

Teleconsultation for paraphimosis reduction in the geriatric population: Lessons from the COVID-19 pandemic

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ABSTRACT

The health-care sector has been drastically overwhelmed in the wake of prevailing COVID-19 pandemic, hampering elective and emergency medical services alike. The geriatric population is especially affected in this regard as they are the ones who need access to health care services the most, and unfortunately, they are the ones with the highest risk of cross infection and mortality with SARS-COV-2. Lockdown and public restrictions have made the accessibility even harder. Telemedicine has emerged as a useful tool that avoids the risk of cross infection during the face-to-face consultation. Numerous guidelines have been made regarding the implementation of teleconsultations during this pandemic. Through this report, we describe the “beyond guidelines” emergency management of paraphimosis in an aged, bedridden male with comorbidities, through teleconsultation amid the COVID-19 pandemic.

INTRODUCTION

Telemedicine, which was rarely used before the COVID era, has become a norm in the current COVID era. We describe the management of a urological emergency during the lockdown period, where manual reduction of paraphimosis was performed with the guidance on teleconsultation.

CASE REPORT

Amid the COVID-19 lockdown, an 88-year-old bedridden diabetic and hypertensive male informed his attendants of the sudden-onset pain and swelling at the penile foreskin along with the inability to extend the foreskin to cover the glans. It was late evening and the patient had limited access to any health-care facility. Consequently, the attendant, a chartered accountant by occupation, contacted an urologist at our tertiary care center on the telephone. He narrated the

detailed medical history of his father along with a description of the foreskin swelling and sent the photographs of the penis [Figure 1] on the WhatsApp messenger. With the background history and the evaluation of the photographs, a provisional diagnosis of paraphimosis was made. He was advised for urgent consultation locally, but given the situation, emergency consultation was not possible. He contemplated going to the hospital the next morning. However, he was made aware of the semi-urgent nature of the paraphimosis.

Considering the situation and the attendant's consent, he was advised some “in-house” intervention like local application of glycerin to reduce the edema and a trial of manual reduction of the paraphimosis. We sent him pictures and links of videos and text materials explaining the detailed procedure of manual reduction. In addition, he was guided in real time on the video chat, while he successfully reduced the paraphimosis in the very first attempt taking <10 min [Figure 2]. The patient was relieved

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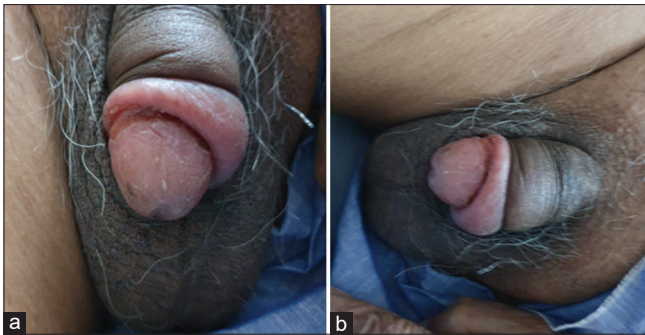


Figure 1: (a and b) Photographs of paraphimosis received at presentation

of the discomfort instantaneously without any complication. To avoid recurrence, he was advised not to leave the foreskin retracted behind the glans. At 12-weeks follow-up, the patient is doing fine.

DISCUSSION

Since the inception of telemedicine in India^[1] in 2000, its use has been restricted to special circumstances only, but the COVID-19 pandemic has led to its reexploration in its true potential and utility. The current case highlights, not only the utility of WhatsApp as a teleconsult tool over SMS or voice call, but also the use of revolutionary Internet facility including the appropriate use of medical information available on the Internet to the best of its ability.

These teleconsult tools help avoid “in-person” consultation and commutation which, in turn, reduces the risk of cross infection, travel cost, and time. The utility of telemedicine has been evaluated in various specialties such as oncology,^[2] endocrinology,^[3] and urology.^[4] We have utilized this tool for managing a case of paraphimosis, where interventional delay would have resulted in ischemic necrosis or even glanular gangrene. We acknowledge the constraints of ethics and medicolegal issues with teleconsultations and the need for standard operational protocols for its usage.

CONCLUSION

We believe that teleconsultation in emergency situations

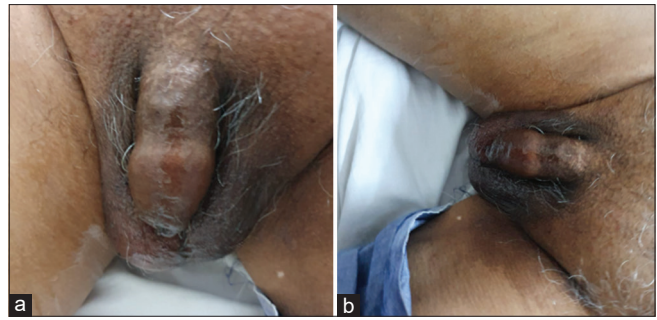


Figure 2: (a and b) Photographs received after manual reduction of paraphimosis

will emerge as a strong tool, especially for older adults in the COVID era. The option, if utilized with appropriate context, professional judgment, and patient’s willful consent can be very useful and effective.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient (s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

REFERENCES

1. Ganapathy K, Ravindra A. Telemedicine in India: The Apollo story. *Telemed J E Health* 2009;15:576-85.
2. Mayadevi M, Thankappan K, Limbachiya SV, Vidhyadharan S, Villegas B, Ouyoung M, *et al.* Interdisciplinary telemedicine in the management of dysphagia in head and neck. *Dysphagia* 2018;33:474-80.
3. Banerjee M, Chakraborty S, Pal R. Teleconsultation and diabetes care amid COVID-19 pandemic in India: Scopes and challenges. *J Diabetes Sci Technol* 2020;14:714-5.
4. Sharma AP, Mavuduru RS, Singh SK, Mandal AK. WhatsApp use in urological practice: Yin and Yang! *Indian J Urol* 2019;35:172-3.

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