scientific studies on the andro-penis®

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Penile enlargement without surgery with the Andro-Penis®

Scientific Research presented in the First Virtual Sexology
and Hispanoamerican Sexual Education Congress (February -2001)

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Andromedical Clinic, Madrid (Spain)

1. INTRODUCTION:

When the human tissues are submitted to a force of traction, they react by increasing in size.

The principle of traction is applied in modern medicine, for the generation of new tissue to cover burn wounds or areas of hair loss (placing a tissular expander underneath the normal skin) or for the lenghthening of bones.

In other cultures this principle is applied to lenghten different parts of the body, like the Giraffe Women of the Paduang tribe in Birmania, or the lenghtening of the lips in certain African tribes, that use wood to create traction. In India, they hang stones on the penis as a form of penitence with the resulting enlargement of the organ.

Based on this principle of external traction, the Andro-Penis® was designed. It is able to exhert a gradual traction force of 600 to 1500 grams.

The device consists of a plastic ring, where the penis is introduced and from where 2 dynamic metalic rods originate the traction. In the superior part there is a plastic support where a silicone band holds the glans in place.

Based on our clinical experience the traction device yields the following results:

- An increase in the lenght of the penis in erection and flaccidity.
- An increase in the perimeter of the penis in erection and flaccidity.

This results will be analyzed statistically to be verified and quantified. See next.

2. MATERIALS AND METHODS

Number of patients: 37 patients, ages between 22 and 60 years of age. These men come from different cities in Spain.

Selection of patients: patients included were healthy men with normal erection capabilities and without penile surgeries. Patients with penile curvatures or other diseases where excluded from the studies.

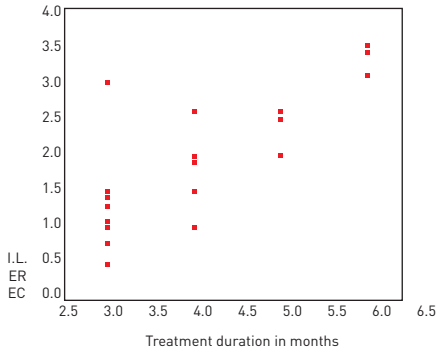
Traction device: The Andro-Penis® penile traction device.

Traction Force: 600 gr during 1st month, 900 gr during 2nd month, 1100 gr during 3th and 4th month, and 1200 gr during 5th y 6th month.

Usage period: 10 hours a day, during every day of the month for a period of 3-6 months.

3. RESULTS

3.1.- Increase of lenght in erection:
The increase in the length of the penis in erection, is relative to the length of time in which the device is worn. Such growth is lineal as is observed in the chart. This translates in: the longer the time of use, the more lenght is obtained. The lineal correlation coefficient between time of use and increase in length in erection is of 0.760 (p=0.000).



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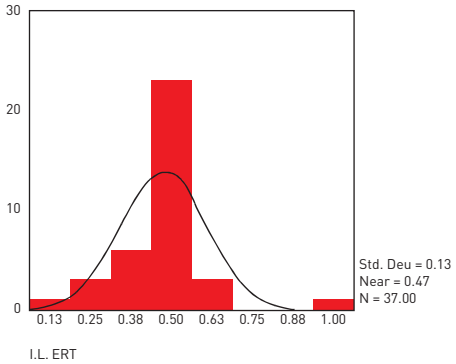
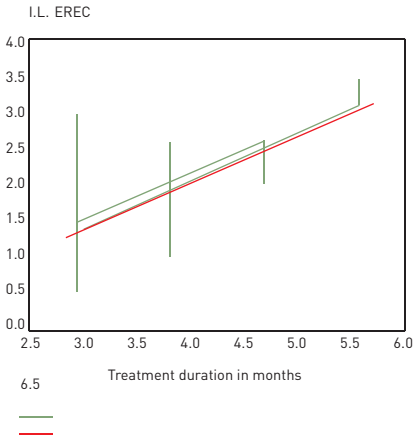
The average increase in the length of the penis in erection by month is of 0.4726 cm. The standard deviation is of 0.1329 cm. The confidential interval of 95% is of [0.4283 ; 0.5169] which indicates a minimal gain in the population of 0.4283 cm/month.



Regression line is:

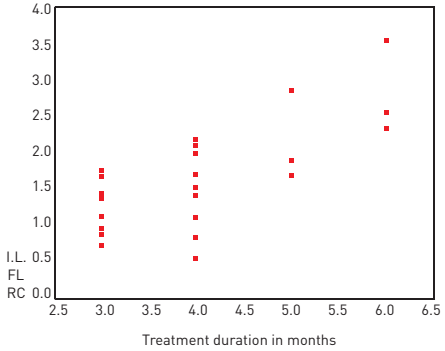
DL erec = - 0.327 + 0.562 x t

This calculation will allow us to estimate the increase in length of the penis in erection, based on the months of use of the device. There is a 57.7% variance in the increment in longitude, which is explained by the variance in the duration of treatment (R2= 0.577). The other 42.3% is due to other differences innate to each individual and not relative to the duration of the treatment.

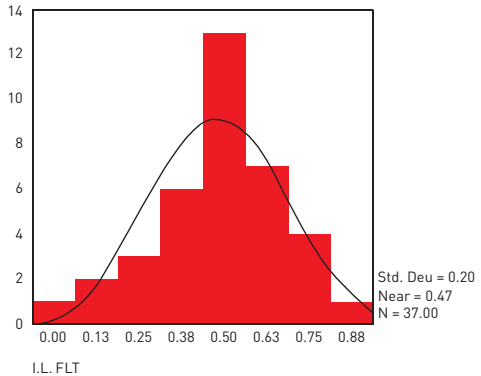


3.2.- Increment in length in the flaccid state

The increment in length in the flaccid state is relative to the time of usage of the device. Such an increment is linear as shown in the graph. The longer the device is used, the greater the increase in length. The coefficient of the linear correlation between the time of usage and the increment in longitude in the flaccid state is of 0.725 (p=0.000).



The average monthly increment in longitude of the penis in the flaccid state is 0.4834 cm and the typical deviation is 0.1983 cm. The confidence interval of 95% is of [0.4173 ; 0.5495] and indicates a minimum increase in the population of 0.4173 cm/month.



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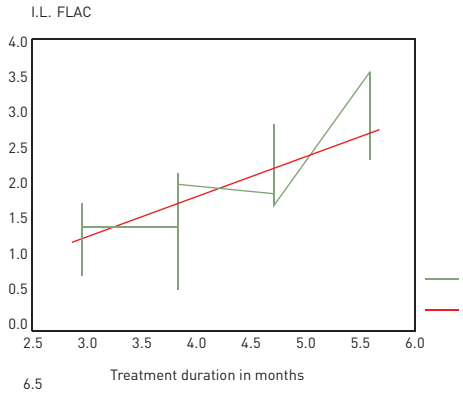
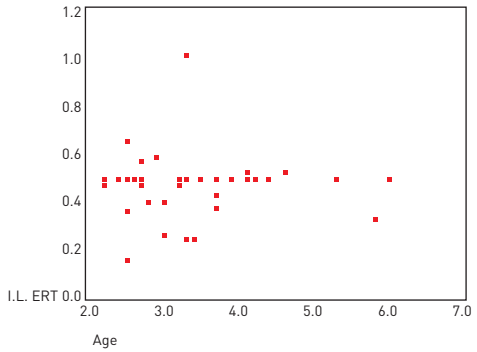
Regression line is:
DL flac = - 1.300 + 0.840 x t
This calculation allows us to estimate the increment in longitude in the flaccid state based on the months in which the device is used. There is a 52.5% variance in the increment in longitude, which is explained by the variance of the duration of treatment (R2= 0.525). The other 47.5% is due to other differences innates to the individual and not relative to the duration of the treatment.



3.3.- Variability:
The variability in the increment in longitude in erection is different from that of flaccidity, being the difference in variance significant (p= 0.003) which indicates a greater dispersion of the increases in length during flaccidity than in erection.



3.4.- The increment in longitude does not depend on the age:
A very interesting result was that the increment in longitude does not depend on the age of the patient, since the coefficient of the linear correlation is not significant (r=0.008, p=0.961). In other words, the age of the patient does not effect the increment in longitude.

