

A Clinical Procedure for the Management of Paraphimosis

For use in:	Wards and A&E
By:	All Medical staff
For:	Junior Doctors / Specialist Nurses / Physician Associates
Division responsible for document:	Surgical Division
Key words:	Paraphimosis, foreskin
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If Yes - does the strategy/policy deviate	No

Clinical Procedure for: Management of Paraphimosis

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from the recommendations of NICE? If so why?	
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Version and Document Control:

Version Number	Date of Update	Change Description	Author
1.1	27/07/2020	Monitoring compliance wording added	Melissa Gabriel

This is a Controlled Document

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Objective

To ensure eligible staff safely undertake management of paraphimosis.

Rationale

This document was written to enable staff to follow the correct procedure for paraphimosis according to current agreed evidence based clinical practice in the urology department.

Phimosis refers to a tight foreskin that cannot be retracted fully.

Paraphimosis is the inability to return a retracted foreskin to its position over the glans penis.

Paraphimosis mainly affects teenagers or young men. It can, however, occur after urethral catheterisation in older men because of failure to replace the foreskin.

Presentation

- Foreskin retracted behind the glans penis.
- Unable to replace foreskin.
- Maybe significantly oedematous.
- Pain.
- If long standing may lead to ulceration.

A Clinical Procedure for the Management of Paraphimosis

Management

- Attempt to reduce foreskin by manipulation.
 - Instillage can be used as a lubricant.
 - If difficult perform a local anaesthetic (without adrenaline) penile 'ring block' at base of penis under the superficial layer of skin. Apply sustained digital pressure / compression to try and reduce paraphimosis.
 - If the foreskin is very oedematous then having performed a penile block some of the oedema fluid can be released by piercing the oedematous skin with a sterile needle and then applying sustained compression.
 - If the above measures fail then consider a dorsal slit under LA or reduction, dorsal slit or circumcision under GA.

Follow up

In the younger (non-catheterised) group, if the paraphimosis is successfully reduced patient will need an out-patient appointment as they are likely to require an elective circumcision.

Monitoring compliance

To ensure that this document is compliant with the above standards any adverse outcomes will be entered onto Datix and reviewed by the Departmental Governance Team who will ensure that these are investigated and are discussed at relevant governance meetings to review the results and make recommendations for further action.

Summary of development and consultation process undertaken before registration and dissemination

The authors listed above drafted this document on behalf of the urology department who have agreed the final content.

This version has been endorsed by the Clinical Guidelines Assessment Panel.

References

No references were applicable.

