Children’s Services

Intermittent self meatal/urethral dilatation

A user’s guide for boys and adolescents

What is self meatal/urethral dilatation and why have I been asked to do this?

You have a narrowing (your doctor will call this a ‘stenosis’ or a ‘stricture’) along part of the tube inside your penis (‘willy’) which carries urine from your bladder. This narrowing might have happened because you have had an operation on your penis called a hypospadias repair or an operation called a circumcision or a narrowing can happen because you had a skin condition called Balanitis Xerotica Obliterans (BXO).

The narrowing means that you have probably found it difficult to have a wee or it may be taking you a long time to have a wee.

Intermittent self urethral dilatation is a way for you to be able to stretch the narrow part at home rather than having to spend time in hospital. It means that you put a special tube (called a dilator) into the end of your penis and remove it again after a few seconds. You will probably need to do this once a day to start with but less often after a while.

What type of dilator will I need to use?

You will be shown different types of catheter by your nurse specialist. You can then choose the one which you like best and find easiest to use.

Is it painful to put the dilator in?

You might find it a bit fiddly at first and some boys find that it hurts a bit to start with but you should not find it too painful. Sometimes you might see a few spots of blood on the dilator when you remove it; do not worry about this as it is normal.

How far in do I need to push the dilator?

Your doctor will examine your penis whilst you are asleep under an anaesthetic to find out exactly where the narrowing is inside your penis. Your nurse will tell you how many centimetres in you need to insert your dilator; it is usually only a few centimetres.
How often will I need to do this?
To start with you will need to do this once every day. You will be seen in the clinic by your doctor and nurse. If things are well you will be able to cut down to every other day and then twice a week, once a week and so on.

How will I know that the narrowing is getting better?
- Hopefully you will notice that it is getting easier for you to have a wee.
- You will be asked to wee into a special machine from time to time. This machine measures how well (how fast) you can have a wee and how much you wee. This is called a ‘urinary flow rate test’ or ‘uroflowmetry test’.

Why can’t I just have an operation to fix the narrowing?
Whilst your doctor is looking at your penis under anaesthetic to see where the narrowing is, he/she will also stretch the narrowing. However, the narrowing often comes back. Continuing to put a dilator in at home prevents the narrowing from coming back (reforming) and therefore prevents you needing more operations.

Does self urethral dilatation always stop the narrowing?
For this to work it is very important that you carry out self dilatation as described to you by your nurse. If you do not stick to the plan the narrowing will probably not get better and may even get worse.

Occasionally, even though a boy sticks to his plan of when to self dilate, he narrowing still does not get better. If this is the case, you will need to come into hospital for the narrowing to be stretched during a small operation.

How do I carry out self meatal/urethral dilatation?
1. Wash your hands with soap and water.
2. Open the dilator packet by peeling the tabs apart (dilators need, depending on the type used, either water or a cold lubricating gel to be added at this stage). The dilator is designed with an adhesive spot on the packet so that it can be stuck to the washbasin.
3. Wash your penis with soap and water on toilet tissue.
4. You need to hold your penis so that it is pointing upwards and close to your stomach. This ensures that the urethra (tube inside your penis) is straight. It is important that you do not squeeze your penis as this can squash the urethra.
5. Insert the dilator to the length advised by your doctor or nurse. You may need to push the catheter a bit to get it to go in.
6. Move the dilator up and down the urethra three or four times.
7. Remove the dilator and dispose of it in your rubbish bin. You must not try to flush the dilator down the toilet.
For further information please contact your nurse specialist.

Contact telephone numbers:

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<thead>
<tr>
<th>Nurse Specialist</th>
<th>01223 586973</th>
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<tbody>
<tr>
<td>(Mon to Fri 08:00 to 18:00)</td>
<td></td>
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<tr>
<td>Ward</td>
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We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. 
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk. 

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

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