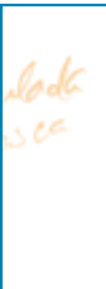
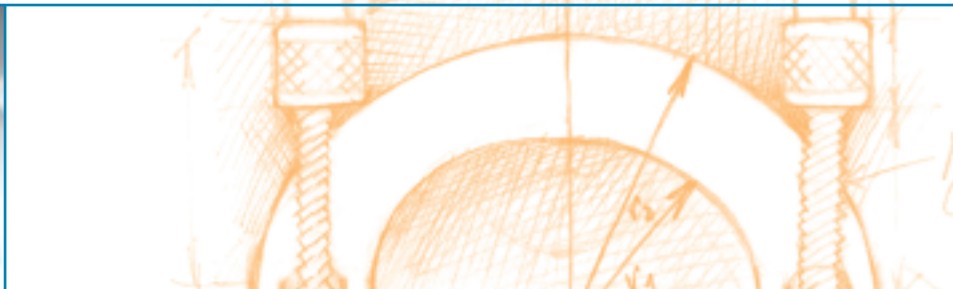
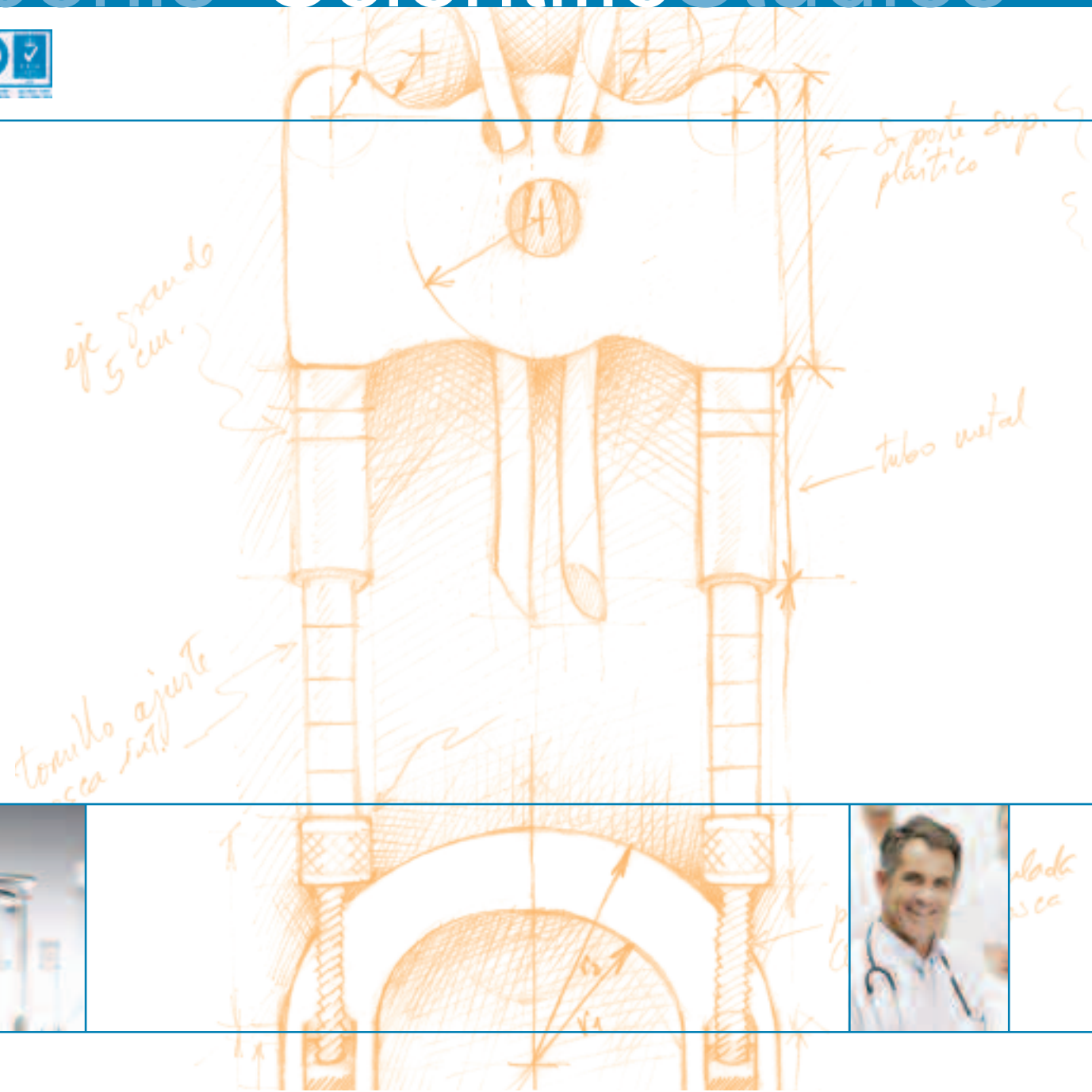


Andropenis[®] Scientific Studies





Peyronie's disease



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



Penile extender device in the treatment of penile curvature due to Peyronie's disease



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



Peyronie's Disease. Latest treatment options



Conservative treatment in a case of induratio penis plastica



Penile enlargement



Penile extender should be regarded as a minimally invasive and effective treatment options to elongate the shaft in patients seeking treatment for short penis



Enlargement of penis in patients with hypogonadism complex approach to the clinical practice



Penile enlargement without surgery with Andropenis®



Effects on penile size with penile extensor by traction force



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



Urological Post-surgery



Management of penile shortening after peyronie's disease surgery



Management of penile shortening after peyronie's disease surgery



Post-surgical use of Andropenis® following the plaque removal and its substitution with autologous venous patch in the penis shaft curvatures provoked by peyronie's disease.



Penis enlargement: ventral and dorsal combined technique



Treatment of penis hypoplasia as a consequence of epispadia surgery through penis extensor



Treatment options for "Hydropathic short penis": what is the evidence

Psychological Studies



Penis enlargement; Patient classification based on a psychological study
Fernando Molina-Campuzano, clinic psychologist, Madrid-Spain.

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Conservative treatment in a case of induratio penis plastica



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

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

1. 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.

2. 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.

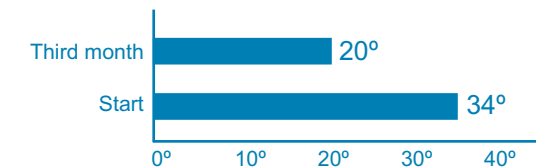
3. Results:

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 $34.1 \pm 4.9^\circ$ before to $20.0 \pm 12.2^\circ$ after PS ($p \leftarrow 0.05$).). The treatment was

well tolerated (no severe complication and no drop out occurred).

CORRECTION OF CURVATURE CAUSED BY PEYRONE'S DISEASE USING THE Andropenis®



4. 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 (volume 14, suppl. 4, Dic-2002). Colpi G.M., Martini P., Scroppo F.I., Mancini M., Nerva F. Andrology Service, San Paolo Hospital – University of Milan, Milan, Italy.

1. 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.

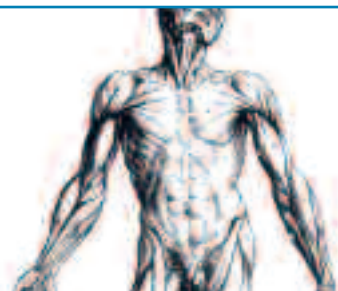
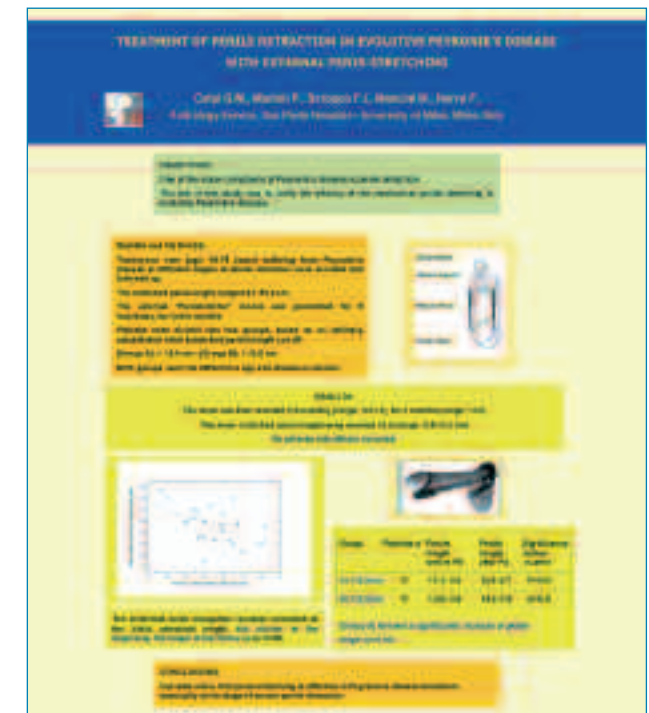
Twenty-two men (age: 18-78 years) suffering from Peyronie's disease at different stages of penile retraction were enrolled and followed-up. The stretched penis length ranged 9.7-15.2 cm. The "Penistretcher" device was prescribed for 6 hours/day, for some months.

2. 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) results correlated only versus the initial stretched length: the shorter at the beginning, the longer at the follow-up ($p < 0.05$).

3. Conclusions:

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



Penile extender device in the treatment of penile curvature due to Peyronie's disease

Gontero, M. Di Marco, G. Giubilei, G. Pappagallo, A. Tizzani, N.

Mondaini Annual Meeting of the American Urological Association Education and Research Inc.,
Orlando, USA, 2008

Introduction

Peyronie's disease can be defined as an acquired penile deformity of the erect penis which is caused by a fibrous plaque. Men with Peyronie's disease may present with a combination of complaints, including penile curvature, painful erections, erectile dysfunctions and penile shortening leading to significant detrimental psychological effects (Hellstrom WJ, 2000; Gelbard MK, 1990). A conservative medical treatment is usually advocated as the first line therapy particularly in the early inflammatory phase although there is poor evidence that it might be effective (Russell S, 2007). If this management proves unsuccessful, a more invasive surgical approach may be contemplated once the disease has been stabilized, usually after 1 year from onset (Hellstrom WJ, 2000). The long term results of surgery have pointed out a significant patients' dissatisfaction, with erectile dysfunction, penile shortening and residual curvature being the chief complaints (Montorsi F, 2004; Kendirci M, 2004). The penile extender, a non-surgical device that employs progressive mechanical traction to the penis, has been claimed to produce significant improvement in penile length (Moncada I, 2005; Gontero P, 2007). A preliminary pilot experience has suggested that the tension forces exerted by a penile extender could also reduce penile curvature due to Peyronie's disease (Scroppo FI, 2001). The combination of these effects may provide an intriguing treatment option in selected Peyronie's disease patients. We tested this hypothesis in a phase II study designed to assess whether a penile extender may produce significant improvement in penile curvature due to Peyronie's disease.

Material and methods

Patients eligibility

Patients with a penile curvature due to Peyronie's disease were considered eligible for the study if they met the following inclusion criteria: a penile curvature not exceeding 50°, causing patient's complaint and sustained by fibrous plaques detectable through genital palpation or ultrasound; a history of the disease lasting at least 12 months; no penile pain in the flaccid state. Previous medical treatment did not contraindicate study participation. A history of major psychiatric disorder, a reduced manual dexterity that may prevent the correct use of the device, previous penile surgery and a severe erectile dysfunction based on the EF domain of the IIEF were exclusion criteria.

