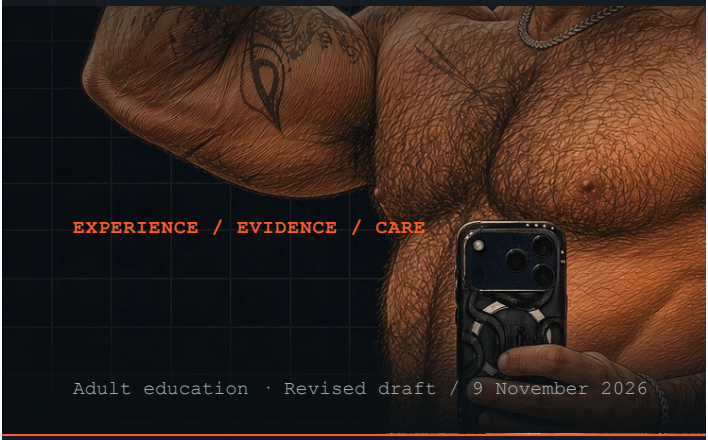
SIGNAL / ORANGE

Daddy Saline's Guide to Growing a Pair



EXPERIENCE / EVIDENCE / CARE

Adult education · Revised draft / 9 November 2026

A well-rounded approach to making a big impression.

@daddysalinehb

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About this guide

I'm Daddy Saline, @daddysalinehb on X, and a lifelong member of the leather, kink, and pig community. I love sex, bodies, and learning about different kinks, including giving them a try.

I've been doing saline for the better part of two years, and the experience is unlike anything else. The process can be tedious, time-consuming, and nerve-racking. But for me, getting past that first time and feeling the weight and sensitivity of my first fill made it feel worth it. Saline was also my entry point into the world of body modification. I came for the balls. I found my people.

I'm writing this guide for anyone curious about saline infusion, whether you're just exploring the idea or already have supplies and are preparing for your first time. I want to talk openly about the attraction and the experience, alongside the risks, uncertainties, and reasons to seek medical care. The instructions in here come from my own experience. They are not clinical recommendations. Where a clinical source belongs, I added it. The part that matters most is when to get medical care if something goes wrong. This revised draft is dated 9 November 2026. The procedure has not been clinically validated.

What this means

I can describe what I have experienced without turning it into a promise about someone else's body. Serious infections after recreational scrotal saline infusion are documented. The evidence does not establish complication rates or a validated safe technique. [1].

What drew me to it

I've always loved the look of big bull balls. I think it's hot!

Some people spent the pandemic stretching sourdough. I spent it stretching my balls. We all had our projects. Mine involved silicone and metal ball stretchers, and a kinky goal. After about 3 years, I felt I could only get so far with metal stretchers. Curiosity got the better of me, and I started learning about saline.

For me, the appeal is all of it: the added size, the weight, the transformation, and how hypersexual I feel while inflated, both in and outside the bedroom. I love the look. I love walking around in public with monstermeat underneath my shorts.

I also feel like I shoot bigger loads more often. That's my personal experience, not necessarily a result I can promise anyone else.

WHAT DREW ME IN

"The added size, the weight, the transformation."

FIGURE A / ANATOMICAL ORIENTATION

Understanding the anatomy

An orientation to named structures.

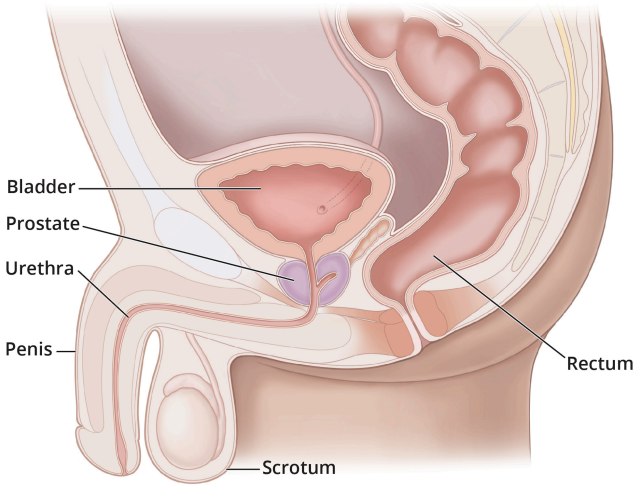


FIGURE A The scrotum contains the testes and associated structures. This simplified view identifies anatomy; it does not indicate an injection location.

Illustration: National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health. Reproduced intact; no endorsement implied.

Scrotum and testes

The enclosing scrotum is distinct from the testes. A partition divides it into two parts, each containing a testis.

Limits of this view

This side view does not show both testes, the partition or the full spermatic cords. It is not a scrotal layer map.

Anatomical context: NCI/SEER, Testes.

Temporary swelling, possible lasting changes

As the fullness fades, the size and weight go down and things feel less tight. My skin feels looser and the sensitivity sticks around longer than the size does.

Between fills, I've noticed looser or more wrinkled skin, a lower hang, and a small change in sensitivity. I like all of that. It's part of the appeal for me.

Depending on where I'm going, I dress to accommodate, support, and occasionally advertise. My shorts and underwear handle PR for my bulge. Sometimes I hide it if it would be truly obscene or inappropriate. The bigger the fill, the more I tend to waddle and manspread, which is hot and turns me on when I see other guys reacting to it. Other than making new plans with other members of the community, it doesn't have much effect on my routine.

