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## Meatal Stenosis

Meatal Stenosis is a narrowing of the normal opening of the penis (or meatus). It is usually seen in circumcised males. The opening of the penis becomes irritated due to the ammonia that is produced from bacteria in a urine soaked diaper. It can also become irritated from the mechanical trauma from rubbing against the diaper. The irritation causes scar tissue to form. The opening size may decrease significantly and become pinpoint.

Diagnosis is usually made based on inspection of the opening (meatus) and from visualization of the urinary stream. The child's urinary stream may have an upward angle or spray in multiple directions. Parents may report cleaning the walls and back of the toilet seat due to the misdirected stream.

Treatment includes 2 types of procedures:

**Meatotomy** -is an office type of procedure where EMLA cream, a topical anesthetic, is applied to the tip of the penis for one hour. The doctor then makes a small incision at the tip of the penis, creating a normal size opening. This procedure is usually reserved for infants.

**Urethromeatoplasty**-is a quick, same day surgery procedure that takes about 10 minutes in the operating room. The child is given a short acting anesthesia prior to the procedure to put them asleep. The doctor then makes an incision at the opening of the penis and applies two stitches to hold the opening apart. Stitches if used will dissolve on their own.

Post-procedure care for both types of procedures requires the parent to spread the opening apart a few times a day and to apply Vaseline or Bacitracin (antibiotic) ointment for approximately 1-2 weeks. Tub soaks are helpful to prevent crusting at the tip. If there is burning with urination the child may soak in a tub of warm water and urinate in the tub. Occasionally a medication is prescribed for children that can swallow a pill called Pyridium. This numbs the urine to help with burning upon urination after the procedure. It also turns the urine orange and may stain clothing, etc.

An appointment 2-3 weeks post-procedure is recommended.

Updated November 2018