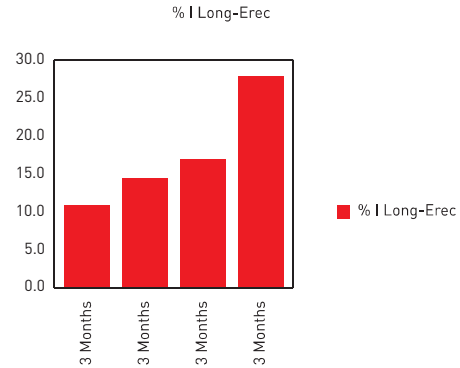
3.5.- INCREMENT IN THE PERIMETER IN ERECTION:
In erection, the average increment of the perimeter was of 0.8405 cm and the typical deviation s=0.5382. The medial growth percentage of the initial perimeter (7.1743%). The growth interval of 95% of the population studied is (0.611 ;1.0200) which shows a minimal growth increment of 0.6111 cm.

3.6.- PERIMETER INCREMENT IN FLACCID STATE:
The median increment of the perimeter in flaccid state was 0.8405 cm and the typical deviation s=0.6057. The median percentage of growth was 9.0741%. The confidence interval of the population studied was (0.6386 ; 1.0425) and shows a minimal perimeter growth increase of 0.6386 cm.

3.7.- Longitude increase in erection state depending on use:
Dividing the population studied in four sub groups depending on the usage time of the Andro-Penis®, we obtain the following results.

Three months usage:
The median longitude increment in erection state was 1.4118, obtaining a median growth of 10.5580% over the initial longitude.The confidence interval of 95% of the studied population was (1.1522; 1.6713) which shows a median minimal growth of 1.1522 cm in three months.

Four months usage:
The median longitude increment in erection state was 1.8462, obtaining a median growth of 14.1113% over the initial longitude. The confidence interval of 95% of the studied population was (1.5809; 2.1114) which shows a median minimal growth of 1.5809 cm in four months.



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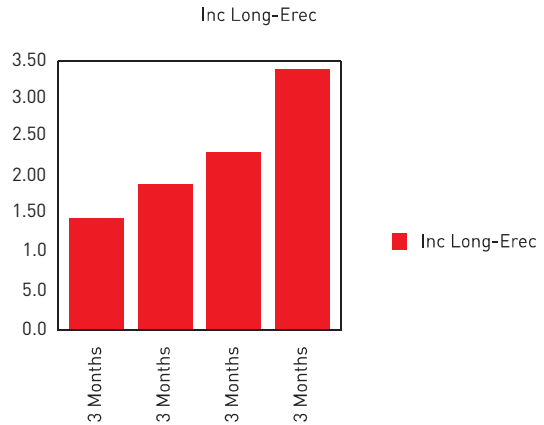
Five months usage:
The median longitude increment in erection state was 2.2750, obtaining a median growth of 16.6303% over the initial longitude. The confidence interval of 95% of the population studied was (1.7656; 2.7844) which shows a median minimal growth of 1.7656 cm in four months.

Six months usage:
The median longitude increment in erection state was 3.3333, obtaining a median growth of 27.5% over the initial longitude. The confidential interval of 95% of the population studied was (2.8162; 3.8504) which shows a median minimal growth of 2.8162 cm in six months.

The samples corresponding to five and six months are very small, which makes small intervals and less reliable.



3.8.- Distribution:
Although the variables considered in the population are not normal, the median samples have normal distribution since the amount of the sample is greater than 20.

3.9.- Abbreviations:

Inc-Long-Erec	Longitude increment in erection state
DL erec	Change in longitude increment in erection state
I.L.ERT	Longitude increment in erection as a function of the time variable
I.L.FLAC	Longitude increment in flaccid state
DL flac	Change in longitude increment in flaccid state
I.L.FLT	Longitude increment in flaccid state in function of time
Inc-Long-Erec	Longitude increment in erection state
% I Long-Erec	Longitude increment percentage in erection state.

4. CONCLUSIONS

The use of the traction device (Andro-Penis®) will increase the length of the penis, both in the erectile and flaccid state.

The increase in length, both in erection and flaccidity, is directly proportional to the time of use.

The increse in length both in erection and flaccidity, does not depend on the natural size of the patient.

The average growth in length of the penis in cm/month in 95% of the patients was between 0.4283 and 0.5163 in erection, and between 0.4173 and 0.5495 in flaccidity.

The increments of change in length of the penis in erection are more uniform than those in flaccidity, which tend to be more disparate .

The increment of change in the length of the penis in erection is not relative to the age of the patient.

The use of the penile traction device will increase the perimeter of the penis, both in erection and flaccidity.

The average growth in perimeter in cm/month in 95% of the patients was between 0.6111 and 1.0200 in erection, and between 0.6386 and 1.0425 in flaccidity. Treatment was 3-6 months duration.

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5. ANEX

Patient results (Using the Andro-Penis®):

Name	Age	Start	L-Erec1	L-Flac1	P-Erec1	P-Flac1	Month	L-Erec2	L-Flac2	P-Erec2	P-Flac2
LAA	60	15.1.98	12.0	8.0	12.0	10.0	3.0	13.5	9.0	13.5	10.5
EAG	37	30.1.98	14.5	8.0	12.0	8.5	4.0	16.5	9.5	13.0	10.5
VA	27	26.11.97	16.3	10.4	13.9	10.1	3.0	17.8	12.5	14.5	11.5
EAA	46	15.3.98	14.5	10.5	12.0	10.0	6.0	17.6	15.7	13.2	11.2
JBV	25	27.3.98	15.0	8.0	13.0	9.0	3.0	16.6	9.5	13.3	10.5
ABB	39	29.6.98	14.0	11.0	13.0	11.0	3.0	15.5	12.5	14.0	12.0
CBG	37	19.1.98	12.5	6.0	12.0	9.0	4.0	14.0	8.8	12.5	9.4
JBL	25	7.5.98	13.7	9.0	11.5	10.0	4.0	16.3	11.5	13.5	12.0
JCB	27	19.11.97	13.0	8.0	14.5	12.0	6.0	16.4	11.1	14.2	12.2
JJCA	33	1.6.98	10.5	4.9	11.0	9.5	3.0	12.0	5.5	11.5	9.5
JCA	32	4.2.98	14.0	10.0	10.0	9.0	4.0	15.9	12.0	12.2	10.5
ODV	25	4.3.98	16.5	9.5	13.0	9.7	3.0	18.0	11.0	13.3	10.0
PDS	22	10.6.98	14.4	8.3	11.0	7.8	3.0	15.8	9.0	11.6	8.3
AGM	41	26.11.98	13.0	9.0	11.0	10.0	4.0	15.0	9.5	11.0	10.0
MGF	32	29.9.97	12.5	5.5	12.5	10.0	4.0	14.5	8.0	13.0	10.0
AHM	44	5.3.98	11.5	8.0	13.0	12.0	3.0	13.0	9.5	14.0	12.0
AAMP	37	12.3.98	12.7	7.0	10.5	7.5	3.0	14.0	9.0	11.0	9.0
JLMO	34	30.1.98	14.8	11.0	11.0	9.3	4.0	15.8	11.0	12.7	9.3
JAMV	41	28.7.97	17.0	10.0	14.0	12.5	5.0	19.6	12.3	15.0	13.5
FOR	30	9.11.97	12.5	7.0	10.0	9.0	5.0	14.5	11.0	11.0	10.5
ROM	28	12.11.97	16.0	8.5	13.0	9.0	5.0	18.0	12.5	13.5	10.5