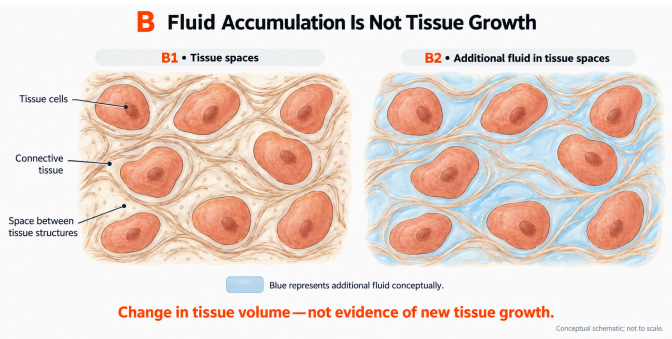


FIGURE B Swelling represents a change in fluid distribution and tissue volume. This schematic does not predict the amount, location, or duration of swelling.

What this means

My experience is not a recovery timetable. Evidence does not establish a reliable schedule based on the amount introduced, or quantify long-term effects on skin, sensation, fertility, or sexual function. Persistent or worsening symptoms need assessment rather than waiting for an informal recovery window to pass.

Choosing equipment: what mattered to me

I spent a lot of time researching and comparing equipment myself. Some people can tell you everything about their car. I have a different specialty. Talking with someone experienced also helped me understand what I was looking at. Comfort, clear product information, cost, and availability all mattered to me.

I started with a butterfly needle and later switched to a catheter. At first, the catheter's larger size and slightly longer needle put me off. But after repeated bruising and a few close calls where I almost yanked the butterfly needle out during long sessions, I decided to try it.

I quickly came to prefer the catheter. For me, fills were quicker and less uncomfortable, and I liked the shape and overall quality of the fill more. My preferences changed once I had some experience with both.



FIGURE C Equipment categories discussed in this guide. Recognition does not establish suitability for recreational use.

Genuine equipment and pressure bags

Buying genuine equipment

I want to know exactly what I'm buying and where it came from. For me, that means genuine medical devices from a recognized, widely used brand, with product details I can trace back to the manufacturer. If something needs to be sterile, that's non-negotiable. A familiar name on the package isn't enough.

Pressure bags

I've tried pressure bags too. From what I've seen in the community, they can be hit or miss. For me, they made fills much quicker.

The manufacturer's instructions describe use by trained healthcare professionals in medical procedures. That doesn't tell us whether it's safe for genital inflation. [2].

DEXTROSE
Baxter 5% Dextrose Injection USP VIAFLEX

SALINE DEXTROSE MIX
B. Braun L6120 5% Dextrose and 0.45% Sodium Chloride Injection, 1000 mL EXCEL® IV Bag, Case of 12

IV ADMINISTRATION TUBING, 50
Amsino 108301 Basic IV Administration Set, 83 inch, 10 drops/mL, Non-Vented, Roller Clamp – Case of 50

GAUZE
JMU 1000 Gauze Pads 2x2, Sponge Non-Woven 4-Ply Non-Sterile Dental Pads

PRESSURE BAGS
American Hospital Supply Medical Pressure Infusion Bag – 1000ml, IV Pole Infusion Sack with 3-Way Stopcock, Color-Coded Gauge (1 Each)

NORMAL SALINE
Grifols 731360 Sodium Chloride Injection USP 0.9% 1000 mL (10/Case)

IV ADMINISTRATION TUBING, 1
Baxter Healthcare Solution Set with Duo-Vent Spike and 1 Injection Site, 103-Inch

NUMSTAT
NUMSTAT Antiseptic Numbing Wipes for Needle Pain Relief, 2-In-1 Formula with Benzocaine, Isopropyl Alcohol and Menthol - 30 Prep Pads

BANDAGES
Nexcare Waterproof Clear Bandages, Covers And Protects, 360 Degree Seal Around The Pad Offers Protection Against Water, Dirt, And Germs, 0.88 x 1.1 in, 50 Count(Pack of 3)

What this means

My preferences do not establish that either device is safer for recreational use. A retained needle can cause injury, including when someone feels comfortable or remains still. Equipment choices do not remove the risks of puncturing genital tissue.

The setting and preparation

For me, a familiar, comfortable place and a calm atmosphere are essential. I like privacy, no interruptions, and someone I trust with me when possible. It's an intimate occasion, not an open house.

Music, porn, other members of the community, or something to occupy my attention helps me relax. So does having enough time that I don't feel rushed. When someone I trust is there, conversation and reassurance help me feel at ease too.

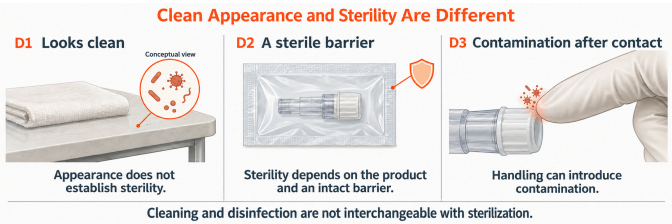


FIGURE D Contamination can occur without visible dirt. Sterile equipment and prevention of contamination are central to clinical injection safety.

