Figure Four: Treatment of Non-Ischemic Priapism

1. Patient is diagnosed with non-ischemic priapism
2. Trial of observation with reassurance and reassessment after four weeks
   - Priapism persists
   - Penile and perineal duplex Doppler ultrasound performed to assess presence and characteristics of fistula location and size
   - Counsel patient that embolization carries a risk of erectile dysfunction, recurrence, and failure to correct non-ischemic priapism
     - Observation
     - Patient elects treatment
     - Embolization performed by interventional radiologist
       - Priapism resolves
       - Patient refractory to embolization
         - Repeat embolization performed by interventional radiologist. Consider non-absorbable materials if resorbable materials were used in first attempt
           - Priapism resolves

Priapism resolves