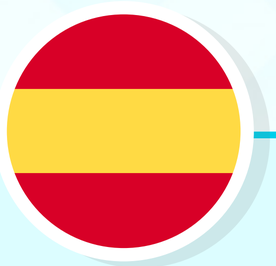
15 REFERENCIAS BIBLIOGRAFICAS

Anexo 8/I: TRABAJOS CIENTÍFICOS (1/2)



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SURGICAL PENILE ENLARGEMENT

(Elongation and thickening)

Author: Jørn Ege Siana, MD, Scandinavian Clinic of Plastic Surgery, Copenhagen

1. INTRODUCTION

The need for surgical penile enlargement has increased since 1994 when Hennie Roos from South Africa was the first to describe his method. In the Scandinavian Clinic of Plastic Surgery in Copenhagen the first procedure for penis enlargement was introduced September 1994. Initially traditional methods were used subsequently developing into the endoscopic technique practised today.

COPENHAGEN

SCANDINAVIAN CLINIC OF PLASTIC SURGERY

Surgical Penile Enlargement (Elongation and thickening)
Author: Jørn Ege Siana, MD

2. MATERIAL AND METHODS

2.1.Period: September 1993 to March 1998 (54 months)

2.2.Number: 1355 patients operated from December 1993 to March 1998 (54 months)

2.4.Technique:

2.4.1. Incisions: **817 patients:** X-Y, elipsis-Y or V-Y (70-140 mm)
538 Patients: endoscopic technique with horizontal - vertical (10-20 mm)

2.4.2. Dissection of the suspensorium and transverse perineal ligaments

2.4.3. Interposition of adipose swing-flap: **a)** Y-incisions - from mons pubis
b) endoscopic technique - from funiculus

2.4.4. Closure of the scarpas fascia over the interposited tissue

3. RESULTS:

3.1. Y-incision:

Number of one year controls: 268 of 817 patients (32,8%)

	Length Increase (Flaccid)	Circumference Increase (Flaccid)	Length Increase (Erection)
Mean	4,7 cm 1,85 in	2,8 cm 1,1 in	2,3 cm 0,9 in
Range	(0 - 9,0) cm (0 - 3,5) in	(0,5 - 9,0) cm (0,19 - 3,5) in	(0 - 6,0) cm (0 - 2,36) in

3.2. Endoscopic techniques:

Number of one year controls: 144 of 538 patients (26,8%)

	Length Increase (Flaccid)	Circumference Increase (Flaccid)	Length Increase (Erection)
Mean	4,3 cm 1,69 in	2,9 cm 1,14 in	2,6 cm 1,02 in
Range	(0 - 7,0) cm (0 - 2,75) in	(0,5 - 6,0) cm (0,19 - 2,36) in	(0 -5,0) cm (0 -1,96) in

4. CONCLUSIONS

Even though non-optimal the surgical results are acceptable

- → There is no significant difference in results according to surgical techniques
- → Y-incisions give unsatisfactory scars and scrotalisation of the penis
- → Endoscopy-assisted surgery with incisions less than 2 cm gives natural appearance
- → Y-incisions have to be selected for obese patients with an excess of skin on mons pubis
- → Additional post-operative treatment has to be developed to avoid scar contractions and to create more desirable elongation results for the patients