What this means

A clean room, washed towels, gloves, and alcohol wipes do not create a sterile procedure. CDC guidance emphasizes sterile, single-use injection equipment and prevention of contamination. Wiping a used needle or nonsterile gloves with alcohol does not establish sterility. [3].

Familiarity and the first hurdle

The first time, my enthusiasm arrived early. My nerve was still looking for parking. I'd done my research and talked with other people, which gave me some confidence, but I still spent a lot of time hesitating and second-guessing myself.

Now that the experience is familiar, I'm less nervous. The excitement hasn't gone anywhere. Apparently, my balls remain an event on my calendar. Just ask my partner.

THEN AND NOW

"The excitement hasn't gone anywhere."

The procedure

Part 1 - Setup

Equipment

Author-supplied draft. Procedural claims and illustrations have not been clinically validated.

I always make sure to have the following equipment ready for a session, including some notes on temperature, etc.

Gear

- IV solution.
- Primary administration set (10-drop/mL tubing).
- Butterfly needle or catheter.
- Numstat numbing alcohol pad.
- Pressure bag, optional.
- Bandage and gauze.
- Cock ring, not too tight and not too loose.

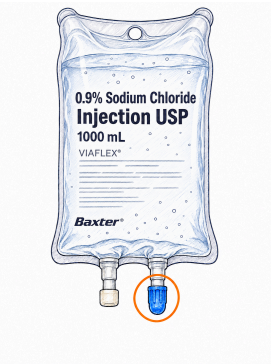


FIGURE P-1

Saline bag with the blue-covered port circled.

Room

- Somewhere to hang the bag about 6 feet up: a nail, a coat rack, or the hook left when you take a painting or print off the wall.
- Towel or blanket to sit on.
- Room at about 70–72°F.
- A mirror, or another way to see what you're doing.

With you

- Someone you're comfortable with.
- Something to do.

1. Shower, clean your balls and wash your hands thoroughly. Moisturize the balls.
2. Unwrap the IV bag, tubing, and needle or catheter from its packaging.
3. Take the blue plug out of the bottom of the bag of saline *(shown in figure P-1)*. Nothing will come out, so don't worry.
4. Uncap the spike end of the IV tubing *(shown in figure P-2, P-2A)*.
5. Slide the blue roller clamp to the end of the tubing away from the spike and clamp down on it *(shown in figure P-2, P-2B)*.

   Note. Close the roller clamp all the way before the next step. If you don't, the line fills with fluid and you have to start over.

6. Insert the spike into the same port on the saline bag that you just unplugged the blue cap from. Push and twist until it's all the way in.

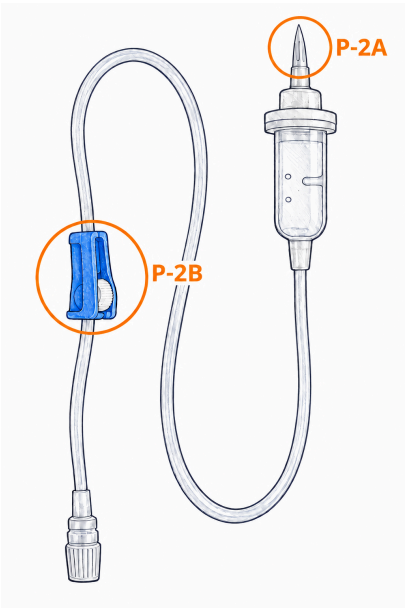


FIGURE P-2

Administration tubing with the spike marked P-2A and roller clamp marked P-2B.

7. Hang the bag up high *(figure P-3)*.
8. Remove the cap from the other end of the IV tubing and prime the line by opening the roller clamp until fluid runs out that end in a steady stream.
9. If you are using a butterfly needle, take the cap off the end that does not have the needle.
10. Close the roller clamp to stop the flow.



FIGURE P-3

Saline bag hanging on an IV stand, illustrated at approximately 6½ feet.

What this means

Used invasive equipment is not made equivalent to new sterile equipment through informal cleaning. A removed, used needle should not be treated as sterile because it has been wiped or disinfected. Deep scrotal puncture wounds warrant immediate medical attention. [3, 4].

Part 2 - The prick

Start your fill

11. Sit down and get comfortable.

12. Put on your cock ring.

13. Find a spot in one of the four zones in figure P-4. There's no science to the choice. Pick a place and commit to it.
    In my experience, the shape changes with the placement. I've tried pretty much everywhere and haven't had a painful experience. With looser, lower-hanging balls, higher placement has worked better for me. With tighter balls, it's possible that lower placement will be more comfortable.

