

## Clinical Procedure for the Management of Paraphimosis

### Document Control:

<b>For Use In:</b>	Norfolk and Norwich University Hospitals (NNUH), James Paget University Hospital (JPUH) and The Queen Elizabeth Hospital King's Lynn (QEHL).		
	All clinical areas		
<b>Search Keywords</b>	Paraphimosis, Foreskin		
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<b>Approved By:</b>	Clinical Guidelines Assessment Panel		
<b>Ratified By:</b>	Clinical Safety and Effectiveness Sub-board		
<b>Approval Date:</b>	NNUH: 19 <sup>th</sup> October 2024  QEHL: 18 <sup>th</sup> June 2024  JPUH: 18 <sup>th</sup> June 2024	<b>Date to be reviewed by:</b> This document remains current after this date but will be under review	19 <sup>th</sup> October 2027
<b>Implementation Date:</b>	19 <sup>th</sup> October 2024		
<b>Reference Number:</b>	16933		

### Version History:

Version	Date	Author	Reason/Change
V.1	10/12/2019	Neil Burgess	To originate document
V1.1	27/07/2020	Melissa Gabriel	Monitoring compliance wording added.
V2	18/06/2024	Hany Hussein	Reformatting as per new trust template requirements.

### Previous Titles for this Document:

Previous Title/Amalgamated Titles	Date Revised
None	Not applicable

Note which Trust, where applicable.

# **Clinical Procedure for the Management of Paraphimosis**

## **Distribution Control**

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

## **Consultation**

The following were consulted during the development of this document:

- Miss Charlotte Dunford, Consultant Urologist (NNUH)
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- Mr. Petre Ilie, Consultant Urologist (QEHKL)
- Mr. David Manson-Bahr, Consultant Urologist (JPUH)

## **Monitoring and Review of Procedural Document**

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

## **Relationship of this document to other procedural documents**

This document is a clinical guideline applicable to Norfolk and Norwich University Hospitals (NNUH), James Paget University Hospital (JPUH) and The Queen Elizabeth Hospital King's Lynn (QEHKL); please refer to local Trust's procedural documents for further guidance.

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# Clinical Procedure for the Management of Paraphimosis

## 1. Introduction

### 1.1. Rationale

Paraphimosis is a urological emergency characterized by the inability to retract the foreskin over the glans penis after it has been retracted behind the glans. This condition can lead to impaired blood flow to the glans, resulting in pain, swelling, and potential tissue damage if not promptly addressed. Timely and appropriate management of paraphimosis is essential and involves urgent intervention to reduce swelling and restore normal blood flow to alleviate patient discomfort as well as to prevent complications that can lead to increased morbidity and healthcare utilisation.

### 1.2. Objective

This guidance has been created to provide healthcare providers with a systematic approach to identifying, assessment and management of paraphimosis in accordance with current evidence based clinical practice. Standardised care practices have been developed to enhance patient safety with a resultant improvement in overall outcomes.

### 1.3. Scope

This guidance applies to all adult male patients over 18 years of age presented with paraphimosis (the inability to retract the foreskin over the glans penis after it has been retracted behind the glans).

### 1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
GA	General Anaesthetic
LA	Local Anaesthetic

## 2. Responsibilities

All medical staff and allied healthcare professionals involved in the care of patients presented with paraphimosis should be aware of the recommendations contained in this guidance. Staff must always ensure they have appropriate training and gained the necessary competencies before undertaking invasive procedures.

## 3. Policy Principles

### 3.1. Definition

- 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.

### 3.2. Assessment

- Foreskin retracted behind the glans penis.
- Unable to replace foreskin.

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- Maybe significantly oedematous.
- Pain.
- If long standing may lead to ulceration.

### 3.3. Management

- Attempt to reduce foreskin by manipulation.
- Instillagel can be used as a lubricant.
- If difficult perform a local anaesthetic using 10ml of Lidocaine (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.

### 3.4. 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.

### 4. 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.

### 5. Appendices

There are no appendices for this document.

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### 6. Equality Impact Assessment (EIA)

<b>Type of function or policy</b>	Existing
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<b>Division</b>	Surgical	<b>Department</b>	Urology
<b>Name of person completing form</b>	Hany Hussein	<b>Date</b>	18/06/2024

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	None	None	NA	No
Pregnancy & Maternity	None	None	NA	No
Disability	None	None	NA	No
Religion and beliefs	None	None	NA	No
Sex	None	None	NA	No
Gender reassignment	None	None	NA	No
Sexual Orientation	None	None	NA	No
Age	None	None	NA	No
Marriage & Civil Partnership	None	None	NA	No
<b>EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?</b>	No			

- A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty
- Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service
- The policy or function/service is assessed to be of high significance

#### IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.