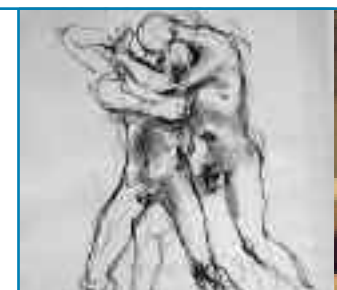
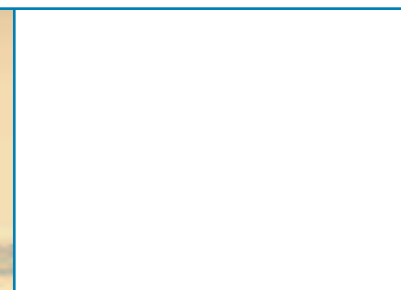
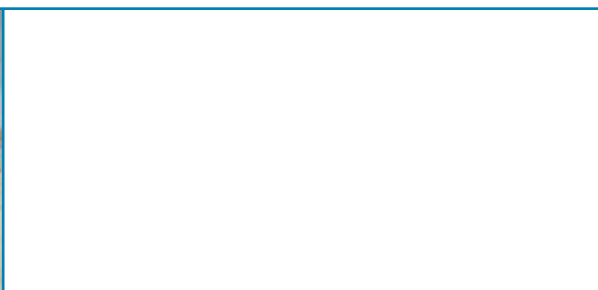
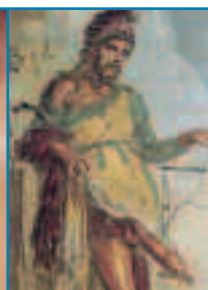
End points and sample size

Changes in penile curvature under erection over baseline after 6 months of treatment and durability of the response at 6 months after treatment discontinuation were considered the primary study end points. Given the objective difficulty to estimate the standard deviation of baseline penile curvature, the sample size was based on the "effect size" (Cohen J, 1988). It was assumed that with 15 evaluable patients the finding of "important" reduction in penile curvature, defined by an effect size ≥ 0.8 , would have a statistical power of 80% and a probability of a false negative results of less than 5% (2-sided). Changes in flaccid and stretched penile length over baseline, plaque size, treatment tolerability, patient's compliance and satisfaction as well as changes in the IIEF EF domain scores at last follow up over baseline constituted secondary end points. Penile extender device in the treatment of penile curvature due to

Peyronie's disease

Baseline investigations

Baseline patients assessment included full medical and sexual history and physical examination. The EF domain of the IIEF was administered at baseline and at the end of the study (6 months after treatment discontinuation). Patients scoring severe abnormal values (IIEF EF ≤ 10) (Cappellieri JC, 1999) were excluded. A penile ultrasound was required for study entry in order to record the plaques size (determined as the product of length and width in mm²), the location and the sonographic appearance (calcified, hypoechoic, hyperechoic) of the plaques. Fibrous nodules undetectable sonographically were measured manually using a caliper. The degree of curvature was documented using photographic pictures taken by the patient from 3 angles (frontal, lateral and from above) during full erection or during an in-office intracavernous injection test with 20 mcg alprostadil. Penile measurements (t0) were obtained employing the standard technique validated by Wessells H et al (1996). Using a taper ruler to the nearest 0.5 cm, the penis was initially measured in the flaccid state and then while applying tension to maximally stretch it, from the pubopenile skin junction to the meatus. The circumference was measured at midshaft. Inter-operator agreement was assessed by performing a set of measurements on a small sample of young volunteers (N=8) with individual variability falling always below 0.5 cm.



Penile extender device in the treatment of penile curvature due to Peyronie's disease

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Device description and treatment schedule

After signing the informed consent, patients were instructed on the use of a common brand of penile extender, the Andro-Penis® (Andromedical, Madrid, Spain), a device designed to exert a continuous and gradually increasing traction force on the penis. The device consists of a plastic ring, where the penis is introduced and from where 2 dynamic metallic rods originate the traction. In the superior part there is a plastic support where a silicone band holds the glans in place. Detailed instructions on how to increase the traction force from 600 gr during the 1st month, 900 gr during 2nd month, up to 1200 gr during 5th y 6th month were provided following the manufacturer's leaflet. In case of concomitant untreated ED, patients were suggested to postpone the use of erectile aids until the end of study. Patients were suggested to wear the device up to 9 hours/day, explaining that, based on the little available evidence (Scroppo FI, 2000; Colpi GM, 2001; Gomez EA, 2001), the magnitude of both the straightening and the elongating effect would be proportional to the traction time. The minimum time of daily use for testing treatment efficacy was assumed to be 5 hours and this was the minimum requirement for entry the study.

Follow up visits

Follow up visits were scheduled at 1 (t1), 3(t3), 6 months (t6) and at 12 months (t12) (end of study, after a wash out period of 6 months) to record side effects, treatment compliance, calculations of curvature on fresh photographs and carry out genital examination and penile measurements.

At the end of study the EF domain of the IIEF and a satisfaction questionnaire were administered. The latter consists of a set of 5 questions designed by the investigators that ask to quote subjective improvements in penile curvature (Q1) in a 0 to 4 scale number (0=worsening, 1= unchanged, 2= mild improvement, 3= significant improvement, 4=complete resolution), as well as to refer about flaccid penile length (Q2), erect penile length (Q3), overall results (Q4) in a 0 to 3 scale number (0=no change/worsening, 3=optimal result). Lastly Q5 addresses overall results achieved in a 0 to 4 scale number (0=no result, 1=very mild, 2=acceptable, 3=good, 4=optimal results). Plaque size was also calculated at the end of study using a caliper or a penile ultrasound. The study protocol was granted Ethical Committee approval on February 2005.

Statistical analyses

Given the objective difficulty to estimate the standard deviation of the degree of penile curvature in a series of patients with Peyronie's disease patients, the sample size was based on the "effect size" method (Cohen J, 1988). Thus, 15 evaluable patients were required to have an 80% statistical power of detecting an important reduction of penile curvature (defined by an effect size ≥ 0.8), with an alpha-error of less than 5% (2-sided Wilcoxon test).

Results

Out of a set of 40 patients referring with a complaint of penile curvature between February 2005 and May 2006, nineteen met the inclusion criteria and entered the study. Reasons for exclusion were congenital curvature (N=2), concomitant penile pain (N=6), disease history lasting less than 12 months (N=6), a curvature exceeding 50° (N=4) and refusal to undergo the proposed treatment (N=3). Baseline characteristics of the sample for age, disease features, EF domain of the IIEF and penile measurements are listed in table 1. None of the eligible patients was taking ED therapy at study entry. One patient discontinued treatment with the penile stretcher after a few days due to discomfort for the device, three did not attend the scheduled follow up visits and were lost to follow up. Data on the 6 months treatment period and follow up were available for all the 15 remaining patients. Median time of daily use of the device was hours at 1 month, hours at 3 months, hours at 6 months respectively (p=....).



Penile extender device in the treatment of penile curvature due to Peyronie's disease

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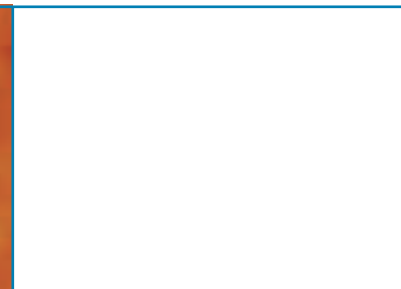
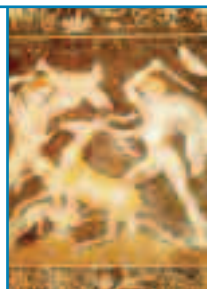
Penile curvature decreased from a mean baseline value of 31° (SD 1.55) to 27° (SD 2.79) after 6 months of treatment ($p=0.059$) (figure 1). The degree of curvature was worsened (+10°) in 1 patient, unchanged in 8 and decreased in 6 (-20° in 2/6, -10° in 2/6 and -5° in 2/6). Figures 2 and 3 report the box plots related to the changes occurred in the flaccid and stretched penile length respectively at 6 months. At the end of treatment (6 months), a significant ($p=0.00?$ and $p=...$) overall mean gain in length of 1.3 cm and of 0.83 cm for the flaccid and stretched penile length respectively was observed. Table 2 reports the changes occurred across all time intervals in penile curvature and length. The gain in length was maximal in the $t0 - t1$ time interval and showed progressive declines in $t1 - t3$ and $t3 - t6$ intervals. Curvature degrees and penile length remained stable at 6 months follow up ($t6 - t12$). Changes in penile girth were negligible and not significant (mean value of 9.86 cm at baseline and of 9.96 cm at 6 months). Plaque size did not show significant changes during the study period (1.35 cm vs 1.30 cm, $p=0.4$). No patient requested treatment for ED during the study period. IIEF EF domain score showed only marginal improvements, from a mean baseline value of 23.8 (SD 4.07) to 24.7 (SD 4.11) at 12 months ($p=0.23$). Specifically, six months post treatment IIEF EF domain normalized in 3 out of 6 patients with mild ED at baseline, while 2 patients with normal pre treatment erectile function scored EF IIEF values consistent with mild ED. Mean patients satisfactions scores for the 5 items questionnaire are reported in table 3. The treatment was generally well tolerated with only 3 patients reporting bruising ($N=2$) or itching ($N=1$).

Discussion

Several treatment options, including oral compounds, intralesional and topical agents, have been proposed for the treatment of Peyronie's disease (Briganti A, 2003) but the evidence that any of these may be effective remains weak, such that observation alone is considered a viable option (Kendirci M, 2004). The lack of precise data on the pathogenesis of Peyronie's disease is probably one key element that prevents a step forward in treatment strategies for this disease. Some data suggest that the currently available non-surgical options may have a window of opportunity in the acute phase of the disease. Once the disease is stabilised, typically after 12 to 18 months, it is unlikely for any medical treatment to produce a beneficial effect (Riedel CR, 2000). At this stage, surgery may be contemplated as the last remaining option to restore successful sexual intercourse (Kendirci M, 2004). All the currently available surgical techniques are essentially unable to provide a curative effect of the disease, rather they aim to palliate its side effects by restoring a straight shape to the curved penis. Strict selection criteria (i.e. highly motivated patients with severe curvature impairing sexual intercourse) (Pryor J, 2004) are mandatory as surgery carries a significant risk of complications leading to a high patients' dissatisfaction rate (Montorsi F, 2004).

We selected a study population of patients with clinically stable Peyronie's disease and a mild to moderate degree of curvature (not exceeding 50°) and no severe erectile dysfunction as defined

by the EF domain of the IIEF (Cappellieri JC, 1999). No specific treatment is currently available for this disease subgroup as surgery may probably turn out to be an over-treatment while non-surgical options are unlikely to be effective once the disease is stabilized (Gholami SS, 2003). Notably, the majority of our patients had previously failed medical treatment. Based on the preliminary evidence reported by Scroppo et al (2001) of a 50% reduction in the curvature of the shaft after the application of progressive mechanical traction forces on the penis over a 6 months period, these patients may be ideal candidates for a trial with a penile extender device. In our series the mean curvature of the shaft decreased of 4° (13% of the baseline value) following a 6 months treatment period using the same penile extender brand. Albeit of borderline significance, the magnitude of improvement did not meet the expected "effect size" to state that the treatment was effective. Interestingly enough, these results were comparable to the average absolute improvement in penile curvature (13.5%) reported by a recent meta-analysis on intralesional injection therapy, one of the most popular treatment modality for Peyronie's disease (Russell S, 2007). Measurable reductions of the curvature ranging from 5° up to 20° were recorded in 6 out of 15 (40%) evaluable patients, the remaining having stable (8/15) or progressive (1/15) disease. Although spontaneous improvement in the degree of bending has been reported (Gelbard, 1990; Teloken C, 1999), this is less likely to occur when the disease is stabilized as in our series. Of note, no changes in penile curvature were detected after 6 months of treatment wash-out. If it seems reasonable to state that the



Penile extender device in the treatment of penile curvature due to Peyronie's disease

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treatment proved effective in some patients, the low sample size did not allow us to identify predictors of response. It may be speculated that the shorter daily use of the device in our study in comparison to the study of Scroppo (2001) might account for the lower degree of curvature reduction. The mean time of daily use of the device in our study tended to be close to the minimum required for study entry. It is likely that a more strict protocol requiring a minimum of 8 or 9 hours of daily use (Scroppo, 2001; Gomez E, 2001) will greatly reduce patients' compliance.

The application of a penile extender in the current study caused only minimal and self resolving side effects, leading to discontinuation of treatment in only 1 case

Mean baseline IIEF EF domain score was consistent with mild ED as we deliberately excluded patients with severe ED that may be less amenable for conservative treatment of Peyronie's disease. Sexual dysfunction is a common complication in the presence of fibrous penile plaques with both psychological and organic factors contributing to its pathogenesis (Gholami SS, 2003). Currently there is no evidence that any medical treatment may exert beneficial effects on sexual function of Peyronie's disease patients (Russell S, 2007). Similarly, post-treatment IIEF EF domain in our study did not show

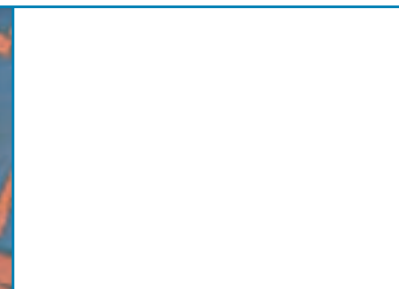
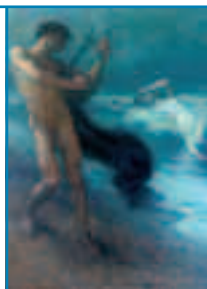
significant changes compared with baseline, meaning that erectile function was at least unaffected by the device. If we failed to demonstrate a positive effect on sexual function as previously reported after employing the penile stretcher in cases of short penis (Gontero P, 2008), the finding corroborates the safety profile of this treatment option as opposed to the detrimental effect of surgery on sexual function (Montorsi F, 2004).

Andropenis® produced an effective and durable (over the 6 months off treatment period) lengthening of the penis both in the flaccid and the stretched state. The elongating effect was of a lower magnitude than that observed in our previous study where dysmorphic and post-surgery short penises underwent the same treatment protocol (Gontero P, 2008). A reduction in penile elasticity as a consequence of the reduced content in elastin within the fibrous plaques (Pryor JP, 2002) could explain why Peyronie's disease patients are less susceptible to the elongating effects of the penile extender. Albeit baseline penile size in our patients fall within the normal range based on the criteria outlined by Wessells et al (1996), penile lengthening was probably the most notable clinical finding of the current study. Penile shortening, a bothering symptom of Peyronie's disease, cannot be addressed as an end point by any medical treatment. Besides, it is usually significantly worsened by surgery, no matter the procedure employed, leading to a high dissatisfaction rate (Kendirli M, 2004). From this perspective the penile extender could play an essential role as part of a multimodal treatment strategy. In the absence of validated instruments to assess the patient's perception of efficacy of the device, we designed a specific post-treatment 5 items questionnaire. Average scores for

the 2 questions addressing the flaccid and stretched penile length were consistent with "acceptable results". While improvement in sexual function and penile curvature were rated as intermediate between "no changes" and "acceptable", the overall results were surprisingly quoted as "acceptable". Our satisfaction assessment is limited by the absence of a comparative pre and post treatment analysis and lack of validation. Notwithstanding these limitations, it provides hints on a favourable acceptance of the device that warrants further study to explore the clinical utility of this non invasive treatment modality in Peyronie's disease.