Name	Age	Start	L-Erec1	L-Flac1	P-Erec1	P-Flac1	Month	L-Erec2	L-Flac2	P-Erec2	P-Flac2
JPC	33	16.1.98	13.7	7.2	12.3	10.1	3.0	16.7	8.7	13.1	10.9
JAPG	29	4.11.97	10.0	8.0	12.0	10.0	6.0	13.5	11.5	13.0	11.0
FPR	30	20.3.98	10.5	7.0	12.0	10.0	3.0	11.3	7.3	12.7	10.0
JPF	42	23.3.98	13.0	7.0	13.0	10.0	3.0	14.5	8.5	13.0	10.5
AJRF	26	28.11.97	14.0	9.0	13.0	9.0	4.0	16.0	10.7	13.0	10.0
ARR	58	7.10.97	11.0	7.0	11.0	9.0	3.0	12.0	8.0	12.0	10.0
RRG	25	25.11.97	14.5	11.0	11.0	10.0	3.0	15.0	12.4	11.7	10.8
CSM	35	24.2.98	15.0	9.0	11.0	9.0	3.0	16.5	11.0	12.0	10.0
ASE	35	20.3.98	12.5	7.5	11.5	9.0	4.0	14.5	9.5	12.5	10.5
ASPA	42	7.11.97	14.0	7.5	12.0	9.0	4.0	16.0	9.5	13.0	10.5
SSF	27	15.8.97	14.5	7.0	14.5	8.0	3.0	15.9	8.0	15.0	8.7
ISB	22	23.9.97	11.5	7.5	11.0	9.5	4.0	13.5	10.2	11.3	10.3
FT	53	19.11.97	14.5	10.0	13.0	10.0	3.0	16.0	11.5	13.5	10.5
EVC	24	29.12.97	11.0	7.0	11.5	9.0	5.0	13.5	9.0	12.5	10.5
PV	33	8.10.97	12.0	8.5	15.5	13.0	4.0	13.0	9.5	16.0	13.0
JSVS	32	24.1.98	12.0	6.0	10.5	9.0	4.0	14.0	8.5	12.5	9.5

L-Erec1 = Length in Erection initial
L-Flac1 = Length in Flaccidity inicial
P-Erec1 = Perimeter in Erection initial
P-Flac1 = Perimeter in Flaccidity inicial
L-Erec2 = Length in Erection final
L-Flac2 = Length in Flaccidity final
P-Erec2 = Perimeter in Erection final
P-Flac2 = Perimeter in Flaccidity final

Management of penile shortening after Peyronie's disease surgery

11th World Congress of the International Society for Sexual and Impotence Research.
Oct 17th-21st, 2004. Buenos Aires, Argentina.

7th Congress of the European Society for Sexual Medicine.
December 5-8, 2004. London, UK.

Moncada, I.; Jara, José; Martínez-Salamanca, J.I.; Cabello, R.; Hernández, C.
Urology Unit. Hospital Gregorio Marañón, Madrid. Spain.

OBJECTIVE:
To assess the value, in terms of increasing the length of the penis, of 8 to 12-hour daily application of a penile extender device after penile surgery for Peyronie's disease (PD). A secondary objective was to assess the health related quality of life (HRQOL) outcome in patients using this device.

DESIGN AND METHODS:
30 men, ages 54-64 years (mean: 58), underwent penile surgery for PD. In eight patients the surgical technique was incision of the fibrous plaque and grafting, while the rest 22 underwent plication of the albuginea (Essed technique) 15 of the 30 patients were treated with a penile extender (Andro-penis device) daily over a 4-month period. Length and girth of the penis was measured before and after surgery and after the use of the extender. HRQOL was also determined using the SF-36 survey to compare both groups of patients.

RESULTS:
Sustained treatment for 4 months with the penile stretching device provided an increase from 1 to 4 cms and an increase in girth of 0,5 to 1,5 cm. Comparing the results of the SF-36 survey a significant difference could be observed between both groups ($p \leftarrow 0.001$). The use of the device was generally well tolerated, only 2 patients had moderate penile pain. No other complications were recorded.

CONCLUSION:
Use of the penile extender device on an 8 to 12-hour daily regimen is an effective and safe way to minimize loss of penile length in patients operated for PD. Its use provides a significant improvement on HRQOL outcomes compared to the control group

Management of penile shortening after Peyronie's disease surgery

Ignacio Moncada, José Jara, Juan I. Martínez-Salamanca, Juan I. Monzo, Ramiro Cabello, and Carlos Hernández

Hospital General Universitario Gregorio Marañón. Madrid

ABSTRACT

Objectives: To assess the value, in terms of increasing the length of the penis, of 8 to 12-hour daily application of a penile extender device after penile surgery for Peyronie's disease (PD). A secondary objective was to assess the health related quality of life (HRQOL) outcome in patients using this device.

Methods: 28 men, ages 54–84 years (mean: 68), underwent penile surgery for PD. In eight patients were incision of the fibrous plaque and grafting was performed, while the rest (20 underwent placation of the albuginea (Essed technique) 14 of the 28 patients were treated with a penile extender (Andro-penis device) daily (8 to 12 hours of continuous stretching ranging from 900 to 1200 gr.) over a 4-month period. Length and girth of the penis was measured before and after surgery and subsequently after the use of the penile extender. HRQOL was also determined using the SF-36 survey to compare both groups of patients.

Results: Penile shortening ranged from 0,5 to 4 cm after surgery for PD. Sustained treatment for 4 months with the penile stretching device provided an increase from 1 to 4 cms and an increase in girth of 0,5 to 1,5 cm. Comparing the results of the SF-36 survey a significant difference could be observed between the group of patients on the stretcher and the patients without it ($p < 0.001$). The use of the device was generally well tolerated, only 2 patients had to decrease the number of hours of use due to moderate penile pain. No other complications were recorded.

Conclusions: Use of the penile extender device on an 8 to 12-hour daily regimen is an effective and safe way to minimize loss of penile length in patients operated for PD. Its use provides a significant improvement on HRQOL outcomes compared to the control group.

INTRODUCTION

Penile shortening is one of the commonest complications of Peyronie's disease surgery.

OBJECTIVES

To assess the value, in terms of increasing the length of the penis, of 8 to 12-hour daily application of a penile extender device (Andro-penis) after penile surgery for Peyronie's disease (PD).
A secondary objective was to assess the health related quality of life (HRQOL) outcome in patients using this device.

MATERIALS & METHODS

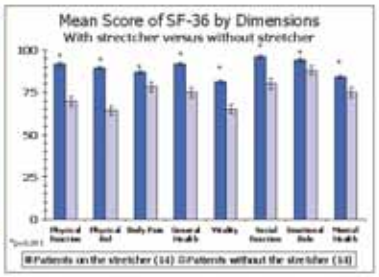
28 men, ages 54–84 years (mean: 68), underwent penile surgery for PD. In eight patients were incision of the fibrous plaque and grafting was performed, while the rest (20 underwent placation of the albuginea (Essed technique) 14 of the 28 patients were treated with a penile extender (Andro-penis device) daily (8 to12 hours of continuous stretching ranging from 900 to 1200 gr.) over a 4-month period.
Length and girth of the penis was measured before and after surgery and subsequently after the use of the penile extender. HRQOL was also determined using the SF-36 survey to compare both groups of patients.

Andro-penis stretcher device

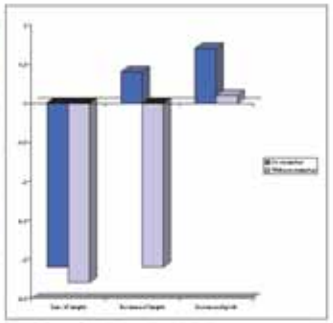
RESULTS

Penile shortening ranged from 0,5 to 4 cm after surgery for PD. Sustained treatment for 4 months with the penile stretching device provided an increase from 1 to 4 cms and an increase in girth of 0,5 to 1,5 cm. Comparing the results of the SF-36 survey a significant difference could be observed between the group of patients on the stretcher and the patients without it ($p < 0.001$). The use of the device was generally well tolerated, only 2 patients had to decrease the number of hours of use due to moderate penile pain. No other complications were recorded.

Way of using the device



Before and after Essed's plicature showing shortening of the penis



Evolution of penile length and girth

Patient with the device in place

CONCLUSIONS

Use of the penile extender device on an 8 to 12-hour daily regimen is an effective and safe way to minimize loss of penile length in patients operated for PD. Its use provides a significant improvement on HRQOL outcomes compared to the control group.

