

**ORIGINAL RESEARCH—INTERVENTIONS****Applying Extender Devices in Patients with Penile Dysmorphophobia: Assessment of Tolerability, Efficacy, and Impact on Erectile Function**

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**ABSTRACT**

**Introduction.** Most men seeking penile enhancement techniques have a normal penile size. They are either misinformed or suffer from penile dysmorphophobia and should be discouraged from undergoing invasive procedures. Less invasive techniques including penile extenders are not associated with major complications and may be beneficial from a psychological perspective.

**Aim.** We conducted this study to assess the efficacy and safety of AndroPenis® (Andromedical, Madrid, Spain) penile extender.

**Methods.** Between December 2010 and December 2013, 163 men presented to our institution complaining of small penile length and/or girth. All patients received structured psychosexual counseling. Fifty-four patients were willing to use the AndroPenis penile extender after counseling. Patients with major psychiatric disorders were excluded from enrollment. The patients were instructed to wear the device between 4 and 6 hours per day for 6 months. Penile dimensions including flaccid stretched and erected lengths were measured at baseline and after 1, 3, 6, and 9 months. Erectile function was assessed at baseline and 9 months after treatment using the simplified International Index of Erectile Function (IIEF-5). An institutional nonstandardized questionnaire was used to evaluate patient satisfaction at the end of study.

**Main Outcome Measures.** Penile length and girth enhancement as well as satisfaction rate and improvement in erectile function were assessed during follow-up.

**Results.** At 6-month follow-up, a mean gain of  $1.7 \pm 0.8$ ,  $1.3 \pm 0.4$ , and  $1.2 \pm 0.4$  cm was noted for the flaccid, stretched, and erected penile lengths, respectively (all  $P$  values  $< 0.001$ ). During the off treatment period, there were no significant changes in penile lengths. No effect on penile girth was observed. Patient satisfaction survey revealed modest satisfaction. From 13 patients with mild baseline erectile dysfunction, nine patients reported normal erectile function after 9 months.

**Conclusion.** Penile extender as a minimally invasive technique is safe and provides modest benefits and patient satisfaction. **Nowroozi MR, Amini E, Ayati M, Jamshidian H, Radkhah K, and Amini S. Applying extender devices in patients with penile dysmorphophobia: Assessment of tolerability, efficacy, and impact on erectile function. J Sex Med 2015;12:1242–1247.**

**Key Words.** Body Dysmorphic Disorders; Erectile Dysfunction; Penis; Traction

**Introduction**

Penile dysmorphophobia is a part of body dysmorphic disorder [1]. The Diagnostic and Statistical Manual of Mental Disorder-Forth

Edition defines body dysmorphic disorder as a somatoform disorder presented by preoccupation with an imaginary or trivial flaw in the physical appearance that causes impairment in various areas of functioning. Patients with this problem could

develop major depression episodes and drastic social and occupational dysfunctions that might progress to social isolation. Small penis syndrome is defined as an anxiety pertinent to the genital organs that the penile length and/or girth is less than the normal for an adult male. In spite of the fact that concerns for penile size has increased in recent years and penile augmentation surgeries has become more commercial, most men complaining of small penis have actually normal-sized penis [1]. Wessel et al. have described micropenis as erected penile length of less than 7.5 cm or flaccid penis of less than 4 cm [2]. Moreover, several studies have indicated that in contrast to the belief of the majority of men, the size of the penis might not be important for sexual active women [3–5].

Various surgical options are available for penile lengthening including division of the suspensory ligament of the penis [6] or liposuction and suprapubic lipectomy, which are potential and valuable techniques in obese men with significant suprapubic fat. More invasive surgical lengthening procedures, i.e., V-Y advancement flap with or without interposing silicone sheath and using radial artery-based forearm free flap, have also been described [7–10]. Although surgical procedures may seem tempting for those with small penis syndrome, few studies have been conducted regarding its indications, outcomes, and complications [11–13]. Surgical approaches have been associated with unsatisfactory results in men with penile dysmorphophobia and should be reserved as the last resort only after patient understands the imperfection of the end result [1]. However, penile extenders are noninvasive devices for penile lengthening [14]. They use continuous mechanical traction to the penis that may enhance penile length and/or girth [15,16]. In the present study we aim to assess the efficacy and safety of a penile extender device, AndroPenis® (Andromedical, Madrid, Spain), in men complaining of small penis.

## Method

The study was conducted between December 2010 and December 2013. Study population consisted of 163 men who presented to our institution complaining of small penile length and/or girth. All patients received counseling and reassurance concerning the normal size of the penis. Structured method proposed by Ghanem et al. [17] was applied in all participants prior to enrollment in the study. Applying this approach, 109 patients (66.9%) were convinced that they are normal and

do not require any treatment. Although neither of patients were seeking surgical intervention after counseling, 54 patients were willing to use the device after being informed of the availability of AndroPenis penile extender. In addition to this counseling, those who were willing to use the extender device were referred to a psychiatrist to rule out any psychiatric disorder. All men were also engaged in regular sexual activity. A thorough physical examination including genital exam was performed in all participants. Patients with major psychiatric disorders and those looking for sole girth enhancement were excluded from enrollment. Penile deformity, concealed penis, history of penile surgery, reduced manual dexterity impeding proper use of the device, hypogonadism, moderate to severe erectile dysfunction (ED) (International Index of Erectile Function [IIEF-5] score  $\leq 11$ ), receiving medications affecting androgen level, and stretched penile length  $< 7.5$  cm were additional exclusion criteria.

Prior to applying the device, flaccid and stretched length of the penis was measured by a ruler from the pubo-penile skin junction to the meatus. Girth was measured by a tape ruler at the mid-shaft. All measurements was performed by one examiner under similar environmental conditions. All participants were also instructed to measure erected penile length from the pubo-penile skin junction (with adequate pressure on mons pubis) to the meatus and penile girth at mid-shaft. They were asked to measure penile length and girth when they achieved rigid erection and to use similar stimulus for repeated measurements at follow-up intervals.

Patients were directed to use the penile extender device, AndroPenis, between 4 and 6 hours a day for 6 months. Mechanism is based on the medical principle of traction that gently applies a traction force of between 600 g up to 1.5 kg. The device comprises a plastic ring, where the penis is introduced, two dynamic metallic rods for traction force, and a plastic support with silicone bands to hold the glans. Flaccid and stretched penile lengths were recorded at 1, 3, 6, and 9 months after starting use of the device. Penile girth was measured 6 months after applying the device. Erected penile length was also recorded by the patient at baseline, 1, and 6 months after starting the treatment. Patients were also instructed to report any complication and adverse reactions. Any pain, glans pallor and numbness, erosions, difficulties during routine daily activities, and cosmetic appearance were deemed to be a complication.

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