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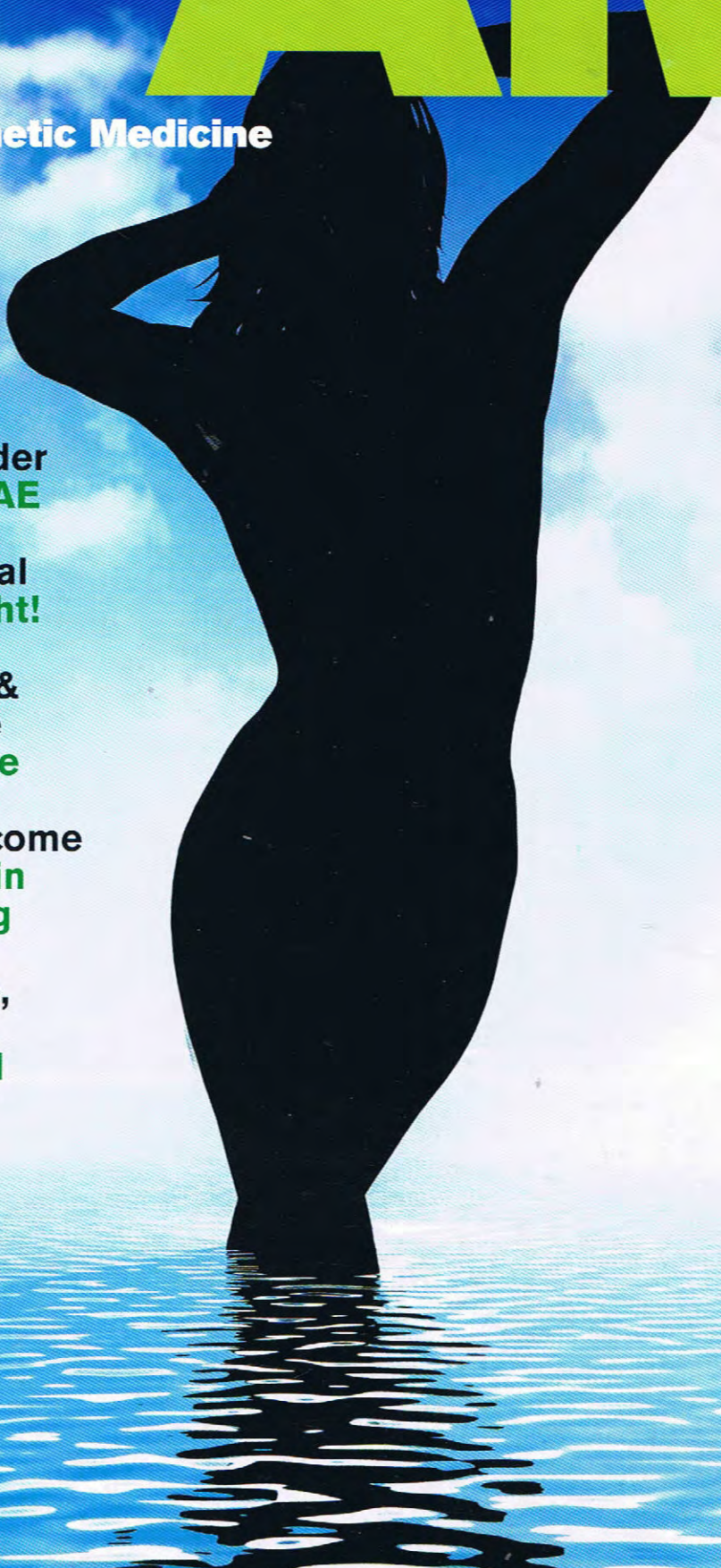

