

Management of Patients Placing Foreign Bodies into their Urethra



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AIMS

1. Discuss motivations for patients who place foreign bodies into their urethra
2. Consider implications on management.

METHODS

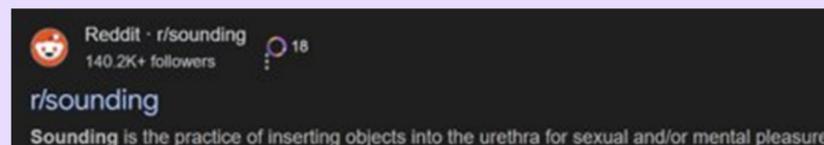
A literature review was conducted.

RESULTS

We recognised **three** motivations for putting foreign objects into the urethra, often referred to as “**urethral sounding**” (a historical term borrowed from urological surgery).

1. SELF PLEASURE

- An internet-based survey of sexual practices of >2000 men demonstrated that
 - Men engaging in “urethral sounding” were more likely to report high-risk sexual behaviours (multiple sexual partners/sex with strangers)
 - Had increased chance of reporting STIs.
- A social media forum on Reddit dedicated to “sounding” has > **126,000** subscribers who share photos/videos, exchange tips & questions about the risky practice, and share sounding stories.



- Anecdotally there is an increase in this behaviour among patients with **anorgasmia** - psychiatrists are encouraged to consider this when exploring sexual side effects of antidepressant and antipsychotic medication.
- Management includes counselling on safe sex practices as well as the risks of “sounding” - pain, bleeding, infection, scarring/strictures and creation of false passages.
- Discussion with urology is indicated if object is retained or if unable to urinate.

2. SELF-MEDICATION

- Genuine/perceived symptoms
- Famously **Gouverneur Morris** (1752-1816) a “Founding Father” of the USA and George Washington’s Minister to France died of complications of a **whale bone** inserted into his own penis to manage “stranguria”



- Anecdotally men have self-catheterised with **WD-40** straws to avoid doctors.
- Tamsulosin is recommended for bladder outlet obstruction symptoms, refer to urology to rule-out urethral stricture. Catheterisation is needed in cases of retention.
- Consider psychiatric assessment for symptoms including delusional beliefs, passivity phenomenon and tactile hallucinations which may be driving this, however urological investigation recommended to rule out underlying physical causes.

3. SELF-HARM

- A paper identified six male patients in a high security hospital who engaged in urethral insertion.
- Driving factors included intentional self-injury, secondary gain (including opportunities to abscond) and delusional beliefs. This paper also suggests “a social contagion”.
- Discuss with urology - if the foreign body is not retained and the patient is able to urinate normally they are unlikely to need further investigation.
- If unable to void, patients may require transfer to a general hospital for catheterisation and urological review.
- The paper highlights strong emotional responses in staff caring for patients engaging in urethral insertion and reflective practice around this should be encouraged.

REFERENCES

Recreational urethral sounding is associated with high-risk sexual behaviour and sexually transmitted infections. Breyer BN, Shindel AW. BJU Int 2012. <http://www.ncbi.nlm.nih.gov/pubmed/22221824>

Urethral insertion of foreign bodies. A report of contagious self-mutilation in a maximum-security hospital. Rada RT, James W. Arch Gen Psychiatry. 1982 Apr;39(4):423-9. doi: 10.1001/archpsyc.1982.04290040033005. PMID: 7065851.