



ORIGINAL ARTICLE

Satisfaction of patients with Peyronie's disease after plaque surgery and bovine pericardium graft[☆]



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Received 3 April 2016; accepted 19 May 2016
Available online 11 January 2017

KEYWORDS

Peyronie's disease;
Corporoplasty;
Postoperative
satisfaction

PALABRAS CLAVE

Enfermedad de La
Peyronie;
Corporoplastia;
Satisfacción
postoperatoria

Abstract

Introduction: Plaque and bovine pericardium graft surgery is a useful tool for treating Peyronie's disease.

Objective: To determine patient satisfaction following this operation.

Materials and methods: This was a retrospective, observational and descriptive study. We collected data from the medical records of patients who underwent surgery between 2004 and 2015 and were evaluated through a postoperative satisfaction questionnaire.

Results: Twenty-eight operations were performed. Curve correction was achieved in 26 patients (95.3%). One patient (3.57%) required residual curve correction using Yachia's technique, and 1 patient (3.57%) had a severe complication consisting of prosthetic infection and urethrocutaneous fistulae. Twenty-one patients (75%) expressed satisfaction with the surgery.

Conclusions: Our results show an acceptable level of satisfaction among our patients, with a low number of complications. However, further prospective, controlled and randomized studies are needed.

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Satisfacción de los pacientes con enfermedad de La Peyronie tras cirugía de placa e injerto de pericardio bovino

Resumen

Introducción: La cirugía de placa e injerto de pericardio bovino es una herramienta útil en el tratamiento de la enfermedad de La Peyronie.

Objetivo: Determinar la satisfacción de los pacientes tras la realización de esta cirugía.

[☆] Please cite this article as: Silva Garretón A, Santillán D, Chávez D, Gioielli A, Rey-Valzacchi G, Layus O, et al. Satisfacción de los pacientes con enfermedad de La Peyronie tras cirugía de placa e injerto de pericardio bovino. Actas Urol Esp. 2017;41:103–108.

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Materiales y métodos: Estudio retrospectivo, observacional y descriptivo. Se recabaron los datos de las historias clínicas de los pacientes operados entre 2004 y 2015, y fueron evaluados mediante un cuestionario de satisfacción postoperatoria.

Resultados: Se realizaron 28 cirugías. La corrección de la curva se logró en 26 pacientes (95,3%). Un paciente (3,57%) requirió corrección de la curva residual mediante técnica de Yachia, y un paciente (3,57%) presentó una complicación grave consistente en infección protésica y fístula uretrocutánea. Veintiún pacientes (75%) se mostraron satisfechos con la cirugía.

Conclusiones: Nuestros resultados muestran un aceptable nivel de satisfacción de nuestros pacientes con un bajo número de complicaciones, aunque se necesitan más trabajos, prospectivos, controlados y aleatorizados.

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Introduction

La Peyronie's disease is a cicatricial process that compromises the elasticity of the tunica albuginea that surrounds the corpora cavernosa.¹ Its precise etiology is unknown, repetitive microtrauma being the most accepted pathophysiological mechanism. This generates an inflammatory cascade that culminates in the formation of fibrous plaques in this tunica, and the consequent penile deformity.² This condition is named after the French physician Francois Gigot de La Peyronie in 1743, although he was not the first to describe it.³

It is estimated that it affects about 7% of adult men, especially from the sixth decade of life, although it is accepted that its prevalence is underestimated.⁴

This disease consists of 2 phases: acute and chronic. The acute (inflammatory) phase, also called "active", lasts approximately 12–18 months, and the patient begins to notice pain and deformity in the erections. After this phase, and gradually, the chronic (cicatricial) phase, also called "stable", begins, characterized by an unchanged plaque and deformity, and minimal or absent penile pain. In turn, its association with different degrees of erectile dysfunction is common.

The treatment of this disease depends on the stage of the disease, as well as the individual characteristics of each patient. Patients who are in the acute phase usually receive detailed information about the disease, symptomatic treatment (analgesics, pentoxifylline, among others) and expectant behavior in the presence of spontaneous resolution of symptoms.⁵

If, after establishing the chronic phase of the disease, the deformity hinders penetration, causes penile shortening (or other deformities), or associates erectile dysfunction with poor response to different treatments, such as phosphodiesterase inhibitors, vasoactive drugs, or vacuum therapy, its surgical correction is suggested in order to correct penile curvature or deformity and to restore erectile function. Among the different surgical techniques, the albuginea plication in its different variants has been widely used for curvatures lower than 60°, the section of the plaque and patch graft has been used, especially for patients with severe curvatures greater than 60°, in which the albuginea plication would cause an unacceptable penile shortening and, finally, the penile prosthesis implant, for those patients

who associate a severe erectile dysfunction, especially in those nonresponders to phosphodiesterase inhibitors.

Regarding the use of a patch graft to cover the albuginea defect, many have been proposed, from autologous patches to synthetic and xenografts, with the bovine pericardium patch being one of the most used because of its low rate of infectious complications, graft rejection, as well as avoiding the morbidity of a new incision to obtain an autologous graft.^{6–10}

It is important that the patient understands the extent of the surgery and its possible sequels (palpable knots, penile shortening, glandular hypoesthesia) as well as the potential complications (bleeding, bruising, suture dehiscence, recurrence of the curvature, erectile dysfunction, among others).¹¹ In this sense, the overall satisfaction of the patients with this procedure is a little analyzed variable in the literature.

Objective

The objective of the present study was to determine the degree of satisfaction of patients diagnosed with La Peyronie's disease who underwent plaque surgery and bovine pericardial graft at the Italian Hospital in Buenos Aires.

Materials and methods

It consists of a retrospective, observational, and descriptive study. Data were collected from the medical records of patients who underwent plaque surgery and bovine pericardial graft due to La Peyronie's disease in the period between 2004 and 2015 at the Italian Hospital in Buenos Aires. In all cases the surgery was carried out by the same specialized urologist.

The inclusion criteria for the indication of this surgery were: dorsal plaques with invalidating curvatures greater than 60°, or penile shortening greater than 3 cm, absence of erectile dysfunction, and a stability of the curve greater than 6 months.

Patients were evaluated before and after surgery with a complete anamnesis, a rigorous physical examination, measurement of penile length by stretching the penis from its base, self-photographs according to the Kelami technique for measurement of the degree of penile curvature and

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