

بسم الله الرحمن الرحيم

(قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا

إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ

الْعَلِيمُ الْحَكِيمُ)

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Elective Penile Surgery

Essay

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SHERIF MOHAMMAD

Dedication

My work is dedicated to:

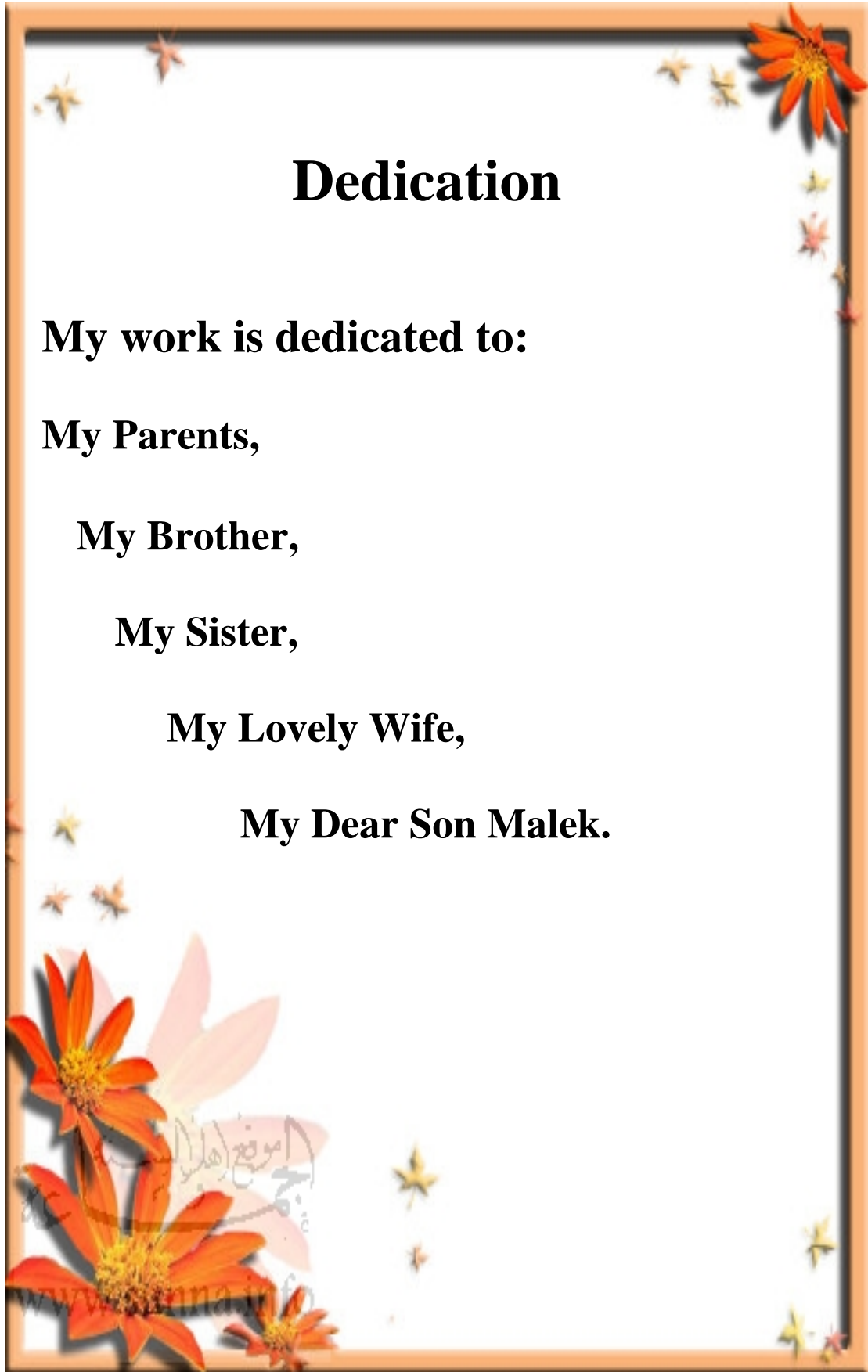
My Parents,

My Brother,

My Sister,

My Lovely Wife,

My Dear Son Malek.