Conclusions

In our study population the penile extender produced improvement in penile curvature of little clinical significance but comparable to that achieved with other commonly used treatment modalities such as intralesional injections. Notably, results were achieved in a selected population with stable disease, a condition where the existing treatment options are less likely to be effective. Significant lengthening of the penis both in the flaccid and in the stretched state was also recorded. The device caused negligible side effects. Overall results were self-reported as "acceptable", making this minimally invasive treatment modality a potential new treatment option in selected Peyronie's disease patients.



1. Introduction:

Until recently, there has been little option for men who suffer from Peyronie's disease. Wendy Hurn considers this innovative device as a method to change the way these men have been treated until now with remarkable results.

In clinical practice, we observe a considerable number of men with penile curvature due to Peyronie's plaques. Peyronie's disease is a condition in which a plaque, or hard lump, builds on the penis in form of a fibrotic scar that develops within the tunica albuginea of the corpora cavernosa and may cause a curvature of the erect penis.

There is a variety of opinions, but a recent study seems to put the percentage rate of his incidence as high as 3,2%. However, it is difficult to estimate the exact number of men suffering from this disease, since many of them do not seek a doctor because they feel embarrassed or ashamed.

This area of scarring, or plaque, typically develops on the dorsal surface of the penis (dorsum), although it may also develop on the ventral side or on the lateral side of the penis. It may progress to calcification in approximately 30 % of the patients and that indicates that the scar is mature.

Peyronie's plaques can cause embarrassment and discomfort or even pain to the partner during sexual intercourse. If not treated, the disease may be a cause of serious erectile dysfunction and even produce a breakdown in the relationship.

2. Treatment options:

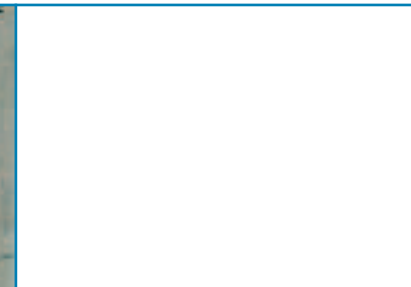
Initially, the first line of treatment was to "watch and wait" in order to find out if the curvature resolved itself and, in case it became worse, to give the patient a high dose of vitamin E daily. A vitamin E treatment is normally a long-term treatment of usually almost a year and may not produce any positive results.

In recent years, this treatment has been considered unsafe because of its side effects on blood pressure, leading in some cases to stroke and cardiac events. A recent Heart Outcomes Prevention Evaluation (HOPE) Study suggests such a conclusion, while many other studies continue to emphasize the overall benefits of vitamin E for the cardiovascular system. There are surgical options available, such as the Nesbit's procedure (placation procedure) or the Lue procedure (venous graft); however, given the existence of side effects and risks, this may not always be the most appropriate way.

The innovative **Andropenis®** traction device represents an alternative method to surgery and demonstrated very positive results.

The device is placed by the patient himself after being carefully instructed about how to use it effectively. The device is small, robust and discreet and shall be worn during daytime. It cannot be worn during sleep due to nocturnal tumescence. It takes just a few moments to apply and should be worn for a period of time gradually building up to approximately 6-8 hours a day to produce the optimum effect.

It works by gently stretching the penis and elongating the plaque, which in turn breaks it down. If worn as instructed, the first results should be recognized within 3-4 weeks, while full results will show up after approximately 3-6 months.



Peyronie's disease - latest treatment options

Wendy Hurn, Urology Specialist Practitioner

Bristol Royal Infirmary UK

Currently there are 25 patients receiving therapy with the **Andropenis®** at the Bristol Royal Infirmary's Andrology clinic, one of several busy clinics which Urology Department is offering to men suffering from Peyronie's disease both conventional surgical procedures and penile prosthetics.

The patients show different degrees of deviation; most of them having been submitted to daily treatment with the penile extender for three months or more and wearing the device during the waking hours. There has been a marked decrease of about 30-45% in degree of angulation, with a sensible reduction of discomfort and the possibility to resume sexual intercourse in most cases. The patients continue wearing the device and the evolution will be checked after six months of treatment. Two case studies will be described.

Case study 1

Patient C is a 51-year-old man who three years back developed an area of fibrosis on the dorsal part of his penis. Having unsuccessfully tried vitamin E treatment, he did not wish to undergo surgery. His marriage broke up due to his incapability to perform penetrative sexual intercourse for over a year.

He underwent medical examination at the Clinic and an injection of Alprostadil revealed a penile deviation of approximately 70° with a fibrotic thickening that could be easily identified.

A daily application of the **Andropenis®** device was prescribed and the patient used it as instructed. C underwent a check-up after three months and the fibrotic plaque had lengthened and decreased in width, while the penis itself had lengthened approximately 1.2 cms.

The patient reported that the curvature had decreased approximately 20°. He underwent an examination again after six months and improvements were confirmed with a further increase in length of 1.52 cms, plus a decrease in the size of the plaque. An Alprostadil injection revealed a 25-30° curvature without discomfort or difficulty in penetration. He will continue wearing the device for a further two months and then underwent a new review.

Case study 2

Patient F is a 62-year-old man who three years back suffered a radical prostatectomy for carcinoma of the prostate gland. He suffered no long-term consequences but noticed that his penis had retracted and showed a curvature of 45° during erection.

The use of the **Andropenis®** was prescribed for a period of 4 months, with the advice to wear it for at least 4 hours a day. Initially, the penis length was 5.5 cms and a 3 mm fibrotic area showed up on the dorsal surface of the penis.

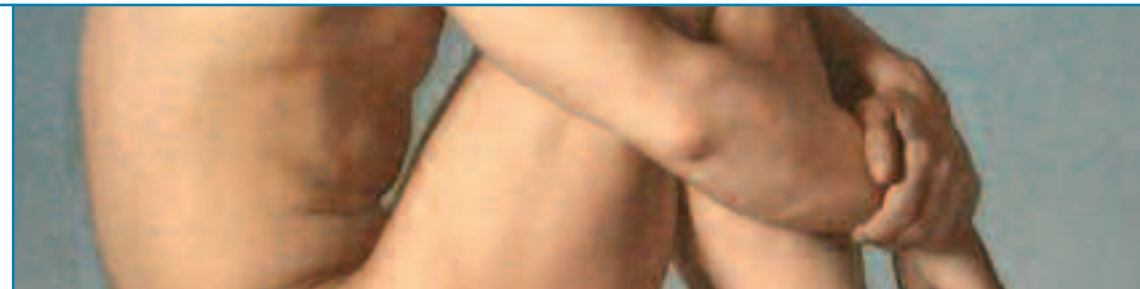
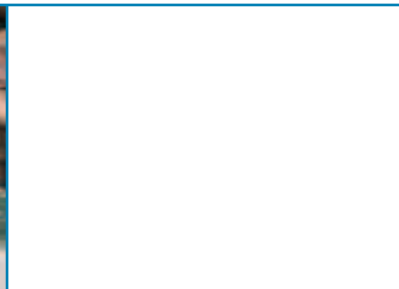
After 4 month the review evidenced that the penis now measured 6.86 cms and that the plaque had reduced in size about 2 mm.

The patient reported a correction of 50% of the penis deviation and confirmed to be extremely pleased with the results. He continues wearing the device until his next review.

3. Conclusion:

The election of the treatment method of the Peyronie's disease will be discussed between patient and specialist. For those patients who cannot or don't want to choose the surgical option, the **Andropenis®** represents a real alternative.

It gives the patients autonomy and allows them to take some control over the situation, while getting positive results. As patient and doctor discuss the possible treatment options, it is extremely important to exhaustively inform the patient that the treatment with the **Andropenis®** has to be considered an overall effective and viable treatment, and the physicians themselves will appreciate the potential benefits of this device after seeing the positive effects that their patients can achieve by using it.



Conservative treatment in a case of induratio penis plastica

XXI National Congress of the SIA Regional Sections (Italian Andrology Society) Trieste, Italy, September 23rd-26th, 2004.
G. Piediferro, F.I. Scropo, F. Castiglioni, R. Benaglia e G.M. Colpi. Departmental Unit of Andrology – San Paolo Hospital – Polo Universitario, Milan, Italy

1. Case report:

Male aged 52, suffering from ischemic cardiopathy, who two years back underwent an angioplastic stent procedure. He takes beta blockers and nitro derivatives with a satisfactory control of the cardiovascular pathology. Three months ago, a left lateral curvature of 30° appeared along the retrocoronal sulcus of the erected penis, with moderate pain during coitus.

2. Clinical data and diagnostic analysis:

The clinical examination detects an I.P.P. nodule, similar to a grain of corn, between septum and left cavernous body at the middle/distal third of the shaft. The length of the stretched penis is 15.2 cms.

A dynamic duplex sonographic scanning of the penis in full erection shows a left lateral curvature of approximately 30 degrees at middle/distal third of the shaft, at a level with a not calcificated septal nodule of 7 x 7 x 6 mm.

3. Treatment:

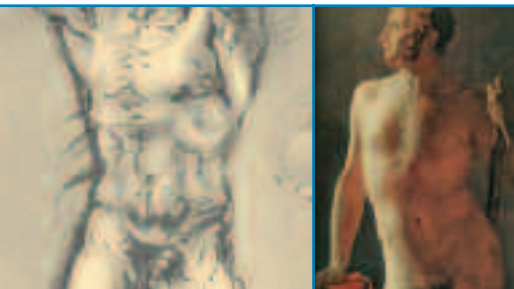
24 intracavernous injections of Verapamil 5 mg were prescribed over a 4-month period. Following this, the application of traction through a penis stretching device for between 4 and 6 hours a day over a period 6 month.

4. Results

The treatment with the prescribed stretching device over 6 month allows a progressive and complete stretching of the shaft. The objective assessment after treatment end shows that the septal nodule is no more palpable, it results a penis elongation of 0.8 cms, while the stretched penis reaches a length of 16,0 cms, and the duplex sonographic scanning is no more able to distinguish the septal nodule. The follow-up after 2 years confirms a stabilization of the situation.

5. Discussion and Conclusions:

The excellent results achieved through the combined pharmacological and physiotherapeutic treatment of Peyronie's disease within his active phase would deserve a multicentric study.



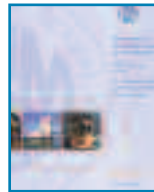
Penile enlargement

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Penile extender should be regarded as a minimally invasive and effective treatment options to elongate the shaft in patients seeking treatment for short penis

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

↑ + 4 cm (1.6")
↻ + 1,5 cm (0.6")

Penile extender should be regarded as a minimally invasive and effective treatment options to elongate the shaft in patients seeking treatment for short penis. Paolo Gontero, Massimiliano Di Marco, Gianluca Giubilei, Giovanni Pappagallo, Andrea Zitella, Alessandro Tizzani, Nicola Mondaini. Università degli Studi di Torino - Università degli Studi del Piemonte Orientale - Novara

1. Introduction:

The penile extender, a non-surgical device that employs progressive mechanical traction to the penis, has been claimed to produce significant improvement in penile length and circumference both in the flaccid and the erect state. Little scientific evidence, to our knowledge, based exclusively on abstracts presented to international conferences, supports the potential clinical utility of the penile extender (Colpi GM, 2001; Moncada I, 2005).

In the current study we assessed a marketed brand of penile extender, the **Andropenis®** device, in a phase II single arm study that was powered to detect significant changes in penile size.

2. Material and methods:

2.1.- Patients eligibility:

Patients complaining of “small penis” and highly motivated to receive effective treatment were considered eligible for the study. Patients seeking exclusively a circumference augmentation were excluded.

For study entry, psychosexual counselling was required to select those for whom the treatment was deemed beneficial from the psychological point of view. Penile shortening following corporoplasty for curvature of the shaft was an inclusion criteria provided a minimum of 6 months from surgery had elapsed with no residual curvature.

A hypoplastic penis was defined by any flaccid and stretched length equal or below 4 and 7.5 cm respectively, the lower cut-off of the normal reference value (Ponchietti et al, 2001). Any size above constituted a penile dysmorphophobia, a condition where a patient with a normal sized penis is dissatisfied with its dimensions in the flaccid and/or the erect state (Austoni E, 2002). Patients complaining of shortening following penile surgery were considered as a separate subgroup.

