

# Book Review Chap 95 – 100

## Key Points

- Recurrent Balanoposthitis can be the sole presenting sign of diabetes.
- How paraphimosis treated - Grip of steel, or Dorsal incision of the restriction band
- How phimosis is treated - dilatation to relieve urinary retention, refer to urology.
- The initial treatment of priapism is Terbutaline 0.25 – 0.5 mg subq.
- The potential complication after foley placement in a patient with chronic urinary retention is Postobstructive diuresis; Obs for 4 – 6 hours or admit.
- Treat acute prostatitis - Cipro or Bactrim for 30 days
- When a post transplant patient needs a blood transfusion, you should specifically order CMV seronegative RBCs.
- A foley needs to be in place for about 30 days before the prevalence of bacteriuria in patients is nearly 100%.
- Things that can cause false hematuria (discolored urine): Rifampin, phenazopyridine, phenolphthalein, Beets, berries, rhubarb, Iodide, bromide
- Lifestyle factors associated with increased risk of renal stones: Living in desert, tropical, or mountain regions. Sedentary job. Laxative abuse. Decreased Water intake.
- What is the outpatient treatment of epididymitis?
  - < 35 = Rocephin 125 IM + Doxy
  - > 35 = Cipro, Levo, or Bactrim