11th World Congress of the International Society for Sexual and Impotence Research.
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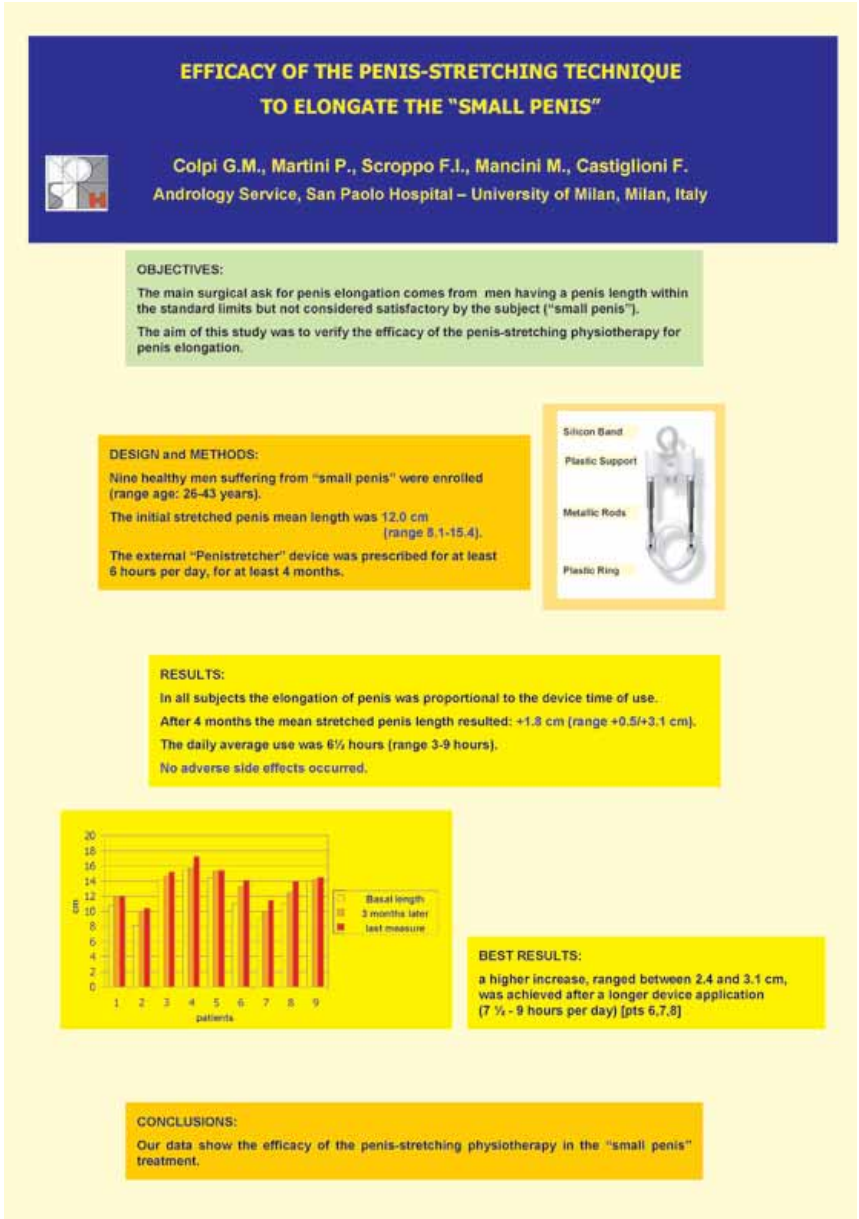
Urology Unit. Hospital Gregorio Marañón, Madrid. Spain.

Efficacy of the daily penis-stretching technique to elongate the "Small penis"



5th Congress of the European Society for Sexual and Impotence Research (ESSIR). Hamburg, Germany. December 1-4, 2002.

Scientific study published in the International Journal of Impotence Research (volume 14, suppl. 4, Dic-2002).

Colpi G.M., Martini P., Scroppo F.I., Mancini M., Castiglioni F.
Andrology Service, San Paolo Hospital-University of Milan, Milan, Italy.

OBJECTIVES:
The main surgical ask for penis elongation is of men having a penis size within the standard limits but not considered satisfactory by the subject ("small penis").
The aim of this study was to verify the efficacy of the penis-stretching physiotherapy for penis elongation.

DESIGN AND METHODS:
Nine healthy men suffering from "small penis" were enrolled (range age: 26-43 years). The initial stretched penis length was 12.0 cm (range 8.1-15.4). The "Andro-Penis," device was prescribed for at least 6 hours per day, for at least 4 months.

RESULTS:
In all subjects the elongation of penis was proportional to the device time of use. After 4 months the stretched penis augmentation was +1.8 cm (range +0.5-+3.1 cm). The daily average use was 6 ½ hours (range 3-9 hours). No side effects occurred.

CONCLUSIONS:
Our data show the efficacy of the penis-stretching physiotherapy in the "small penis" treatment.

Can an External Penis Stretcher Reduce Peyronie's Penile Curvature?

Scientific study published in the International Journal of Impotence Research
(volume 13, sup. 4, Oct-2001) and presented at the 4th annual European Society for Sexual and Impotence Research (ESSIR) Conference (Rome, Oct. 2001).

Scroppo FI., Mancini M., Maggi M.*, Colpi GM.
Andrology Service, Ospedale San Paolo-Polo Universitario, Milano (Italy).
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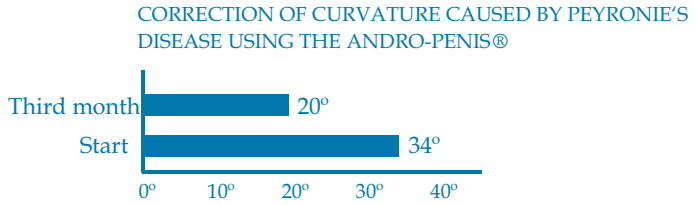
INTRODUCTION & OBJECTIVES:
Peyronie's fibrotic lesions frequently affect the dorsal tunica albuginea and the septum of the penis. Subsequently they can lead to plaque development, penile deformity and pain during erection. Duplex sonographic scanning may allow an objective evaluation of the fibrosis, assessing the thickening of the tunica albuginea and penile plaques. The aim of this study is to investigate the efficacy of mechanical penile stretching (PS) to reduce plaque thickness and penile deformity during erection.

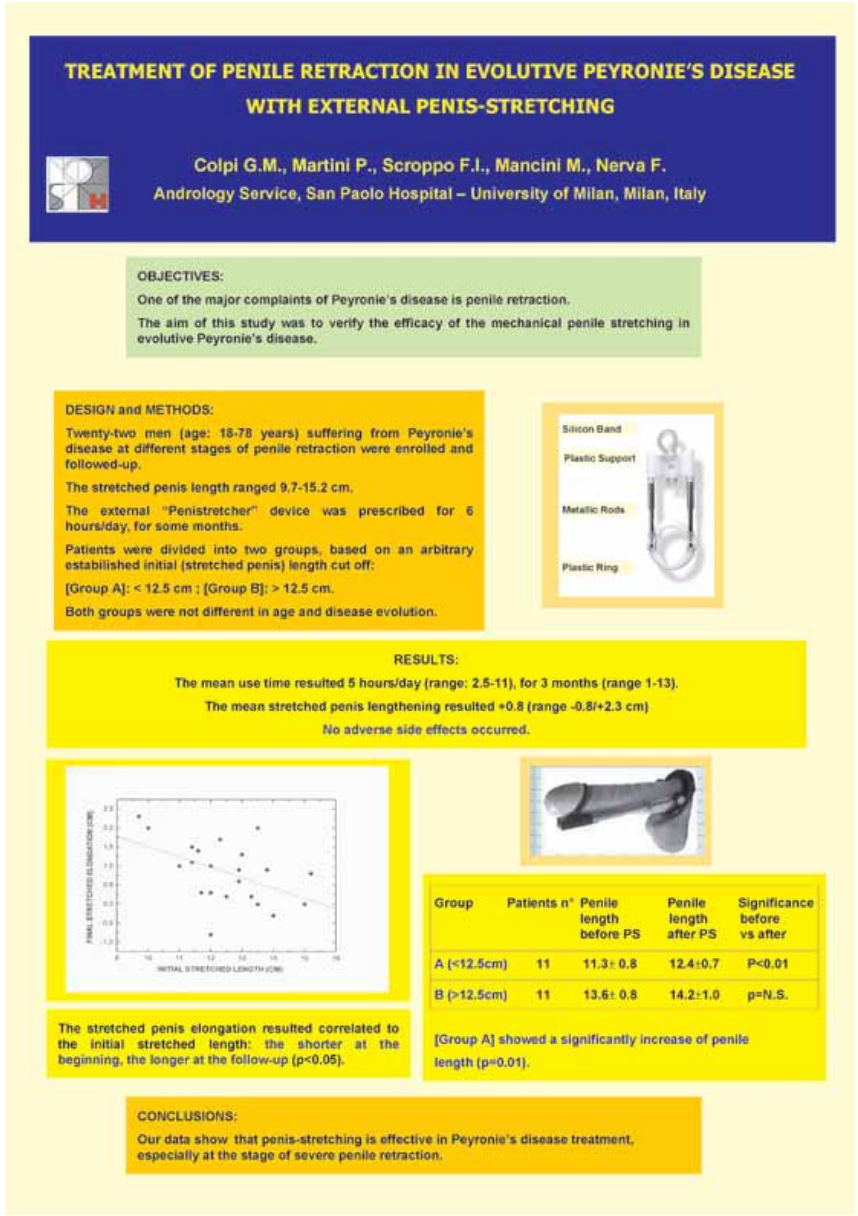
MATERIALS & METHODS:
Eight patients (age 58.5±5.3 yrs.) affected by Peyronie's disease, apparently unmodified at least for the latest 3 months and causing penile curvature during erection (PEC), were trained to use a mechanical penis stretcher. None of them complained about erectile dysfunction according to IIEF test, and penile pain.
After intracavernous injection of PgE1 5-15 mg to obtain full erection (assessed by both Digital Inflection Rigidometry and palpation), cross scanning of tunica albuginea by duplex sonography, photographs of the erect penis according to Kelami's projections, and penile diameters and length measurements were performed before and after daily home PS application (at least four hours / day) for 3 to 6 months.
Individual follow-up examinations were scheduled after 3 and 6 months. At the present time, all patients have concluded the 3-month follow-up, and two of them the 6-month one.