2.2.- Study endpoints:

Changes in flaccid and stretched penile length and circumference over baseline after 6 months of treatment and durability of the response at 1 year after treatment discontinuation were considered the primary study end point. These were defined also taking into account the “efficacy data” suggested by the patient’s information sheet provided by the Company (Andromedical, Madrid, Spain; Gomez EA, 2001).

Treatment tolerability, patient’s compliance and satisfaction as well as changes in the IIEF erectile function domain (EF) scores at last follow up over baseline constituted secondary end points.



Penile extender should be regarded as a minimally invasive and effective treatment options to elongate the shaft in patients seeking treatment for short penis.

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2.3.- Device description and treatment schedule:

The **Andropenis**® device designed to exert a continuous and gradually increasing traction force on the penis. The device consists of a plastic ring, where the penis is introduced and from where 2 dynamic metallic rods originate the traction. In the superior part there is a plastic support where a silicone band holds the glans in place. Detailed instructions on how to increase the traction force from 600 gr during the 1st month, 900 gr during 2nd month, up to 1200 gr during 5th y 6th month were provided following the manufacturer's leaflet.

Patients were requested to wear the device preferably for 6 hours (and no less than 4 hours) daily and consecutively for an optimal duration time of 6 months according to the manufacturer suggestions.

3. Results:

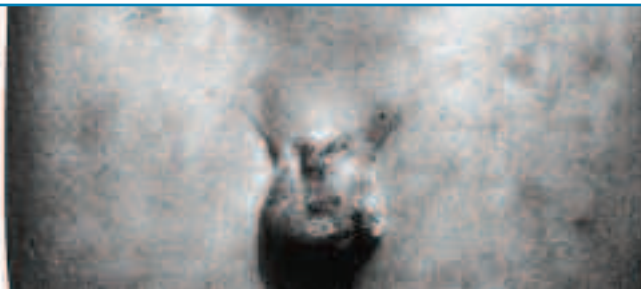
From 2005 to 2007 50 patients with hypogonadism addressed to the clinic for the penis enlargement. The causes of hypogonadism were Kallmann syndrome, anorchism, cryptorchism, previous traumas, inflammatory diseases of testicles in the anamnesis and Klinefelter syndrome.

- * Two obese patients complained of hidden penis
- ** IIEF EF domain = erectile function domain of the IIEF
- *** ED = erectile dysfunction Baseline patients characteristics (N=21)

| Variable | Categorization | Value |
|---|--|---|
| Mean age (SD) | - | 45.7 (11.1) |
| Mean values (in cm) of penile measuments (SD) | Flaccid Stretched Circumference | 7.15 (1.43) 9.62 (1.56) 10.4 (1.34) |
| Etiology of short penis N (%) | Dysmorphophobic Post penile surgery Hypoplastic penis | 12 8 1 (previous penile surgery) |
| IIEF EF domain score **N (%) | Normal (26-30) Mild ED*** (17-25) Moderate ED*** (11-16) Severe D*** (1-10) | 9 9 1 2 |

Mean change for stretched and flaccid penile length and circumference at different time intervals (t_0 = baseline, t_1 = one month of treatment, t_3 = 3 months, t_6 = 6 months, t_{12} = 12 months), and corresponding 95%. Confidence interval (95% CI).

| Time interval | Mean change (cm) | 95% CI |
|------------------------|------------------|----------|
| Stretched penis | | |
| $t_0 - t_1$ | 0.94 | .62 1.26 |
| $t_1 - t_3$ | .44 | .0 .82 |
| $t_3 - t_6$ | .38 | .02 .73 |
| $t_6 - t_{12}$ | 0.06 | -.1 .23 |
| Flaccid penis | | |
| $t_0 - t_1$ | 1.13 | .72 1.53 |
| $t_1 - t_3$ | .71 | .42 1.00 |
| $t_3 - t_6$ | .41 | .14 .69 |
| $t_6 - t_{12}$ | -.09 | -.24 .05 |
| Circumference | | |
| $t_0 - t_1$ | 0.13 | .01 .24 |
| $t_1 - t_3$ | 0.16 | .0 .32 |
| $t_3 - t_6$ | -0.09 | -.24 .05 |
| $t_6 - t_{12}$ | 0.00 | - - |



Penile extender should be regarded as a minimally invasive and effective treatment options to elongate the shaft in patients seeking treatment for short penis.

Paolo Gontero, Massimiliano Di Marco, Gianluca Giubilei, Giovanni Pappagallo, Andrea Zitella, Alessandro Tizzani, Nicola Mondaini. Università degli Studi di Torino - Università degli Studi del Piemonte Orientale - Novara

Mean scores of the 12 months satisfaction questionnaire (N = 17)

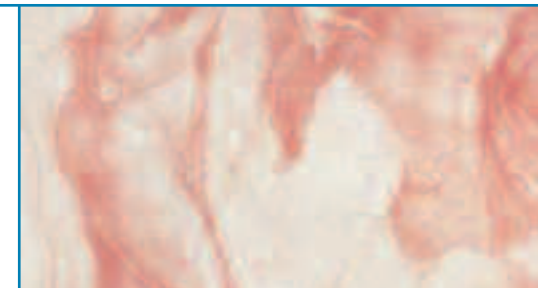
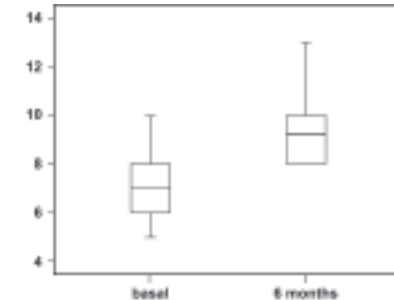
| Question: after treatment... | Mean score | Min score | Max score | SD |
|--|------------|-----------|-----------|------|
| Q 1: How would you rate your flaccid penile length?* | 3.31 | 1 | 4 | 1.2 |
| Q 2: How would you rate your penile length during erection?* | 3.37 | 1 | 4 | 1.2 |
| Q 2b: How would you rate your penile girth?* | | | | |
| Q 3: How would you rate the overall result achieved?* | 3.8 | 1 | 5 | 1.5 |
| Q 5: How would you rate your sexual life?* | 3.3 | 1 | 4 | 0.94 |

*Q1, Q2, Q2b, Q5 scores: 1=reduced, 2=unchanged, 3=mild improvement, 4=significant improvement.

**Q3 scores: 1=no result, 2=very mild, 3=acceptable, 4=good, 5=optimal.

Figures 1 and 2 show the changes which occurred in the flaccid and stretched penile length respectively during the different time intervals. At the end of treatment (6 months), a significant overall mean gain in length of 2.3 cm and of 1.7 cm for the flaccid (Wilcoxon Z test: -3.532; $p < .00$) and stretched (Wilcoxon Z test: -3.541; $p < .00$) penile length respectively was observed. As shown in figure 3, there were no remarkable changes (although statistically significant: $Z = -2.121$; $P = .034$) in penile girth at all times during treatment.

FIGURE 1: Flaccid Penis



Penile extender should be regarded as a minimally invasive and effective treatment options to elongate the shaft in patients seeking treatment for short penis. Paolo Gontero, Massimiliano Di Marco, Gianluca Giubilei, Giovanni Pappagallo, Andrea Zitella, Alessandro Tizzani, Nicola Mondaini. Università degli Studi di Torino - Università degli Studi del Piemonte Orientale - Novara

FIGURE 2: Stretched Penis

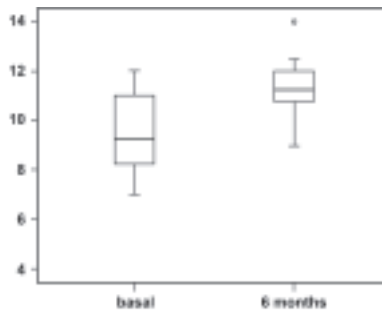
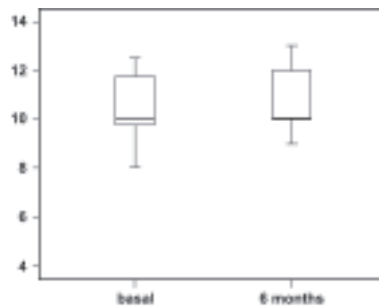
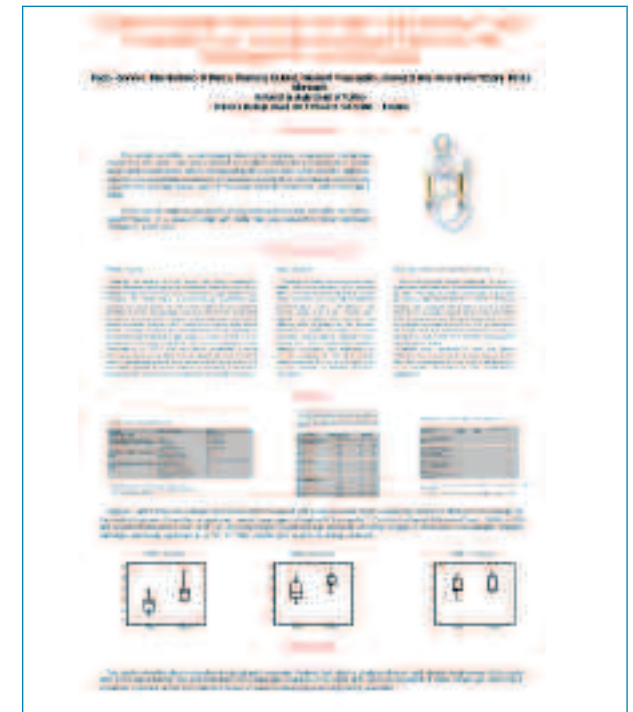


FIGURE 2: Stretched Penis



3. Conclusions:

The penile extender device provides an acceptable, non-invasive tool able to produce effective and durable lengthening of the penis both in the flaccid and in the stretched state. No measurable changes in the penile girth are to be expected. If these results are confirmed, it should be proposed as first line treatment option for patients seeking a penile lengthening procedure.



Enlargement of penis in patients with hypogonadism complex approach to the clinical practice

M.M. Sokolschik, R.Y. Petrovich, S.V. Gagarina, Ya.A. Vaziev, I.V. Sadakova
Moscow, Russia

1. Objective:

Despite of the known expression that the «main thing is not the size but the skill», the majority of men wish to enlarge their penises at least by a couple of centimeters, irrespective of the initial size. Such aspiration is quite justified, and it can be hardly called a whim first of all because it is more likely subconscious, vested by nature, and expressed more strongly, the more a man feels himself a male or a leader in the society. Meantime an insufficient length of penis causes a restraint in communication with women for a man, loss of interests, as well as a general uncertainty and complexes. In such a way, the size of the penis becomes one of determinatives of realization of the man as a person, as well as an important parameter directly influencing the quality of life.

Besides the social importance, the size of penis is also a reflection of the general health of the man, in particular the state of endocrine system. The fact is that the length of penis depends on a level of sexual hormones (first of all testosterone and its derivatives) during the puberty when the most intensive growth of external genitals is observed.

Now about 20 congenital diseases are known associated with hypogonadism and micropenis. And their prevalence is high enough and is nearly 1 in 500 newborn boys.

2. Design and method:

In our clinical practice we used complex approach for penis enlargement in patients with hypogonadism, which included hormonal therapy and extender **Andropenis**[®] (Andromedical, Spain).

All the patients were treated with testosterone undecanoate (NEBIDO) intramuscular injections (hormonal replacement therapy) within 1 year. The treatment was held under the control of blood serum testosterone level.

With the majority of patients we could not start extender use simultaneously with hormone therapy because of insufficient penis length and impossibility to fix the extender. So we used only testosterone therapy and when physiological penis enlargement was achieved we applied extenders for our patients.

Extender **Andropenis**[®] is a medical devise using the principle of traction. The use of the extender results in a constant mechanical influence on corpora cavernosa (stretching) that leads to growth of tissues and increase of tunica albuginea elasticity.

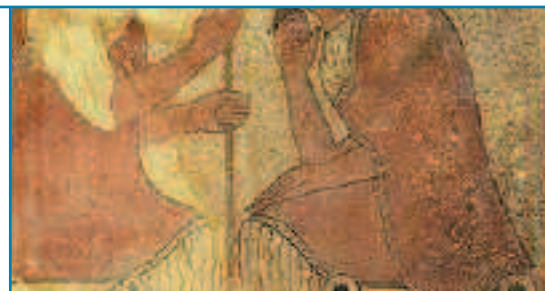
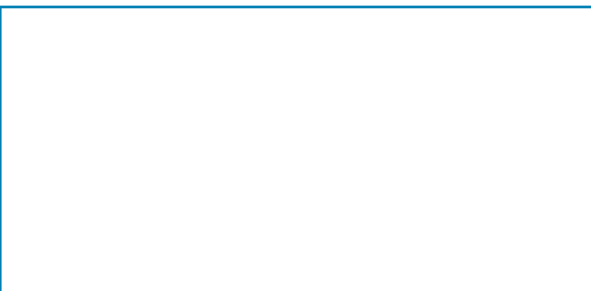
As a rule, the elongation occurs within the terms from 4 to 8 months.

