

·Clinical Experience·

Surgical treatment of Peyronie's disease: choosing the best approach to improve patient satisfaction

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Abstract

Aim: To discuss important points on medical history, preoperative evaluation, real expectations, and selection of the appropriate surgical procedure to improve patient satisfaction after surgical procedures for Peyronie's disease. **Methods:** Recent advances in approaches to Peyronie's disease are discussed based on the literature and personal experiences. Issues concerning surgical indication, patient selection, surgical techniques, and grafting are discussed. Lengthening procedures on the convex side of the penile curvature by means of grafting offer the best possible gain from a reconstruction standpoint. Penile rectification and rigidity are required to achieve a completely functional penis. Most patients experience associated erectile dysfunction (ED), and penile straightening alone may not be enough to restore complete function. Twenty-five patients were submitted to total penile reconstruction on length and girth with concomitant penile prosthesis implant. The maximum length restoration was possible and limited by the length of the dissected neurovascular bundle. The mean age was 55.4 years (32–69 years) and the mean angle of curvature $74.2 \pm 22.4^\circ$ (0–100°). Pericardial grafting was used to cover the defect. The mean follow-up time was 11.2 ± 5.9 months (3–22 months). **Results:** Mean functional penile length gain was 3.40 ± 0.73 cm (2–5 cm). Penile prosthesis maintained the penis straight. No infections occurred. Sexual intercourse was restored in all patients and all reported recovered self-esteem. **Conclusion:** Improving patient satisfaction with the surgical treatment includes proper preoperative evaluation on stable disease, penile shortening, vascular and erectile status, patient decision and selection as well as extensive discussion on surgical technique for restoring functional penis (length and rigidity). Length and girth restoration is very important for self-esteem and patient satisfaction. (*Asian J Androl 2008 Jan; 10: 158–166*)

Keywords: Peyronie's disease; erectile dysfunction; induratio penis plastica; penile induration; tunica albuginea; surgical technique; penis; graft; surgery; penile reconstruction

1 Introduction

Peyronie's disease (PD) is characterized by scarring of the tunica albuginea, which loses elasticity, resulting in penile deformity. The condition is invariably associated with penile reduction, and has major impact on quality of life and significant psychological effects [1]. Prevalence is 3–9% according to Rochelle and Levine [2]. Recent evidence suggests that the prevalence of PD

is similar to that of diabetes mellitus and renal calculi [3].

Usta *et al.* [4] have shown that erectile dysfunction (ED) is strongly associated with PD ranging from 20% to 54%. This is relevant when choosing the optimal surgical reconstructive treatment.

Provided the stability of the condition is established, surgical treatment will be indicated upon medical treatment failure. Stability is defined as at least 1 year of disease and at least 6 months of non-progression or regression of penile deformity and/or plaque, and absence of pain.

When surgical treatment is indicated, it must be individualized, aiming not only at restoring penile function but also restoring as much as possible the previous status of the patient.

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