RESULTS:
The tunica highest thickness resulted 1.8±0.6 mm before and 1.6±0.3 mm after PS (n.s.).
The septum latero-lateral maximum thickness was 2.2±0.7 mm before and 1.8±0.8 mm after PS (n.s.). Penile length, dorsally measured from penopubic angle to meatus, was 100.5±27.3 mm before and 104.6±22.2 mm after PS (n.s.). Photographs showed that PEC decreased from 34.1±4.9° before to 20.0±12.2° after PS ($p \leftarrow 0.05$). The treatment was well tolerated (no severe complication and no drop out occurred).



CONCLUSIONS:
These results suggest a promising use of PS in selected Peyronie's patients affected by penile curvature without erectile dysfunction.

Treatment with penile retraction in evolutive peyronie's disease with external penis-stretching



5th Congress of the European Society for Sexual and Impotence Research (ESSIR). Hamburg, Germany. December 1-4, 2002. Scientific study published in the international Journal of Impotence Research (vol. 14, suppl. 4, December 2002).

Colpi G.M., Martini P., Scroppo F.I., Mancini M., Nerva F.
Andrology Service, San Paolo Hospital University of Milan, Milan, Italy.

OBJECTIVES:
One of the major complaints of Peyronie's disease is penile retraction. The aim of this study was to verify the efficacy of the mechanical penile stretching in evolutive Peyronie's disease.
Design and Methods: Twenty-two men (age: 18-78 years) suffering from Peyronie's disease at different stages of penile retraction were enrolled and followed-up. The stretched penis length ranged 9.7-15.2 cm. The "Penistretcher" device was prescribed for 6 hours/day, for some months.

RESULTS:
The mean use resulted 5 hours/day (range: 2.5-11), for 3 months (range 1-13). No adverse side effects occurred. The stretched penis elongation (average +0.8; range 0.8/+2.3 cm) resulted correlated only versus the initial stretched length: the shorter at the beginning, the longer at the follow-up (p<0.05).

CONCLUSIONS:
Our data show that penis-stretching is effective in Peyronie's disease treatment, especially at the stage of severe penile retraction.

"Micropenis" and "Small penis": diagnosis and treatment

Abstract of oral communication at Congress of the European Society for Sexual and Impotence Research (ESSIR). Hamburg, Germany. 1 – 4 December 2002. Published in the International Journal For Impotence Research.

Colpi G.M., Martini P., Scroppo F.I., Mancini M., Castiglioni F.
Andrology Service, San Paolo Hospital – University of Milan, Milan, Italy.

"Micropenis" is used to define a penis less than 2.5 SD long compared to the mean length for age and sexual development stage, provided that this organ does not show any other anatomic anomalies. By "small penis" we mean a penis having a size objectively within the standard limits but which is not considered satisfactory by the subject ("Locker-room syndrome"). This disorder is included in dysmorphophobia and is the main reason why some men undergo penile elongation techniques. Measuring performed with stretched penis shows a close correlation with the real length during erection. The mean length of the flaccid penis in Caucasian post-puberal male is 8.8 cms; when stretched it is 12.4 cms (+ 2.7 cms); during erection 12.9 cms. Therefore, we talk about a micropenis when its size is ← 6 cms. Medical treatment is limited to hypogonadic males by increasing serum androgenic values. Several techniques of penis elongation exist, which are based on external stretching of the penis or classic surgery. Surgical techniques include the subtotal dissection of the penile suspensory ligament and prepubic liposuction. Liposculpture is the insertion of autologuous adipose tissue into the penile subcutaneous in order to increase the organ circumference.

Among physiotherapeutic techniques, our group is making use of the Andro-Penis, to treat both small penis and penis curvature due to Peyronie's disease. For "small penis" our data show a mean increase of the stretched penis length of 1.8 cms after 4 months with a daily average use of 6 hours; a higher increase ranging between 2.4 and 3.1 cms was achieved after longer periods of time (between 7 and 9 hours). We applied the same device in case of Peyronie's disease and we obtained a mean decrease in the penis curvature of about 40% (from 34.1° + 4.9° to 20.0° + 12.2°) after three months of treatment. Patient counselling is at all events essential to have a full picture of the problem, since a morbid attention to the size of his own penis might be the symptom of a more complex psychiatric disorder where surgery is powerless or may sometimes even give rise to additional problems.

Trattamento conservativo in un caso di induratio penis plastica

XXI Congresso Nazionale delle Sezioni Regionali SIA (Societa Italiana di Andrologia). Trieste, Italia. 23-26 Settembre 2004.

G. Piediferro, F. I. Scroppo, F. Castiglioni, R. Benaglia e G. M. Colpi.
Unità Dipartimentale di Andrologia – Ospedale San Paolo – Polo Universitario, Milano, Italia.

CASE REPORT

Uomo di 52 anni, affetto da cardiopatia ischemica trattata con angioplastica due anni prima. Assume betabloccante e nitroderivato con buon controllo della patologia cardiovascolare. Da 3 mesi comparsa di curvatura laterale sinistra retrocoronale del pene in erezione di circa 30° con coito moderatamente doloroso.

CLINICA E DIAGNOSTICA

Alla visita, si rileva un nodulo di I.P.P. come grano di mais tra setto e corpo cavernoso sinistro al III°medio-distale dell'asta. Il pene stretched ha lunghezza di 15.2 cm.
All'ecolordoppler dinamico del pene in erezione rigida si constata incurvamento laterale sinistro di circa 30° al III°medio-distale dell'asta, in corrispondenza del quale è presente nodulo non calcifico settale di 7 X 6 X 6 mm.

TRATTAMENTO

Vengono prescritte ventiquattro infusioni endocavernose di Verapamil 5 mg in 4 mesi. A seguire, applicazione di una trazione al pene mediante estensore penieno per 4-6 ore al giorno per 6 mesi.