3. Results:

From 2005 to 2007 50 patients with hypogonadism addressed to the clinic for the penis enlargement. The causes of hypogonadism were Kallmann syndrome, anorchism, cryptorchism, previous traumas, inflammatory diseases of testicles in the anamnesis and Klinefelter syndrome.

The age of patients was within the limits of 16-54 years. The sizes of penises were within the limits of 2-4 cm (3.5 cm in average) in flaccid condition, 5-9 cm (6.5 cm in average) within erection.

We examined all patients after they reached the stable result of penis enlargement after 1 year of hormone replacement therapy. All patients demonstrated the normal level of testosterone, development of the secondary sexual characters and enlargement of penis up to 4 cm in average during erection. Thus, the average size of penis was 6.5 cm in the flaccid condition and 10.5 cm during erection.



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Moscow, Russia

For 6 months 44 people used **Andropenis**® extender and continued hormonal therapy. In half a year we estimated the result: augmentation of the sizes of penis by 2.5 cm in average during erection referring to the stable result reached after hormonal therapy.

In such a way, the total augmentation of penis length after carrying out of hormone replacement therapy and use of **Andropenis**® extender was 6.5 cm in average during erection in patients with hypogonadism and micropenis.

3. Conclusion:

After penis enlargement many patients with hypogonadism had an improvement of the social and professional functioning level that reflected in the expansion of social contacts range on the basis of a rising self-rating.

The results received after use of conservative penis enlargement allow us to judge the efficiency of hormone replacement therapy in combination with the **Andropenis**® extender.

In our opinion patients with hypogonadism show best results when they use extender after the physiological growth of penis as a result of long-acting injections of testosterone undecanoate (NEBIDO).





Penile enlargement without surgery with the Andropenis®

Scientific Research presented in the First Virtual Sexology and Hispanoamerican Sexual Education Congress (February-2001).
Dr. Eduardo A. Gómez de Diego, 1998, Andrology Services, **Andromedical**® Clinic, Madrid (Spain).

1. Introduction:

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

The principle of traction is applied in modern medicine to stimulate the generation of new tissue to cover burn wounds or areas of hair loss (placing a tissular expander underneath the normal skin) or to generate bone lengthening.

In other cultures this principle is applied to lengthen different parts of the body, like the neck of the Giraffe Women of the Paduang tribe in Birmania, or to produce a lengthening of the lips in certain African tribes, by using pieces of wood to create traction. In India, they hang stones on the penis as a form of penitence, with the result being an enlargement of the organ.

The Andropenis® design is based on the principle of external traction.

It is able to exert a gradual traction force of 600 to 1500 grams.

The device consists of a plastic ring into which the penis is introduced and from where 2 dynamic metal rods originate the traction. In the upper 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 length of the penis in erection and flaccidity.
- An increase in the girth of the penis in erection and flaccidity.

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

2. Materials and methods:

Number of patients: 37 men, 22 to 60 years of age. These men came from different cities in Spain. The patients enrolled in the study were healthy men with normal erection capabilities who never underwent penile surgery. Patients suffering from penile curvatures or other diseases were excluded from the study.

Traction device: The **Andropenis®** extender.

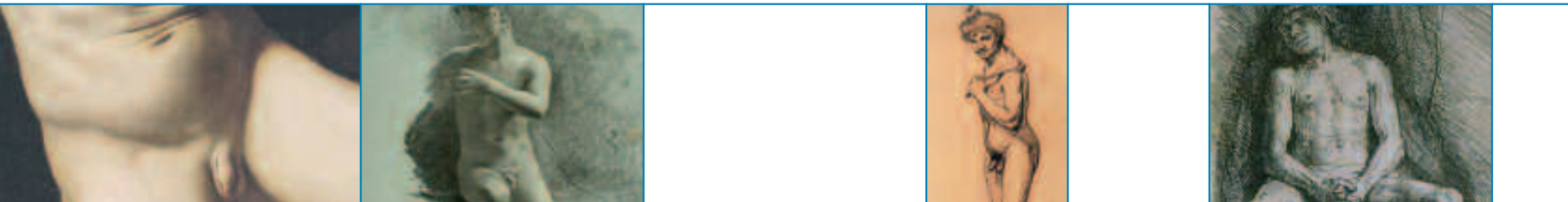
Traction Force: 600 gr during the 1st month, 900 gr during the 2nd month, 1100 gr during the 3th and 4th month, and 1200 gr during 5th y 6th month.

Application period: 10 hours a day, every day of the month over a period of 3-6 months.

3. Results:

3.1.- Increase in length in erection:

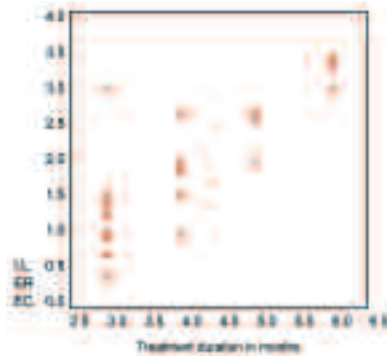
The increase in the length of the penis in erection is proportional to the amount of time the device is worn. Such growth is linear, as it can be observed in the chart. This translates into the following: the longer the time of use, the more length is obtained. The lineal correlation coefficient between time of use and increase in length in erection is 0.760 ($p=0.000$).



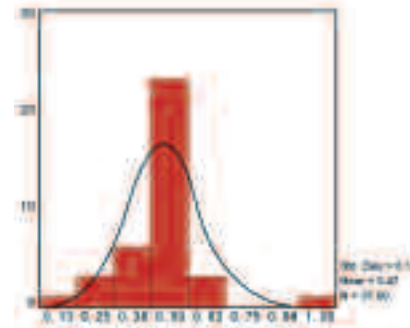


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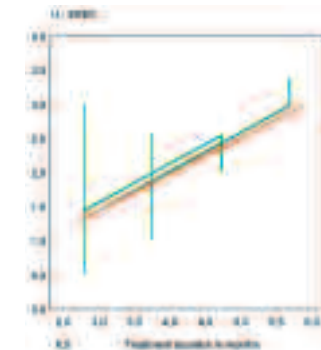
The average length increase of the penis in erection after a month of use is 0.4726 cm. The standard deviation is 0.1329 cm. The 95% confidence interval is [0.4283 ; 0.5169]; that indicates a minimal gain in the population of 0.4283 cm/month.



Regression line is:

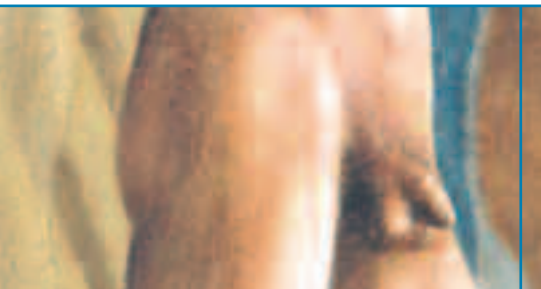
$$DL_{erect} = -0.327 + 0.562 \times t$$

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 variance of 57.7% in the increment in length, which is explained by the variance in the duration of treatment ($R^2=0.577$). The other 42.3% of variance is due to other differences which are innate to each individual and don't depend on the duration of treatment.



3.2.- Increment in length in the flaccid state :

The increment in length in the flaccid state is not related to the time of use of the device. Said increment is linear as the graph shows. The longer the device is worn, the greater the increase in length. The coefficient of the linear correlation between the time of use and the increment in length in the flaccid state is 0.725 ($p=0.000$).

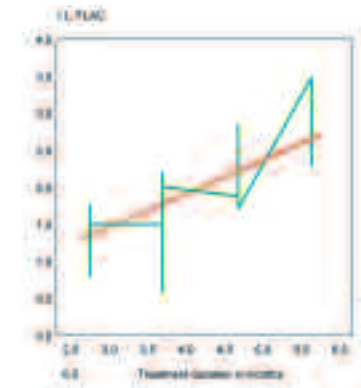
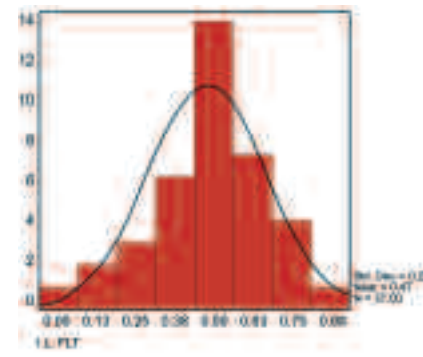
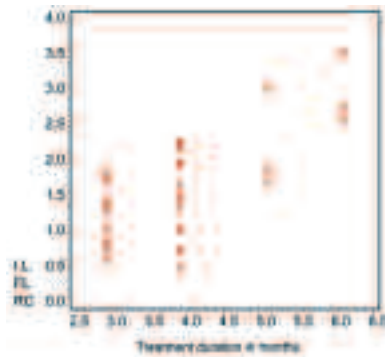




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The average monthly increment in length of the penis in the flaccid state is 0.4834 cm and the typical deviation is 0.1983 cm. The 95% confidence interval is [0.4173; 0.5495] and indicates a minimum increase in the population of 0.4173 cm/month.

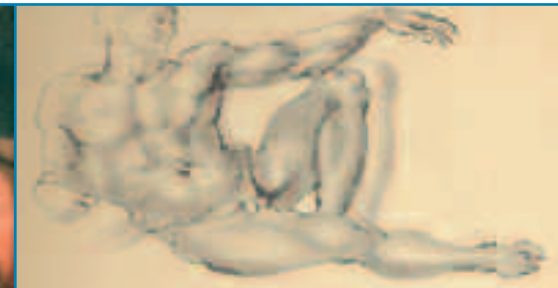
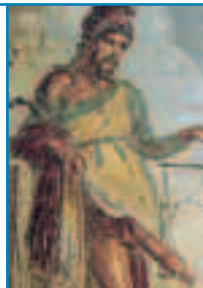
Regression line is:

$$DL \text{ flac} = - 1.300 + 0.840 \times t$$

This calculation allows us to estimate the length increment of the penis in the flaccid state based on the months of use of the device. There is a variance of 52.5% in the increment of length, that can be explained on the base of the variation of the treatment duration ($R^2=0.525$). The remaining 47.5% is due to other differences which are innate to the individual and not to be associated with the duration of the treatment.

3.3.- Variability:

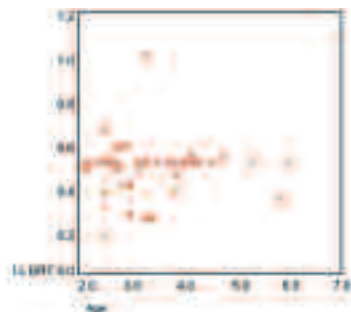
The variability in the length increase of the penis in erection state is different from that of the penis in flaccid state; the difference in variation is significant ($p=0.003$) and indicates a greater dispersion of the length increase during flaccidity than in erection.





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3.4.- The length increment doesn't depend on the age:

As a very interesting result, the study shows that the length increment doesn't depend on the age of the patient, since the linear correlation coefficient is not significant ($r=0.008$, $p=0.961$). In other words, the patient's age doesn't affect the length increment.

3.5.- Circumference increment in erection:

In erection, the average increment of the circumference was 0.8405 cm and the typical deviation $s=0.5382$. The average growth of the initial circumference was 7.1743%. The confidence interval of 95% of the studied population was 0.6111;1.0200; that shows a minimal growth increment of 0.6111 cm.

3.6.- Circumference increment in flaccid state:

The average increment of the circumference in flaccid state was 0.8405 cm and the typical deviation $s=0.6057$. The average percentage of growth was 9.0741%. The 95% confidence interval of the studied population was 0.6386;1.0425, what shows a minimal perimeter growth increase of 0.6386 cm.

3.7.- Length increase in erection state depending on use:

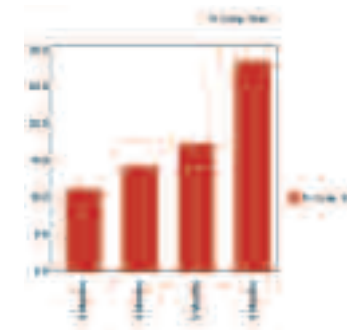
Dividing the studied population in four subgroups, depending on the amount of time they used the Andropenis®, we obtain the following results:

After three month:

The average length increment in erect state was 1.4118, obtaining an average growth of 10.5580% compared to the initial length. The 95% confidence interval of the studied population was 1.1522;1.6713, which shows an average minimum growth of 1.1522 cm in three months.

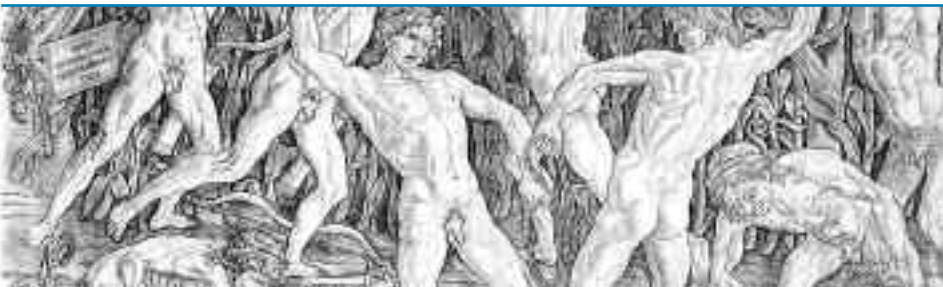
After four month:

The average length increment in erected state was 1.8462, obtaining an average growth of 14.1113% compared to the initial length. The 95% confidence interval of the studied population was 1.5809;2.1114, which shows an average minimum growth of 1.5809 cm in four months.



