

SEXUAL DYSFUNCTION

T-shunt relieves priapism

A novel shunt technique has been shown to provide immediate resolution of penile pain and rigidity associated with prolonged ischemic priapism, reports a team lead by William Brant from the University of Utah. “We [also] found a remarkably high rate of return of erectile function, much higher than that previously reported using other techniques,” comments Brant.

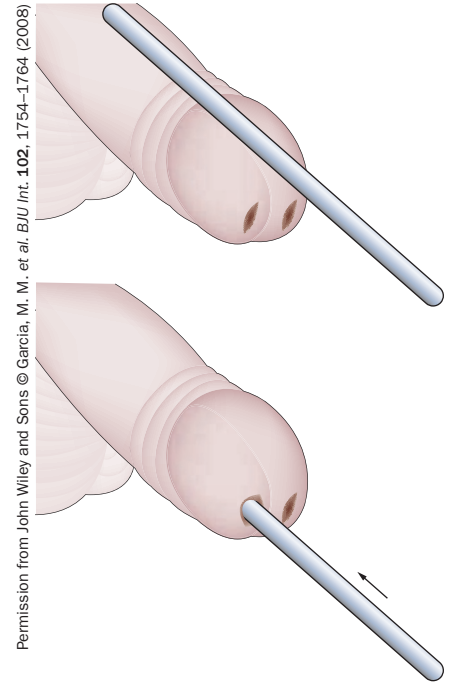
Ischemic priapism, caused by an inability to drain trapped blood from the corpora cavernosa, is managed by interventions such as aspiration of blood or intracavernosal injections of vasoconstrictive agents. If these conservative methods fail, surgical intervention is required to restore normal blood flow in the penis.

Brant and colleagues’ technique, performed using local anesthetic, involves creation of bilateral T-shunts

through the glans. For patients with priapism lasting for >3 days, a 7 mm diameter straight sound is inserted through the incisions, producing an intracavernous tunnel that allows normal blood-flow to resume. The researchers reviewed data for 13 men who underwent the T-shunt procedure. Cavernous blood flow was restored in 12 patients, acute pain was resolved in all patients, and erectile function was recovered in 11 patients.

Aggressive dilation “...helps recanalize the corpora and allow for more rapid resolution and healing,” Brant suggests. The procedure, which can successfully treat priapism that has persisted for several days, is easy to carry out, and can be performed in a clinical setting or in an emergency department.

Lisa Richards



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Original article Brant, W. O. et al. T-shaped shunt and intracavernous tunneling for prolonged ischemic priapism. *J. Urol.* 181, 1699–1705 (2009).