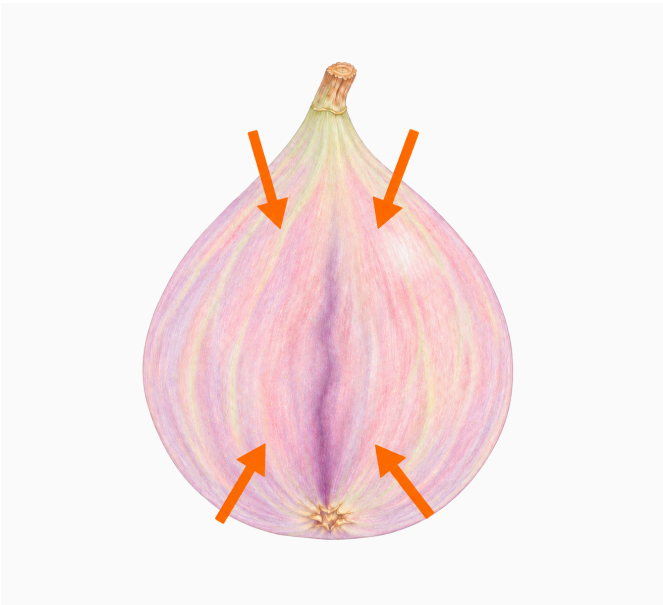


FIGURE P-4

Four zones the author has tried. The arrows mark areas on the skin, not a depth or a target inside the scrotum.

14. Prep the area with the Numstat pad for 30–45 seconds, until it goes slightly numb.

15. Pinch the scrotal skin slightly away from the testicle, breathe in, and quickly insert the needle or catheter all the way.

    I won't lie to you: this part doesn't feel great. The faster you do it, the less it hurts. Pull out and stop if you feel the needle getting close to the testicle. That is hard to judge, and it can happen. Pinching the skin away from the testicle is how I give myself a buffer.

16. Breathe. You're okay.

17. Grab the end of the IV tubing and attach the tubing to the catheter or needle by twisting until the connection is tight.

18. If you're a beginner, keep one hand on the needle or catheter and use the other to open the roller clamp slowly and start the flow.

19. Line is open! Now the waiting begins.

Part 3 - The fill

During the fill

20. **Settle into the fill.** Now you're in it. You're filling your balls. The worst part is over. It may feel a little weird and uncomfortable, but I was always excited by what was to come.

21. **Pressure bag, if you're using one.** If you're using a pressure bag, it's time to inflate it and see the pressure increase.

22. **Know what to expect.** The table below describes my experiences with plain saline, dextrose without saline, and a dextrose-saline mixture. Mild discomfort because of the fluid is normal. Acute pain is not. If it is acutely painful, seek care and see the care section of this guide.

My experience with each solution

Solution	During infusion	Afterward
Plain saline	Mild discomfort, even with slower flow.	Sometimes less fullness than the look I wanted.
Dextrose without saline	Most comfortable; no noticeable sensation at the infusion site.	Sometimes looked too swollen or lumpy for my liking.
Dextrose-saline mixture	Occasional mild discomfort, which I associated with faster flow.	A heavier feel and more even shape; my preferred swollen look.

23. **Watch the flow.** Look at the bag and watch the drips in the drip chamber, the clear chamber in the line. On the 10-drop/mL set, ten drops are one milliliter. Those ten drops should take no more than about four seconds. If they take longer, the needle or catheter placement may be off. With a pressure bag, the rate can be much faster.

24. **Allow time.** A liter has taken me anywhere from 22 minutes to an hour.

25. **If the flow is slow.** If I'm using a needle, slightly moving it around can change the flow rate. Generally, slightly pulling the needle or catheter outward increases my flow rate. That's not always true, and it's not a guarantee.

26. **If there is no flow.** If there's no flow at all, you may have stabbed the wrong place. Clamp the roller clamp, take the needle or catheter out, hold gauze on the spot until it stops bleeding, and try again.

27. **Now fill, baby, fill.**

Part 4 - Wrap up

Finishing up

28. **Close the line.** Once you've finished the bag, or you've simply had enough, close the line with the roller clamp so no fluid is running anymore.

29. **Remove the needle.** Grab the gauze and place it over the needle. Quickly remove the needle or catheter, then apply pressure with the gauze over the puncture.

30. Remove the cock ring immediately, then keep pressure on the puncture for five to ten minutes.

31. **Keep the pressure on.** You won't need a bandage if you keep real pressure on it, and I mean pressure. Don't be shy. Don't look to see if it's bleeding until five minutes have passed.

32. **Be patient.** At five minutes, if it's still bleeding, press for another five minutes. A bandage is enough for a little blood. If it is still bleeding more than a little, keep waiting.

33. Dispose of the needle the way Tetanus and sharps disposal describes.

34. Now, time to moisturize your balls and enjoy.

You've done it. Congratulations.

What I noticed as swelling developed

As the swelling develops, I notice all of it: the increasing weight and fullness, the tightness and stretching, the sensitivity, and the visible changes in size and shape.

I've also noticed slight burning or discomfort when using saline or mixtures containing saline, including D5NS (a dextrose–saline mixture). Sometimes it was brief and faded. Other times, when I used a pressure bag with a higher flow rate, the burning or discomfort lasted through the entire session.

Movement and tugging are another concern. I've had bruising and close calls with the butterfly needle, and preferring a catheter doesn't mean the catheter can't be pulled out or cause an injury.

