Workshop? Outline

- Kidney
- Penis
- Bits
- UTI
- Prostate
- Priapism
- Toys
- Catheters
- Take home

KIDNEY

EM: Renal

Renal Colic
- Analgesia
- Stone passing
- Follow up
- Complications

Pyelonephritis

Trauma

Renal Colic

- 85% have hematuria

Analgesia
- NSAIDS and opioids- protocol is best
- Called "colic" but typically constant
- Resolves in 24 hours
- Recurrence 50% @ 5 years, 70% @ 10 years

- "stone clinic" effect

A standardized pain management protocol improves timeliness of analgesia among emergency department patients with renal colic. Steinberg PL, et al. Qual Manag Health Care. 2011 Jan-Mar;20(1):30-6.

Work-up

75% Calcium stones

15% Struvite stones

6% Uric acid stones

2% Cystine stones
- indinavir; atazanavir; guaifenesin; triamterene; silicate; and sulfa drugs

- BUN Creat, UA +/- KUB, US or RCCT

Passing Stones

- 85% pass spontaneously
- < 4mm 8/10 chance of passing
- @ 8mm 20% chance of passing
- Flomax™ (tamsulosin) NNT 5 for stone passage if < 5mm and move them along the ureter for larger stones up to 10mm

The efficacy of tamsulosin in lower ureteral calculi. Griwan MS, et al. Urol Ann. 2010 May;2(2):63-6.
Myth: Nephrolithiasis and medical expulsive therapy, Liu MA, *CJEM* 2007;9(6):463-465

Disposition

Refer if
- Solo kidney
- Infection
- Renal failure
- OOC pain

Otherwise

Pyelonephritis

- IV, IV + po, po alone are all equivalent
- Admit if renal failure, transplant, diabetes, pregnancy, AIDS sickle cell or immunocompromised

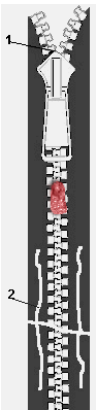
PENIS

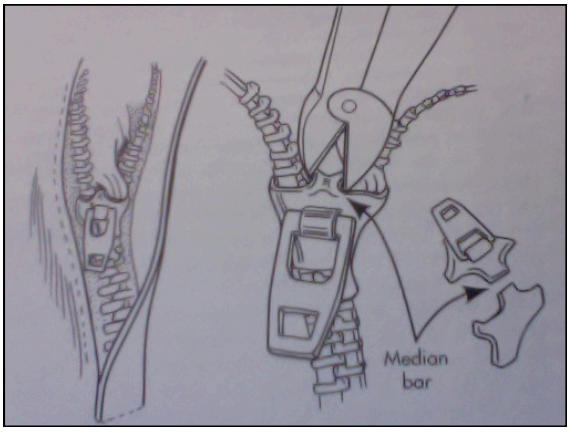
Case

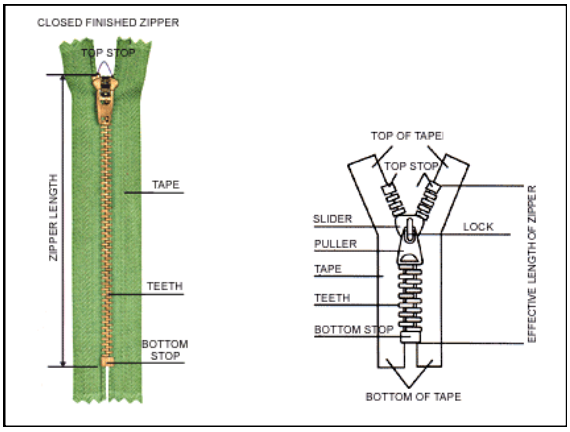
- A woman presents with pv bleeding and is seen by your colleague
- You are seeing a man, her partner with penile pain

Case

- 19 year old college student presents with zipped up foreskin
- Intoxicated but sobering up and minding this more and more
- What do you do?







Dorsal block:

- The penis is pulled downward
- Sites for needle insertion are marked at lateral to the midline 0.5-1.0cm below pubis
- Needle is then inserted vertically pointing slightly caudally until there is a loss of resistance due to the piercing of Scarpa's fascia
- The pubic space is frequently divided into two separate compartments

Ring Block:

- Subcutaneous ring of local anesthetic placed around the base of the penis.
- Site for needles insertion are 2 to 3 cm from the base, at 10 and 2 o'clock level, in the subcutaneous space pointing to the base with the needle raised superficially
- Complete the ring 1 mL of local anesthetic should be injected at the base of the penis, in the ventral part

Epinephrine for the little parts?

