

Penile Curvature Secondary to Peyronie's Disease with Penile Prosthesis and Relaxing Incisions without loss of Length #123



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Introduction

- Erectile dysfunction (ED) treated with an inflatable penile prosthesis (IPP) and Peyronie's disease (PD) managed by incision and plication both are thought to decrease penile length postoperatively.
- Pathologically the tunica scarring or fibrosis of this disease severely limits the elasticity of the tunica albuginea.
- Even high volume implanters have noted that they often identify undiagnosed PD during IPP placement.
 - These are often treated intraoperatively with suboptimal maneuvers.
- In most cases the deviations are not treated because surgeons are concerned about damaging the prosthesis.
- A subcoronal incision for IPP placement allows access to the entire corporal shaft for correction of penile angulation, incision of plaques in PD and other penile reconstructive procedures.
 - Without the need for grafting material

Aim

To describe a technique for subcoronal incision and IPP placement that allows access to the entire corporal shaft for correction of penile angulation, incision of plaques in Peyronie's disease and other penile reconstructive procedures.

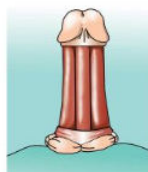
Methods

- 91 men presented ED refractory to medical management
- 36 men were found to have at least one PD plaque identified by Doppler US.
- IPP placement was performed via a no touch subcoronal approach using a penoscrotal IPP model.
- Following IPP sizing and placement, the patients' corpora were inspected and plaques were evaluated and treated using relaxing incisions with cautery into the corpora, penile modeling, or plicating stitches.
- No grafting material was used in any patients

Operative Procedure:



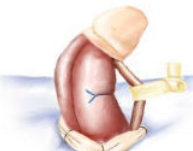
Circumferential subcoronal incision is made (1.5 cm proximal to the glans).



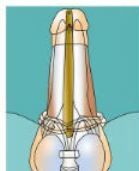
Penis is degloved and Dartos is sutured to the drape



Reservoir is placed through the inguinal ring into the retropubic space



Neurovascular bundle is released and the point of maximal curvature is marked



Prostheses are passed and pump is placed



Relaxing incision is made with electric cautery and the neurovascular bundle is closed over the defect



Dartos and penile skin are closed (note the neurovascular bundle covering the defect) without a graft.

Results

Patient Age (years)	57 (52-76)
History of Peyronie's disease (years)	4.1 (1.5-5.1)
Length of ED (years)	4.2 (1.8-12.2)
History of Vascular Disease	74%
History Diabetes	68%
Total Operative Time (min)	142 (54-194)

	Preoperative	Postoperative
Stretched Penile Length (cm)	13.5cm (10.1-14.2)	14.1cm (11.0-15.5)
Penile Angulation (degrees)	46° (12-78)	5° (3-7)
Ability to have sexual intercourse (%)	20%	100%

- All patients were safely discharged on postoperative day zero.
- We had 3 complications: one man had partial necrosis of a suture line and two men had contracture at a PD plaque release.
 - None of the complications were infectious.
 - All patients are doing well.
- After a minimum of 6 month follow-up, all men returned to sexual activity.
- All patients were fully satisfied.

Conclusion

- In patients with ED and PD the subcoronal approach to inflatable penile prosthesis allows for simultaneous penile prosthesis placement and correction of any PD plaque through the same incision.
- Penile angulation was corrected to 95% of original angulation.
 - Without a loss of penile length
- No grafting material was needed to complete the surgery