Fasten your seat belts, this ride is about to get bumpy. For those of you following my series on foreign bodies in the body, we made our way to the urethra and all things penis and scrotum.

My goal was to start from the top and work my way down the body, but jumping from the big head to the little one just seemed to make more sense.

As a doctor, my barometer of what is normal and not normal is a bit skewed. It takes quite a lot to faze me (and my peers). This article will allow you to journey through our lens of the medically not-so-mundane world of clinical practice.

Let’s ease you in to the bristling realm of the penis by starting with the G-rated stuff. The racier parts will come soon enough. The field of urology is the surgical and medical management of the urinary system in men and women. Said system is composed of the urethra, bladder, kidneys and their connecting parts.

The urethra is the opening through which urine and semen stream from the body into whatever the chosen surroundings or vestibules. Intentional or not, there are times when objects of variant size and configuration enter, shred, divide, obstruct or macerate it. In children, frequent offenders include accidents, sports’ injuries and the consequence of a curious mind. The adult ramifications arise more so from diverse sexual proclivities and poor decision-making to certain treatment effects.
Boys and girls more commonly have straddle injuries or damage due to falls. The item landed upon will determine the extent of repair needed. In these circumstances, females tend to require less intervention and resolve on their own. Labial lacerations, contusions and discomfort may occur, but infrequently are these commonplace traumas any more significant.

Not so with males! Albeit jumping off a roof, climbing over things, using bicycles or getting the you-know-what kicked, beaten or bruised out of themselves, these wounds can cause partial or complete disruption of the urethra. Primary surgical correction might be necessary to secure better outcomes so that blood flow and nerve impairments don’t prompt the long-term risk of strictures. Also known as narrowing or scarring of the outlet.

Heads up, this, undoubtedly, is high on the list of things you don’t want. As is the floppy, long catheter that penetrates the urethral canal to aid in the prolonged recovery phase. Or, the self-dilation one must do if this complication crops up.

Most of the time the testicles are ok. But, if you rupture the testicular covering and it goes untreated, then you can lose the testicle. Nutshell, literally and figuratively, is if the pain is not getting better, peeing is problematic and the swelling and bruising get and stay bad you can lose the gonads. The family jewels are at risk whenever anything is flying around, for instance, a baseball, lacrosse ball, kick or a fall. Protective gear is essential.

As per Dr. Susan Rusnack [1], attending urologic surgeon at Cedars-Sinai Hospital, when discussing longstanding repercussions “if something goes in that doesn’t come out..stone formation, obstruction, bleeding and infection” can materialize. These items for otherwise healthy kids range from magnets that can migrate to the bladder to beads and little things like BBs—traditionally from just being inquisitive. In her experience, the boys often present late when they have moved further along in the urethra and bladder and won’t come out. For these reasons, the operating room can become a destination for retrieval.

In the adult world, inanimate objects are less likely to injure the urethra in females. Clitoral piercings may cause some degree of urethral inflammation.

Don’t dismay, the vagina as a repository for exotic squatters is forthcoming in a later installment.

For men, certain sexual fetishes involve voluntarily placing articles in the urethra then masturbating. Prevailing elements typically extending to the length of the shaft include pens, pencils, coaxial cable and telephone cords folded on their own end. A ‘Prince Albert’ penile piercing extends through the urethral opening out through the bottom where the shaft borders the glans (aka head of the penis). These types of piercing can cause mucosal tearing in the partner, urinary dribbling and depending on the activity even choking of a foreign body. Use your imagination. Infection requires antibiotics, removal of piercing and debriding the tissue and amputating whatever is dead and necrotic.

They are intended to enhance stimulation for all parties. Scrotal piercings can get infected as well, but salvaging the testicle is apparently easier than the penis.

Rubber and metal rings used at the base of the penis are intended to keep the blood in it thereby maintaining a firm erection. ‘These circlets’ name rhymes with ‘flock.’ If they get stuck, the man will
stay aroused longer and much hardship can ensue. Literally.

These issues are not limited to sex toys.

Men who suffer from erectile dysfunction (ED) and can’t or won’t take medications have options that can cause unwanted intruders into their manhood. Vacuum erection devices draw blood into the penis. They employ a constrictive elastic ring at the base that stays on for the duration of intercourse. Intended to be on no more than 45 minutes, by 4-6 hours the erectile bodies can scar and degrade—where some recover others do not.

Other men opt for injections directly into their member to maintain a rigid phallus. These can cause bruising, swelling and an erection that won’t go away. We have all seen those commercials to call your doctor immediately if you can’t get it to go down. Believe them. It is an urgent medical matter.

Preserving the penis is crucial. How’s that for grasping the obvious?

As a last resort for ED, urologists put in a penile pump implant. According to Dr. Rusnack, this is a cylinder in each side of the shaft with “a pump in the scrotum that controls the up and down. There is no going back since it destroys erectile tissue.” This is usually reserved for those who fail medications and other alternatives. Prosthetics are also used in place of balls as well when someone loses one from cancer or trauma.

Do you wish you knew more or less? Ready. Set. Go. Join me for my next in the series of “Inanimate Objects in Orifices.”