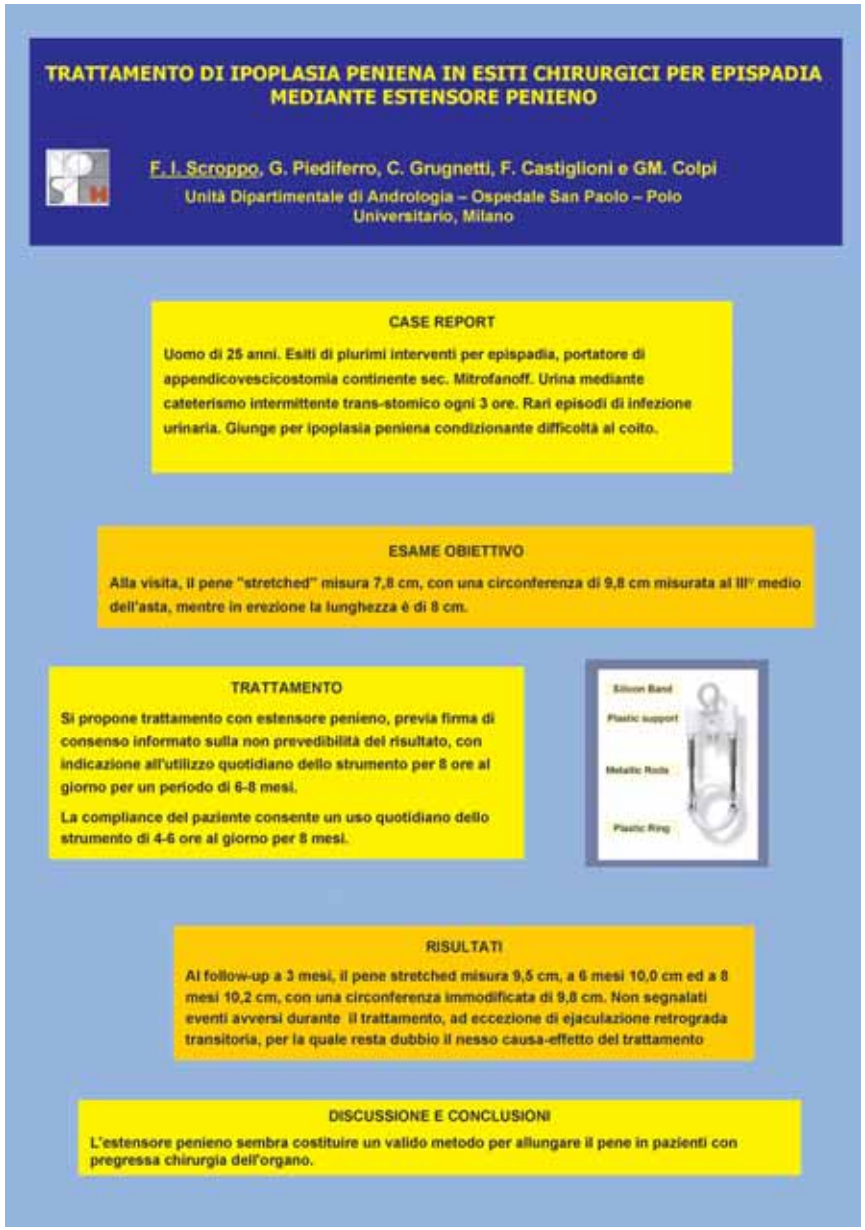
RISULTATI

Nei 6 mesi di trattamento con estensore si ottiene un progressivo e completo raddrizzamento dell'asta. Al termine della terapia all'esame obiettivo il nodulo settale non è più palpabile, il pene risulta allungato di 0.8 cm pervenendo ad una lunghezza stretched di 16,0 cm e l'ecocolordoppler dinamico non riesce più ad evidenziare il nodulo settale.
Il follow-up 2 anni dopo conferma la stabilizzazione del quadro.

DISCUSSIONE E CONCLUSIONI

L'ottimo risultato ottenuto con un trattamento sequenziale farmacologico e fisioterapico combinato nel morbo di La Peyronie in fase attiva meriterebbe un controllo multicentrico.

Trattamento di ipoplasia peniena in esiti chirurgici per epispadia mediante estensore penieno



XXI Congresso Nazionale delle Sezioni Regionali SIA (Societa Italiana di Andrologia). Trieste, Italia. 23-26 Settembre 2004.

F. I. Scroppo, G. Piediferro, C. Grugnetti, F. Castiglioni e GM. Colpi.
Unità Dipartimentale di Andrologia – Ospedale San Paolo – Polo Universitario, Milano, Italia.

CASE REPORT

Uomo di 25 anni. Esiti di plurimi interventi per epispadia, portatore di appendicovescicostomia continente sec. Mitrofanoff. Urina mediante cateterismo intermittente trans-stomico ogni 3 ore. Rari episodi di infezione urinaria. Giunge per ipoplasia peniena condizionante difficoltà al coito.

ESAME OBIETTIVO

Alla visita, il pene "stretched" misura 7,8 cm, con una circonferenza di 9,8 cm misurata al III° medio dell'asta, mentre in erezione la lunghezza è di 8 cm.

TRATTAMENTO

Si propone trattamento con estensore penieno, previa firma di consenso informato sulla non prevedibilità del risultato, con indicazione all'utilizzo quotidiano dello strumento per 8 ore al giorno per un periodo di 6-8 mesi.
La compliance del paziente consente un uso quotidiano dello strumento di 4-6 ore al giorno per 8 mesi.

RISULTATI

Al follow-up a 3 mesi, il pene stretched misura 9,5 cm, a 6 mesi 10,0 cm ed a 8 mesi 10,2 cm, con una circonferenza immodificata di 9,8 cm. Non segnalati eventi avversi durante il trattamento, ad eccezione di ejaculazione retrograda transitoria, per la quale resta dubbio il nesso causa-effetto del trattamento

DISCUSSIONE E CONCLUSIONI

L'estensore penieno sembra costituire un valido metodo per allungare il pene in pazienti con pregressa chirurgia dell'organo.

"Micropenis" and "Small penis": diagnosis and therapy

'V Congresso Nazionale SIA (Società Italiana di Andrologia)', Catania, Italy.
May 29th - June 1st, 2002. Published in " Rivista di Sessuologia Clinica" VIII-2001/2

Colpi G.M., Martini P., Scroppo F.I., Mancini M., Contalbi G., Castiglioni F.
Servizio di Andrologia, Ospedale San Paolo Polo Universitario, Milano, Italy.

ABSTRACT: "Micropenis" is used to define a penis less than 2.5 SD long compared to the mean length for age and sexual development stage, provided that this organ does not show any other anatomic anomalies. By "small penis" we mean a penis having a size objectively within the standard limits but which is not considered satisfactory by the subject ("Locker-room syndrome"). This disorder is included in dysmorphophobia and is the main reason why some men undergo penile elongation techniques. Measuring performed with stretched penis shows a close correlation with the real length during erection. The mean length of the flaccid penis in Caucasian post-puberal male is 8.8 cm; when stretched it is 12.4 cm (+ 2.7 cm); during erection 12.9 cm, but there is a wide range in different studies. Therefore we talk about a micropenis when its length is ← 6 cm. Medical treatment is limited to hypogonadic males by increasing serum androgenic values. Several techniques of penis elongation exist, which are based on external stretching of the penis or classic surgery. Surgical techniques include the subtotal dissection of the penile suspensory ligament and the prepubic liposuction. Liposculpture is the insertion of autologuous adipose tissue into the penile subcutaneous in order to increase the organ circumference. Among physiotherapeutic techniques, our group is making use of an external penis-stretcher to treat both small penis and penis curvature due to Peyronie's disease. Patient counselling is at all events essential to have a full picture of the problem, since a morbid attention to the size of his own penis might be the symptom of a more complex psychiatric disorder where surgery is powerless or may sometimes even give rise to additional problems.

Can an External Penis Stretcher Reduce Peyronie's Penile Curvature ?

2nd European Congress of Andrology. European Academy of Andrology.
Malmö, Sweden. 19-22, September 2002.

FI. Scroppo, M. Mancini, M. Maggi*, GM. Colpi.
Andrology Service, Ospedale San Paolo Polo Universitario, Milano (Italy).
* Andrology Unit, Dip. Fisiopat. Clin., Università di Firenze, Firenze (Italy).

BACKGROUND:
Peyronie's fibrotic lesions frequently affect the dorsal tunica albuginea and the septum of the penis leading to penile deformity and pain during erection. The aim of this study is to investigate the efficacy of mechanical penile stretching (PS) to reduce penile deformity during erection.

MATERIALS AND METHODS:
Ten patients (age 57.0±6.7 yrs.) affected by Peyronie's disease, apparently unmodified at least for the latest 3 months and causing penile curvature during erection (PEC), were trained to use a mechanical penis stretcher. None of them complained about erectile dysfunction according to IIEF test, and penile pain. After intracavernous injection of PgE1 5-15 mg to obtain full erection (assessed by both Digital Inflection Rigidometry and palpation), cross scanning of tunica albuginea by duplex sonography, photographs of the erect penis according to Kelami's projections, and penile diameters and length measurements were performed before and after daily home PS application (at least four hours / day) for 3 to 6 months.

