OSCE
Candidate information

Your RMO is about to go see a patient with suspected priapism. She has asked for a summary of the condition, specifically risk factors, investigations, and management. You are unable to leave your patient in Resuscitation, so elect to do some "teaching on the run".

The RMO will have a prop/anatomical model for you to demonstrate techniques on.

Domain	**%**
Medical expertise	40
Prioritisation and decision making	30
Communication	
Teamwork and collaboration	
Leadership and management	
Health advocacy	
Scholarship and teaching	30
Professionalism	

Actor (RMO) information

Your consultant is unable to leave Resuscitation as they are looking after a sick patient. You are going to see the next patient, who the triage nurse suspects has priapism. You have approached your consultant and asked for a summary of the risk factors, investigations, and management of priapism before you go see the patient.

You have found a model/image of priapism so the consultant can demonstrate any techniques used to manage the condition.

Prompts:

- What are the risk factors for priapism?
    - Sickle cell disease, antipsychotic medications, sildenafil (less common), leukaemia etc
- How should I structure my approach to the history taking?
    - Risk factors, time of onset, previous response to treatments, symptoms, etc
- What investigations should I do?
    - Blood gas (from corpus cavernosum) – low flow (ischaemic/painful) is most common cause. VBG will show acidosis and low O2. Blood will be dark in low flow priapism.
    - Duplex ultrasound: minimal arterial flow in ischaemic priapism, normal/high vascular flow in non-ischaemic. Also look for fistulas causing non-ischaemic priapism.
    - Basic bloods
- How should it be managed? Quickly, within 4 hours ideally.
    - Medications: phenylephrine 100-500mcg intracavernosal, repeat every 3-5 mins for up to 5 doses. Can also use terbutaline 0.25-0.5mg IV or SC or adrenaline 1:10,000 (2ml dose = 200mcg dose)
    - Aspiration: dorsal penile block, drain 20-30ml at 2 or 10 o'clock. Saline irrigation and/or dilute sympathomimetic agents.
    - Urology input

Marking:

	Mark
Names at least two risk factors for priapism	2
Gives two appropriate treatments with doses	2
Explains difference between high and low flow priapism	2
Orders appropriate investigations	1
Correct location for drainage on picture/model	1
Advises urology input ASAP	1
Organised approach to teaching and junior doctor	1