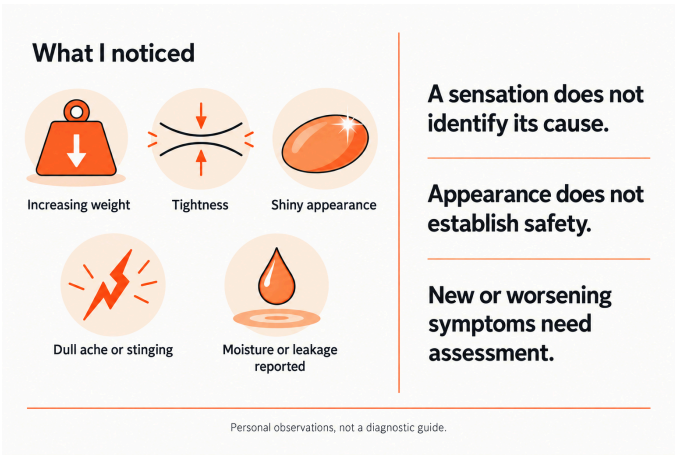


FIGURE E Sensory observations and visible changes cannot independently distinguish an expected effect from injury or infection.

What this means

Comfort is not evidence of safe stretching or healing. Stinging should not simply be attributed to salt. New or worsening pain, leakage, warmth, or skin changes need assessment.

General clinical IV-cannula guidance advises protecting the device from knocks or pulling and avoiding moving or fiddling with it. This guidance concerns clinical IV care, not validation of genital infusion. [5].

Fluid movement and constriction

My skin felt stretched and tight. I felt I hadn't moisturized enough beforehand, although that was my impression of why it felt that way.

Something I was wearing became restrictive. The sensation was new: uncomfortable, but not painful.

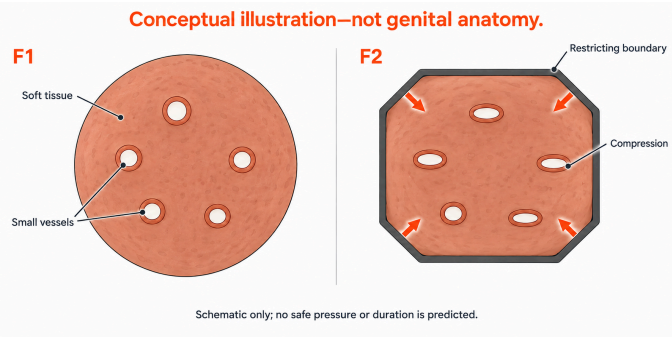


FIGURE F Changing tissue size can create problems when a constricting object limits expansion. This conceptual drawing does not predict when injury will occur.

What this means

Constriction is not a harmless solution to fluid movement. A published case describes a penoscrotal ring requiring removal after scrotal infusion. A trapped device, increasing pain, numbness, coldness, or discoloration calls for urgent medical help, not tighter adjustment. [6, 7].

Finishing was not always straightforward

At the end, there's relief because I've achieved what I set out to do, and excitement about how the mod looks and feels. I can also be tired after a long session, and leakage or lingering discomfort can be frustrating.

I don't want that excitement to get the best of me when I'm caring for the puncture wound. Taking my time matters. I don't want to rush and end up with problems or a mess later.

Staying hydrated during the session and afterward matters to me too. Dehydration can leave you feeling tired, which can take away from the experience.

I've self-administered more than 100 times. When I've made hydration a priority, I've noticed better-looking and better-feeling fills, along with a looser, lower hang. Those are patterns I've noticed in my own experience.

The shape can surprise me

There's also an element of surprise. Sometimes a fill turns out differently from what I expected: wider rather than longer, longer rather than wider, or very lopsided. In my experience, that unevenness has sometimes taken a few hours to settle.

There have been plenty of times when I've finished a fill, looked at the strange shape, and laughed to myself: "This is so weird." The appearance has often kept changing afterward, but the feeling is incredible from the start.

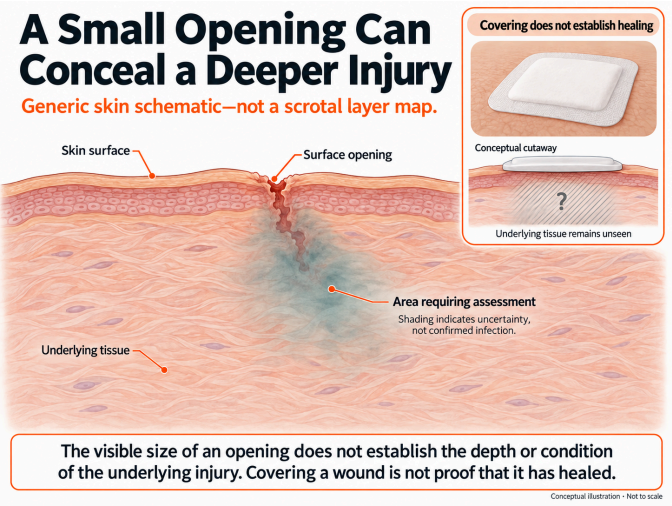


FIGURE G The visible size of an opening does not establish the depth or condition of the underlying injury. Covering a wound is not proof that it has healed.

Afterward: comfort, intimacy, and daily life

Afterward, I enjoy the weight, the sensitivity, and how different my body looks. I feel more confident and connected to my body.

I love sharing that with a partner or other people in the community. There's the closeness with a partner, the feeling of belonging, and being seen and appreciated by people who understand the appeal. I enjoy other people's curiosity and reactions too. It's a niche interest, but the audience is attentive.

