

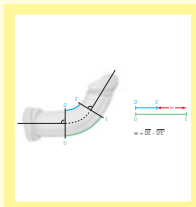
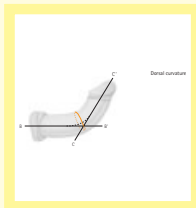
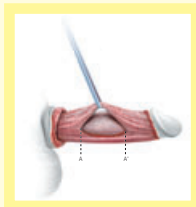
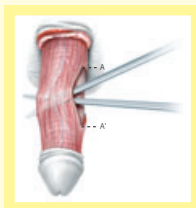
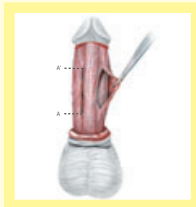
# Surgery Illustrated



## A single relaxing incision to correct different types of penile curvature: surgical technique based on geometrical principles

PAULO H. EGYDIO\*, ANTÔNIO M. LUCON and SAMI ARAP

Department of Urology, Hospital das Clínicas, University of São Paulo Medical School, São Paulo, Brazil



### INTRODUCTION

Penile curvature, whether caused by Peyronie's disease or congenitally, leads to reduced functional penile length and may be associated with penile shaft constriction and/or erectile dysfunction. The current available surgical treatment consists of shortening the healthy tunica albuginea on the long side, invariably associated with loss of penile length [1–5], or lengthening the short side by incision and/or excision of the tunica with graft placement [6–10].

As the plaque is not palpable in 30% of cases [11], may be multifocal [12], and changes in the tunica are diffuse and not restricted to the plaque itself [13,14], excising the plaque gives uncertain results. Also, the patients' main complaint is penile deformity and not the plaque itself. However, relaxing incisions can correct all types of curvature and may be applied whether or not associated with a plaque [7,8]. Different kinds of relaxing incisions have been suggested for each type of penile curvature, whether associated or not with constriction [7,8], but there is no standard procedure [15–17].

The technique described here aims to assess the use of a single almost complete

circumferential relaxing incision, forked at the ends. It is best done by precisely applying geometrical principles to determine the exact site for the incision in the tunica or plaque so that the shorter side is as long as the longer side, thus creating a simpler defect in the tunica to make the grafting procedure easier. Bovine pericardium graft has been used although different types of graft may be used with the same technique.

In patients with erectile dysfunction that require a penile prosthesis [18,19], the latter can be implanted during the same procedure and through the same incision in the tunica. The size of the prosthesis is compatible with the longer side as it is the shorter side that is lengthened.

### PATIENT SELECTION AND SURGICAL TECHNIQUE

Only patients with moderate to severe and stable penile curvature that makes sexual intercourse difficult or impossible require surgery. Penile curvature and rigidity are evaluated before surgery using a 10 µg alprostadil-induced erection and Doppler ultrasonography.