



Jo Schoeman
FRACS, FCS (Urol) SA, MBChB

The Wesley Hospital
Suite 10 Level 9
Evan Thompson Building
24 Chasely street
AUCHENFLOWER QLD 4066

Ph: 07)3371-7288
Fax: 07) 3870-5350
E-mail: jo@urojo.com.au
Emerg: 0403 044 072

www.brisbane-urologist.com.au

Urologist



Dr Jo Schoeman
Specialist Urologist

PATIENT INFORMATION BROCHURE

MEATOTOMY

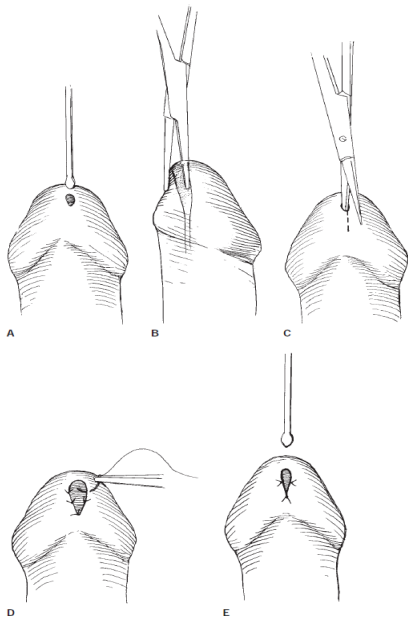
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Patient well-being is my first priority!

Meatotomy

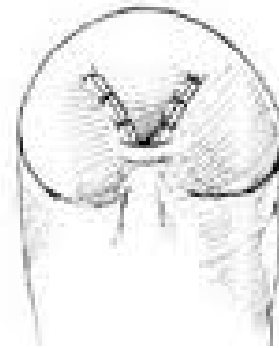
Why is it done?

- To treat a narrowing in the tip of the urethra which has formed due to previous damage/injury to the urethra.
- Where intermittent dilatation is not desired, as discussed with the patient
- Causes: after bypass surgery where a drop in blood pressure has caused an area of low blood supply to the urethra; trauma to the urethra (pelvic fractures/ urethral instrumentation); and sexually transmitted diseases.
- The procedure involves surgical refashioning of your meatus



How is it done?

- Usually done in male patients
- Selected Female patients can be considered.
- Patients will receive a general anaesthetic.
- Your meatus will be refashioned, in order to leave it patent without a narrowing
- An indwelling catheter is left till post-operative period.
- Prophylactic antibiotics may be given to prevent infection.



What to expect after the procedure?

- It may be slightly uncomfortable.
- A catheter will be inserted in the urethra and bladder. This will remain in until you are awake.
- Catheters can be very irritating and cause some discomfort.
- Blood stained urine will be present.
- Painful urination may persist for a few days.
- NB! Each person is unique and for this reason symptoms may vary!

What next?

- Patients will be sent home after a successful attempt at voiding.
- You may experience some discomfort with every void, that will become less over the next few voids.
- There may be some blood in the urine. This can be remedied by drinking plenty of fluids until it clears.
- On discharge a prescription may be issued for patients to collect.
- Patients should schedule a follow-up appointment with Dr Schoeman within 6-8 weeks.
- Should patients have any problems with urination, please contact the rooms for an earlier appointment.
- Please don't hesitate to direct any further queries to Dr Schoeman's rooms.
- **PLEASE CONTACT THE HOSPITAL WITH ANY POST-OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL IMMEDIATELY SHOULD THERE BE ANY SIGNS OF SEPSIS.**

