

RSCH OOH – A+E consultant/senior SpR must examine before consulting Urology and document exam.

RSCH in hours – A+E consultant/senior SpR to examine and document before referral to Urology and transfer to PRH.

PRH – refer to Urology Registrar. In hours – can be seen in SDEC (if obs stable and has been examined by ED clinician).

Patient information Leaflets
[Torsion of testis.pdf \(baus.org.uk\)](https://www.baus.org.uk/Torsion_of_testis.pdf)

<https://nww.bsuh.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=289994>

* If there is any doubt regarding testicular examination, then a referral to urology should be made. If at RSCH – please ask senior to examine.

- MSU
- Patient to self refer to GUM if appropriate
- **If recurrent episode/persistent symptoms/other concerns discuss with urology (#8900) to arrange SDEC review or OPA.**
- Review E-O microguide (click link below)
- <https://nww.bsuh.nhs.uk/clinical/teams-and-departments/pharmacy/prescribing-guidelines/infections/57-epididymo-orchitis-initial-management-guidelines/>

Treat with antibiotics
 Ofloxacin 200mg BD 2 weeks regardless of organism.

University Hospitals Sussex Paraphimosis Pathway

Patient Presents with tight prepuce causing swelling of glans penis.



Initial management:

- 1) gentle compression with 50% dextrose soaked swab over prepuce by patient (see B in Figure 1) for 30 minutes followed by manual reduction (see Figure 2)
- 2) Ice may be applied



If simple management fails move to SDEC and refer to Urology (**if observations stable and examined by ED clinician to confirm presence of paraphimosis**)

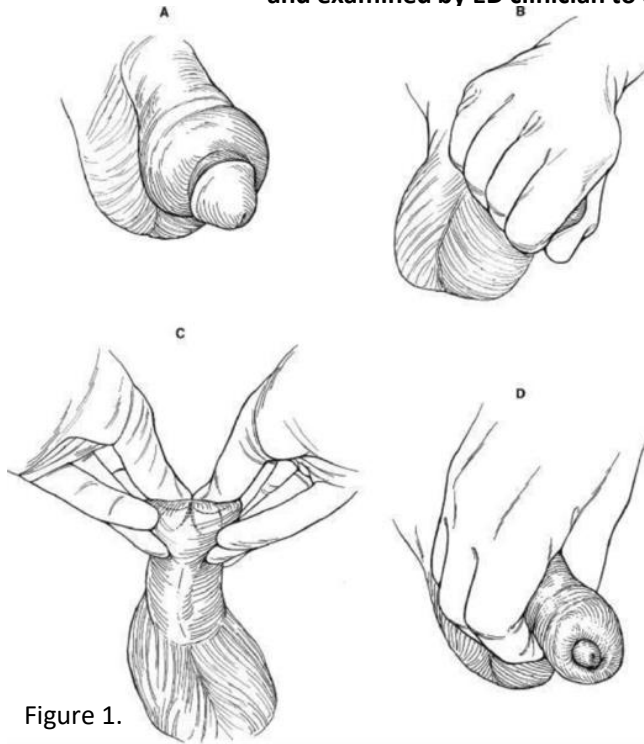


Figure 1.

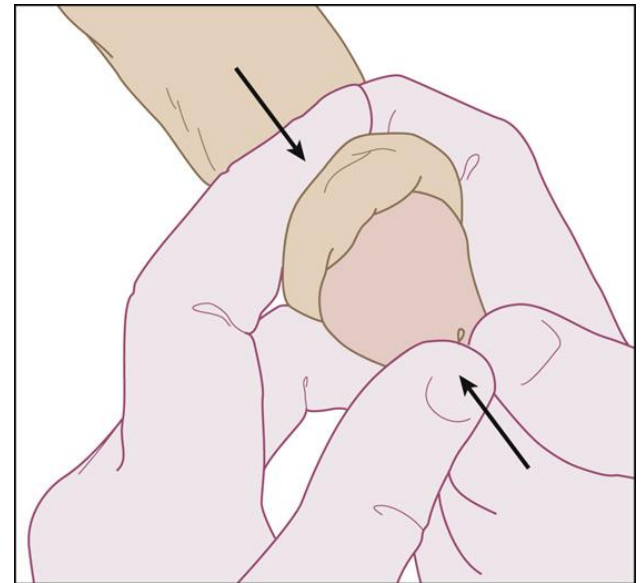


Figure 2.