



Significant Nerve Injury In Shibari Bondage: Sexual Health Beyond Bacteria and Viruses

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History

A 32-year-old male (110 kg, BMI 34) presented with acute paralysis in his right arm following a Shibari rope bondage demonstration: a 20-minute lateral suspension scene using 6 mm jute rope.
On release, he noted an inability to “salute” and tingling in the right thumb and index finger.



Scan For Mechanism Of Injury

Examination



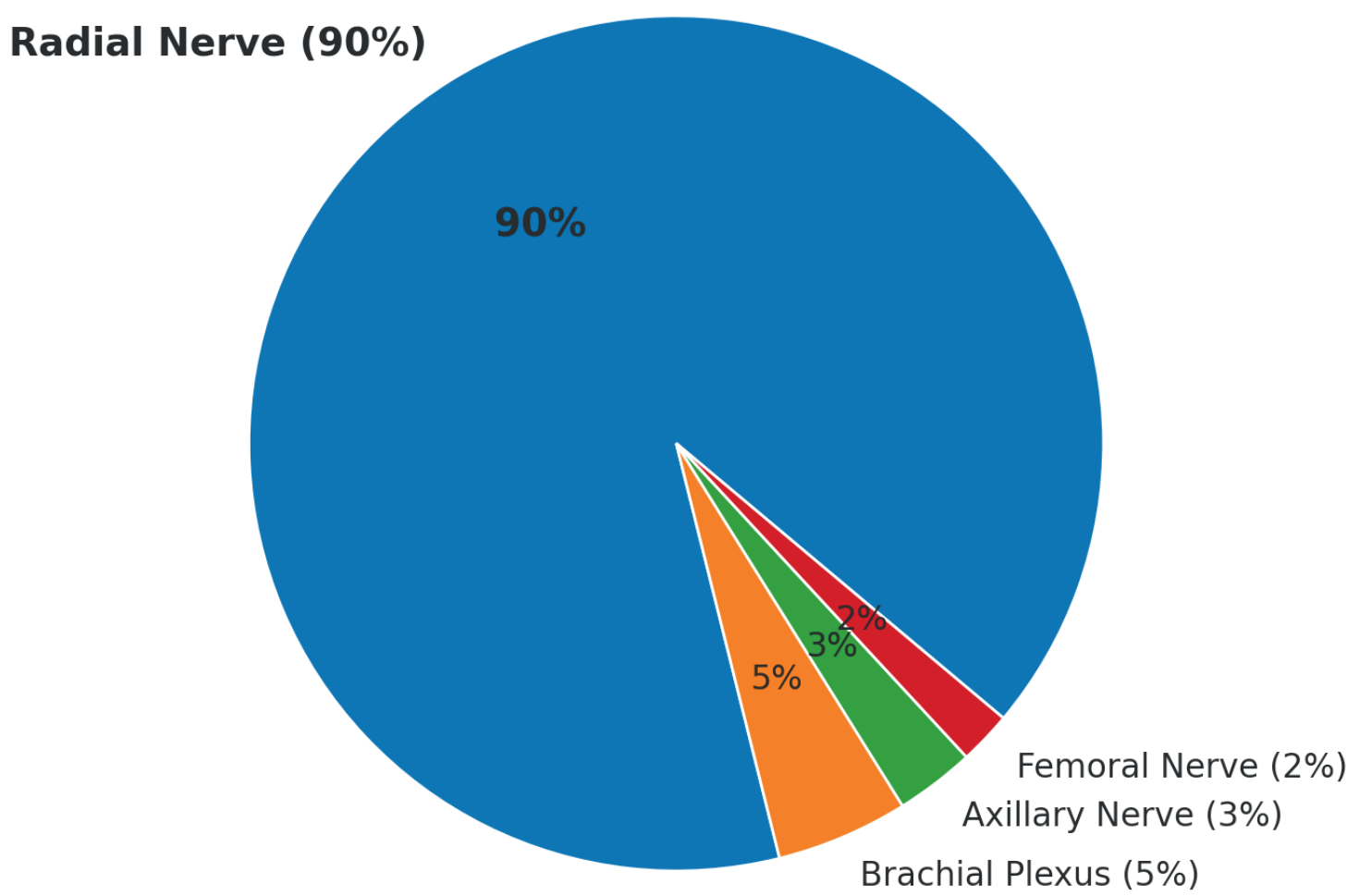
Scan For Examination

- arm in a classic “waiter’s tip” posture.
- unable to extend the wrist, supinate forearm, or abduct/extend the thumb.
- Thumb–index and thumb–little finger opposition preserved but weak.
- Paraesthesia in the thumb and dorsal webspace.

Diagnosis: acute radial nerve palsy
Management: referral to public plastic surgery, MRI imaging, a sling and wrist support to prevent flexion contracture.
Outcome: 95% symptom reduction at 3 months. Some weakness in thumb.

Research Data

Peripheral Nerve Injuries In Suspension Bondage [1]



Radial nerve compression accounts for 90% of injuries followed by brachial plexus, axillary, and femoral nerve compression in suspension bondage
Recovery timelines range from 10 days to 5 months, largely dependent on duration and positioning during suspension and severity of symptoms [1]

Discussion

This case illustrates how sexual health presentations extend beyond infections and STIs. Knowledge of specific sexual practices, such as rope bondage, which can lead to unusual and unexpected injuries, can aid early recognition of sexually adventurous injuries.

Creating a non-judgemental, curious clinical environment is crucial to facilitating accurate history taking and comprehensive care for patients engaging in kink and BDSM practices.

[1] Khodulev V, Klimko A, Charnenka N, Zharko M, Khoduleva H. Acute Radial Compressive Neuropathy: The Most Common Injury Induced by Japanese Rope Bondage. Cureus. 2023 May 28;15(5):e39588. doi: 10.7759/cureus.39588. PMID: 37384078; PMCID: PMC10294117.