

Meatotomy Information sheet

Information for parents and/or caregivers

Welcome to the Southern Adelaide Health Network. This information sheet aims to answer any questions you may have about your child having a Meatotomy.

What is a Meatotomy?

The opening at the tip of the penis is called the urethral meatus. Sometimes this opening is too small, making it hard for your child to pass urine. A Meatotomy (or meatoplasty) is the procedure performed to enlarge this opening.

How does it present?

Boys may have:

- Difficulty voiding or straining
- Frequency of urination
- Prolonged urinary stream
- Spraying of the urinary stream
- Painful urination
- Recurrent urinary tract infections

What problems may be caused?

If bladder emptying is impaired, urinary tract infection may occur. If voiding occurs at high pressure, the kidneys can be threatened by back-pressure.

Post Operatively

Some children may be distressed and upset when they return from theatre. This can be normal after an anaesthetic and they should settle after a short time. If your son returns to the ward upset, it is important that you comfort him and keep him safe from hurting himself.

The nurse will monitor your son closely after the operation by taking his pulse rate, checking his breathing and assessing his pain.

Your son will need to stay in the day surgery unit or ward for a minimum of two hours, sometimes longer depending on their recovery. He must be fully awake, eating and drinking before going home. Your son will also need to pass urine (wee) before he can be discharged.

Pain management

Most children do not have much pain after this procedure. Your child may feel a little stinging or burning the first time he urinates, but this usually goes away quickly. An ointment will be given to you after surgery. It is applied to the opening as needed (several times a day) both to help keep the area from sticking to the nappy or underwear and to decrease pain with urination.

Your child will be given pain relief during their surgery and should be comfortable when they return from theatre. Please speak to your nurse if you feel that your child is in pain.

If your child has had a caudal epidural for pain management (local anaesthetic into the spine), he will need close supervision as he may be unsteady on his legs for a while and require assistance when walking. Your son may feel pins and needles in his legs and lower half of his body as the local anaesthetic wears off. This should take approximately 4-6 hours.

On discharge the nursing staff will give you a pain management pamphlet regarding pain relief at home.

Pain relief

Paracetamol may be given every 4-6 hours for 2 days after surgery if required. Please refer to the paracetamol bottle for the correct dose for your child.

Wound care

Your son should sit in a tub of clear, warm water without soap or bubble bath for 10 to 15 minutes each day, starting the day after surgery. This will help keep the area clean and prevent crusting.

A small amount of ointment may be placed on the nappy or on a gauze pad in his underpants to keep the area from sticking.

Observe the wound for general signs of infection. These include heat to the site, pus/ooze, foul smell, swelling, redness, fever or pain. If signs of infection are noticed, seek medical attention.

There may be a small amount of blood-tinged drainage from the opening for a few days.

Eating and drinking

Your child can usually start drinking as soon as they are fully awake after surgery. When drinking well, they will be able to start eating a light diet. Please check with your nurse before giving your child anything to eat or drink. Babies can breast feed or bottle feed immediately.

Some children may experience some nausea and vomiting after surgery. Please tell your nurse if your child feels nauseous or vomits.

There is no need for a special diet after this surgery but it is recommended that your son avoids fatty or junk food for approximately 24 hours after surgery.

Nausea and vomiting

After day surgery, do not be concerned if your son vomits once or twice after leaving hospital.

If they vomit or feel sick, stop giving them food for about an hour, then try giving them a drink, followed by a light diet. They can then have as much as they can manage without feeling sick.

If your child keeps vomiting, please seek medical attention by either calling your child's private surgeon or going to your nearest emergency department.

Activity

Activity is not restricted after a meatotomy or meatoplasty.

What are the outcomes?

Most children will have a good result from the surgery, with improvement of their symptoms. Meatal stenosis can reoccur after healing. If symptoms recur, you need to see a doctor again.

Follow up

Your child will need to see the surgical team 4-6 weeks after surgery, to assess healing, and reduction of symptoms. A follow up appointment will be arranged for four to six weeks time. It will be given to you before you go home or sent to you in the post.

Adapted from

Meatal stenosis – Monash Children's Hospital; Victoria
Meatal stenosis- healthychildren.org: American acadamey paediatrics

For more information

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