And having sex with it is the fuckin' best.

What this means

There is no validated universal return-to-sex interval in the evidence reviewed here. A clinician can assess an injury and advise on wound care and activity. A dressing does not prove that a wound has healed, and feeling comfortable does not rule out a developing complication.

Saline and dextrose were different experiences

The comparison is the table in Part 3. Comfort during the infusion and how the fill felt afterward were two different things for me.

I tried plain saline first, dextrose without saline next, and a mixture third. Trying them separately helped me understand the differences in my own experience.

See the comparison table in Part 3.

Understanding the differences

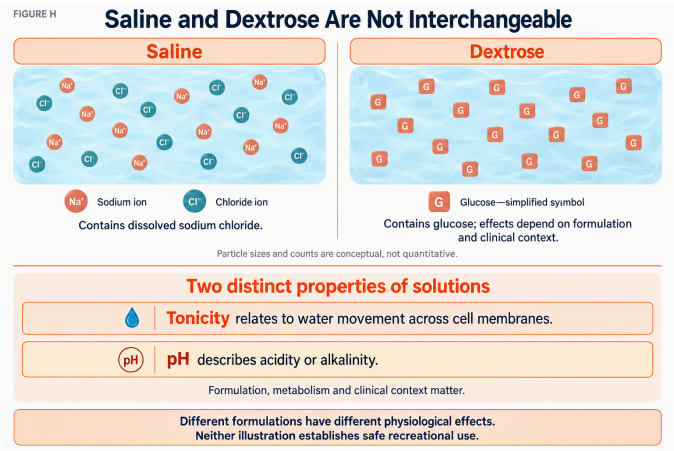


FIGURE H Saline and dextrose-containing solutions differ in composition and physiological effects. Tonicity and pH describe different properties.

What this means

Dextrose

Dextrose-containing solutions have metabolic and fluid-balance risks, including high blood glucose, hyperosmolality, and electrolyte disturbances. Drinking extra water is not an adequate clinical response to those risks. Medical product labeling does not validate injection into genital tissue for enlargement. [9].

Saline

Saline and dextrose are not interchangeable. Saline at 0.9% is approximately isotonic: this concerns water movement across cell membranes, not matching the body's pH. Neither property makes a solution harmless in every tissue or quantity. [10].

What experience can—and cannot—tell us

I'm sharing my own experience, not speaking for everyone. I've learned a lot, and I'm still learning. I want to be open about all of it: what I enjoy, what frustrates me, and the risks.

I want you to question what you read here, including my claims. Daddy is a title, not a citation. Ask questions and look at the evidence. I want this guide to be useful without pretending I have every answer.

Published cases make that distinction clear. Severe scrotal cellulitis has occurred after saline infusion, including in someone who reported previous sessions without complications. These reports do not tell us how often complications occur, but they show that familiarity and an uneventful history are not guarantees. [11].

A clinician can discuss medical concerns without requiring you to defend or explain your sexual interests. Relevant topics include diabetes, immune suppression, bleeding risk, heart or kidney disease, prior genital surgery, medications, and current symptoms. That conversation cannot certify recreational self-injection as safe.

01

My experience

Motivations, preferences and sensations.

02

Case reports

Documented complications, not a measure of frequency.

03

Open questions

What an individual account cannot establish.

When medical help matters

Getting medical help matters more than preserving a fill or how it looks. That's the main thing I want readers to take from this section.

A few fills worried me enough that I thought about getting seen. The discomfort passed quickly, and I decided not to go.

I've felt pulling and strain in my groin as the weight increases. I've taken Advil Dual Action with acetaminophen at the beginning of a fill and found that it helped with the discomfort.

When to seek care

Seek emergency care for:

- Severe or rapidly worsening genital or perineal pain and swelling, particularly with fever or feeling seriously unwell.
- Dark, purple, or black skin; coldness or numbness; or foul-smelling discharge.
- Confusion, difficulty breathing, or blue, pale, or blotchy skin.
- Inability to urinate, especially with lower abdominal pain.
- Deep punctures to the scrotum warrant immediate care.

These signs can indicate serious infection, impaired circulation, sepsis, or urinary retention. Do not wait for all of them to appear. [7, 12, 13].

Get this assessed.

- Persistent bleeding.
- Increasing redness or warmth.
- Pus.
- Fever.
- A wound that is not healing.

These also require medical assessment. [4].

What this means

Household superglue is not interchangeable with medical tissue adhesive. Medical adhesives have different properties and are used for selected wounds. A leaking or injured genital puncture needs assessment, not escalating glue, heat, or constriction. [8].

Tell the clinician what was introduced, approximately how much, when and where, and whether equipment, adhesive, heat, or constriction was involved. Product packaging or photographs of labels can help.