After five month:

The average length increment in erected state was 2.2750, obtaining an average growth of 16.6303% compared to the initial length. The 95% confidence interval of the studied population was 1.7656;2.784, which shows an average minimum growth of 1.7656 cm in five months.





scientificstudies

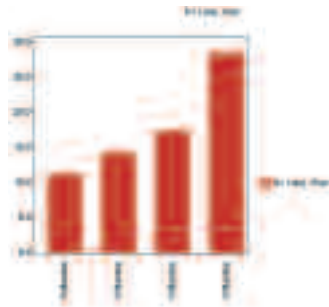
Penile enlargement without surgery with the Andropenis®

Scientific Research presented in the First Virtual Sexology and Hispanoamerican Sexual Education Congress (February-2001).
Dr. Eduardo A. Gómez de Diego, 1998, Andrology Services, **Andromedical®** Clinic, Madrid (Spain).

After six month:

The average length increment in erected state was 3.3333, obtaining an average growth of 27.5% compared to the initial length. The 95% confidence interval of the studied population was 2.8162;3.8504, which shows an average minimum growth of 2.8162 cm in six months.

The samples corresponding to a time of use of five and six months are very small, consequently they show small intervals and are less reliable.



3.8.- Distribution:

Although the variables that we considered in the population are not normal, the average samples have normal distribution since the amount of the sample is greater than 20.

3.9.- Abbreviations:

| | |
|---------------|--|
| Inc-Long-Erec | Length increment in erected state |
| DL erect | Change in length increment in erected state |
| I.L.ERT | Length increment in erection |
| I.L.FLAC | Length increment in flaccid state |
| DL flac | Change in length increment in flaccid state |
| I.L.FLT | Length increment in flaccid state as a function of the time variable |
| Inc-Long-Erec | Length increment in erected state |
| % I Long-Erec | Length increment percentage in erected state |

4. Conclusions:

The use of the **Andropenis®** will increase the length of the penis, both in erect and flaccid state.

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

The increase in length both in erection and flaccidity does not depend on the natural size of the patient's penis.

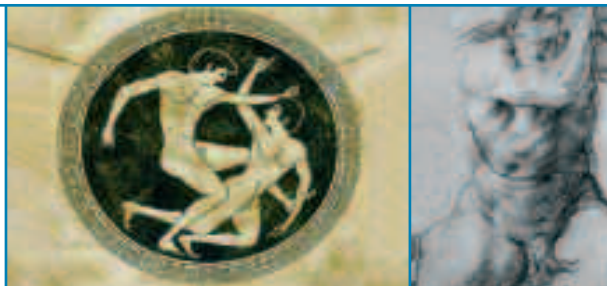
The average length growth of the penis in cm/month in 95% of the patients lay between 0.4283 and 0.5163 in erection and between 0.4173 and 0.5495 in flaccidity.

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

The variance of the length of the penis in erection is not related to the age of the patient.

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

The average circumference growth 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. The duration of treatments was of 3-6 months.



Effects on Penile Size with Penile Extensor by Traction Force

(Report of 30 cases) Z Lee, XB Zhu, YD Liu, WJ Ye, YX Wang. Shanghai Institute of Andrology, Renji Hospital Affiliated to Medical College, Shanghai Jiaotong University (Shanghai, China, 2001)

1. Introduction:

Form and size of the penis affect male self-image and selfconfidence worldwide. Penis curvature and Peyronie's disease are usually considered deformities in clinical work, since they also influence the erectile function and lead to erectile dysfunction. Undergoing surgery or taking pills to increase the size of the penis didn't satisfy men adequately.

On the contrary, the penis extensor that is produced in Spain (**Andropenis®**) is able to lengthen the penis by applying a gentle traction on it without any contraindications.

We used the device to treat 30 cases in clinical trial from June 30 to September 30, 2005, in order to study the efficacy and safety of the penis extensor.

2. Clinical data and methods:

2.1.- Study design:

The clinical trial was conducted to determine potential modifications in penis size and form through the application of the penile extensor.

The collected baseline data included the measurement of length and circumference of the penis both in flaccid and in erect state, as well as the evaluation of the psychological state of the subject. During the trial, the subject was instructed how to put on the extender and advised to wear it over 9 hours a day. During the first month the check-ups were performed once a week. During the second and third month the checkups were performed every two weeks. The trial was conducted according to GCP (Good Clinical Praxis).

2.2.- Subjects:

2.2.1.- Indications:

The subjects were between 16-70 years old; their penis could be lengthened without surgery.

Their penis curvature could be treated without surgery. They all needed postoperative treatment after penis reconstruction surgery or penis lengthening surgery, in general penile surgery requiring a control of the postoperative scar retraction.

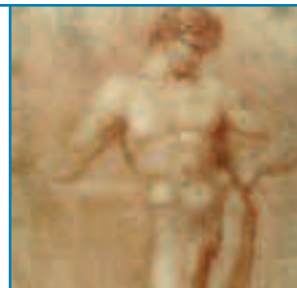
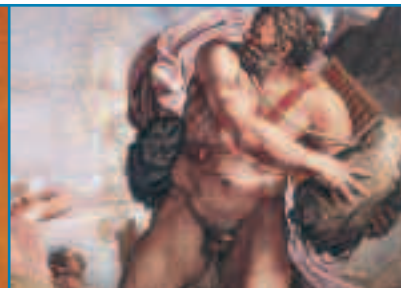
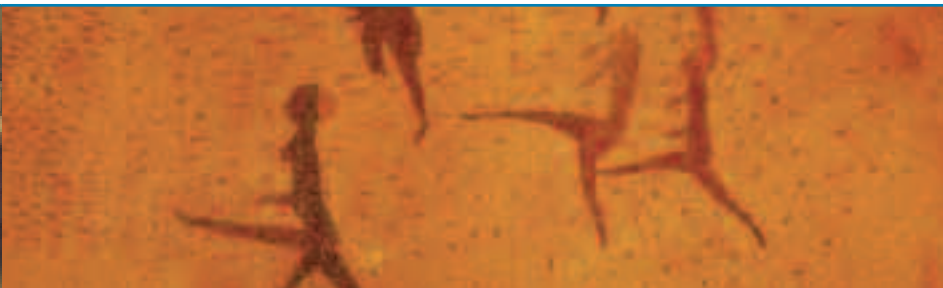
All patients signed informed consent to certify that they had been correctly informed about how to use the device.

2.2.2.- Contraindications:

The device should not be applied until any penile wounds, lacerations or infected zones had completely healed. And it should not be used by patients with penile tumor, chronic disorders affecting the blood circulation, or the oxygenation and regeneration of tissues (advanced or uncontrolled diabetes, liver cirrhosis, advanced respiratory failure). Similarly, the use of the device was contraindicated for subjects suffering from priapism, uncontrolled psychology disorders, diabetes, heart diseases and hand disorders.

2.3.- Efficacy evaluation:

The patients were advised to use the device for over 9 hours daily. According to the medical protocol, the length had to be measured on the dorsal surface of the penis, from the pubic penile angle to the tip of the glans. Point zero of the measuring tape should be placed on the mentioned angle, without pressing upon the area.



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The perimeter or circumference in turn should be measured midway along the length of the penis. Measurements should first be made in flaccid state and then in erect state induced by sexual stimulation. The values should be registered on the treatment evaluation sheet. If the penile length and perimeter of the penis increased over 1 cms both in flaccid and in erected state within three months, the treatment had to be considered effective. If not, it had to be considered not effective.

2.4.- Safety evaluation:

Every review should especially register any penile discomfort, pain, foreskin edema etc. This being the case, the Penis Extender should not be used: In presence of pain, numbness or paleness of the glans the device should be removed immediately, as well as during physiological activities such as defecation, micturition, sports, sexual intercourse or during any other potentially hazardous physical activities involving the risk of falls. The same applies to excessive consumption of alcohol, analgesics or euphorizing agents.

3. Results:

30 males were recruited for the study with the aim to investigate the effects of a penis extensor in order to lengthen the penis.

They were between 16 and 40 years old and among them 26 wanted to achieve a larger penis, whilst the remaining 4 were treated to extend the penis after being submitted to penile curvature surgery. 23 of the patients completed the clinical trial, whilst 7 broke it off. In the latter case, 6 of them, after 1-2 month of treatment, did not complete the therapy because of their refusal to wear the device over 9 hours a day. One patient broke off therapy complaining of penile discomfort. During the trial, there was no case of penile pain, ulcer or foreskin edema registered.

None of the patients reported erectile dysfunction or urination dysfunction. In 23 patients the effectiveness of the device was demonstrated after a three-month treatment and the effectiveness rate was 100%.

Table 1 Penile size in different penis state before and after three month of treatment:

| Penile size | Length of flaccid (cm) | Perimeter of flaccid (cm) | Length of erect (cm) | Perimeter of erect (cm) |
|-------------------|------------------------|---------------------------|----------------------|-------------------------|
| Base line | 7.1±1.5 | 6.3±1.3 | 9.3±2.3 | 8.1±1.7 |
| After three-month | 9.2±2.0* | 8.1±1.2* | 12.3±1.9* | 10.0±1.9* |

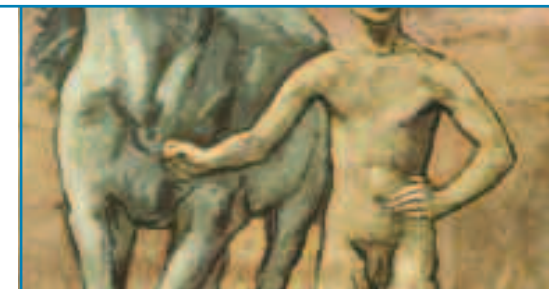
*compared with base line, P<0.05.

4. Discussion

Form and size of the penis are important sexual characteristics and affect men's self-confidence and self-evaluation. Though the size of the penis doesn't directly influence the female orgasm, there are many men who give an enormous importance to the size of their penis. That is so true, that the thought that their penis isn't large enough makes them avoid making love to a woman and even swimming in public. No standard surgery and no pills or medicines are able to lengthen the penis definitively.

The principle of traction is commonly used in plastic surgery to generate the expansion of human tissues, in order to use the new skin in skin implantations or to cover cutaneous defects, burns or bald zones. It is also used in bone distraction in order to lengthen the diaphysis of long limb bones and phalangeal bones.

In ancient cultures the same principle has been used to lengthen different parts of the body – as for example the neck in the Paduang tribe in Burma ("giraffe-women"), or the lips or ears in African or Amazon tribes - through the fitting of prostheses or weights to achieve the desired lengthening.



Effects on Penile Size with Penile Extensor by Traction Force

(Report of 30 cases) Z Lee, XB Zhu, YD Liu, WJ Ye, YX Wang. Shanghai Institute of Andrology, Renji Hospital Affiliated to Medical. College, Shanghai Jiaotong University (Shanghai, China, 2001)

The extensor applies a traction force of 600 to 1500 grams to the penis for continued periods of time. The force vector is aligned with the principal axis of the penis.

Such traction provokes an adaptive reaction on the affected part of the penis tissue structures, with an increase in cell multiplication of the vesicular vessels, urethra, corpus cavernosum and spongy tissue and of the skin, Buck's fascia and dartos muscle, etc.

The latest studies suggest that traction can induce an increase in the number of cellular mitoses as a result of cell flattening.

Andromedical® in Spain has invented the penis extensor **Andropenis®**, which is used in Europe, Japan and North America.

We prescribed the penis extender device in 30 cases. In 23 of them the patients concluded the clinical trial after a three-month treatment and the effectiveness rate was 100%. In 4 further cases, in which the penis extender had been applied to stretch the penis after surgery for penile curvature the device demonstrated his effectiveness.

In 7 cases the patients didn't conclude the therapy. During clinical trial, 6 patients, after 1-2 month of treatment, did not complete the therapy because of their refusal to wear the device over 9 hours a day.

One patient broke off therapy complaining of penile discomfort. After penis traction therapy, the length of the penis showed an increase of 2.1 cms in flaccid state and 2.0 cms in erected state. The perimeter of the penis as well showed an increase of 1.8 cms in flaccid state and 1.9 cms in erected state. The efficacy of the applied traction force was directly related to the time of use of the traction device.

