LENGTH AND GIRTH RESTORATION WITHOUT GRAFT

Paulo H. Egydio, MD, PhD

No conflict of interest
Penile length/girth loss evidence:

- Penile length loss associated with:
  - PD Ralph et al. 2010,
  - Prostate cancer (RPE Vasconcelos et al 2012, androgen suppression Park et al 2011, radiation therapy Haliloglu et al 2007),
  - ED Awwad et al 2005, etc.

- 60-80% - PD report subjective penile length loss preoperatively

Kueronya et al 2014, Levine et al 2008
END STAGE PENIS – tunical / sponge fibrosis / vascular shortening... What to do?

Aims

- Restoration of penetrative ability
- Restoration of sexuality
- Restoration of penile length and girth
END STAGE PENIS – tunical / sponge fibrosis / vascular shortening... What to do?

- Restoration of penetrative ability
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Penile prosthesis insertion
PENILE PROSTHESIS

- Penile length loss after penile prosthesis (0.74 cm)  

- Penile prosthesis alone - add axial rigidity - not associated with length and girth restoration

- Best time for length and girth restoration - when penile prosthesis is indicated
Penile length and girth restoration - The evidence:

- **Circular and longitudinal tunical incision and grafting:**
  - Gelbard MK, J Urol 1995
  - Egydio & Kuehhas BJU Int. 2013

- **Sliding technique:**
Penile length and girth restoration- The evidence:

• **Circular and longitudinal tunical incision and grafting:**
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• **Sliding technique:**
Penile length and girth restoration without graft

Djordjevic ML, et. al Asian J. Androl. 2013

Egydio PH, Kuehhas FE, BJU Int 2015
Egydio PH, Kuehhas FE, Valenzuela RJ, J Sex Med 2015
Penile degloving
Modified Sliding Technique – MoST technique
MUltiple Sliding Technique - MUST technique

• To restore penile length and girth

• Consists of:
  – Sliding manoeuvre - restoration of penile length
  – Potential complementary longitudinal ventral and/or dorsal tunical incisions - restoration of penile girth
  – Cover the tunical defects using Buck’s fascia, rather than a graft
Experience with **MoST or MUST**

- **143 patients** underwent with concomitant penile prosthesis implantation without graft (133 malleable prosthesis & 10 IPP).

- **Selection criteria:**
  - Severe *therapy resistant* ED associated with *penile shortening* with or without curvature,
  - *Inability* to have sexual intercourse and
  - Consecutive *dissatisfaction* with their sexual life.
Experience with MoST or MUST

• Compressive penile dressing for 1 week
• IPP: semi-inflated for up to 2 weeks
• No sexual intercourse for 6 weeks
• Proper preoperative counseling - small tunical step, limiting factor is elasticity of the NVB

• Results:
  – Mean penile length gain of 3.1 cm (range, 2-7).
  – All patients resumed sexual intercourse and were able to perform satisfactory sexual intercourse.
  – No penile prosthesis infection was observed
Concluding

MoST or MUST technique:

• Safe and effective
• Reduced operative times
• Less costs and low infection rate.
SWE - Ultrasound

Penile Length and Girth Restoration

The Evidence: SWE - Ultrasound

[Ultrasound images and measurements]

Mean 29.6 kPa
Min 28.7 kPa
Max 30.4 kPa
SD 0.6 kPa
Depth 2.7 cm
Diam 1.00 mm

Mean 19.0 kPa
Min 18.7 kPa
Max 19.4 kPa
SD 0.3 kPa
Depth 2.7 cm
Diam 1.00 mm

Mean 19.8 kPa
Min 15.8 kPa
Max 21.0 kPa
SD 1.5 kPa
Depth 2.8 cm
Diam 1.00 mm
Penile Length and Girth Restoration

The Evidence:
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