

## Who can I contact if I have a problem when I get home?

If you experience any problems related to your surgery or admission once you have been discharged home. Please feel free to contact 4A, 4B or 4C ward for advice from the nurse in charge. They will assist you via the telephone, advise you return to your GP or ask you to make your way to the ED department at Whiston Hospital depending upon the nature of your concern.

**4A Ward – 0151 430 1420**

**4B Ward – 0151 430 1637**

**4C Ward – 0151 430 1643**

## Who can I contact for more help or information?

Best Health (prepared by the British Medical Association)

NHS Clinical Knowledge Summaries (formerly known as Prodigy)

NHS Direct

Patient UK

Royal College of Anaesthetists (for information about anaesthetics)

Royal College of Surgeons (patient information section)

Whiston Hospital  
Warrington Road,  
Prescot, Merseyside, L35 5DR  
Telephone: 0151 426 1600



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# Meatal/ Urethral Dilatation

This leaflet can be made available  
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式  
此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona  
w innych językach/formatach.

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## **What is the evidence base for this information?**

This publication includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence based sources. It is, therefore, a reflection of best urological practice in the UK.

It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals.

Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

## **What does the procedure involve?**

Stretching of the urethra or the urethral opening for narrowing resulting in a poor urinary stream.

## **What are the alternatives to this procedure?**

Surgical enlargement of the urethral opening, optical urethrotomy, self dilatation, observation.

## **Driving after surgery**

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

## **Students**

There may be students present during your consultation as part of their on-going training.

Please let the staff know if you wish to be seen by a doctor only.

## **Are there any other important points?**

This publication provides input from specialists, the British Association of Urological Surgeons, the Department of Health and evidence-based sources as a supplement to any advice you may already have been given by your GP.

Alternative treatments can be discussed in more detail with your urologist or Specialist Nurse.

## What else should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately.

## Are there any other important points?

It is likely that you will need to pass a slippery catheter or spigot into the penis to help the widened urethra stay open.

You will be instructed in this technique by the Specialist Nurses in the clinic, approximately one week after your discharge from hospital.

Depending on the underlying problem, an outpatient appointment, further treatment or another admission may be arranged before you leave the hospital.

Your Consultant or Named Nurse will explain the details of this to you.

## What should I expect before the procedure?

You will usually be admitted on the same day as your surgery although some patients require admission on the day before surgery.

You will normally receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations.

After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named Nurse.

At some stage during the admission process, you will be asked to sign the second part of the consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed.

Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

You will be asked not to eat or drink for 6 hours before surgery.

Please be sure to inform your surgeon in advance of your surgery if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix)
- A previous or current MRSA infection

A high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation.

If you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment.

This is particularly important if you need to consult another doctor within a few days of your discharge.

When you get home, you should drink twice as much fluid as you would normally for the next 24-48 hours to flush your system through.

You may find that, when you first pass urine, it stings or burns slightly and it may be lightly blood-stained.

If you continue to drink plenty of fluid, this discomfort and bleeding will resolve rapidly.

The rates for hospital-acquired infection may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.

### **What should I expect when I get home?**

By the time of your discharge from hospital, you should:

- Be given advice about your recovery at home
- Ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- Ask for a contact number if you have any concerns once you return home
- Ask when your follow-up will be and who will do this (the hospital or your GP)
- Ensure that you know when you will be told the results of any tests done on tissues or organs which have been removed
- If you have a catheter fitted, know how and who will help you manage your catheter (if needed)

### **What happens during the procedure?**

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure.

In some patients, the Anaesthetist may also use an epidural anaesthetic which improves or minimises pain post-operatively.

The urethra or urethral opening is stretched using metal or plastic dilators after passing local anaesthetic jelly to numb and lubricate the passage.

### **What happens immediately after the procedure?**

In general terms, you should expect to be told how the procedure went and you should:

- Ask if what was planned to be done was achieved
- Let the medical staff know if you are in any discomfort
- Ask what you can and cannot do
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team
- Ensure that you are clear about what has been done and what is the next move



The urethra or the opening of the urethra is stretched using a variety of instruments. It may be necessary to insert a catheter in the urethra (water pipe) after the procedure.

Average hospital stay is 1 day unless there is a reason to stay longer.

You may require a catheter to be fitted for a period of time following your surgery.

### Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

#### Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for a short period after the operation
- Infection of the bladder requiring antibiotics
- Temporary insertion of a catheter
- Further stricture formation requiring repeated dilatation

#### Occasional (between 1 in 10 and 1 in 50)

- Damage to the urethra resulting in a “false passage” and the need for further surgery
- Infection around the urethra resulting in abscess formation

#### Rare (less than 1 in 50)

- Delayed bleeding requiring removal of clots or further surgery

#### Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 10)
- Clostridium difficile bowel infection (0.01% - 1 in 10,000)
- MRSA bloodstream infection (0.02% - 1 in 5000)