

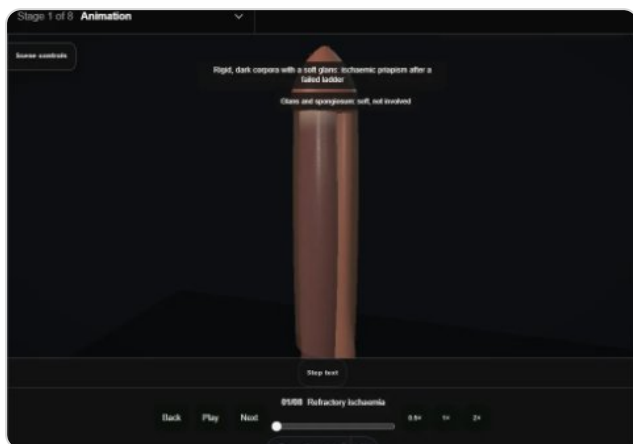
Al-Ghorab open distal shunt for ischaemic priapism

8 steps, each one the authored title and caption from the interactive animation, with the frame captured from that step. Read it before the case, or print it and work through the steps in order.

Teaching only, not for diagnosis or treatment decisions. The text on this sheet is the animation's own step copy, reproduced verbatim.

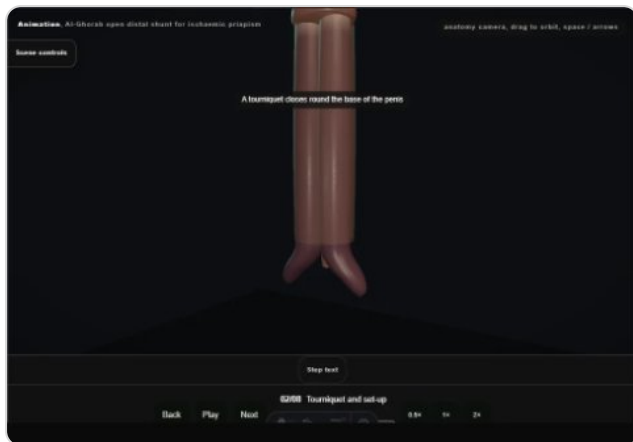
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01 Refractory ischaemia



- Dark, rigid corpora and a soft glans.
- Ischaemia confirmed on **corporal blood gas**; aspiration, irrigation, phenylephrine and a percutaneous distal shunt have already failed.
- The two healed puncture marks are the history.

02 Tourniquet and set-up



- A **tourniquet at the base** keeps the field still during the excision.
- A urethral catheter is optional and marks the urethra, which lies ventral to everything that follows.

03 Transverse dorsal glans incision



- A **transverse incision in the dorsum of the glans**, distal to the corona, carried down to the tunica.
- The lips part and the white dorsal tips of both corpora lie in the wound.

04 Excise the first segment: patient's left



- Allis forceps on the **dorsal tunica of the tip**; a segment is excised with scissors.
- Dark blood follows through a round window with a rim.
- The excision is from the dorsal tip, away from the urethra.

05 Excise the second segment: patient's right



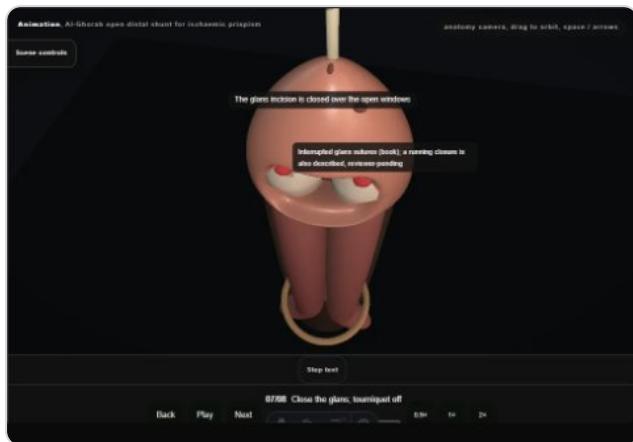
- The same on the other corpus, to the same depth.
- Two windows, one in each tip, with the **septum intact** between them.

06 Evacuate: compression from base to tip



- External pressure on the corpora from base to tip.
- Dark clot and stagnant blood come out through the windows, then **bright blood**: restored inflow is the sign, not softening alone.

07 Close the glans; tourniquet off



- The glans incision is closed with interrupted sutures over the open windows.
- The tourniquet comes off.
- The **shunt is the open window under the closed glans**: a drainage path from each corpus into the glans spongy tissue.

08 Reassess and counsel



- A soft shaft and a dressing.
- Firmness afterwards may be oedema or hyperaemia, so a **repeat corporal blood gas** decides.
- Duration drives fibrosis; a prosthesis is discussed later in delayed or refractory cases.

Derived from `AlGhorabShuntScene.tsx` at build time: every step title and caption above is the authored `ProcedureDef` text, reproduced verbatim, and this page shares its readable-points renderer with the animation itself. 8 of 8 steps have a captured frame.

Text fingerprint `a12a5a19d89796b1`. A caption edit without a re-capture fails the production check, so the sheet and the animation cannot drift apart silently.

Pre-release educational preview

Read before the case.
Debrief after it.

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