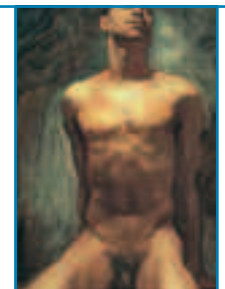
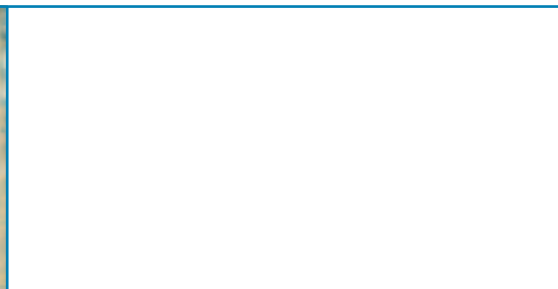
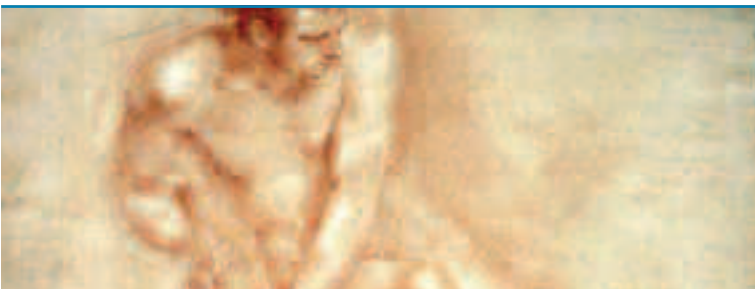
No efficacy could be demonstrated in those subjects, who ceased the continuous use. In the first week of the clinic trial, some patients felt a light penile discomfort. But the discomfort disappeared gradually.

During clinical trial no adverse effect was registered. In the future, there will be a lot of men using the device in order to elongate their penis.

5. Conclusion:

The penis extender has the capability to stretch the penis and produce an increase in its length and width.

It has been demonstrated to be safe and free of adverse side effects.



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., Scropo F.I., Mancini M., Castiglioni F. Andrology Service, San Paolo Hospital – University of Milan, Milan, Italy.

1. Objectives:

The main surgical demand for penis enlargement comes from men whose penis size is within the standard limits but isn't considered satisfactory by the subject ("small penis").

The aim of this study was to verify the efficacy of mechanical penis stretching physiotherapy in order to produce a penis enlargement.

2. 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 **Andropenis®** was prescribed for at least 6 hours a day, over a period of at least 4 months.

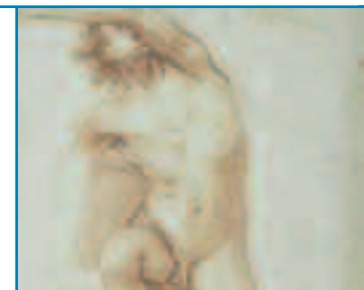
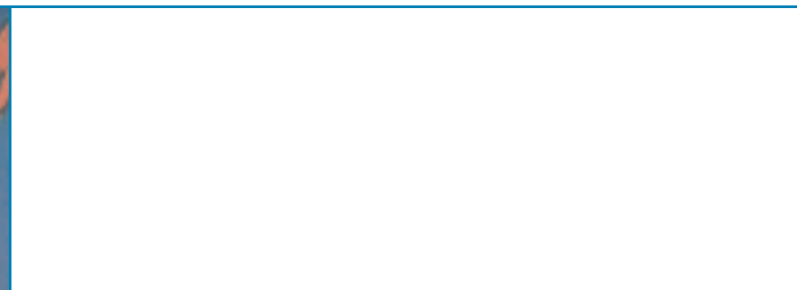
3. Results:

In all subjects the enlargement of the penis was directly related to the time of use of the device. After 4 months the augmentation of the stretched penile length was +1.8 cm (range +0.5-+3.1 cm).

The daily average use was 6½ hours (range 3-9 hours). No side effects were registered.

4. Conclusions:

The data show the efficacy of the daily penis-stretching technique to elongate the "small penis".



Urological Post-surgery

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Management of penile shortening after peyronie's disease surgery

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Management of penile shortening after peyronie's disease surgery

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Post-surgical use of Andropenis® following the plaque removal and its substitution with autologous venous patch in the penis shaft curvatures provoked by peyronie's disease.

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Penis enlargement: ventral and dorsal combined technique

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Treatment of penis hypoplasia as a consequence of epispadia surgery through penis extensor

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Treatment of penis hypoplasia as a consequence of epispadia surgery through penis extensor



Management of penile shortening after Peyronie's disease surgery. European Society of Andrological Urology (ESAU) and European Society for Genito-Urinary Reconstructive Surgeons (ESGURS) are full members of the EAU Section Office. Thursday, 25 October 2007. Dr Moncada, Madrid (ES). 10th Congress of the European Society for Sexual Medicine (ESSM). Dr Moncada, 25 - 28 November, 2007. Lisboa Congress Center, Lisbon, Portugal.

1. Introduction and Objective:

Loss of penile length is a common complaint of patients undergoing surgical correction of penile curvature for Peyronie's (PD) disease. Penile extenders have been developed to increase penile length by regular application on the penis based on their tissue expansion properties.

We assessed the value, in terms of increasing penile length, of the application of a penile extender (**Andropenis®**) in men who have undergone tunica albuginea plication or grafting for PD.

We have also studied the impact of this treatment on the health related quality of life (HRQoL).

2. Methods:

40 men, aged between 54-64 (mean 58 y.o.), undergoing PD surgery constituted the study population; 12 patients were submitted to a grafting procedure while the rest (n=28) underwent a plication technique. 20 consecutive patients were treated with a penile extender device (**Andropenis®**) while the previous 20 served as a control group.

The extender was applied when the circumcision had healed (2 to 3 weeks after surgery) with a traction force of 900 to 1200 gr 8 to 12 hours daily during at least 4 months.

Parameters studied were penile length before, after surgery and after the continued use of the device. HEQoL using the SF-36 questionnaire was also assessed to compare both groups of patients.

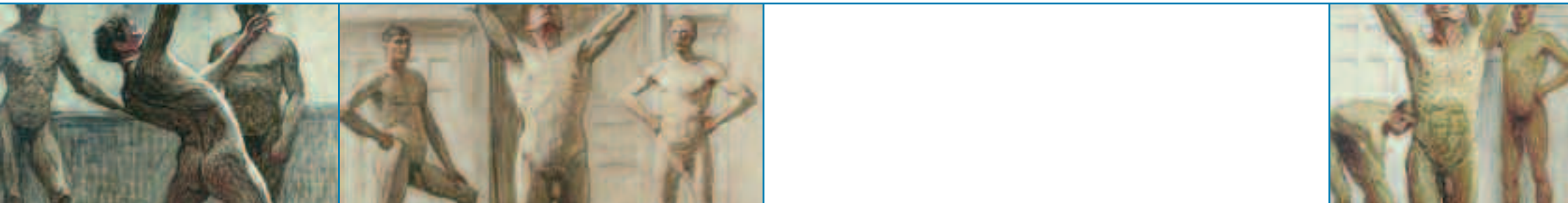
3. Results:

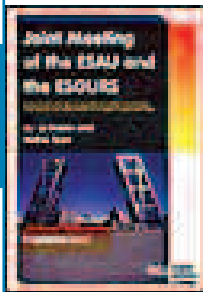
Penile shortening after surgery ranged from 0.5 cm to 4 cm. Shortening was slightly less relevant in patients undergoing a grafting procedure but this difference was not statistically significant.

Treatment with the device produced a length increase ranging from 1 to 3 cm, this increase was proportional to the number of hours per month the patient was using the extender.

There were significant differences in several of the SF-36 parameters in the patients under the device when compared to those not using the extender ($p < 0.001$).

Four patients had to reduce the time of application of the extender because of moderate pain in the circumcision wound; no other side effects were reported.





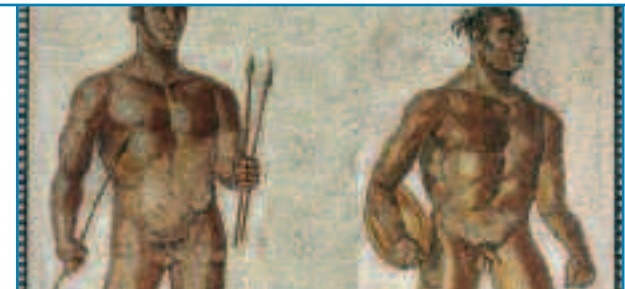
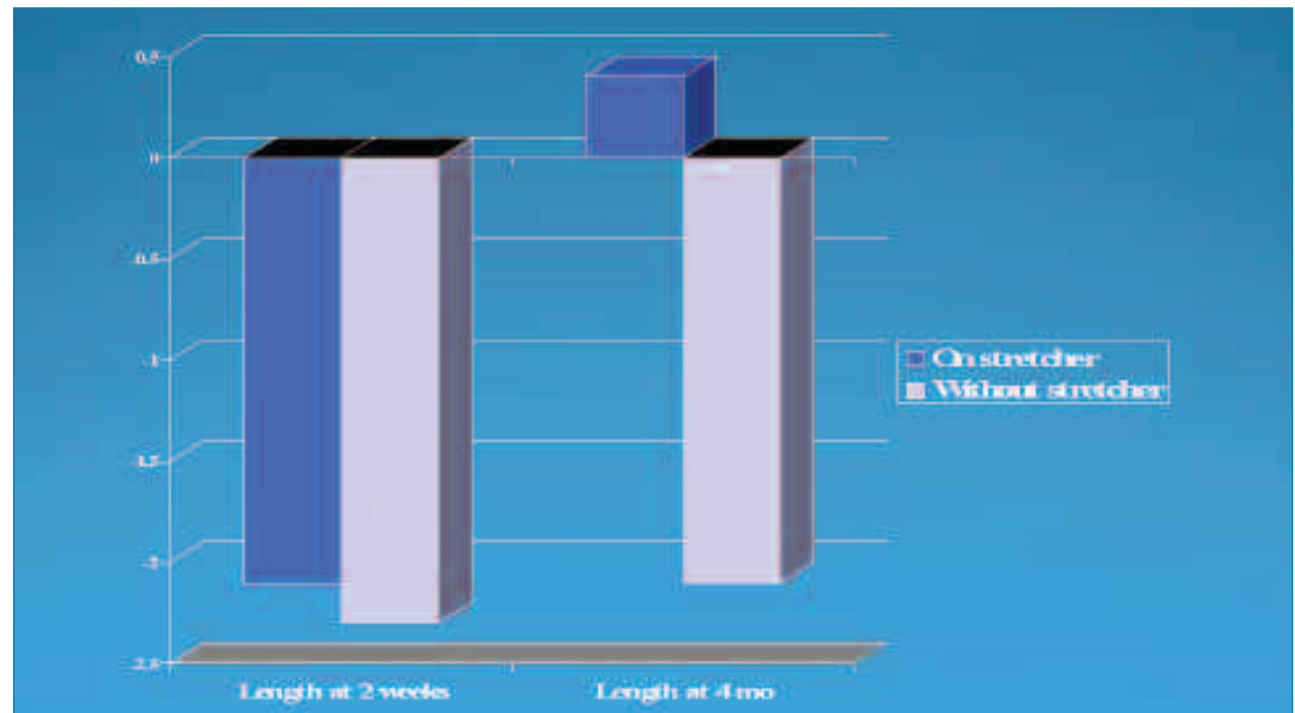
scientific studies

Management of penile shortening after Peyronie's disease surgery. European Society of Andrological Urology (ESAU) and European Society for Genito-Urinary Reconstructive Surgeons (ESGURS) are full members of the EAU Section Office. Thursday, 25 October 2007. Dr Moncada, Madrid (ES). 10th Congress of the European Society for Sexual Medicine (ESSM). Dr Moncada, 25 - 28 November, 2007. Lisboa Congress Center, Lisbon, Portugal.

4. Conclusions:

Our study suggests that the use of a continuous penile stretching device (**Andropenis®**) is an effective and safe approach to maximize penile length in patients undergoing PD surgery.

Its use produces an improvement in QoL parameters when compared to a control group.





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.

1. Objective:

The aim of the study was to evaluate the effects of a daily application of a penile extender device over 8–12 hours, in order to increase the length of the penis in patients who had undergone penile surgery for Peyronie's disease. A secondary aim was to determine the health related quality of life (HRQOL) outcome in patients using this device.

2. Design and methods:

30 men aged 54–64 years (mean age 58) underwent penile surgery for PD. The surgical technique applied in eight of the patients was the incision of the fibrous plaque and grafting, while the others underwent plication of the albuginea (Essed technique). After the surgery, 15 of the 30 patients were treated with a penis extender (**Andropenis**) daily, over a 4-month period.

Length and girth of the penis were measured before and after surgery as well as after the use of the extender. HRQOL was also determined using the SF-36 survey to compare both groups of patients.

