain what causes meatal stenosis. Some urologist's feel that irritation of the penis from urine in a baby's diaper can cause inflammation, which makes the skin edges stick together, narrowing the urine channel. **Meatotomy** (*mee-ay-taw-toe-mee*) is the name of the procedure that opens the urine channel.

Is meatal stenosis dangerous?

Most boys who have meatal stenosis have some narrowing of the urine stream. It may be hard for them to direct the stream or it may come out of the penis at an angle. Some boys with meatal stenosis have a small amount of blood at the end of the urine stream. This can appear on a diaper or underwear. Rarely, boys with meatal stenosis may have urine infections.

If it isn't dangerous, why should my son have a meatotomy?

Although most boys with meatal stenosis have relatively minor problems, as they grow, these boys usually notice more symptoms. A young boy with a narrowed urinary stream will have more difficulty urinating as he gets larger and produces more urine. It is best to take care of the problem before the symptoms get worse.

How is the procedure done?

The meatotomy is almost always performed **in the outpatient clinic** with local anesthetic. A special anesthetic (numbing) cream (EMLA) is applied to the end of the penis and covered with a membrane dressing that looks something like Saran Wrap. The cream should be applied thick enough that the skin of the penis can't be seen through the dressing. About 40 minutes later the penis should be numb. Rarely, the procedure is done in the operating room under a brief general anesthesia.

A small slit is made in the web of skin covering the urine channel. We probe the urine channel to make sure that there are no narrow spots further up the channel.

Are there any possible complications with the procedure?

There are very few complications with a meatotomy. The most common complication is a return of the narrowing at the tip of the urine channel. We try to avoid this by having parents put some antibiotic ointment into the urine channel using a small tube for eye medication twice a day for two weeks. Putting the nozzle of the tube into the urine channel separates the skin edges and keeps it open.

How is the procedure scheduled?

Because the procedure is **performed in the outpatient clinic**, you will need to schedule an appointment in the outpatient clinic, not in the operating room. Call Central Appointment Scheduling (708/216-8563) or my secretary, Linda Bauman (708/216-6266) to make an appointment. Tell her you need to **schedule a clinic visit**. **Do not request a surgery appointment.**

What special care will my child need on the day of procedure?

You should have been told how to apply the EMLA cream in the clinic. On the day of the procedure, apply the EMLA cream directly to the tip of the penis with an amount thick enough that you can't see the skin under the ointment. Put the Tegaderm bandage (clear plastic wrap) on the penis to hold the cream in place and make sure the cream is on the tip of the penis for at least 45 minutes before the scheduled time of the procedure. If the skin of the tip of the penis is visible through the Tegaderm bandage, then take it off, put more cream on and apply another Tegaderm, making sure the cream is thick over the tip of the urine channel.

Will my child require special care after procedure?

No dressings are needed following a meatotomy. Your child will need some pain medication for a few days following the procedure. Children's ibuprofen (Motrin, Advil, etc.), Tylenol or some other aspirin free children's pain medication is best. You may also receive a prescription for Tylenol with codeine. Use this for stronger pain. You should apply antibiotic ointment to the tip of the urine channel two times a day for two weeks following the meatotomy. Your son can bathe or shower 24 hours after his procedure. You should use a warm wet wash cloth rather than diaper wipes for the first two weeks following the meatotomy. Your son will probably be ready to go back to his regular activities within a day or two. If your child is in school, we recommend that he not take gym class for one week following the procedure.

Is there anything I can do to prepare my child for the procedure?

When a child is old enough to talk there are several things that can help prepare him for a procedure. Most children are anxious if they don't know what will happen to them. You can ease this fear by talking about the upcoming appointment. Tell him that we will wash off his penis with some brown soap (sterilizing iodine solution) three times and then we will make the opening in the urine channel bigger. Many local libraries have books about going to the hospital or doctor's office. Some have videotapes on this subject.

Like children, parents are also sometimes anxious about the unknown. Don't hesitate to ask questions. We want you to have all of the information you need about your child's care. It may help to write down questions as you think about them. Bring them to the clinic and we will be happy to answer them.

For more information on this topic you are welcome to visit Dr. Hatch's web site: Genitourinary Development [www.meddean.luc.edu/lumen/meded/urology/guhome.htm]

For more information about Dr. Hatch please visit our web site [www.luhs.org/urology]

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Appointments:

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| Central Scheduling (all clinics) | 708/216-8563 |
| Darien | 630/985-4989 |
| Elmhurst | 708/327-7030 |
| Hickory Hills | 708/233-5333 |
| Homer Glen | 708.645.3400 |
| Oakbrook Terrace | 630/953-6600 |
| Wheaton | 603.665.5995 |

Directions and maps available at www.luhs.org

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