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The results of plaque incision and vein grafting (Lue Procedure) in the surgical correction of Peyronie's disease in 113 patients

J.S. KALSI, S. MINHAS, A. MUNEEER, N. CHRISTOPHER and D.J. RALPH
Institute of Urology, London, UK

INTRODUCTION

The penile deformity associated with Peyronie's disease may be corrected by a Nesbit procedure, however this may result in penile shortening. The aim of this study was to assess the results of plaque incision with venous grafting in patients with Peyronie's disease.

METHOD

Penile deformity secondary to Peyronie's disease was corrected using the Lue procedure in 113 patients (mean age 44.9 years, range 17-71) between 1996 and 2003. All patients had stable disease for at least 1 year and penetrative sexual intercourse was

difficult or impossible. Pre-operatively the mean (range) penile deformity was 64.5 (20-180)°. The stretched penile length was recorded before and after surgery in all patients.

RESULTS

Post-operatively the penis was straight in 97 patients (85.8%) (mean follow-up 8 months, range 1-67). 43 patients (38.1%) had additional perioperative procedures (40 requiring plication stitches and 3 a Combined Nesbit and Lue procedure) to straighten the penis. Postoperatively erectile function deteriorated in 10 men (8.8%). None of these patients reported complete loss of erection capability. Eighty patients (70.8%) reported no

loss of length whereas 29 cases (25%) reported penile shortening of greater than 1 cm. Of these 29 cases, 12 had had additional plication sutures. Using set criteria the overall satisfaction rate (excellent or satisfactory) was 92.2%.

CONCLUSION

The Lue procedure successfully corrects the penile curvature associated with Peyronie's disease with a high patient satisfaction rate. However, there is also a significant risk of post-operative penile shortening and erectile dysfunction. Patients must be fully counselled pre-operatively with respect to this.

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Penile prosthesis for Peyronie's disease: results and complications

V. AGRAWAL, S. MINHAS, P. KUMAR, C. LI, A. MINERVINI and D. RALPH
Institute of Urology, London, UK

INTRODUCTION

A penile prosthesis is a treatment option for men with Peyronie's disease with associated erectile dysfunction (ED). This study was undertaken to evaluate the results and complications of penile prosthesis implantation in such patients.

PATIENTS AND METHODS

A retrospective review was conducted of men who underwent implantation of penile prostheses over a 24 year period. Patients included 52 men aged 32-72 (mean 55.6), who had a significant penile curvature with

associated ED. A total of 58 prostheses were implanted in 52 men (6 patients had revision of the implant). The mean follow-up period was 41 months (1-199).

RESULTS

A malleable prosthesis was implanted in 40 (68.9%) men and inflatable in 18 (31.1%). Nine (15.5%) patients required additional procedures to straighten the penis including plaque excision, penile moulding, suspensory ligament repair/division and plication. Complications included infection in 3 (5.2%) patients and mechanical failure in 5 (8.6%), which required revision surgery. 3 other

patients had revision of their prosthesis for deformity, short prosthesis and erosion. Straightening of the penis following implantation was achieved in 53 of 58 prostheses (91%). 45 (86%) patients were able to resume sexual activity. A satisfaction survey revealed 36 extremely pleased, 9 satisfied and 7 dissatisfied patients.

CONCLUSION

Patients with Peyronie's disease and associated erectile dysfunction can be effectively treated with a penile prosthesis. Surgery is safe and associated with a low morbidity, with a high satisfaction rate.