

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

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Abstract:

A 32-year-old male (110 kg, BMI 34) presented with acute paralysis in his right arm following a Shibari rope bondage demonstration. Three nights prior, he had participated in 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.

On examination, he held his arm in a classic “waiter’s tip” posture. He was unable to extend the wrist against gravity, supinate the forearm, or abduct/extend the thumb. Thumb–index and thumb–little finger opposition was preserved but weak. Paraesthesia was noted in the thumb and dorsal webspace. Based on these findings, a diagnosis of acute radial nerve palsy was made.

Management included referral to public plastic surgery who recommended MRI imaging, a sling, and wrist support to prevent flexion contracture.

This case aligns with published papers noting that radial nerve compression is the most common peripheral nerve injury sustained in rope suspension bondage. This accounts for 90% of injuries followed by brachial plexus, axillary, and femoral nerve compression.

Reported recovery timelines for nerve compression range from 10 days to 5 months, largely dependent on duration and positioning during suspension and severity of symptoms.

Other studied bondage injuries include falls and skin abrasions. One fatality was reported due to asphyxiation.

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.

Disclosures:

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