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LIST OF ABBREVIATIONS

AFI	autologous fat injection
BDD	Body dysmorphic disorder
GnRH	Gonadotropin releasing hormones
NSAID	Non steroidal anti-inflammatory drugs
OCD	obsessive–compulsive disorder
PD	Peyronie’s disease
PDE5i	phosphodiesterase type 5 inhibitor
PDS	polydioxanone
SD	Standard deviation
SIS	Small intestinal submucosa
SPS	Small penis syndrome
SSRIs	Selective serotonin inhibitor

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Introduction

The penis, particularly in its erect state, is a symbol of masculinity. In many cultures it symbolize attributes such as ‘largeness, strength, ability, courage, dominance over men, possession of women; a symbol of loving and being loved (**Talalaj et.al., 1994**).

Looking through the history and nowadays confirm that many men place great importance on the size of their penis this concern relates not only to the erect but also to the flaccid penis. These concerns, when severe, can lead a man to go to extreme lengths to try to change the size of his penis. Classically, the small penis syndrome (SPS) is found in men with a normal-sized penis but anxious about the size of the penis, in contrast to men who have a truly small penis (micropenis). It is perhaps relevant that while men with a larger penis, in length and circumference, have a better body image, genital image and a feeling of greater sexual competence (**Connell & Messerschmidt , 2005**).

Women do not necessarily believe that a larger penis is ‘better’. For instance, it was shown that 90% of women prefer a wide penis to a long one. The issue of the women is complex, but most data suggest that penile size is much lower down in the list of priorities for women than such issues as a man’s personality (**Eisenman, 2001**).

In recent years, penile augmentation surgery, a highly controversial operation, has become increasingly common, especially in private settings. Yet this procedure is still not standardized, leading to a wide variety of procedures with unconvincing and poorly scientifically documented results (**Hinman et. al., 1972**).

Media attention and widespread advertising have contributed to the increasing popularity of these procedures. As a result, in the United States alone, 10,000 men had Penile augmentation between 1991 and 1998 (**Van Driel et. al., 2008**).

Measurement of penile dimensions is a basic requirement for evaluating the success rate of penile enhancement procedures. The size of the flaccid state is much more significant for males with psychological dysmorphism than the size of the erect state. Results of measured penile size vary across studies and depend on the method of measurement and on study populations. The reported normal length and girth of an adult flaccid penis ranges between 7.6 cm and 13.0 cm in length and 8.5 cm and 10.5 cm in circumference, and the reported normal length and girth of an erect penis ranges between 12.7 cm and 17.7 cm in length and 11.3 cm and 13.0 cm in circumference. The importance of these measures is that not all persons asking about penile surgery exactly need it; as some persons complain from what is called body dysmorphic disorder (**Wessells et. al., 1996**).

People with BDD frequently develop major depressive episodes and are at risk of suicide. They might also show violent behavior toward their treatment providers that can concern to clinical caregivers. In many cases, individuals with BDD have drastic social and occupational dysfunctions that might progress to the point of social isolation as avoiding social situations and intimate relationships. People with BDD can believe firmly that a marked change in their perceived body defect is a prerequisite to their happiness and well-being but these people need psychologist rather than surgeons (**winter, 1989**).

Selective penile surgery is common procedure regarding the pathological conditions but the elective one take many aspects regarding increasing length, girth and curvature correction. The most common techniques to lengthen the penis is division of the penile suspensory ligament, suprapubic liposuction and V-Y or Z plasty of the suprapubic skin (**Perovic et. al., 2000**).