Care reference

FIGURE I

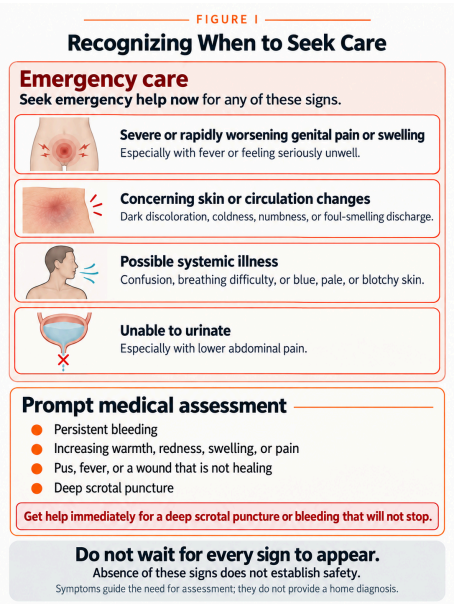


FIGURE I Cards for emergency signs, wound changes that need assessment, and a deep puncture or bleeding that will not stop. Do not wait for every sign.

Tetanus and sharps disposal

Cleanup is part of the responsibility that comes with this. Keep the sharps and biohazard waste you produce from touching anyone else. A small sharps disposal container is a straightforward way to contain used needles and other sharps. Put them in promptly, and never leave them loose where someone else could be injured. Close it at the marked fill line and follow local disposal requirements. Some pharmacies accept sealed sharps containers, but check before bringing one in. Other medical waste may need different handling, so research the options where you live and pick an appropriate one. [15].

Tetanus. Puncture wounds require review of vaccination history. CDC guidance generally recommends a booster for dirty or major wounds when a completed primary series was followed by five or more years without a dose. Unknown or incomplete vaccination history, and some immune conditions, require additional assessment. [14].

Medical assessment and sharps disposal



FIGURE J Accurate information helps clinicians assess an injury. Proper sharps containment protects other people from accidental injury.

Tetanus decisions depend on individual history and wound assessment. This graphic is an information checklist.

Closing perspective

Stay curious. Keep learning. Look after each other.

I hope this guide helps you feel more connected to the community and more confident expressing who you are.

You've also got a resource in me. If you have more questions, reach out to @daddysalinehb on X. I'm happy to share what I've learned and keep the conversation going.

About this draft

This guide combines personal experience with referenced medical information for adult readers. The author's dictated procedure appears in this draft; its procedural claims have not been clinically validated.

The illustrations explain anatomy, concepts, and care-seeking. Device details and tissue mechanisms are schematic. Independent clinical and specialist anatomical review has not taken place.

References

Numbered links connect the text to these sources.

01 **Summers JA. A complication of an unusual sexual practice.**

Southern Medical Journal. 2003;96(7):716-717. DOI: 10.1097/01.SMJ.0000078368.00806.A7. Case report; does not establish incidence.

02 **Merit Medical. Pressure Infusor instructions for use.**

Manufacturer information for trained healthcare professionals; not validation of genital infusion.

03 **CDC. Safe Injection Practices to Prevent Transmission of Infections to Patients.**

Clinical infection-prevention guidance. Supports single-use sterile equipment and prevention of contamination; not a recreational protocol.

04 **Mayo Clinic. Puncture wounds: First aid.**

General wound guidance, including immediate help for deep scrotal puncture and bleeding that does not stop.

05 **United Lincolnshire Hospitals NHS Trust. Looking after your cannula.**

Patient information about clinical IV cannula care; the context differs from genital infusion.

06 **Ramdin RCC, Groenendijk IM, Raaijmakers RH. Removing a penoscrotal ring after scrotal infusion.**

Tijdschrift voor Urologie. 2018;8:19-22. DOI: 10.1007/s13629-018-0205-8. Case report.

References / continued

Numbered links connect the text to these sources.

07 **NHS. Gangrene.**

Symptoms and emergency care-seeking. General guidance, not an estimate of risk after recreational infusion.

08 **National Capital Poison Center. Is super glue toxic?**

Household cyanoacrylate and its distinction from medical tissue adhesives.

09 **DailyMed. Dextrose Injection: prescribing information.**

Baxter Healthcare Company. Clinical labeling for intravenous use; not evidence of safe genital injection.

10 **Australian Commission on Safety and Quality in Health Care. Sodium Chloride 0.9% Injection.**

Medicine information explaining saline and its properties. Clinical use does not validate recreational injection.

11 **Yoganathan KG, Blackwell AL. Unusual cause of acute scrotal cellulitis in an HIV positive man.**

Sexually Transmitted Infections. 2006;82(2):187-188. DOI: 10.1136/sti.2005.017020. Case report. Open full text at PMC.

12 **NHS. Sepsis.**

Symptoms and urgent care-seeking, including that not every symptom needs to be present.

References / continued

Numbered links connect the text to these sources.

13 **NIDDK. Symptoms & Causes of Urinary Retention.**

Acute inability to urinate or severe abdominal pain requires immediate assessment.

14 **CDC. Clinical Guidance for Wound Management to Prevent Tetanus.**

Guidance considers wound type, vaccination history and immune status. Puncture wounds are dirty or major wounds.

15 **FDA. Sharps Disposal Containers.**

Appropriate containment, fill limits and locally applicable disposal requirements.

