MEATOPLASTY

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

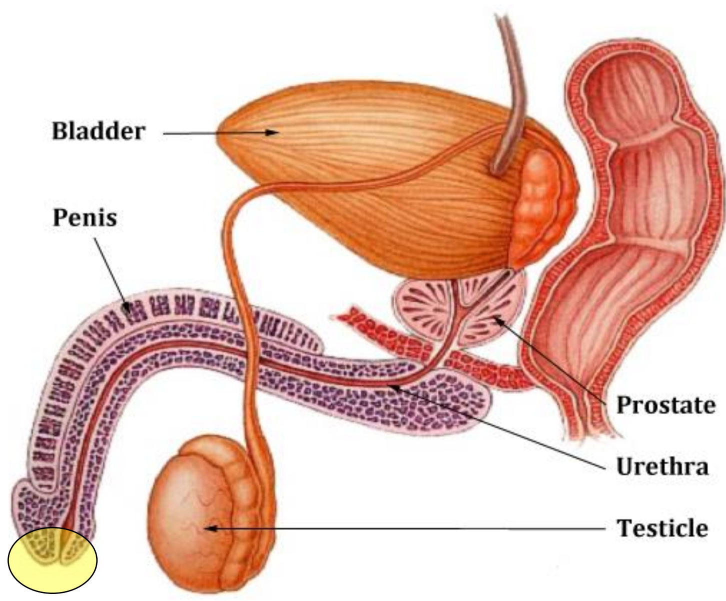
Further, general information about strictures can be found in the leaflet Urethral Stricture Disease.

To view the online version of this leaflet, type the text below into your web browser:

http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Meatoplasty.pdf

Key Points

- Repair of the urethral meatus (circled below) is used to treat stenosis which is not due to balanitis xerotica obliterans (BXO)
- The procedure usually involves insertion of a flap of skin from the penis
- Insertion of a urethral catheter is rarely needed
- Spraying of urine is a common after-effect of the procedure



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What does this procedure involve?

Meatoplasty is performed to treat a stricture at the very tip of the penis due to trauma, to passage of instruments or a catheter, or to previous surgery such as hypospadias operations in childhood.

Before agreeing to have the procedure, you may be asked to have a urethrogram. This is an X-ray that shows all your urethra and assesses the length of the stricture. It is done by placing a very fine catheter inside the tip of the urethra and injecting contrast medium (a dye that shows up on X-ray) whilst X-rays are taken.

This helps demonstrate that the problem you have with passing urine is localised just at the very outlet of the penis. It also assesses the length of the stricture and excludes strictures higher up your urethra, close to your bladder.

What are the alternatives?

- **Observation** - "doing nothing"
- **Meatal dilatation** – repeated stretching using plastic or metal dilators
- **Meatotomy** – a cut on the under-surface of your penis to enlarge the meatus

What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear, and give you a heparin injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure

The procedure, sometimes called a **Blandy meatoplasty**, uses a tongue of skin from the penis which is folded and stitched into the

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external meatus (urethral opening, pictured).

- we usually carry out the procedure under a general anaesthetic
- we may give you an injection of antibiotics before the procedure, after you have been checked for any allergies
- we make an incision into the underside of the glans penis (head of the penis), through the narrowed area, into healthy urethra
- we fold back a flap of skin and stitch it to the divided edges of the meatus to create a wider opening
- your meatus will no longer be at the tip of your penis but on a level with the rim (coronal groove) which lies behind your glans penis
- occasionally, we may need to put a catheter in your bladder
- we close the skin with dissolvable stitches
- the procedure takes approximately one hour to complete
- you should expect to be in hospital one or two nights

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Swelling, discomfort & bruising of the wound site	Between 1 in 2 & 1 in 10 patients
Mild burning or bleeding on passing urine for a short time after the procedure	Between 1 in 2 & 1 in 10 patients
Spraying on urination (due to swelling, a larger meatus and a more forceful stream) so that you need to sit down to pass urine	Between 1 in 2 & 1 in 10 patients
Wound infection requiring treatment with antibiotics	Between 1 in 10 & 1 in 50 patients

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Recurrence of the narrowing requiring further surgery	Between 1 in 10 & 1 in 50 patients
Wound breakdown requiring further surgery	Between 1 in 50 & 1 in 250 patients
Persistence of suture material requiring later removal	Between 1 in 50 & 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)	Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a "high-risk" group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or tablets you may need will be arranged & dispensed from the hospital pharmacy
- a follow-up appointment will be arranged for you

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);

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- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask
If you wish to learn more about what will happen, you can find a list of suggested questions called "Having An Operation" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home
We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery
Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local NHS Smoking Help Online; or
- ring the free NHS Smoking Helpline on **0300 123 1044**.

Driving after surgery
It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to contact the DVLA if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

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What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the Department of Health (England);
- the Cochrane Collaboration; and
- the National Institute for Health and Care Excellence (NICE).

It also follows style guidelines from:

- the Royal National Institute for Blind People (RNIB);
- the Information Standard;
- the Patient Information Forum; and
- the Plain English Campaign.

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.

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