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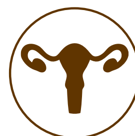

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Penile Enlargement Surgery: Is It Feasible?

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Abstract

Penile size is a major concern among men all over world. Men throughout history and still today, feel the need to enlarge their penis in order to improve their self-esteem and sexual performance. There are a variety of social, cultural, and psychological aspects regarding the size of men genitals, resulting such that, men often feel the need to enlarge their penis. "Bigger is better" is still a relevant belief in our days and based on the "phallic identity" – the tendency of males to seek their personality in their penis. This trend is supported by the numerous and still increasing number of penile enlargement procedures performed in the past years and today, generally in men with normal size penises. This condition is called "the locker room syndrome" – men concerned about their flaccid penile size even though in most cases their penile length and girth are normal. however, the surgical procedures available for changing penile appearance remains highly controversial mainly due to high complication rates and low satisfactory surgical outcomes.

Keywords

Penile enlargement; Penile size; Penile lengthening; Penile shortening

Introduction

Due to lack of standardization in this field and difficulties in properly selecting surgical candidates, there are a wide variety of procedures leading to confusion and ethical concern regarding the best medical management for these men.

When dealing with the surgical options described in the literature, it is necessary to distinguish between procedures aimed to correct anatomical abnormalities (such as micro-penis) and those performed in normal-sized penises. Moreover, it is also important to distinguish between procedures aimed to elongate the penis and those aimed to enlarge penile circumference.

Controversies' exist regarding the normal length and girth of an adult flaccid penis that ranges between 7.5-13.0 cm in length and 8.5-10.5 cm in circumference [1-3]. Efforts have been previously made based on questionnaires by which, researchers attempted to identify the most suitable candidates for augmentation phalloplasty surgery for penile dysmorphobia and to objectively estimate the outcome [4]. Moreover, there is no standardization regarding the exact increase in length required to satisfy patients undergoing these kinds of procedures, nor reliable methods or questionnaire to evaluate success rate.

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Penile Lengthening

Limited number of elongation techniques is available or have been described. Those that are published include small number of patients and short-term follow-up. Paradoxically, penile shortening is the main complication reported; other complications include loss of sensation, scarring and downward angling of the erect penis, when the man is upright [1,5,6].

Three main techniques are commonly used:

Most practical, safest and commonly performed procedure is the abdomino/pubopelvic liposuction [1,6]. Reduction of pubic fat may provide some visual extension of the penile shaft, up to 2 cm. This procedure is usually performed in obese males, but as the majority of the males that go through this type of treatment are young healthy men, only the minority is good candidate for this technique.

Release of the suspensory ligament is another procedure that aims to protrude the penile shaft outside the pubic region [7,8]. This technique is based on the detachment of this ligament from the pubic bone, allowing forward movement of the corpora approximately 2 cm, enabling the penis to extend closer to its erect length when flaccid. New space created may be filled by fat or biocompatible materials [9-11]. Generally after surgery, traction on the penis that may be performed by special tissue expanders, vacuum devices or weights are used, preventing reattachment of the suspensory ligament to the bone. Despite a small increase in penile length, many patients are not satisfied with the results [7].

Skin flap in the lower pubic area, is another procedure that aims to protrude the corpora cavernosa outside the body and can be combined with suspensory ligament dissection [5,8]. Average length increase is about 4 cm. Varieties of skin flaps techniques are used; it seems that the best results are obtained with the double Z plasty, although accompanied by unattractive hair bearing scars or pubic deformations [1]. Most common performed procedure is the inverted V-Y advancement flap [5].

In summary, it seems that all surgical techniques available to increase penile length are limited only to protrude the penile shaft with poorly satisfactory outcomes. As a result, less invasive procedures should be evaluated before surgical treatment is proposed.

Penile Girth Enhancement

These are even more controversial procedures. There are no recommendations or common guidelines available for how and if to perform these surgical interventions.

Subcutaneous penile autologous fat injection is the oldest procedure that is rarely performed today due to the fact that only a very small amount of injected fat survives after a short time post injection [1,12]. The goal of this procedure is uniform enhancement of penile circumference. Complications include nodular formation, calcified fat, penile deformities and even the formation of sclerosing lipogranuloma [6]. Although some studies show high amount of satisfaction among patients undergoing this procedure, fat injection is rarely performed today [1,9].

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Subcutaneous silicone injections to the penile shaft is contraindicated due to numerous complications reported, such as distant migration of the injected material, swelling, penile distortion, granulomatous reaction, loss of sensation and erectile dysfunction [13]. Hyaluronic acid injections are mainly used for glans penis augmentation; this procedure is the only one reported with satisfying results without serious complications [1,14].

Dermal fat grafts technique is hardly recommended due to high postoperative complication rates including penile shortening, asymmetry and curvature. By eight weeks' time most of the fat is replaced by a fibrotic tissue [6]. Usually, these grafts are harvested from the groin area or from the gluteal region [1].

Another more recent technique is penile circumferential enhancement using biodegradable scaffold. Fibroblast cells are harvested and then grown. After sufficient volume, they are seeded on a tube shaped polyactico-glycolic-acid scaffold. After a 24 h period of incubation, degloving of the penis is performed and scaffold is transplanted between dartos and Buck's fascia [15] Complications described were infections, skin necrosis and seroma. Results of this new technique are limited.

Allografts such as Alloderm are promising technique but still lack of sufficient data. Alloderm is an acellular dermal matrix derived from donated human skin. Sheets placed above Buck's fascia have been proposed [1,6,16] and have few advantages including minimal scar. More data are needed in order to evaluate its place in this field.

Corporoplastic augmentation surgery is the only procedure which results in an increase in the volume of the corpora. In this technique, a longitudinal incision of the tunica albuginea is performed bilaterally patched with a venous graft. Usually, the saphenous vein is grafted [17]. The main challenge of this technique is that it is an extremely aggressive technique for treating a psychological dysfunction.

In summary, it seems that penile girth enhancement is a problematic procedure and no safe or recommended surgical techniques are available today to resolve this problem.

Conclusion

Current penile augmentation techniques fail to show satisfactory results. High complication rates, chance for permanent penile deformity and dysfunction and low long-term success rates make these procedures not recommended for men with a normal size penis. No sufficient data regarding the impact of these procedures on cosmetic results, complications, erectile function, self-image, self-esteem and sexual satisfaction are available. In summary, these procedures are still very controversial and regarded as investigational. For now, psychologist consult might be the more reasonable solution for men with the locker room syndrome.

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