

15 - REFERENCIAS BIBLIOGRAFICAS - Anexo 8/I: TRABAJOS CIENTÍFICOS (1/2)

1st International Interdisciplinary
Symposium on Genitourinary Reconstructive
Surgery in Congenital Malformations,
Transsexuals and Impotence

Sitges (Barcelona - Spain)
April, 6th, 7th and 8th, 1998

**SURGICAL PENILE ENLARGEMENT
(Elongation and thickening)**
Author: Jørn Ege Siana, MD,
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Surgical Penile Enlargement (Elongation and thickening)

Author: Jørn Ege Siana, MD

1. - INTRODUCTION

The need for surgical penile enlargement has increased since 1994 when Hennie Roos from South Africa was the first to describe his method. In the Scandinavian Clinic of Plastic Surgery in Copenhagen the first procedure for penis enlargement was introduced September 1994. Initially traditional methods were used subsequently developing into the endoscopic technique practised today.

2. - MATERIAL AND METHODS

2.1.Period: September 1993 to March 1998 (54 months)

2.2.Number: 1355 patients operated from December 1993 to March 1998 (54 months)

2.3.Age: 16-73 years (average 30 years)

2.4.Technique:

2.4.1. Incisions: 817 patients: X-Y, elipsis-Y or V-Y (70-140 mm)

538 Patients: endoscopic technique with horizontal - vertical (10-20 mm)

2.4.2. Dissection of the suspensorium and transverse perineal ligaments

2.4.3. Interposition of adipose swing-flap: a) Y-incisions - from mons pubis

b) endoscopic technique - from funiculus

2.4.4. Closure of the scarpas fascia over the interposited tissue

3. - RESULTS:

3.1. Y-incision: Number of one year controls: 268 of 817 patients (32,8%)

	Length Increase (Flaccid)	Circumference Increase (Flaccid)	Length Increase (Erection)
Mean (cm)	4,7	2,8	2,3
Range (cm)	(0 - 9,0)	(0,5 - 9,0)	(0 - 6,0)

3.2. Endoscopic techniques: Number of one year controls: 144 of 538 patients
(26,8%)

	Length Increase (Flaccid)	Circumference Increase (Flaccid)	Length Increase (Erection)
Mean (cm)	4,3	2,9	2,6
Range (cm)	(0 - 7,0)	(0,5 - 6,0)	(0 -5,0)

4. - CONCLUSIONS

Even though non-optimal the surgical results are acceptable

There is no significant difference in results according to surgical techniques

Y-incisions give unsatisfactory scars and scrotalisation of the penis

Endoscopy-assisted surgery with incisions less than 2 cm gives natural appearance

Y-incisions have to be selected for obese patients with an excess of skin on mons pubis

Additional post-operative treatment has to be developed to avoid scar contractions and to create more desirable elongation results for the patients

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**NON-SURGICAL PENILE ELONGATION USING TISSUE
EXPANSION WITH JES**
Tractive Elongation of the Penis by Means of Stretching
Author: Jørn Ege Siana, MD,
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Non-Surgical Penile Elongation using Tissue Extension with the JES Extender
Tractive Elongation of the Penis by Means of Stretching
Author: Jørn Ege Siana, MD, Scandinavian Clinic of Plastic Surgery, Copenhagen

1. - INTRODUCTION

Based on the evidence of human tissue response to stretching a traction device for non-invasive penile lengthening has been designed: The Jes-Extender.

TRACTION DEVICE - THE JES EXTENDER

- Basic ring, fastened proximally around the root of the penis, abutting on the symphysis.
- Two adjustable metal bars hinged to the ring, connecting it to the silicon-support, fastened around the corona glandis at the distal end of the penis.
- By gradually increasing the tractive force on the two metal bars a stretching force is exerted on the corporae, which equals a tractive force of a 600-1500 g weight attached to the penis.

