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AUA VIRTUAL EXPERIENCE

Modified grid plaque incision and sealing with Collagen Fleece for treatment of Peyronie's disease: its feasibility and safety.

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OBJECTIVE

- To introduce a less invasive technique by multiple grid plaque incisions instead of plaque excisions to minimize complications

MATERIALS & METHODS

- 13 patients with stable Peyronie's disease (PD) were included
- Assessed Stretched penile length (SPL), totally straightness, International Index of Erectile Function (IIEF-5) pre- and post-op 12weeks postoperatively

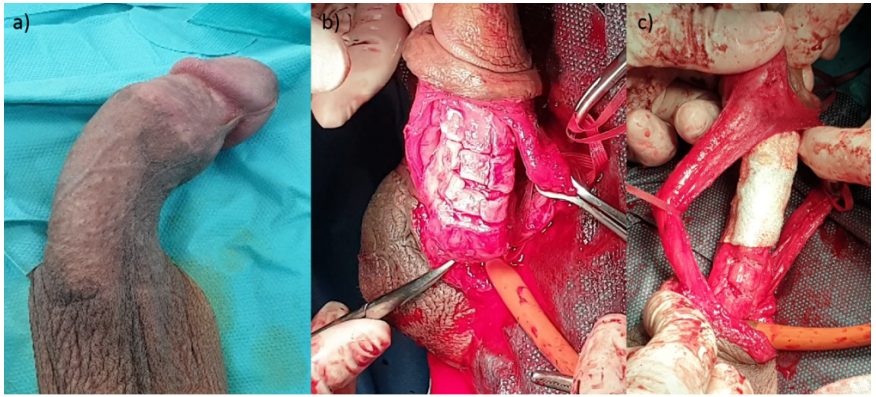

Figure 1. a) Preoperative feature of lateral penile curvature
b) Deep grid incision to reveal cavernosum (neurovascular bundle and urethra hold with babcock clamp and loop)
d) Sealing with collagen fleece

RESULTS

Table 1. Baseline characteristics and postoperative outcomes

Number of patients (n)		13
Mean patient age (y)		62.3 ± 4.9 (52-72)
Direction of penile deviation (n)	Dorsal	8/13 (61.5%)
	Lateral	3/13 (23.1%)
	Ventral	2/13 (15.4%)
Mean curvature (°)		50.5 (40-80)
Penile deformity	Hinge	8/13 (61.5%)
	Hourglass	2/13 (15.4%)
Mean operative time (min)		95.0 ± 24.6 (60-140)
Totally straightness of penis at end of surgery (n)		12/13 (92.3%)
Mean follow-up (mon)		5.5 ± 3.9 (3-10)
Erectile function, IIEF-5	before surgery	13.2 ± 4.6 (9-21)
	after surgery	11.5 ± 0.7 (11-12)
Mean penile length (cm)	before surgery	10.6 ± 1.0 (9-12)
	after surgery	11.7 ± 0.8 (10-12)

CONCLUSION

- Our initial experience with this technical modification of various plaque incisions shows that one can achieve a sufficient surgical effect without making defect of carvernosum.