

## Acupuncture Aided Local Anesthesia for Penile Vascular Surgeries

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### Abstract

Despite topical anesthetic blockage for penile surgeries has been substantially reported in the medical literature, a heavy intravenous sedation is unexceptionally used. We sought to report an acupuncture assisted pure local anesthesia on the ambulatory basis under several methods of topical blocks.

From 1989 to 2017, 3223 men (ages 19 to 91 years) received our ambulatory penile vascular surgeries. They were categorized into the venous (n= 2867), patch (n= 323), and arterial groups (n= 33) in accordance with penile venous stripping, penile autologous venous patches, and penile arterial reconstruction surgery respectively. The chosen acupoints involve Hegu (LI4), Shou San Li (LI10), Quchi (LI11), and either Waiguan (SJ5) or Neiguan (PC6).

In tandem with our advanced penile anatomy, the topical blocks include proximal dorsal nerve block, peripenile infiltration, bilateral crural blockage and topical infiltration.

These blockages are sufficient local anesthesia for patients with varied vascular surgeries unless a penile implant which requires bilateral cavernous nerve block. The anesthetic effects when a visual analog scale of 100 mm was used, and postoperative results were satisfactory.

Common immediate side effects included puncture of the corpus spongiosum or the deep dorsal vein as well as the innominate vessel, subcutaneous ecchymosis, transient palpitations, and acceptable low level of pain.

There were no significant late complications. A booster injection is advised by 4 hours before the patient registers pain again.

Overall 2635 men (81.5%) require 1 to 2 booster injections.

In recent three years, 23 American and European males have successfully received -aided local anesthesia despite they insisted general this acupuncture anesthesia in threads of internet consultations before their attendances. Topical nerve blockades proved to be reliable, simple, and safe, with minimal complications.

They offer the advantages of less morbidity, reduced effects of anesthesia, protection of privacy, and a rapid return to preoperative daily activity.