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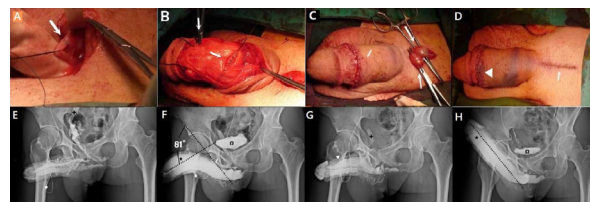
## A COMBINATION OF PENILE VENOUS STRIPPING, CORPOROPLASTY AND VARICOCELECTOMY FOR PATIENTS WITH ERECTILE DYSFUNCTION, PENILE DYSMORPHOLOGY AND VARICOCELE UNDER ACUPUNCTURE-AIDED AMBULATORY LOCAL ANESTHESIA

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**W**e have refined penile venous stripping, penile corporoplasty and varicocelectomy for patients with erectile dysfunction, penile dysmorphology and varicocele since 1999. From June 2010 to March 2016, a total of 128 men, aged from 28 to 68 years, consulted us with erectile dysfunction, penile deviation, and a varicocele. Among these, 87 males (the surgical group) underwent a combination of penile venous stripping, corporoplasty and varicocelectomy, while 41 were assigned to the control group without surgery. The abridged five-item version of the International Index of Erectile Function (IIEF-5), a dual cavernosography, and a life quality rating were used to assess patients. Under an acupuncture-aided pure local anesthesia on an ambulatory basis, these surgeries were performed. In the surgical group, the preoperative IIEF-5 and the life quality rating was  $9.7 \pm 2.1$  and  $26.7 \pm 3.6\%$ , which was increased postoperatively to  $22.6 \pm 2.3$  and  $82.6 \pm 5.2\%$  respectively (both  $p < 0.001$ ). Two men reported one and two children fertility postoperatively although their initial chief complaints were just impotence and penile curvature preoperatively. In the control group, the corresponding preoperative IIEF-5 and life quality rating was  $9.8 \pm 2.3$  and  $27.4 \pm 3.7\%$  respectively which changed to  $8.9 \pm 2.4$  and  $20.9 \pm 6.3\%$  respectively (latter  $p < 0.01$ ). The difference between the two groups ( $p < 0.001$ ) and within the group ( $p < 0.01$ ) was significant. A satisfactory penile shape was achieved in 79 (90.8%) patients with eight men (9.0%) complaining of mild deviation of the penis ( $< 10^\circ$ ). Cavernosogram showed an ideal milieu of the corpora cavernosa for retaining intracavernous fluid which

was particularly evidenced by significant stronger radiopacity of penile crura than that of the femoral cortex. A combination of penile venous stripping, corporoplasty and varicocelectomy provides a novel solution for restoring erectile function, penile morphologic reconstruction and fertility enhancement with negligible morbidity. Being assisted with acupuncture management outpatient basis is sustainable.



**Figure 1:** Photos and imaging of a combination of penile venous stripping, corporoplasty and varicocelectomy. A). A circumferential skin incision was initiated. The visibility of the deep dorsal vein could be enhanced by a milking pressure applied on the sinusoids. It was managed and likewise, the cavernosal veins were treated till the infrapubic angle. B). Either a modified Nesbit procedure or a placation was made to the excessive tunica. C). Bilateral spermatic cords were hooked out via the pubic longitudinal wound. D). Once the vascular surgery was performed, both circumferential and pubic longitudinal wounds were fashioned. E). The venous distribution provided a blueprint for penile venous stripping. F). A postoperative cavernosogram showed penile dysmorphology. G). Cavernosogram was performed immediately postoperative. H). Ideal penile morphology and ability of intracorporal retention were reached

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## Recent Publications

1. Hsu G L, Huang Y P, Tsai M H, Chang H C, Liu S P, Molodysky E and Hsu M C Y (2013) The venous drainage of the corpora cavernosa in the human penis. Arab Journal Urology 11: 384-391.
2. Hsu G L, Molodysky E, Liu S P, Chang H C, Hsieh C H and Hsu C Y (2013) Reconstructive surgery for idealizing penile shape and erectile functional restoration on patients with penile dysmorphology and erectile dysfunction. Arab Journal Urology 11:375-383.
3. Hsu G L, Hill J W, Chen H S and Huang S J (2014) Novel pilot films providing dispensable information in pharmaco-cavernosography. Translation Andrology and Urology 4:398-405.
4. Hsieh C H, Huang Y P, Tsai M H, Chen H S, Huang P C, Lin C W and Hsu G L (2015) Tunical outer layer plays an essential role in penile veno-occlusive mechanism evidenced from electrocautery effects to the corpora cavernosa in defrosted human cadavers. Urology 86:1129-1136.
5. Hsieh C H, Tai H C, Hsu G L, Chen C C and Hsu C Y (2016) Herb formula enhances treatment of impotent patients after penile venous stripping, a randomized clinical trial. Andrologia 48:754-760

## Biography

Geng Long Hsu is a Clinical Professor at China Medical University. He has developed and refined a series of penile reconstructive surgeries, including penile venous surgery, corporoplasty and penile implantation, in tandem with advances in knowledge of the penile venous and tunical anatomy and of erection physiology. In 1993, he was promoted to the first Chair of Urology at Taiwan Adventist Hospital; he held that position until 1997 and then served as Vice-Superintendent of Po-Jen General Hospital until 2001. From 2001 to 2003, he was the Director of Microsurgery Potency Reconstruction at Taipei Medical University Hospital. Afterward, he has established his private practice—Hsu's Andrology which serves as both a clinical practice and research center. In 2012, his latest method of penile venous stripping surgery, administered via local anesthesia on an ambulatory basis, was granted a USPTO patent. He hopes this surgery will be studied and practiced worldwide.

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