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## A STRATEGY FOR GLANS ENHANCEMENT AND NEGATING GLANS COLDNESS IN PATIENT WITH PENILE PROSTHESIS IMPLANTATION

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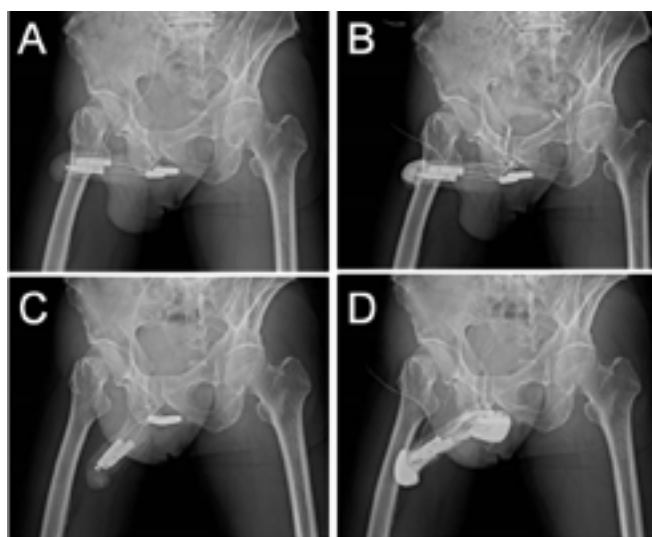
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**A**lthough penile implantation remains a final solution for patients with refractory impotence in many urologists, undesirable postoperative effects, including the development of pale appearance, size reduction and cold sensation of the glans penis in particularly the penile size itself, remain problematic. We sought to report an innovative surgical method designed to avoid these problems. From 2003 to 2017, 103 consecutive patients received a malleable penile implant. Of these 68 men (the enhancing group, after 2008) were also treated with venous ligation of the retrocoronal venous plexus, deep dorsal vein, and cavernosal veins in addition to standard penile implant. The remaining 35 men formed the control group, treated with only a penile implant. Follow-up ranged from 0.5 to 14.5 (8.7±1.0) years. Although preoperative glanular dimension did not differ significantly between the two groups, significant respective difference at one day and one year postoperatively was found in the glanular circumference (128.6±6.8 mm versus 115.5±7.1 mm and 131.6±7.2 mm versus 100.3±7.3 mm; both <0.05), radius (38.9±2.7 mm versus 37.0±2.8 mm and 41.7±2.6 mm versus 33.7±2.9 mm; latter <0.01), and satisfaction rate (95.8% versus 53.2%, <0.01) as well. Inconclusive analysis of the penile copulatory portion ensued resulting from difficulty in practical measurement on this portion. Based on our results, selective venous ligation of penile erection related veins appears to enhance the glans penis dimension and probable the penile copulatory portion in implant patients:

### Recent Publications

1. Hsu G L, Chen H S, Hsieh C H, Lee W Y, Chen K L and Chang C H (2010) Clinical experience of a refined penile venous surgery procedure for patients with erectile dysfunction: is it a viable option? *Journal of Andrology* 31(3):271-280.
2. Hsieh C H, Liu S P, Hsu G L, Chen H S, Molodysky E, Chen Y H and Yu H J (2012) Advances in our understanding



**Figure 1:** Pelvic x-ray film of 30 oblique view of a 65-year-old male. (A) He underwent a Duraphase penile implantation somewhere in 2005. A cold glans syndrome and reduced glans volume prompted him to receive the venous ligation surgery. (B) A spongiosogram disclosed the deep dorsal vein and the cavernosal vein via contrast injection to the glans penis. (C) The glans radius was enhanced from 28 mm to 34 mm after the penile venous surgery on the retrocoronal plexus. Meanwhile, a proximal ligation was performed on the deep dorsal vein and cavernosal vein at the penile hilum. (D) A postoperative spongiosogram disclosed the injected contrast was retention in the deep dorsal vein and the cavernosal vein. An enhancement was demonstrated in both the glans penis and entire penile shaft after a contrast medium was injected into the glans penis via a #23 scalp needle

of mammalian penile evolution, human penile anatomy and human erection physiology: clinical implications for physicians and surgeons. *Medical Science Monitor* 18(7):RA118-125.

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3. Hsu G L, Chen H S and Huang S J (2013) **A physiological approach to penile venous stripping surgical procedure for patients with erectile dysfunction.** *Translational Medicine* 3:117.
4. Molodysky E, Liu S P and Hsu GL (2013) **Penile vascular surgery for treatment of erectile dysfunction: Current role and future direction.** *Arab Journal Urology* 11(3):254-266.
5. Hsu G L, Hill J W, Hsieh C H, Liu S P and Hsu C Y (2014) **Venous ligation: A novel strategy for glans enhancement in penile prosthesis implantation.** *BioMed Research International*, Article ID 923171.

## Biography

Chi Can Huynh graduated from Sydney University in 1999. During his senior years in Medical School he completed a surgical research term with Tom De-Meester at the University of Southern California. He was accepted into the Advanced General Surgical training scheme in 2003 and then onto the Advanced Urology Training Program in 2005. He was the inaugural Robotic Fellow at St Vincent's Prostate Cancer Centre in 2008. Following this, he spent 18 months in Manchester (United Kingdom) completing a laparoscopic prostate fellowship. Dr Huynh has interests in erectile restorative surgery and robotic prostate surgery and was the first in Australia to perform a robotic assisted radical nephro-ureterectomy and penile erection restorative vein surgery. His research interests are in erectile dysfunction and is a part time fellow in erectile restorative surgery overseas. He has co-authored papers in peer reviewed medical journals and presented at multiple international conferences on the topic. He also holds teaching positions with the Rural Medical School of the Australian National University and the Australian School of Advanced Medicine.

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