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2010

A Kid-Friendly Approach to Meatal Stenosis



Ming-Hsien Wang, M.D.

September 08, 2010

Pediatric urologist [Ming-Hsien Wang](#) had seen one too many parents with complaints about their child's "office procedure" to correct meatal stenosis, a common complication of circumcision characterized by a difficult-to-aim urinary stream and painful, prolonged urination due to the development of scar tissue at the urethral meatus and frequent urinary accidents. Not only was undergoing meatotomy with only a topical anesthetic in a physician's office traumatic for the child, but then he had to use a dilator daily for several weeks following the procedure to prevent one side of the meatus from adhering to the other. Among the complaints were complications like bleeding, infection, voiding problems leading to urinary retention and bedwetting, and recurrence of the stenosis. So Wang decided to follow a kinder, kid-friendly approach.

"I'd rather the child go to sleep with brief, quick sedation, and use magnification to excise the scar tissue and invert the urethral edges out precisely so there is no need for self dilation," Wang says. "The cure rate is close to 100 percent."

In children who are not toilet-trained, Wang explains, the meatus frequently rubs against a wet diaper and over time causes the loss of the delicate epithelial lining of the distal urethra, resulting in adherence of the lining and leaving a pinpoint orifice at the tip of the glans. While studies show generally good surgical outcomes with the office procedure, Wang stresses there's less pain and risk of complications like recurrence with her reconstruction approach. Parents are happy, too.

"Parents say the child is urinating so much better," Wang says. "Also, the child is no longer wetting his bed, or he's only wetting his bed twice a month rather than every night."

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1800 Orleans Street
Baltimore, MD 21287
(410) 955-5000

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