


| PAEDIATRIC ACUTE CARE GUIDELINE |                                     |
|---------------------------------|-------------------------------------|
| Penile Zipper Injury            |                                     |
| Scope (Staff):                  | All Emergency Department Clinicians |
| Scope (Area):                   | Emergency Department                |

This document should be read in conjunction with this DISCLAIMER  
<http://kidshealthwa.com/about/disclaimer/>

# Penile Zipper Injury

## Background

- A painful and anxiety-provoking complaint which can occur in the process of zipping or unzipping trousers
- It is most commonly seen in pre-school and early school age boys
- There has often been a pre-hospital attempt to free the entrapped tissues, which may have been distressing
- As this is a relatively rare form of trauma, it is worth seeking the assistance of a colleague in the department who has had experience with a similar injury to enable help with management
- It is important to be sensitive, especially with adolescents
  - It may be preferable to have male medical/nursing staff involved if possible

| There are two patterns of entrapment seen and the genital tissue may be:            |  |
|---|--|
|  | 1. Entrapped in the mobile zipper head<br>2. Caught between the interlocking teeth of the zipper |

## Management

### Preparation

- Keep the child in their most comfortable position (e.g. parents lap or supine on the bed)
- An explanation of the procedure along with reassurance and a gentle approach will help to gain a compliant patient
- Sedation and Pain management
  - [Analgesia](#) is vitally important and should be given early
  - Inhaled [nitrous oxide](#) may be useful with aiding the removal procedure
  - Conscious sedation may be necessary to the distressed and anxious child
- Local Anaesthetic
  - EMLA® topical anaesthetic applied for a period of time to numb the affected area.
- Dorsal Penile Block
  - Some centres have advocated local infiltrate of lignocaine (**never use adrenaline with this**) but this is usually only required for significant skin or tissue entrapment (usually unnecessary)
- Mineral oil (lubricant) applied to the affected area for 10 minutes may assist to free the penile tissue when gentle traction is applied.
- It may be necessary to cut closely around the zipper so the rest of the trousers/jeans are no longer in the way. This must take place if the zip is to be cut through without causing any unnecessary traction on the exquisitely painful tissues.

## Extraction Manoeuvres

### 1. Entrapped in the mobile zipper head:



- Use wire cutters to cut through the median bar of the zipper fastener
- The front and back plates will then fall apart and allow the skin to be freed

### 2. Caught between the interlocking teeth of the zipper



- If the skin is caught below the zip as shown in the diagram below – cut across the zip at **point 2** (inferior to the entrapment site) to enable the two interlocking rows of the teeth to be gently pulled apart freeing the skin
- If the zip is still entangled in the skin it will be necessary to pull the zip up forcefully to create the situation in 1

## Post Removal

- Ensure there has been no significant damage to the penile meatus
- Other small lacerations or bruises usually heal very well
- Significant injuries to the tissues should have surgical review


## Nursing

Routine nursing care.

## References

- Bothner J (2014) Management of zipper injuries. *UpToDate*. Accessed at [www.uptodate.com](http://www.uptodate.com)

This document can be made available in alternative formats on request for a person with a disability.

|   |  |              |                |
|---|--|--------------|----------------|
| File Path:  |  |              |                |
| Document Owner:   | Dr Meredith Borland HoD, PMH Emergency Department  |              |                |
| Reviewer / Team:  | Kids Health WA Guidelines Team   |              |                |
| Date First Issued:  | 10 March, 2015   | Version:     |                |
| Last Reviewed:  | 10 March, 2015   | Review Date: | 10 March, 2017 |
| Approved by:  | Dr Meredith Borland  | Date:        | 10 March, 2015 |
| Endorsed by:  | Medical Advisory Committee   | Date:        | 10 March, 2015 |
| Standards Applicable:   | NSQHS Standards:  |              |                |
| <b>Printed or personally saved electronic copies of this document are considered uncontrolled</b> |  |              |                |