

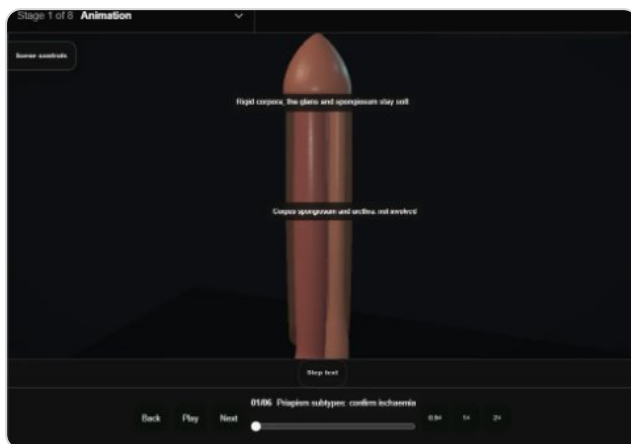
Ischaemic priapism: aspiration and shunt surgery

6 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.

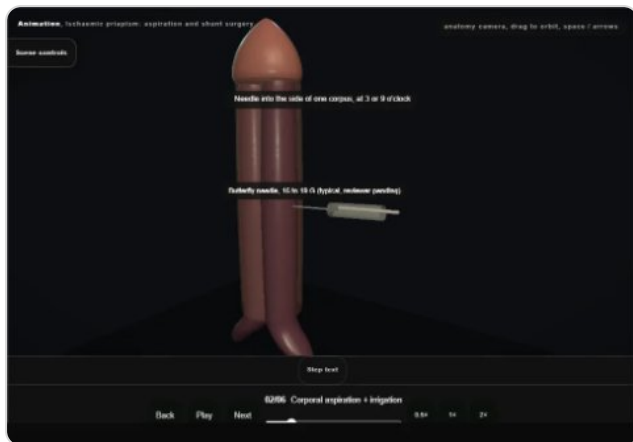
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01 Priapism subtypes: confirm ischaemia



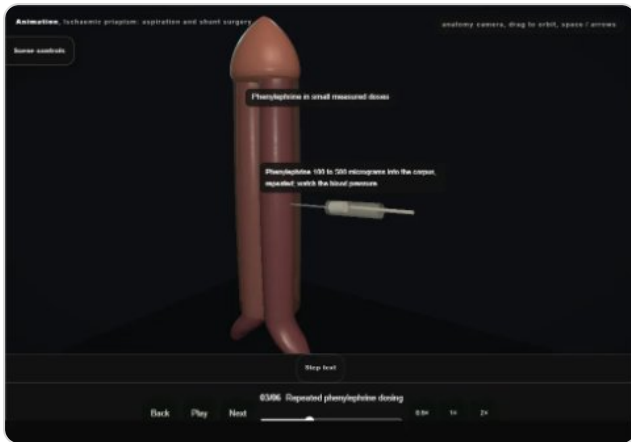
- Rigid tender corpora with a relatively soft glans raise concern for **ischaemic priapism**, but examination alone is not enough.
- Corporal blood gas confirms the subtype; colour duplex supports the diagnosis when indicated without delaying decompression.

02 Corporal aspiration + irrigation



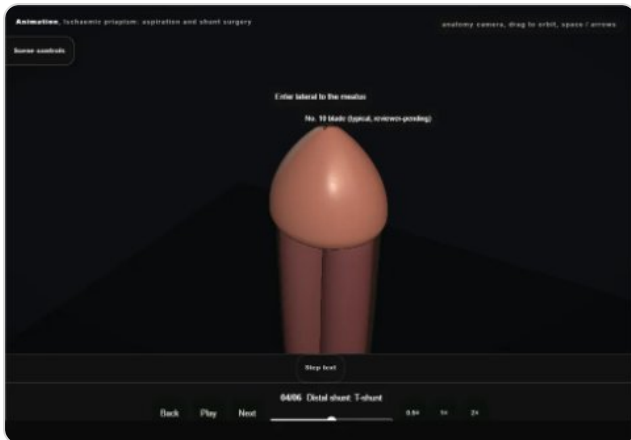
- A needle into the **lateral corporal body**, dark blood aspirated, then irrigated with saline until it runs brighter.
- Aspirate enough to send for gas analysis when the diagnosis is in doubt.

03 Repeated phenylephrine dosing



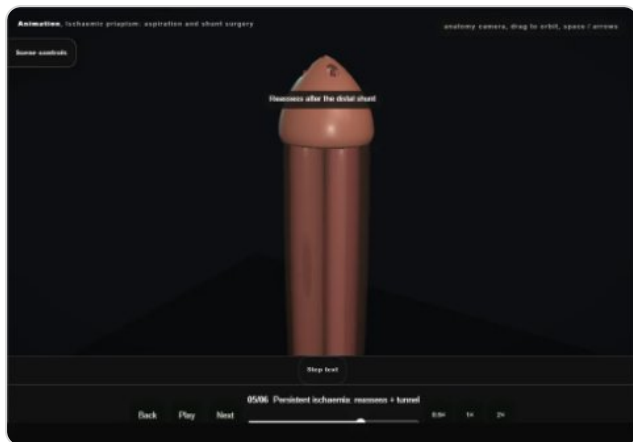
- Give measured intracavernosal **phenylephrine** doses repeatedly while continuing aspiration or irrigation as needed.
- Check pulse and blood pressure throughout; this is not a dwell-and-aspirate-back drug sequence.

04 Distal shunt: T-shunt



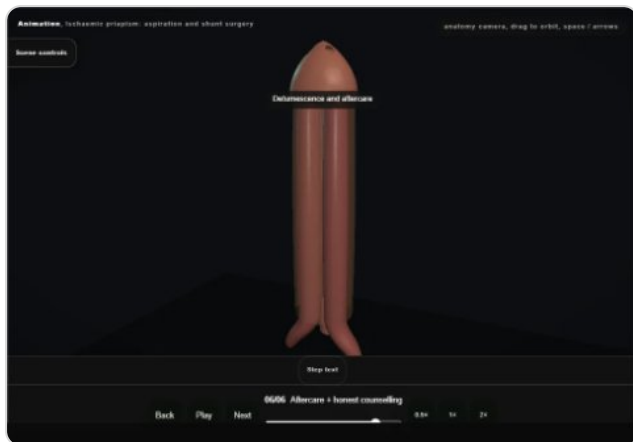
- After failed aspiration and phenylephrine, the blade enters just lateral to the meatus and rotates 90° laterally, away from the urethra, opening a **corporoglanular T-shunt**.
- This animation shows the two sides performed sequentially.

05 Persistent ischaemia: reassess + tunnel



- Post-shunt firmness may be oedema or reperfusion, so confirm persistent **ischaemia with a cavernosal blood gas**.
- If ischaemia persists, add proximal corporal tunnelling through the distal shunt with a Hegar; proximal shunts are rare expert options, not the routine next rung.

06 Aftercare + honest counselling



- Detumescence achieved.
- Duration drives **smooth-muscle necrosis and fibrosis**, so counsel honestly about erectile recovery.
- In prolonged or refractory disease, discuss early prosthesis options rather than waiting for dense fibrosis to mature.

Derived from PriapismScene.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. 6 of 6 steps have a captured frame.

Text fingerprint a031830c7176d7c0. 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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