

ABSTRACT

New developments in penile enlargement surgery have generated great interest. We report our approach for a real penile enhancement, especially its length.

Glans cap with urethra and neurovascular bundle is completely separated from corpora cavernosa. The new formed space is used to insert different tissues (cartilage, vascularized muscle grafts etc.). The anatomical entities are joined together forming a lengthened penis. During the period from June 1995 to November 1997, the technique was applied in 17 patients, aged from 14 to 52 years.

The follow up was from 6 months to 3 years. The real penile lengthening was moderate and ranged from 2 to 4 cm.

Complete penile disassembly combined with interposition of different tissues in the space between glans cap and tips of corpora cavernosa provides real penile lengthening.

PENILE DISASSEMBLY TECHNIQUE FOR REAL PENILE LENGTHENING

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OBJECTIVES

New developments in penile enlargement surgery have generated great interest. There are several techniques for successful penile enhancement in girth. However, real penile lengthening can not be achieved with any of them. We developed our technique for real penile lengthening.

MATERIAL AND METHODS

The penis is completely disassembled into its anatomical parts: glans cap, attached dorsally to the neurovascular bundle and ventrally to urethra, and corporal bodies. A space between glans cap and tip of corpora cavernosa is created. This space is used to insert different tissues (cartilage, vascularized muscle grafts etc.) or implants. The anatomical entities are joined together forming a lengthened penis.

During the period from June 1995 to November 1997 the technique was applied in 17 patients, aged from 14 to 52 years.

RESULTS

The follow up was from 6 to 36 months. The real penile lengthening was moderate and ranged from 2 to 4 cm. There were neither injuries of neurovascular bundle or urethra, nor erectile dysfunction.

CONCLUSION

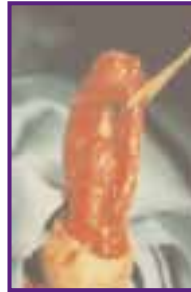
Complete penile disassembly combined with interposition of different tissues in the space between glans cap and tips of corpora cavernosa provides real penile lengthening. Our results are satisfactory.



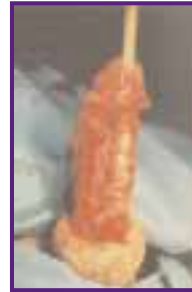
Glans cap with urethra and neurovascular bundle is separated from the corpora cavernosa. Lengthening of the penis directly depends on the elasticity of the urethra, especially of the neurovascular bundle. Space for tissue interposition is measured in the erectile state of the penis.



Rib cartilage is fixed to the tips of corpora cavernosa.



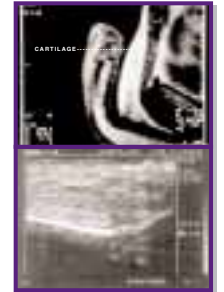
Reassembly of the penile entities. Penis is lengthened with the positioning of the rib cartilage.



Fixation of the mobilized urethra to the corpora cavernosa.



Penile skin reconstruction. Aspect at the end of the surgery.



Two years after surgery, MRI and ultrasound show cartilage inside the penis.



Small penis 8 cm long in flaccid state.



Penis is only 1 cm longer after maximal stretching.



Complete separation of penile entities is done. A space for tissue interposition is created after extensive mobilization of both urethra and neurovascular bundle.



Rib cartilage is inserted into the space between the tips of corporal bodies and glans cap. Penis is reassembled without tension of its entities.



Lengthened penis at the end of surgery.



Sixteen months after surgery, ultrasound shows viable cartilage inside the penis.