Illustrations and sources

Fig.	Page	Concept or artwork source
A	p. 5	NIDDK, Male Reproductive Tract Side View with English Labels
B	p. 6	OpenStax, Capillary Exchange
C	p. 7	Medline, Butterfly Winged Infusion Set
D	p. 9	CDC, Safe Injections handout
E	p. 19	Personal observations; abstract symbols
F	p. 20	OpenStax, Structure and Function of Blood Vessels
G	p. 22	OpenStax, Layers of the Skin
H	p. 25	OpenStax, The Cell Membrane
I	p. 29	NHS, Mayo Clinic and NIDDK care guidance
J	p. 31	CDC tetanus and FDA disposal guidance

Artwork credits

Figure A: National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health. The image is reproduced intact from the credited asset page; the NIDDK reuse policy and asset notice were checked.

Figures B-J: artwork generated and recolored with the OpenAI image tool. Source illustrations informed concepts; no OpenStax, manufacturer, CDC or FDA artwork is reproduced in those figures.

Reading the illustrations

Figure A is an anatomical side view with the limits of that perspective described on the page. Figure E uses abstract symbols to distinguish sensations from explanations.

Device details and anatomical mechanisms remain schematic. No illustration is represented as clinically validated. Cover portrait supplied by the author for this edition.

Editable companion: a self-contained HTML publication with image descriptions and live text. PDF text is selectable; formal accessibility conformance has not been certified.

Further figure references

Additional sources for the concepts and equipment categories illustrated in this guide.

Anatomy / A and G

NCI/SEER anatomical explanation

NCI/SEER testis and epididymis drawing (reference only)

NCI graphics reuse policy

Open RN / NCBI Bookshelf skin-layer figure

Equipment identification / C

BD vascular-access device catalog

BD Insyte Autoguard product family

BD Insyte Autoguard reference page

B. Braun sodium-chloride container reference

B. Braun primary-gravity tubing reference

Contamination and care / D, I and J

CDC injection-safety resource collection

CDC sepsis signs-and-symptoms graphic

CDC tetanus wound-assessment flowchart

FDA / Kwikpoint sharps container poster

FDA visual-learning guide collection

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Image descriptions

Text equivalents of the illustrations and their intended meaning.

A / page 5

An NIDDK anatomical side view labels the bladder, prostate, urethra, penis, scrotum and rectum. This view does not show both testes or the scrotal partition.

B / page 6

Two conceptual tissue views show the same eight cells with more fluid and wider spaces between them in the second view.

C / page 7

Four separate illustrations identify a fluid container, administration tubing, a protected butterfly device, and a protected peripheral catheter assembly.

D / page 9

Three panels distinguish a clean-looking surface, an intact sterile barrier, and contamination through contact.

E / page 19

Five abstract symbols identify increasing weight, tightness, shiny appearance, dull ache or stinging, and moisture or leakage reported. Adjacent text explains that sensations do not identify a cause, appearance does not establish safety, and new or worsening symptoms need assessment.

F / page 20

Two conceptual tissue cross-sections compare small vessels with a restricting outer boundary and compressed vessel shapes. No safe pressure or duration is predicted.

G / page 22

A generic skin cross-section shows a small surface opening with a deeper irregular defect and a diffuse area requiring assessment. A dressing inset shows that underlying tissue remains unseen. Shading indicates uncertainty, not confirmed infection.

H / page 25

Separate conceptual fields identify sodium and chloride ions in saline and glucose symbols in dextrose. Shared definitions distinguish tonicity from pH without

predicting body changes.

l / page 29

Emergency-care cards list severe or rapidly worsening genital pain or swelling; concerning skin or circulation changes; possible systemic illness; and inability to urinate. Further wound changes require assessment. Deep scrotal puncture or bleeding that will not stop needs immediate help. Do not wait for every sign.

J / page 31

A medical-history card lists product, amount, time, location, symptoms, equipment and tetanus history. Beside it is a sharps container with a fill line and text directing local disposal and no loose sharps.

Equipment glossary

A guide to names used in the text. Brand names identify terminology; they do not establish suitability for genital infusion.

5% Dextrose Injection (Baxter)

A solution of dextrose, a form of glucose, in water for injection. D5W is shorthand for 5% dextrose in water.

0.9% Sodium Chloride Injection (Grifols)

An aqueous sodium chloride solution commonly called normal saline. The percentage describes the concentration of sodium chloride.

5% Dextrose and 0.45% Sodium Chloride Injection (B. Braun)

A solution containing both dextrose and sodium chloride. This name differs from D5NS, which means 5% dextrose in 0.9% sodium chloride. The concentrations are part of the product identity.

IV administration set (Amsino)

Tubing and connected components used in clinical infusion systems. A drip chamber is the clear chamber where drops are visible; a roller clamp is a mechanical tubing clamp.

NUMSTAT Anesthetic & Antiseptic Prep Pads

The branded skin-preparation pads mentioned in this guide. NUMSTAT refers to the pad, not to a tubing connector or a device called a scrub hub.

Gauze sponge (JMU)

An absorbent dressing pad. "Sponge" is a product term for the pad, not a household sponge. Sterile and nonsterile dressings are distinct product categories.

Nexcare Waterproof Bandages

A branded adhesive dressing with an absorbent pad and a water-resistant covering.

Pressure infusion bag

An inflatable sleeve that surrounds a fluid container in clinical infusion equipment. It is a separate device from the fluid bag and the administration tubing.

Terminology sources: DailyMed: dextrose; DailyMed: dextrose and sodium chloride; NUMSTAT product identity.