Concerning penile girth enhancement using injection of materials such as fat or hyaluronic acid. Penile autologous fat injection (AFI) enhances penile circumference via the injection of fat into the dartos layer and its results were unsatisfactory due to reabsorption and formation of fat globules resulting in a distorted shape and lumps with sporadic areas of swelling and loss penile rigidity (**Alter et.al., 1999**).

Some doctors using Hyaluronic acid injected into the glands penis for augmentation and to treat premature ejaculation, but these materials very dangerous as it cause intense foreign body reaction and may cause skin sloughing (*Kim et. al., 2003*).

Concerning penile curvature correction two major types of repair may be considered for both congenital penile curvature and Peyronie's disease these are penile shortening and penile lengthening procedures .Penile shortening procedures include the Nesbit wedge resection and the plication techniques performed on the convex side of the penis. Penile lengthening procedures are performed on the concave side of the penis and require the use of a graft (**Langston et. al., 2011**).

Another type of penile dysmorphia includes the congenital rotation of the penis. It is often an isolated skin and dartos defect causing abnormal adhesions between the skin and the penile shaft. Sometimes the urethra and the corpora cavernosa are all involved in this spiral rotation making treatment of the pathology more complicated. The penis may be rotated upon its long axis either clockwise or anticlockwise, from a few degrees to 90° and even 180°, with the urethral meatal slit directed outward or upward. (**Hensl, 1987**) & (**Eckstein, 1968**).

In another hand there is several non-surgical methods of penile lengthening have been described, such as vacuum devices, penile traction devices and penoscrotal rings; even 'penile physical exercises' have been popularized through the media. Most of these techniques are not supported by any scientific evidence. However, it would seem that among non-invasive techniques penile extenders represent an effective and durable method of penile lengthening, capable of elongating the penis by an average of 1.5– 2.5 cm, with minimal side effects. (**Oderda & Paolo, 2010**).

Further , surgical procedures of 'elective penile surgery' remain a controversial issue, being characterized by poorly defined indications and an unacceptably high rate of complications as recently outlined by a literature review(*Vardi et. al., 2008*).

Aim of the work

To spot light on the types, indications and outcome of elective penile surgery.

Historical review of some penile surgery

Penis size has been a source of anxiety for men throughout history, and still today men often feel a need to enlarge their penises in order to improve their self-esteem or to satisfy and/or impress their partners (**Francoeur et.al., 1991**).

A variety of cross-cultural references to penile enhancement exist. The Sadhus holy men of India and males of the Cholomec tribe in Peru used weights to increase their penile lengths. Males of the Dayak tribe in Borneo mutilated their penises by forming holes and then sticking decorative items through them for their partner's pleasure. In the 16th century, men of the Topinama tribe of Brazil allowed poisonous snakes to bite their penises in order to enlarge them (**Talalaj et. al., 1989**).

The injection of exogenous substances into the genital skin to cause penile enlargement remains a common phenomenon in many cultures. Such practices exemplify the social, cultural, and psychological aspects among men regarding the size of their penises (**Vardi, 2005**).

Penile surgery was done by pharos in the form of circumcision operation and documented in the wall of temples'

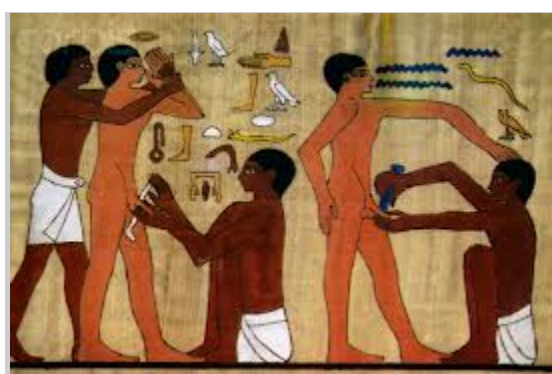


Figure (1): circumcision operation at ancient Egyptian (civic Egypt, 2012).

Islamic books reported that prophet Ibrahim had circumcision operation when he had 80 years old (**islamweb**).