## UROLOGY

### PENILE CONDITIONS

### PARAPHIMOSIS
- Prolonged retraction of uncircumcised foreskin behind the glans
  - Results in tight stricture developing → venous occlusion & oedema of the foreskin
- It is a urological emergency as eventually swelling causes arterial occlusion & necrosis of the glans
- Almost always induced, often iatrogenically

- To reduce:
  - Ask the patient to apply circumferential pressure to the foreskin for up to 10 mins
  - Use instillagel for anaesthetic effect
  - Use both hand try to pull the foreskin back over the glans
  - Adjuncts include soaking in Dextrose solution for osmotic effect or using a fine needle to puncture the oedematous area to provide an outlet
  - If unsuccessful Urology may have to make an incision to the foreskin to allow reduction

---

### BALANITIS/ POSTHITIS
- Inflammation of the glans/ foreskin
- Signs include erythema +/- erosions, tenderness, foul smelling discharge
- Causes include infection (including STIs) environmental substances & trauma
- Candida albicans is the most common cause
- Treatment depends on cause, if infection suspected treat with chloramphenicol, if STI suspected, advise attendance to the Sandyford
PRIAPISM

- Prolonged (usually 6 hours) penile erection in the absence of sexual stimulus & unresolved by ejaculation. There are two types

<table>
<thead>
<tr>
<th>Ischaemic (95%)</th>
<th>Non-ischaemic (5%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Causes include sickle cell anaemia, cocaine &amp; antipsychotics</td>
<td>Caused by a connection between the artery &amp; cavernosum or injury to parasympathetic supply</td>
</tr>
<tr>
<td>Blood becomes trapped in the corpus cavernosum</td>
<td>Usually not painful</td>
</tr>
<tr>
<td>Painful</td>
<td></td>
</tr>
</tbody>
</table>

- Ischaemic type is essentially a compartment syndrome of the penis
- If not treated there is a risk of ischaemic injury
- Initial treatment may involve a penile nerve block & aspiration of the corpus cavernosum
- If unsuccessful small amounts of phenylephrine can be injected to the cavernosum

PENILE FRACTURE

- Caused by blunt trauma to the erect penis, usually during intercourse, patients often report a cracking / popping spund
- Results in rupture of one or both of the tunica alberinea covering the corpus cavernosa
- Significant pain, immediate loss of erection, swelling and visible bruising
- It usually requires emergent repair by urology to minimise future erectile dysfunction