RESULTS:
Penile length, dorsally measured from penopubic angle to meatus, was 104.0±34.5 before PS; 108.5±25.2 mm after 3 months (p=n.s.) and 103.6±33.2 mm after 6 months (p=n.s.). Photographs showed that PEC decreased from 31.2±2.5° before PS to 20.0±11.5° after 3 months (p←0.01) and to 15.0±12.9° after 6 months (p←0.01). The treatment was well tolerated (no severe complication and no drop out occurred).

CONCLUSION:
These results suggest a promising use of PS in selected Peyronie's patients affected by penile curvature without erectile dysfunction or calcific plaques.

Post-surgical use of the Andro-Penis following the plaque removal

and its substitution with autologous venous patch in the penis shaft curvatures provoked by Peyronie's disease.

20th Italian Society of Andrology Conference, Capri (Italy), 25-28 October 2003, and ESSIR Conference, Istanbul (Turkey), 16-19 November 2003.

Diego Pozza, Claudio Barteri, Antonio Aversa, Carlotta Pozza, Francesco Barrese.
Studio di Andrologia e di Chirurgua Andrologica, Nuova Villa Claudia, Roma, Italy.

INTRODUCTION AND OBJECTIVES

The attempt at finding the most suitable material to substitute the albugineous membrane in Peyronie's disease has not been clearly defined, yet. Autologous and eterologous materials often show the tendency to thickening and scarring phenomena that can undo the corrective effects of surgery. Several vascular rehabilitation methods have been put forward to avoid such phenomena. In our tests, we used a penile extender, the Andro-Penis, to reduce the secondary retraction.

MATERIALS AND METHODS

Five patiens (52 to 72 years of age) with satisfactory erections, both spontaneous and with the use of Sildenafil or PGE1, suffering from a shaft curvature on the dorsal side of more than 45° (so much as to impede penetration) have undergone the removal of the dorsal fibrous plaque and the covering of the albugineous space with an autologous part of the saphena.
From day 7 after surgery, patients have started a vascular "rehabilitation" therapy with Sildenafil 25mg in the evening on alternate days for 20 days. Moreover, from day 10 patients have started using the Andro-Penis for an average of 2 hours a day in the morning, 2 in the afternoon and 2 in the evening.
These results have been compared with those of 5 patients of similar characteristics, who have undergone the same surgery and have been treated with the same rehabilitation therapy (Sildenafil) without applying the penile extender.

RESULTS

At least three months after the surgery, those five patients that followed the treatment with Sildenafil and used the extender have shown no reduction in size nor curvature of the penis shaft and an adequate penetrative activity.
Among the remaining five patients, we have registered two cases of progressive shaft curvature that does not allow penetration, and venous patch retraction in one case, which favours a new curvature. Although the latter case does allow penetration, it has not been accepted aesthetically nor psichologically by the patient, thus causing his dissatisfaction.

CONCLUSIONS

The removal of fibrous plaques from the cavernous bodies albuginea and its substitution with autologous veins represents quite a codified procedure today.

The added use of FosfoEsosolsomerase inhibitors to increase the cavernous microcirculation and the use of mechanical penile extenders can easily avoid the cavernous patch retraction and guarantee increased surgical results.

Treatment options for “hydiopathic short penis”: what is the evidence?

7th Congress of the European Society for Sexual Medicine (ESSM). London, UK.
December 5-8, 2004.

Paolo Gontero, Nicola Mondaini*, Bruno Frea.

Department of Urology,University of Piemonte Orientale,Italy.
*Department of Urology,University of Florence, Italy.

INTRODUCTION

Penile size is becoming a healthcare problem given the increasing number of patients seeking urological advice for a so-called "short penis". Aim of the present study was to review the level of evidence in literature for any treatment option to elongate the penis.

MATERIAL AND METHODS

The study was conducted through a medline search for the last 20 years on surgical and non surgical treatment modalities for penile lenghtening. Peered reviewed abstracts were also included. We focused on the term "lengthening phalloplasty", that summarises a small group of surgical procedures aimed to elongate the shaft mainly in the flaccid state. Other search terms included non invasive methods like "penile stretchers".

RESULTS

Based on the currently available literature it appears that the most common techniques to lengthen the penis (section of the penile suspensory legament, the infrapubic liposuction and a V-Y or Z plasty) provide only rudimentary results and a high patient dissatisfaction rate. On the other hand, literature reports mainly the disastrous results of pericavernosal apposition of autographs. In a recent technique of augmentation phalloplasty bilateral saphena grafts have been employed to increase the corpora cavernosa girth thus providing a "true" penile enlargement during erection . Interestingly, a number of peered reviewed abstracts agree that the so-called "penile stretchers" may significantly improve penile length with an extremely low complication rate.

CONCLUSIONS

Penile additive surgery remains a real controversial issue, dominated more by opinions than a scientific background. In our opinion, a more open view should be directed in the field of conservative methods of penile lengthening. Theoretically, there is no reason to believe that a penile stretcher may be less successful than surgery in elongating the suspensory ligament. Additionally, the use of non-invasive options gives the opportunity of widening considerably the indications for a treatment that, in the majority of cases, is merely cosmetic.

Post surgical treatment

Scientific work presented at the 2nd annual Conference on Aesthetic Medicine, Milan (Italy) Nov 2000.

TOPIC: Penile enlargement Phalloplasty and post operative treatment using the Andro-Penis.

R. Vaccari, MD, M. Musillo, MD , F. Pezzoni, MD.
Andrology Medical and Surgical Center, Milan (Italy).

Surgical Procedures

1. PUBIC LIPOSUCTION;
Local anesthetic infiltration, pubic liposuction, and fat processing to prevent it's reabsorption after peneal lipofilling.

2. RELEASE OF THE PUBO-PENILE LIGAMENT;
The ligament is manually detached from the lateral fibers. Complete cut of ligament after careful hemostasis.

3. WOUND CLOSSURE;
This is carried out in layers with puboplasty techniques V-Y which allows the pubic skin to advance towards the base of the penis.

4. PENILE LIPOFILLING (body fat injection);

5. POST OPERATIVE GUIDELINES;
The Andro-Penis may be used 15 days after operation for a period of 2 months. Being just as important as the surgical stage, with the aim of avoiding serious complications such as penile fibrosis. The Andro-Penis in time provides a gradual enlargement of penis.

Penis enlargement: ventral and dorsal combined technique

Cos Calvet JM, Uría J, Puigvert A
2nd Ibero-American Conference of Andrology
December 2003

The Koro syndrome
Small penis syndrome that provokes psychological disorders affecting one's personality and social behaviour, although it is not to be considered as a psychiatric disease.

The Changing Room syndrome
The problem arises because of the look of one's own penis in the state of flaccidity. Two thirds of men accept the way their penis looks. The rest prefer hiding it, although they report no problem in their sexual intercourses.

Such set of symptoms is worsened by the following factors: the way or angle to look at one's own penis, malicious remarks or jokes of one's friends or partner, the spread of pornography.

Penis enlargement: the combined technique
The average penis size, taken from the pubis to the glans in the state of flaccidity and under traction, varies between 10 and 14cm. The size of the majority of people is normal, so as their erectile function.

This is NOT just another plastic surgery technique. We are called upon asking ourselves whether results can be positive, what are the best techniques, whether the quality of the sexual intercourse is satisfactory and what can the side effects be.

Ethics of results: completely satisfactory results cannot be reached, and the patient cannot have all his expectations fulfilled.

Non-invasive procedures:
Vacuum pump (totally inefficient).
Andro-Penis: mechanism of continuous traction that gives a real enlargement.

Surgical procedure:
First surgery: Dr. Long, 1984
Various techniques exist, though they all include the following:
- Snipping of the suspensory ligament
- Separation of the fundiform ligaments
- Suprapubic liposuction (in some cases)

Surgical technique:
- Balanopreputial incision
- Penis denudation to the base of the shaft
- Snipping and ligation of the superficial dorsal vein
- Snipping of the suspensory ligament
- Snipping of the fundiform ligaments

A constant traction of the penis shaft during surgery is advisable to ease the ligaments snipping, establish the actual elongation and precisely carry out the lateral ligation of the albuginea to the straight abdominals terminal membrane, impeding thus the penile retraction.

A rigorous hemostasy is necessary. Total bandaging in the first 10 days is advisable. The Andro-Penis is to be worn 3 to 4 weeks after surgery for no less than 2 months.