- Denkler
  - Finger tip review 1880-2000
- Sonmez
  - RTC 2008 digital lidocaine with and without

No tests done on penis so steer clear for now!

Make-up sex

- During make up sex, a woman “accidentally” bites her partner’s foreskin
- He has a bite on the epidermal aspect of the foreskin
- It does not penetrate the epidermis
- He is not immunocompromized
- What do you do?

Human bite

Human bites have a bad reputation

- Tetanus prn
- Clean it up-no product
- Inspect for tooth, or puncture wound
- Immune status
  - Zubowicz 1991- NNT 2 for hand bites
  - Broder 2004- NNT 62 for low risk injuries

Fractured Penis: Urgent

- Traumatic rupture of corpus callosum
- Lateral or vertical force while erect
- Clinical diagnosis
  - Snap or pop *vs* non if venous rupture
  - Immediate detumescence
  - Pain and “eggplant deformity”
- Consider urethra if hematuria or dysuria
- Retrograde urethrogram

Exposures

- **It burns, it burns!**
  September 26, 2008 10:11 PM
- I just went to the bathroom to pee, and seconds after finishing I realized that I must have unwittingly touched some hot peppers when I was in the kitchen. Please help me stop this unholy burning.

  I suppose it's relevant that I am male. I looked at a bunch of other threads on capsaicin-induced burning, but I'm not sure that I'm ready to douse my genitalia in a bleach solution, or with rubbing alcohol, or ammonia. Does anybody know how to fix this without resort to harsh chemicals?

  Also... HOLY SHIT THIS HURTS MORE THAN ANYTHING I HAVE EVER EXPERIENCED! PLEASE HELP ME SO I DON'T HAVE TO KILL MYSELF.

  Sorry to yell at you all. Please help.

Other

- GSW
- 35% of pentrating injuries in the US
- Schrapnel
- Amputation
  - Intended in psychotic patients
  - Intended inflicted injury
  - Accidental

Case

- A 23 year old male presents to the ED with lower abdominal pain.
- Started this afternoon and has escalated since to 10/10, vomited twice, BM=N, Urine=N
- Looks uncomfortable
- Abdominal exam: BS +, diffuse pain lower abdomen but no tenderness
- UA= 1+ WBC, 1+ RBC

BITS

Case

- A 41 year old male presents to the ED with a 2 day history of dysuria
- The RN reports that he has 4+ WBC and 2 +RBC in his urine
- He is otherwise well and has no other complaints

Case

- A 48 year old woman presents with a UTI
- She has waited for 6.5 hours and is frustrated
- UA has 4+ WBC and 1+ RBC and 0= nitrites
- She has had 6 episodes of UTI this year
- Outline your plan for her

UTI

- Women
  - WBC are not enough
- Men
  - Dysuria is not enough
- FB or obstruction
  - Treatment is not enough

UTI

- Cystitis: nitrite NPT has a 92-100% sensitivity and a 35-85% specificity
  - false negative in the presence of diuretics
  - low dietary nitrate
  - Some organisms eg, *Enterococcus, Pseudomonas, Staphylococcus*
- ABU: treat in pregnancy and post catheter ONLY

Case

- A 33 year old man presents to the ED with testicular pain
- It started yesterday during defecation and is worse today
- He has not sustained trauma
- His left testicle is tender to move or examine

PROSTATE

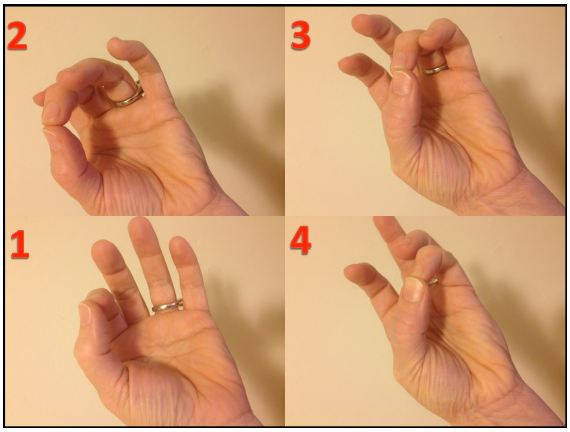
Acute

- Intraprostatic ductal reflux
- Phimosis and redundant foreskin
- Specific blood groups[6]
- Unprotected anal intercourse
- Urinary tract infections
- Acute epididymitis
- Indwelling Foley catheter or condom catheter
- Transurethral surgery
- Altered prostatic secretions

