PRIAPISM

The Nerve/Artery/Vein are at 12 o'clock. The Urethra is at 6 o'clock

Types of Priapism

**High Flow (Non-Ischemic)**
- NOT Painful
- Caused by Trauma, AV Malformations, Tumors, etc.
- Extra Arterial Blood Flow Going IN
- Plan: Urology Consult

**Low Flow (Ischemic)**
- PAINFUL
- Caused by Drugs (Rx and Illicit) and Sickle Cell Disease
- Venous Blood Can't Get OUT
- Extra Pressure = Compartment Syndrome
- 50% Risk Erectile Dysfunction
- Plan: Bedside Detumescence

Approach to Priapism

1) Prepare (4C)
- Collect - 19 gauge and 21 gauge needles, variety of syringes, gauze, sterile drape, normal saline, iodine/chlorhexidine
- Consent - 50% chance of erectile dysfunction
- Clean - Set up sterile field
- Control Pain - Penile Nerve Block (Look up on Youtube)

2) Drain
- The Nerve/Artery/Vein are on TOP (12)
- The Urethra is on BOTTOM (6)
- Insert 19 gauge needle at either 3 or 9 and aspirate
- 30% chance of detumescence with this step alone

3) Send VBG

4) Irrigate
- Insert 21 gauge needle more proximal at 3 or 9
- Inject normal saline through this needle and attempt to aspirate out of the 19 gauge

5) Phenylephrine
- Dilute 1 ml (10 mg/ml) phenylephrine in 9 ml NS (results in diluted, 1 mg/ml solution)
- Inject 0.25 ml of 1 mg/ml solution and repeat q10minutes