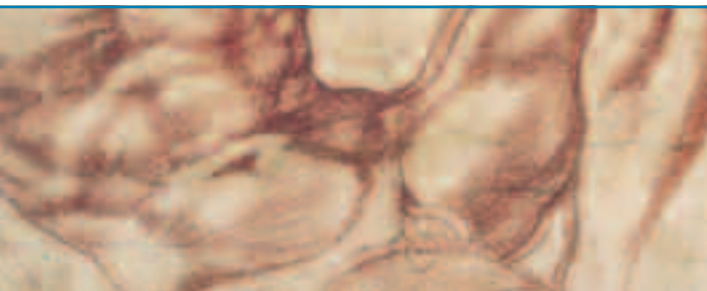
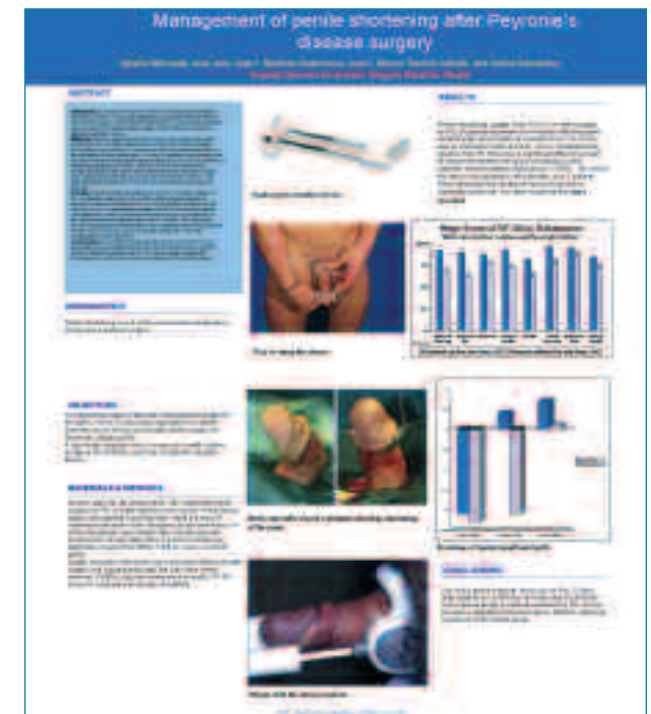
3. Results:

Sustained treatment over a period of 4 months with the penile stretching device provided an increase in length of 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 ($p = 0.001$).

The use of the device was generally well tolerated, only 2 patients had moderate penile pain. No further complications were recorded.

4. Conclusion:

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



Post-surgical use of the Andropenis® 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), Oct. 03 and ESSIR Conference, Istanbul (Turkey), Nov. 2003.
Diego Pozza, Claudio Barteri, Antonio Aversa, Carlotta Pozza, Francesco Barrese. Studio di Andrologia e di Chirurgia Andrologica, Nuova Villa Claudia, Roma, Italy.

1. Introduction and objectives:

The attempt at finding the most suitable material to substitute the albuginous membrane in Peyronie's disease has not been clearly defined, yet. Autologous and eterologous materials often show the tendency to thicken and scar 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 **Andropenis®**, to reduce the secondary retraction.

2. Materials and methods:

Five patients (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 albuginous space with an autologous part of the saphena.

From day 7 after surgery, patients have started a vascular "rehabilitation" therapy with Sildenafil 25 mg in the evening on alternate days for 20 days.

Moreover, from day 10 patients have started using the **Andropenis®** 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.

3. Results:

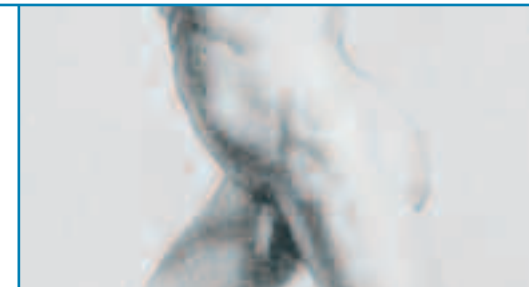
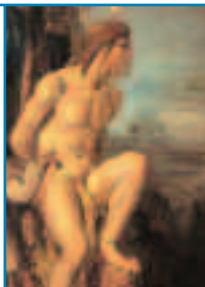
At least three months after the surgery, those five patients that followed the treatment with Sildenafil and used the extender have shown no reduction in size nor curvature of the penis shaft and an adequate penetrative activity.

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 psychologically by the patient, thus causing dissatisfaction.

4. Conclusions:

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

The added use of FosfoEsosolomerase 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.



1. 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.

2. The Changing Rooms 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.

3. 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 14 cms. The size of the majority of people is normal, as is their erectile function.

This is not just another plastic surgery technique.

We are called upon to ask 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.

4. Non-invasive procedures:

Vacuum pump (totally inefficient). **Andropenis®**: mechanism of continuous traction that gives a real enlargement.

5. 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)

6. 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 abdominal terminal membrane, impeding thus the penile retraction.

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

7. Postsurgical Recovery:

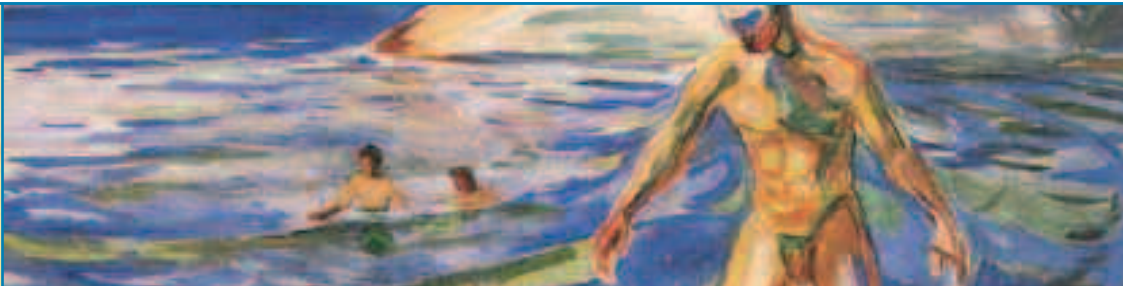
Antiinflammatory drugs for 10 days. Antibiotic every 8 hours for 5 days. Keep the bandaging for 10 days. Local cold applications in the first hours after surgery.

8. Main complications:

Bruising, penile retraction, oedema, loss of sensitivity, psychogenic erectile dysfunctions.

9. Our experience:

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



Treatment of penis hypoplasia as a consequence of epispadia surgery through penis extensor

XXI National Congress of the SIA Regional Sections (Italian Andrology Society) Trieste, Italy, September 23rd-26th, 2004.
F.I. Scroppo, G. Piediferro, C. Grugnetti, F. Castiglioni e G.M. Colpi. Departmental Unit of Andrology – San Paolo Hospital – Polo Universitario, Milan, Italy

1. Case report:

Man aged 25 who had undergone multiple epispadia operations and Mitrofanoff's continent cutaneous appendicovesicostomy procedure. He urinates every 3 hours through an intermittent catheter. Rare episodes of urinary infection. He seeks medical advice because of penis hypoplasia that causes coital difficulty.

2. Objective examination:

At clinical examination, the stretched penis' length is 7,8 cms, with a girth of 9.8 cms measured on the middle third of the shaft, while the length in erected state is 8 cms.

3. Treatment:

The advised treatment is the application of a penis extensor, that the patient shall undergo after signing informed consent about the unpredictability of its outcomes, further advising him an 8 hours daily use for a period of 8 month.

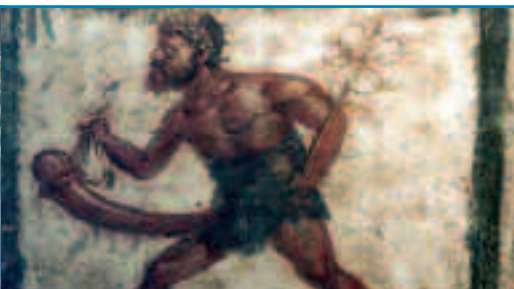
The patient's compliance leads to a daily use of the device of 4-6 hours over 8 month.

4. Results:

The follow-up after 3 months showed that the stretched penis measured 9.5 cms, after 6 months 10.0 cms and after 8 months 10,2 cms, with an unmodified girth of 9.8 cms. No adverse side effects were recorded during treatment, except a temporary delayed ejaculation that couldn't be reliably proved to be related to the treatment.

5. Discussion:

A penis-stretching device seems to be a valid method to lengthen the penis in patients with antecedent penis surgery.



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.
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1. 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.

2. Materials and methods:

The study was conducted through a medline search for the last 20 years on surgical and non surgical treatment modalities for penile lengthening. Peer 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”.

3. Results:

Based on the currently available literature it appears that the most common techniques to lengthen the penis (section of the penile suspensory ligament, 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.

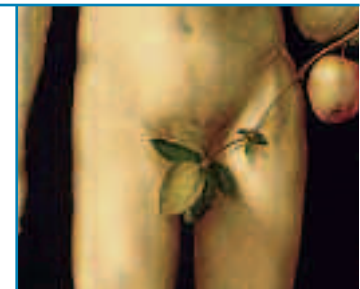
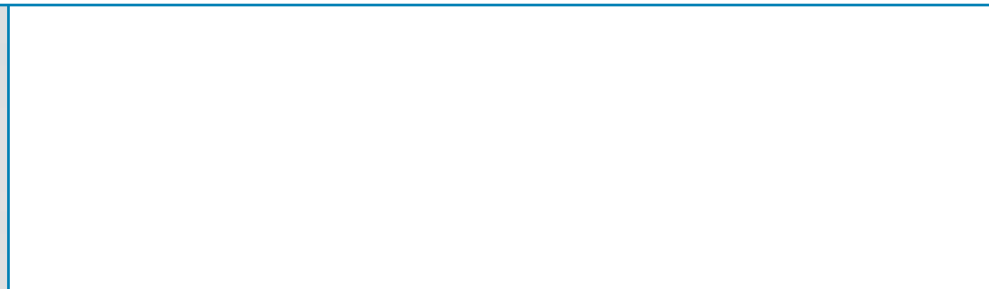
In a recent technique of augmentation phalloplasty bilateral saphena grafts have been employed to increase the corpora cavernosa girth thus providing a “true” penile enlargement during erection.

Interestingly, a number of peer reviewed abstracts agree that the so-called “penile stretchers” may significantly improve penile length with an extremely low complication rate.

4. Conclusions:

Penile additive surgery remains a 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.





psychological studies

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Penis enlargement: Patient classification based on a psychological study

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Fernando Molina-Campuzano, clinic psychologist, 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.

1. Psychological aspects:

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

2. 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.

3. 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 **Andropenis®**. One would want to carefully evaluate those personality traits that involve insecurity, role improvement, and relationship improvement.

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

4. 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 year 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-vascularisation 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. Festinger 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 feedback. Increased confidence and self esteem will make his sexual approach calm and relaxed, thus automatically helping to activate the parasympathic nervous system-a key factor in erection.

Type II:

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

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





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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. Important emotional changes, which affect the patient, are re-

dily 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.

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

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

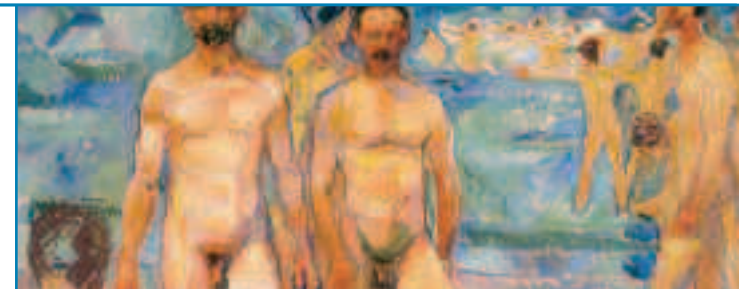
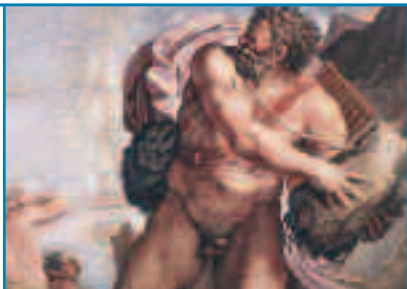
sexual assets, which make them feel comfortable and more secure. We are talking about in 4 categories:

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, 0-1987).

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.

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.



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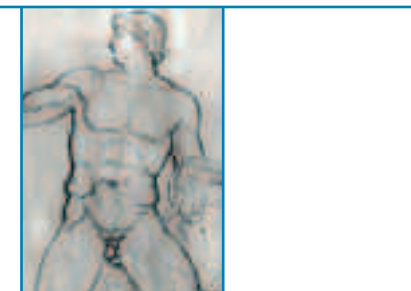
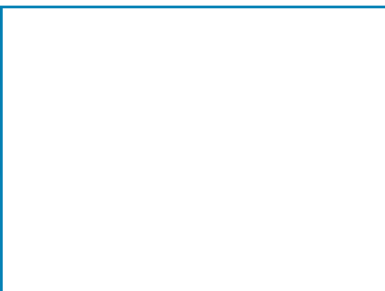
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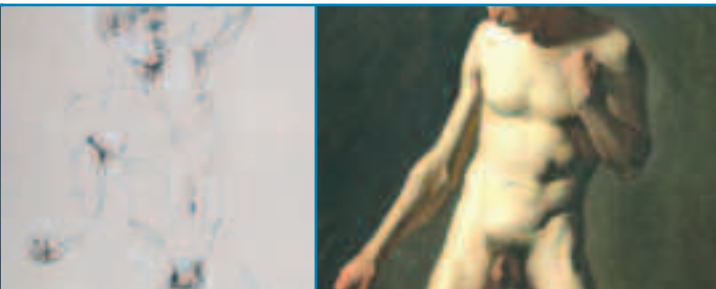
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