Pathogens= UTI pathogens

- *Escherichia coli, Proteus mirabilis, Klebsiella* species, *Enterobacter* species, *Pseudomonas aeruginosa,* and *Serratia* species

- Exam: midstream urine and post massage urine
- Rectal exam
- CT if irregular prostate



Priapism

- Definition?
- Types?
- Bimodal distribution- 5-10 and 20-50
- Corpora cavernosa only
- Rx: papaverine, phentolamine, and prostaglandin E1, TCA, chlorpromazine, quetiapine, trazodone, thioridazinecocaine, MJ, EtOH,
- Sicle cell crisis, cauda equina syndrome

Treatment

- Ice
- Direct pressure
- Quadriceps steal
- Phenylephrine, tertbutaline, pseudo-ephedrine
- Intracavernous injection of alpha-adrenergic agents or methylene blue

Case

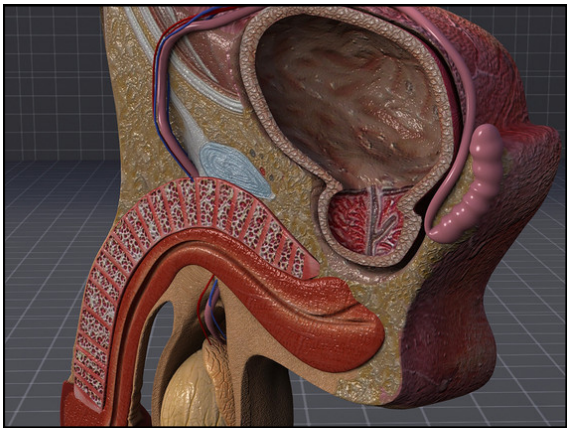
- Phimosis
- Paraphimosis

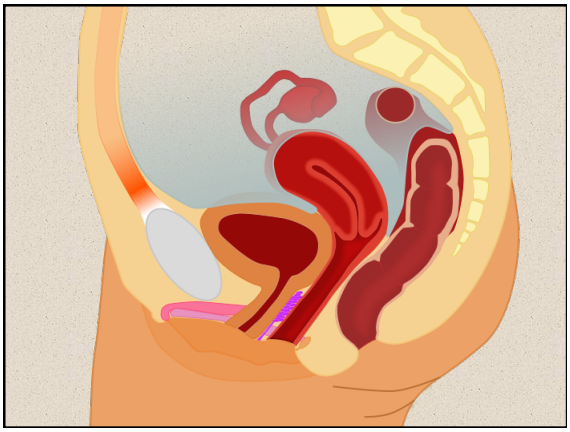
Ice filled glove, sugar for 2 hours,

- Manual reduction
- Ice filled glove
- Elastic bandages
- Osmosis
- Puncture method 21 gauge needle
- Aspiration 20 gauge needle
- Dorsal slit of foreskin

1- Kessler CS, Bauml J. Non-traumatic urologic emergencies in men: a clinical review. *West J Emerg Med*. Nov 2009;10(4): 281-7.
2- Choe JM. Paraphimosis: current treatment options. *Am Fam Physician*. Dec 15 2000;62(12):2623-6, 2628.
3- Little B, White M. Treatment options for paraphimosis. *Int J Clin Pract*. May 2005;59(5):591-3

CATHETER TROUBLES





Catheter Tips

- Does size matter? 1 french 1/3 of a mm
- Coude?
- Lubricate
- Gloves
- Position
  - - finding meatus
    - thumb & wink
    - up & anterior
  - - 90 degrees
    - 18 french
- Suprapubics- either
- Filliforms and followers- urology

Take Home

- Renal Colic- NSAID and tamsulosin
- Renal trauma- macroscopic hematuria
- Penis- zipper work
- Penis- no epi and technique for block
- Scrotum- torsion
- Scrotum-Sac tapping
- Prostate testing- “steak” test
- Ring removal
- Catheter tips… Enjoy!