2. - MATERIAL AND METHODS

2.1. Number of patients: 10 patients ranging from 23-47 years

2.2. Patient selection: 2.2.1. Inclusion: normal erectile capacity and no penile surgery
2.2.2. Exclusion: chronically diseases

2.3. Traction force: 0- 2 weeks - 900-1000 g
2-24 weeks - 1000-1200 g

2.4. Treatment period: 12 hours daily 7 days a week 8 to 24 weeks

2.5. Follow up: every 2 weeks

3. - RESULTS - Results in Erection

	Weeks	Length before	Length after	Difference	Length %
Mean (cm)	14,8	12,0	14,8	2,8	24
Range (cm)	(8 - 24)	(9,5 - 15,0)	12,5 - 18,5)	(1,5 - 5,0)	(10 - 42)

4. - CONCLUSIONS

- Preliminary study
- All patients achieved penile lengthening after traction with the JES Extender
- Lengthening per week was 1,9 mm
- No complications
- Medical indications a) non-invasive: hypoplastic penis, Peyronie's disease

b) postoperative: hypospadias / epispadias, penile lengthening procedures

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Lengthening with the JES EXTENDER

Combination of surgical lengthening and postoperative penile traction with The JES Extender

Author: Jørn Ege Siana, MD, Scandinavian Clinic of Plastic Surgery, Copenhagen

1. - INTRODUCTION

Depending on surgical techniques used penis elongation surgery creates acceptable results. Follow-up shows however, that retraction of the penis occurs because of wound healing contraction. Post-operative treatment is necessary to avoid scar contraction and to yield greater length to the penis.

2. - MATERIAL AND METHODS

2.1. Number of patients: 10 patients ranging from 18-43 years.

2.2. Patient selection: Inclusion: normal erectile capacity after penile surgery

Exclusion: disadvantage in using traction after surgery

2.3. Traction: 0-2 weeks - 900-1000 g

2-20 weeks - 1000-1200 g

2.4. Treatment period: 8-12 hours daily 7 days a week 8-20 weeks

2.5. Follow up: every 2 months

3. - RESULTS - Results in Erection

	Length before surgery	Length after surgery	Difference	Length after traction	Difference	Difference after combination
Mean (cm)	12,0	14,3	2,3	17,5	3,4	5,7
Range (cm)	(10 - 13,5)	(11 - 17)	(1,5 - 4)	(15 - 19,5)	(2 - 4,5)	(4 - 8,5)

Weeks	Mean: 10,7 weeks Range: 8 - 20 weeks
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4. - CONCLUSIONS

- Preliminary study

- All patients avoided scar contractions and achieved more length to the penis after surgery

- Lengthening per week was 3,2 mm

- Traction gives better results in combination with surgery (traction alone: 1,9 mm / week)

- The combination of surgery and traction gives better results (mean 5,7 cm) compared to surgery alone (mean 2,3 cm)

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Traction with the JES EXTENDER in Peyronie's Disease and Hypospadias
Author: Jørn Ege Siana, MD, Scandinavian Clinic of Plastic Surgery, Copenhagen

1. - INTRODUCTION

Non-invasive penile elongation has been achieved by traction using the Jes-Extender. Patients with **Peyronie's disease** may benefit from using traction before surgical correction is planned. After penile surgery for elongation traction has been found indicated to avoid scar contraction and to give more length to penis. Patients with hereditary deformities such as **micropenis and hypospadias / epispadias** may also benefit from traction after surgery.

2. - MATERIAL AND METHODS

- 2.1. Number of patients: 2 patients with Peyronie's disease (without surgical correction)
4 patients with hypospadias (after surgical correction)
- 2.2. Traction: 0 - 2 weeks: 900 - 1000 g
2 - 20 weeks: 1000 - 1200 g
- 2.3. Treatment period: 8-12 hours daily. 7 days a week. 2-7 month

3. - RESULTS (Results in erection)

3.1. Peyronies disease

Patient	Before traction Deformity degree	After traction Deformity degree	Months of treatment
01	45°	20°	6
02	30°	15°	6

3.2. Hypospadias

Patient	Length before surgery	Length after surgery (pre-traction)	Length after traction	Months of treatment
03	8 cm	9, 5 cm	11 cm	4 months
04	7 cm	8 cm	10 cm	4 months
05	7 cm	10 cm	13, 5 cm	7 months
06	10 cm	12 cm	13 cm	2 months

4. - CONCLUSIONS

The JES Extender can be a medical (non-surgical) indication for treatment with penile traction in:

- Patients with Peyronie's disease before surgical correction is planned
- Hypospadias patients treated with elongation surgical procedures after initial corrections.