Figure Two: Treatment of Acute Ischemic Priapism

Perform corporal aspiration with or without irrigation and administer repeated intracavernosal injections of phenylephrine. Monitor blood pressure and heart rate.

Patient is diagnosed with acute ischemic priapism. Define goals of treatment with patient: pain management and preservation of erectile function.

Conservative therapies (i.e., oral medications, cold compresses, exercise) may be performed concurrent with other therapies.

- <36 hours of continuous priapism
- Distal shunt, with or without tunneling
- Counsel patient that likelihood of erectile function recovery is low AND
- Consider observation, pain control, and outpatient follow-up OR
- Consider prosthesis placement

- ≥36 hours of continuous priapism
- Conservative therapies (i.e., oral medications, cold compresses, exercise) may be performed concurrent with other therapies.
- MRI or penile biopsy optional to confirm non-viable tissue and ischemic findings.

- Do not use cold compresses or ice packs in persons with sickle cell disease to avoid precipitating intravascular sickling.
- If rigidity recurs after initial successful surgical decompression, perform penile and perineal duplex Doppler ultrasound or corporal penile blood gas.
- MRI or penile biopsy optional to confirm non-viable tissue and ischemic findings.