

# Priapism

Information and advice for patients

## *Sickle Cell & Thalassaemia*

### **What is priapism?**

Priapism is a prolonged and painful erection which may occur without sexual stimulation. It is a complication of sickle cell disease and is a form of a sickle cell crisis. Priapism is thought to affect as many as 50% of men with sickle cell disease.

### **What causes priapism?**

Priapism is caused by the blood vessels in the penis becoming blocked by sickle cells, preventing the blood from flowing back to the body. The reason this occurs is not usually clear but it can be triggered by an infection, being dehydrated, and drinking alcohol and occasionally after sexual activity.

### **What are the symptoms of priapism?**

There are 2 types of priapism:

- **Stuttering priapism** - Short attacks of painful erections that resolve without treatment.
- **Fulminant priapism** - A major episode of a painful erection which can last for several hours; this is an emergency that requires urgent medical attention.

Priapism can be very frightening and embarrassing for some people, but it is important to seek help and not suffer in silence because the longer it lasts, the greater the risk is of long-term damage.

### **How is priapism diagnosed?**

A doctor will diagnose priapism by your symptoms.

### **How is priapism treated?**

When priapism first starts there are several things you can do to manage it at home:

- Try to empty your bladder
- Drink lots of fluid
- Take painkillers

Some people also find that having warm baths or using ice packs can help to overcome the episode.

If the episode of priapism does not settle in 1 hour please go to your nearest emergency department (ED) or the SCAT centre as soon as possible as you may need emergency treatment.

In hospital you will be given painkillers and fluids either by mouth or through a drip. If this does not resolve the priapism, a specialist may try to drain some of the blood from your penis

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and remove the trapped red blood cells with a tiny needle and syringe. Occasionally some people may also be given injections into their penis at the same time, to squeeze the blood vessels to help the blood flow through

### **What are the benefits of this treatment?**

The benefit of draining the blood is that this can quickly resolve priapism.

### **What are the risks of this treatment?**

There is a small risk of developing an infection as a result of this procedure, but precautions are taken to minimise this risk.

### **Are there any alternatives to this treatment?**

An alternative to this treatment is to have a small shunt (hole) inserted into the penis during an operation to drain the blood away. This treatment is only used as a last resort and the surgeon will give you more information about it if it is needed.

### **What are the risks of not getting treatment?**

If you do not have treatment for priapism you could have long-term damage to your penis. This could result in impotence (being unable to get an erection).

### **Can priapism be prevented?**

There are things you can do to reduce your chances of having an episode of priapism:

- Exercise regularly
- Avoid late nights
- Get enough sleep
- Avoid drinking excessive amounts of alcohol
- Avoid smoking

There are also medications available that can reduce your risk of having an episode of priapism; your consultant will discuss these with you if they are appropriate.

### **Contact details**

If you have any questions or concerns please contact the Sickle Cell and Thalassaemia Centre.

#### **Sickle Cell and Thalassaemia Centre**

0121 507 6040

Monday, Wednesday

& Thursday, 9am – 5pm

Tuesday 9am – 6pm

Friday 9am – 4pm

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### Further information

For more information about our hospitals and services please see our websites [www.swbh.nhs.uk](http://www.swbh.nhs.uk) and [www.swbhengage.com](http://www.swbhengage.com), follow us on Twitter @SWBHnhs and like us on Facebook [www.facebook.com/SWBHnhs](http://www.facebook.com/SWBHnhs).

### Sources used for the information in this leaflet

- Sickle Cell Society, 'Standards for the clinical care of adults with sickle cell disease in the UK', 2008

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5495 or email: [swb-tr.swbh-gm-patient-information@nhs.net](mailto:swb-tr.swbh-gm-patient-information@nhs.net)



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