

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