

FOLD

**Please show this card to your doctor or the emergency room staff.**

The person carrying this card is under the care of John Mulhall, MD, at Memorial Sloan Kettering (MSK). This patient is taking oral medication or using intracavernosal (penile) injections for erectile dysfunction. He has been instructed to go to the nearest emergency room if an erection stays at penetration hardness for 4 hours. Upon arrival, the patient should be assessed immediately by the emergency room physician and the urologist on call should be contacted.

**URGENCY:** Priapism, erections lasting longer than 4 hours, can cause permanent damage to erectile tissue. This condition is a medical emergency and you should treat it with the same urgency as you would a testicular torsion or a myocardial infarction. Failure to deliver appropriate, timely care may result in permanent, untreatable erectile dysfunction for the patient.

**TREATMENT:** Most men with priapism lasting less than 6 hours require only the intracavernosal (intrapenile) administration of phenylephrine hydrochloride (Neo-Synephrine®) to achieve detumescence. This agent is not available outside of the United States so another alpha-adrenergic agonist should be used. Intracavernosal Neo-Synephrine may be administered by the emergency physician if he or she is familiar with the technique of intracavernosal injection. If the emergency physician is not familiar with the technique and the on-call urologist is not immediately available, the patient is capable of self administering the injection, provided the medical or nursing staff supply him with the syringe (27 to 29 gauge needle) and medication.

We advise that the patient be placed on a cardiac monitor and a continuous blood pressure monitor during Neo-Synephrine administration.

Neo-Synephrine usually comes as 10,000 mcg/mL solution. This solution should be mixed with 9 mL of injectable saline to make a 1,000 mcg/mL solution. An initial dose of 1000 mcg (100 units/1 mL) should be administered intracavernosally. If detumescence has not occurred after 10 minutes, another 1000 mcg (100 units/1 mL) of Neo-Synephrine should be given. The most concerning side effect of this medication is hypertension with reflex bradycardia. This agent is contraindicated in men with a history of profound (malignant) hypertension or who are using (or have used in the recent past) monoamine oxidase inhibitors (MAOIs).

If the patient cannot take Neo-Synephrine or if the medication fails to achieve detumescence, the patient will require corporal aspiration of blood. This should be performed by a urologist. Rarely, a patient may need to be taken to the operating room for a shunt to achieve detumescence. Timely treatment generally prevents the need for this.

As a courtesy, please notify the MSK urology fellow on-call by calling the page operator at 212-639-2000 when the patient has been seen by the emergency physician.

©2015 Memorial Sloan Kettering Cancer Center  
1275 York Avenue, New York, NY 10065

C-820

FOLD