Intermittent self meatal/urethral dilatation: A parent’s guide

Why should my son carry out self meatal/urethral dilatation?
Your son has been diagnosed with a narrowing, called a ‘stricture’ within the meatus (opening at the tip of the penis) and/or along the urethra (the tube which runs through the penis to carry urine from the bladder to the exterior). This narrowing can occur after hypospadias surgery, after circumcision or can be due to a condition called BXO (Balanitis Xerotica Obliterans).

Symptoms of this narrowing include:
- Difficulty in passing urine (for example straining)
- Taking a long time to pass urine and/or passing urine with a narrow stream.
- In addition, urine may be incompletely emptied out of the bladder and this can lead to urinary tract infections.

Carrying out intermittent self dilatation dilates (widens) the narrowing. Continuing this can prevent the stricture re-forming and thus prevents the need for repeated procedures under general anaesthetic.

What does intermittent self meatal/urethral dilatation involve?
Intermittent self dilatation involves passing a special dilator into the meatus (opening at the tip of the penis through which urine passes) and a few centimetres into the urethra then immediately removing it again. The size of dilator used is gradually increased. Boys will need to follow a programme of dilatations which will be written by your Consultant and Nurse Specialist.

What happens if my son is too young to undertake this himself?
With assistance, boys as young as four or five can be taught how to carry out intermittent meatal/urethral dilatation. For boys who are younger than this, a parent can carry out the dilatations. However it is important that your son has an understanding of why this is being carried out and is compliant. A play therapist can often help and give advice to parents who are trying to explain dilatation to their young child.

How often will the dilator need to be inserted?
Some boys require twice daily dilatations but most boys carry out self dilatation daily. Once a suitable sized dilator for your son’s age is being used the frequency can be gradually reduced.

**What type of dilator is used?**
There are different types of intermittent dilators available:

- Those which require water to be applied before use to lubricate the dilator
- Those which require lubricating jelly to be applied before use

Your son will be given a selection of brands to try and you will be shown how to use these. The brand of dilator which is right for your son is the one which he/you feel most comfortable using.

**How will we know that dilatation is being effective?**
Urinary flow rates (called ‘uroflowmetry’) will be measured at regular intervals and always before the frequency of dilatation is decreased. This involves passing urine into a machine which looks like a urinal. The machine measures electronically how fast urine is being expelled. This will be carried out in clinic at your son’s hospital appointment. The results will also be given at this time.

**Is self meatal/urethral dilatation difficult/painful?**
Some boys can find self dilatation fiddly at first but it is not difficult. Some boys find it hurts a bit to start with but it should not be too painful. However, intermittent self dilatation is a long term commitment over many months or years in some cases. An example of a programme is provided at the end of this leaflet.

**Is intermittent self meatal/urethral dilatation always successful?**
Success is mainly dependent on compliance. However, occasionally, despite a boy being fully compliant, dilator sizes cannot be increased. If this happens a dilatation will be required under general anaesthetic.

**What happens now?**
Before commencing intermittent self dilatation your doctor will carry out an examination under anaesthetic. This will involve an assessment of:
1) the exact location of the narrowing and
2) the severity of the narrowing.

Once this assessment has been carried out you will be seen by a Nurse Specialist who will organise teaching, dilator supplies and ongoing review.
Carrying out intermittent meatal/urethral self dilatation: the technique

1. Hands should be washed with soap and water.
2. The dilator can be opened by peeling the tabs apart (some dilators need water or lubricating gel to be added at this stage but others are pre-lubricated). The dilator is designed with an adhesive spot on the packet so that it can be stuck to the washbasin.
3. The penis should be washed with soap and water on toilet tissue.
4. The penis should be held pointing upwards and close to the stomach to ensure that the urethra is straight. It is important that the penis is not squeezed as this can squash the urethra.
5. The dilator should be inserted to the length advised by your doctor or nurse specialist. Gentle pressure may be needed to insert the dilator past the point of narrowing.
6. The dilator should be moved up and down the urethra three to four times to ensure the stricture is fully dilated.
7. The dilator should be removed and disposed of in a household rubbish bin. Dilators must not be flushed down the toilet.

Hints and tips

Spots of blood are visible on the dilator
Spots of blood are nothing to worry about and will probably disappear over time. However, if there is continuous bleeding seek urgent medical advice.

Dealing with infections
Boys may be at a slightly increased risk of urine infections as the catheter is a foreign object being inserted into the body. If you notice any of the following a urine specimen should be collected and given to your GP to be tested.

- Your son’s urine is cloudy or smells unpleasant
- Your son experiences pain when passing urine
- Your son has a temperature without obvious cause

Everybody should drink plenty of fluids throughout the day and this helps to prevent infections. In particular, fizzy drinks and ones which contain caffeine or blackcurrants should be avoided and drinks which contain cranberry juice should be encouraged.

Storage of dilators
Dilators should always be stored in a cool, dry place and should always be used before their expiry dates.
Going on holiday

It is important to remember to take your dilators with you. We advise that you carry at least some dilators in your hand luggage in case your baggage gets lost.

Obtaining more supplies of dilators

For most people it is possible for dilators to be delivered directly to your home address. You will be informed if this is not possible for your area and alternative arrangements will be made. We advise that you keep a supply of dilators in reserve at all times to allow for bank holidays/accidental dropping of a catheter etc.

An example of a programme of intermittent self meatal/urethral dilatation

(A specific programme will be written for each individual child)

Day 1    Examination under anaesthetic to assess degree of narrowing
Week 1-2 Daily self dilatation with size 8 dilator
Week 2-4 Daily self dilatation with size 10 dilator
Week 4-8 Daily self dilatation with size 12 dilator
Week 8   Flow rate is checked
Week 9-12 Alternate day self dilatation with size 12 dilator
Week 13  Flow rate is checked
Week 14-22 Twice weekly self dilatation with size 12 dilator

……and so on

For further information please contact your nurse specialist.

Contact telephone numbers:

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<tr>
<th>Nurse specialist (Mon to Fri, 08:00 to 18:00)</th>
<th>01223 586973</th>
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<tbody>
<tr>
<td>Ward</td>
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