

Penis enlargement: ventral and dorsal combined technique

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2nd Ibero-American Conference of Andrology
December 2003

The Koro syndrome

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

The Changing Room syndrome

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

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

Penis enlargement: the combined technique

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

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

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

Non-invasive procedures:

Vacuum pump (totally inefficient).

Andro-Penis: mechanism of continuous traction that gives a real enlargement.

Surgical procedure:

First surgery: Dr. Long, 1984

Various techniques exist, though they all include the following:

- Snipping of the suspensory ligament
- Separation of the fundiform ligaments
- Suprapubic liposuction (in some cases)

Surgical technique:

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

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

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

Postsurgical Recovery:

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

Main complications:

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

OUR EXPERIENCE:

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

