

# Urologist



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## **PATIENT INFORMATION BROCHURE**

### ***PENILE SHUNT/ ASPIRATION***

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Patient well-being is my first priority!

# Penile Shunt/ Aspiration

## Why is it done?

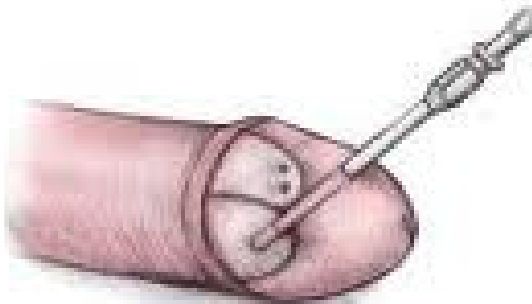
- Priapism: Prolonged painful erections lasting > 4-6 hours
- Usually associated with drug use
- Usually associated with Intracavernosal administration of Erectile Dysfunction drugs.
- You would have conservative measures, ie Ice-packs, Pseudo-ephedrine tablets etc

## Pre-requirements

- An informed consent is required from the patient.
- The risk of permanent Erectile Dysfunction should be discussed
- This is done under a general anaesthetic. Patients may not eat or drink from midnight the previous evening.
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this at the Pre-admission clinic as well as to theatre staff and Dr Schoeman.**

## How is it done?

- This procedure is done under general anaesthetic.
- Supine position.
- The penis is surgically prepared.
- 2 large-bore cannulas are placed through the glans penis into the Corpora Cavernosa
- Old clotted blood is drained until flaccid.
- The corpora is rinsed with saline.
- A weak mixture of Ephedrine may also be used to rinse the Corpora Cavernosa
- If the Priapism is deflated, the procedure is completed by placing an Indwelling Catheter and an elasticated compression bandage for a few hours.
- Should the priapism persist, a short-circuit with the Corpora spongiosum is created therefore creating a drainage of the blood.
- This may however also cause future erectile dysfunction
- Select cases may require more invasive short-circuit deviations of circulation



## What to expect after the procedure?

- **Any anaesthetic has its risks and the anaesthetist will explain such risks.**
- Bleeding is a possible complication.
- Your catheter will be removed on Day 2-3.
- Recurrent priapism requiring more than 1 intervention
- **The possibility of permanent Erectile Dysfunction**

## What next?

- Dressings should be kept dry for the initial 72 hours after surgery and soaked off in a bath thereafter.
- The catheter will be removed after 3 days
- Patients should schedule a follow-up appointment with Dr Schoeman 4-6 weeks after the procedure.
- An arteriogram may be recommended to exclude AV-Fistulas
- There will be signs of bruising for at least 10 days.
- Sick leave will be granted for a few weeks.
- Please direct all further queries to Dr Schoeman's rooms.
- **PLEASE CONTACT THE HOSPITAL DIRECT WITH ANY POST-OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL IMMEDIATELY SHOULD THERE BE ANY SIGNS OF SEPSIS and RETURN OF PRIAPISM.**