

Erectile Dysfunction

TO BURY THE KNOT, THEN, IS BETTER THAN NOT

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ABSTRACT: Penile curvature is a defect associated with both mental distress and sexual dysfunction. Of the different surgical methods for correction, plication techniques are considered the least technically demanding. However, the use of non-absorbable sutures in the tunica albuginea carries a potential for formation of bothersome subcutaneous nodules. Herein we describe our experience using a simple cavernotomy incision to bury the plication knot to avoid this complication.

SURGICAL OUTCOMES AND PATIENT SATISFACTION AFTER DERMAL, PERICARDIAL, AND SMALL INTESTINAL SUBMUCOSAL GRAFTING FOR PEYRONIE'S DISEASE

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INTRODUCTION: Peyronie's disease, a localized fibrosis of the tunica albuginea surrounding the penile corpora, results in penile curvature and sexual dysfunction. Surgical management involving grafting to straighten the penis is the treatment of choice in conditions unresponsive to conservative therapy where penile length preservation is important. AIM: To determine surgical outcomes and patient satisfaction after dermal, pericardial, and small intestinal submucosal grafting for Peyronie's disease.

MAIN OUTCOME MEASURES: The International Index of Erectile Function (IIEF), postoperative self-reports, patient satisfaction, and clinical characteristics were used to measure outcomes.

METHODS: We retrospectively reviewed charts of 36 patients who underwent surgery for Peyronie's disease requiring grafting from 1999 to 2005. Follow-up to subjectively assess outcomes was conducted.

RESULTS: Average patient age at surgery was 55 +/- 1 years. Body mass indexes were similar among all groups. Erectile dysfunction risk factors were comparable with 36% reporting hypertension and 22% hypercholesterolemia. Overall patient follow-up time was 673 +/- 98 days. Self-reported resolution of penile curvature was noted in 60% of dermal, 100% of Tutoplast, and 76.9% of Stratasis graft recipients. Stratasis patients maintained presurgery length (54%) and rigidity (77%) more so than dermal (30%, 60%) and Tutoplast (23%, 39%) patients. Assessment of erectile dysfunction using the IIEF-5 captured significant improvements in patients receiving Stratasis grafts (preoperative: 10.1 +/- 1.1 vs. postoperative: 17 +/- 1.6). Overall, 89% of patients reported satisfaction following surgical intervention.

CONCLUSIONS: Surgical management of Peyronie's disease results in correction of penile curvatures and high rates of patient satisfaction. Loss of penile length and decreased rigidity occurred to a lesser degree with Stratasis grafts. While detailed informed consent is essential in this patient population, novel materials such as Tutoplast and Stratasis grafts improve outcomes following surgical correction of Peyronie's disease.