Postsurgical Recovery:
Antiinflammatory drugs for 10 days. Varbiotic every 8 hours for 5 days. Keep the bandaging for 10 days. Local cold applications in the first hours after surgery.

Main complications:
Bruise, penile retraction, oedema, loss of sensitivity, psychogenic erectile disfuncions.

OUR EXPERIENCE:

25 patients with unique or combined technique. Average gain in length: 5cm. No complication. High degree of satisfaction of the patient's.

Penis Enlargement; Patient classification based on a psychological study.

Fernando Molina-Campuzano, clinic psicologist, Madrid - Spain

When a patient decides to obtain information regarding penile enlargement, many psychological aspects have to be taken into consideration: reasons for their request, motivating factors, and expectations are of extreme importance for the management of each case.

PSYCHOLOGICAL ASPECTS

In each treatment, psychological factors play an important role during the consultation, treatment development and evaluation, and post treatment evaluation.

THE PHYSICIAN :

The expectations of the patient seeking information on penile enlargement should be determined. The patient is expecting to find a doctor who can explain the process in full detail in a professional and confidential fashion.

THE PATIENT :

By listening to the patient carefully, the physician can appreciate his goals and expectations. One should not generalize with different patients, since there are different reasons and personality traits involved in the patient's objectives for using the Andro-Penis. One would want to carefully evaluate those personality traits that involve insecurity, role improvement, and relationship improvement.

As long as we identify the patients' objectives and remind him of his goals, the physician will help maintain the patient's interest, achieving more effective compliance during the treatment period.

PATIENT CLASSIFICATION ACCORDING TO MOTIVATING FACTORS:

TYPE I:

Primary Objectives: Size.

Secondary Objectives: To reinforce self-confidence in sexual relationships, to achieve increased desirability, to avoid rejection and solitude, to be part of the winners circle, and to improve pleasure given to their sexual partner.

A prototype patient is a 40 years old individual who, for the first time in his life, is confronted with erectile dysfunction. He perceives a decreased length of his penis or diminished virility. In this case, by explaining that tissue growth and neo-vascularization caused by the treatment improves not only the quality of erections but also the length of the penis and a sense of virility, the patient's objective(s) will be achieved.

Important emotional changes, which affect the patient, are readily observable. Sometimes, however, there may be a change in the partner's attitude, which may present an entirely new set of issues for the patient. Attempts to help the patient identify these can be helpful, especially if rejection is an issue. This patient is likely to avoid intimacy, and has an absence of emotional or sexual relationships. They may constantly seek superficial interactions, in some degree, to compensate for personal frustrations, which may have originated in their youth (L. Festiger 1975)

We need to transmit confidence to the patient, with the reassurance that his penis will grow and that the quality of his erection will also improve. When they perceive a penis of a larger dimension, the patient's self esteem should also improve. The patient will think of himself as a better lover and feel more proud of his sexual attributes. As a response to the phallic myth, he will likely see an increased sexual desire in his partner, which can enhance foreplay and improve positive expectations from intercourse.

The patient will receive all this information as a feed-back. Increased confidence and self esteem will make his sexual approach calm and relaxed, thus automatically helping to activate the parasympatic nervous system - a key factor in erection.

These achievements by the patient, over time, will improve his confidence in the emotional and sexual aspects of his relationships. As a consequence, he will see an improvement in other aspects of his life such as social skills, goal achievement, work, etc.

TYPE II:

Primary Objective: Obtain a penis of normal or average dimensions.

Secondary Objective: Eliminate insecurity, complexes, solitude and rejection.

Penis Enlargement; Patient classification based on a psychological study.

COLEGIO DE PSICOLOGOS

We are talking about a patient with a smaller than average penis, or a small penis that creates an inferiority complex in the patient. Some of these individuals avoid situations in which their nudity will be exposed (dressing rooms, beaches, sexual encounters, etc.) They present obsessive thoughts on their nudity, which are focused on the size of their penis. Such individuals, during their consultation, express feelings of being observed and perhaps of being made fun of due to the small size of their penis.

This individual wants to make sure that the growth will be both in erection (to satisfy their own needs as well as those of their partners) and in flaccidity (since they feel observed and criticized by others).

At the beginning, these patients may not seem to expect results from the treatment, but due to their high personal motivation, and after being provided with the proper scientific information, they usually decide to begin the treatment. They have the highest treatment compliance index and tend to use the device for more than 10 hours a day.

Even though they are very enthusiastic with the treatment, if they do not see results on a short term (1-2 months), they question the treatment's efficacy. In such instances, it is recommended to instruct the patient that the first month is an adaptation period, and to continue the treatment 11 hrs a day for the first month and a half to accelerate growth.

It is very important to support and to educate the patient during the first months of treatment to alleviate pessimistic feelings. They need to know that in this period there is an increase in penile girth and an improvement in erections. This should be presented as proof that the treatment is working as expected.

During treatment, these individuals require a parental-like guidance and a continuous support from the physician.

At the completion of the treatment, patients usually express feelings of satisfaction with their sex life and an improvement in the quality of life in general.

TYPE III:
Primary Objective: Obtain a penis of large dimensions

Secondary objective: They usually possess narcissistic traits with the goals being to elicit sexual desire from their partners and admiration by others. They believe that with a larger penis, they will belong to the elite group of winners.

Some of the patients encounter difficulties in establishing significant personal relationships and base their communication on sexual assets, which make them feel comfortable and more secure.

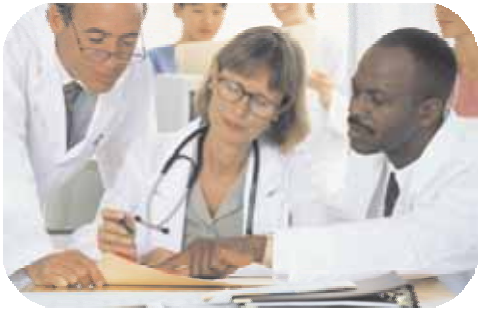
We are talking about a very heterogeneous group, so we will divide the different attitudes and motivations of the members of this group in 4 categories.

A.- Males in a stable relationship: those who want to obtain a larger penis to improve their relationship and to introduce new forms of play that will gratify both individuals. They seek a change in their routine. They tend to have financial means to seek treatment.

B.- Males without a stable relationship: those who have multiple sexual partners. They find gratification in such relationships. They are very proud of their physique, of their appearance, and of their large penis ("Teoría Psicoanalítica de las neurosis", Fenichel, O - 1987).

C.- Sportsman: those who invest a lot of time and money in their physique and traits and who are narcissistic. They frequent places where they can exhibit themselves (nudist beaches, swimming pools, dressing rooms, etc....) since they feel very comfortable and know how to elicit admiration by others. These patients are very hedonistic; if they feel discomfort during the treatment, they will usually stop.

D.- Homosexuals: these men often place a lot of importance on their penis size. There is generally less of a need to be convinced about the efficacy of the treatment, but when these patients obtain 1 or 2 cm of growth, they often abandon the program prematurely. Compliance is encouraged.



Medical Protocol

Medical history
- Pre-existing Vascular Disease
- Dermatological conditions: locally (injuries)
- Psycological and Sexual profile

Measurements: A measuring tape will be used for this purpose. Rigid metal or wooden rulers are not adviced.The patient should do his own measurements (specially in erection). The following measurements are needed:
- Length of the penis in flaccidity
- Perimeter of the penis in flaccidity
- Length of the penis in erection
- Perimeter of penis in erection

Preparing the Extensor: Once the patient has obtained all 4 measurements , the doctor will set the device in the proper starting phase based on the length of the penis in erection.

Assembling the device: The doctor will instruct the patient on how to assemble the Andro-Penis and will make sure that he can assemble it on his own.

Commitment to use the device as instructed: It is important that the patient signs this document to certify that he was properly adviced on the use of the device and to commit to use the product as shown in the usage instructions.

Medical Supervision

Frequency of medical supervision:
- During the 1st month: weekly rechecks
- During the 2nd month: biweekly rechecks
- During the 3rd month: biweekly rechecks
- After the 4th month: monthly rechecks

Measurements to be performed on a monthly basis.

Objetive of rechecks:
- Asses that the patient is using the device properly.
- Monitor patient's results after the first month of treatment.
- Offer support and advise to the patient.

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