

Children's Services

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' 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 **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 operations.

What does intermittent self meatal/urethral dilatation involve?

Intermittent self dilatation involves passing a special catheter down the urethra (opening at the tip of the penis through which urine passes) and immediately removing it again. The size of catheter 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 catheter insertions. 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 catheter need to be inserted?

Some boys require twice daily dilatations but most boys carry out self dilatation daily. Once a suitable sized catheter for your son's age is being used the frequency can be gradually reduced.

What type of catheter is used?

There are different types of intermittent catheters available:

- Those which require water to be applied before use to lubricate the catheter
- Those which require lubricating jelly to be applied before use
- Those which come pre-lubricated.

Your son will be given a selection of brands to try and you will be shown how to use these. The brand of catheter 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 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, catheter 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, catheter supplies and support for you at home.

Carrying out intermittent meatal/urethral self dilatation: the technique

1. Hands should be washed with soap and water.
2. The catheter can be opened by peeling the tabs apart (some catheters need water or lubricating to be added at this stage but others are pre-lubricated). The catheter 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 catheter should be inserted to the length advised by your doctor or nurse specialist. Gentle pressure may be needed to insert the catheter past the point of narrowing.
6. The catheter should be moved up and down the urethra three to four times to ensure the stricture is fully dilated.
7. The catheter should be removed and disposed of in a household rubbish bin. Catheters must not be flushed down the toilet.

Hints and tips

Spots of blood are visible on the catheter

- 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 should be avoided and drinks which contain cranberry juice should be encouraged.

Storage of catheters

Catheters 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 catheters with you. We advise that you carry at least some catheters in your hand luggage in case your baggage gets lost.

Obtaining more supplies of catheters

For most people it is possible for catheters 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 catheters 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 1-4	Daily self dilatation with size 8 catheter
Week 5-8	Daily self dilatation with size 10 catheter
Week 9-12	Daily self dilatation with size 12 catheter
Week 12	Flow rate is checked
Week 13-20	Alternate day self dilatation with size 12 catheter
Week 20	Flow rate is checked
Week 21-30	Twice weekly self dilatation with size 12 catheter

.....and so on

For further information please contact your nurse specialist.

Contact Telephone Numbers:

Nurse Specialist	
Ward	
Clinic	



We are currently working towards a smoke-free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS Stop Smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk



Document history

Authors	Department of Children's Services/ Paediatric Surgery
Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
Contact number	01223 245151
Publish/Review date	December 2010/December 2013
File name	Intermittent_self_meatal_urethral_dilatation_a_parents_guide
Version number/Ref	2/PIN1059