

PARAPHIMOSIS:

A lipstick problem with various causes.

**Synopsis**

The male dog penis is normally covered/contained by the prepuce. It is contained via several mechanisms pertaining to both the penis and the prepuce. The muscles controlling the position of the penis dynamically keep the penis “retracted” within the prepuce; and the prepuce shape, size, orifice (size/location) passively acts to cover the penis and “keep” it from being exposed. Thus, an abnormally exposed penis (paraphimosis) can be caused by one or more abnormalities.

The most common presentations are: 1) stuck out, or 2) falling out. Or a combo platter of both in chronic or multifactorial cases (usually trauma). The most common cases are young, long haired, small breed dogs with chronic/intermittent entanglement of **preputial hairs around penile tip and a snug/short prepuce**. This cause can range from unsightly to irritating to the patient to tissue-threatening to the penis. Another common case is the toy breed (often Chihuahua) with a **pendulous prepuce, weak retractor penile muscle and a large preputial orifice**. These kids just hang out; unsightly for the owner and sometimes interesting or irritating for the patient (resulting in excessive grooming). It is the uncommon case of a large breed dog with **low transverse myelopathy** (like lumbosacral instability/stenosis) and poor innervation to the retractor penile muscles. They too hang out quite significantly without strangulation. It is the rare case of **congenital absence or traumatic loss** of a portion of the prepuce resulting in insufficient coverage or lack/loss of motor control to retract penis. Also rare is the finding of a **penile tumor** that prevents retraction of the penis into the prepuce.

Treatment is not an emergency in all cases. For those cases “stuck out”, the strangulating effect can result in significant and (if untreated) permanent tissue necrosis of the penis; these cases are urgent/emergent.

Treatment might be singular and involve a conservative approach of repositioning, home hygiene management with preputial hair grooming and occasional lubrication with K-Y jelly type products as needed. If the problem is persistent, significant to penile health or related to poor ability to retract the penis, surgical intervention can be helpful. Surgical “tools” include: preputial advancement, preputial orifice modification and phallopexy.

Complications that may arise with this procedure are:

- Dehiscence of incisions
- Dehiscence of phallopexy prior to robust fibrosis forming

Postoperative outcomes may be poor due to the above complications, and/or:

- Urine flow redirection that causes front leg or ventral chest contamination (“he’s peeing on himself”)

What a surgeon needs prior to surgery:

- Detailed history of paraphimosis complaint and any previous treatments.
- Detailed PE description of findings related to penis, prepuce and neurologic exam.
- Appropriate diagnostics as related to PE findings (spinal rads, histo/cytologic exam)
- An informed owner making treatment decision with appropriate expectations.

General considerations and complications for all surgery/anesthesia procedures are:

- *Difficult and/or painful anesthetic recovery (variable; may require additional medications or re-hospitalization)*
- *Incisional infections (rare, minor; usually require oral antibiotics)*

- *Incisional dehiscence (rare, minor or major; may require surgical revision)*
- *Adverse anesthetic event (rare, major; may result in serious impairment or death)*

Proper owner expectations are important to a successful experience and patient outcomes. Please discuss this information with your clients while assisting them with decision-making for **paraphimosis treatment**.

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