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By Dr Alexander A Krakovsky

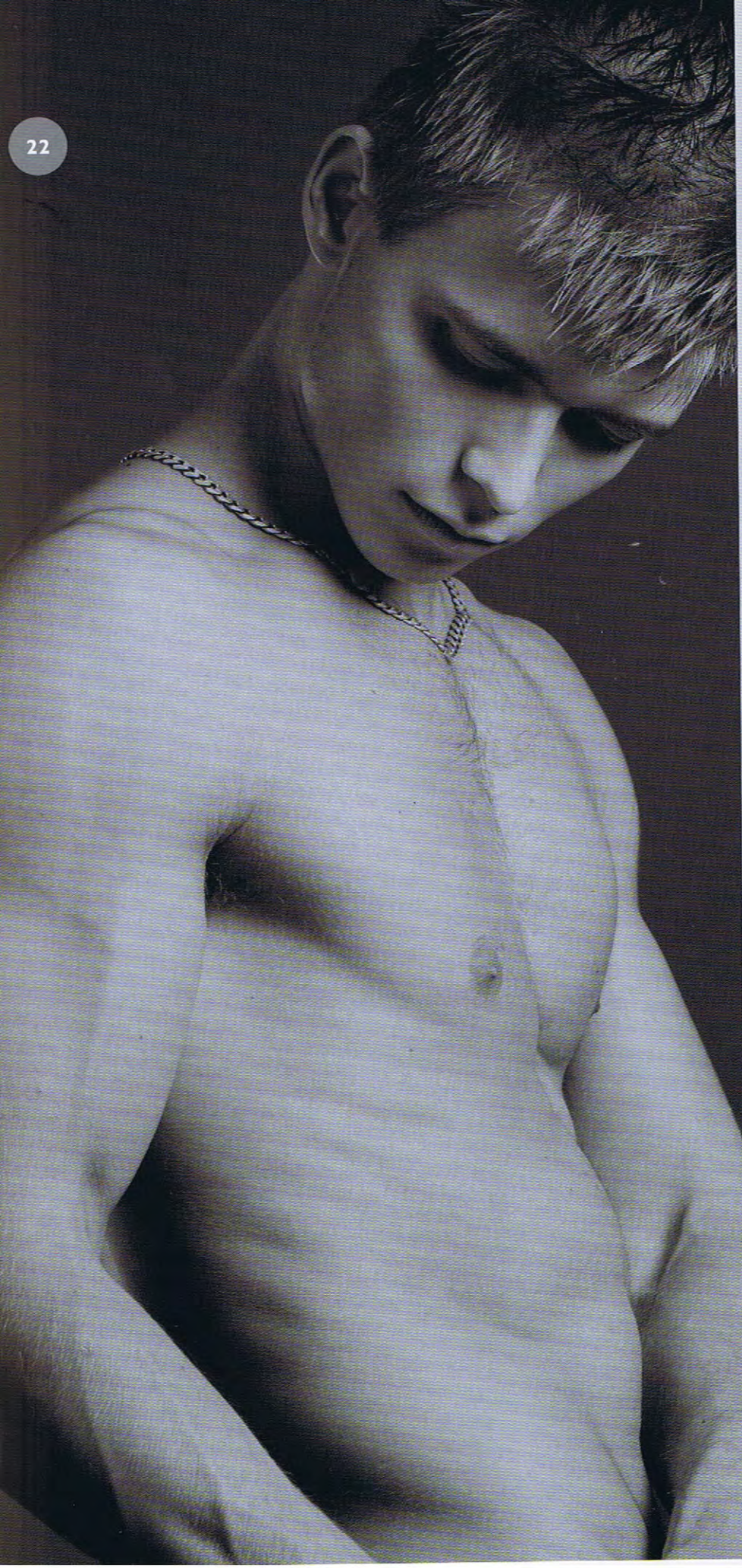
Bigger in all sense

Penile dual augmentation surgery

Today, a man can modify the size and shape of his penis using procedures introduced by cosmetic/plastic surgery. Some of these procedures are permanent, and some are non-permanent, or temporary.

Permanent penile enlargement surgery is surgery that does not require maintenance of the desired size or shape after surgery, through additional grafting. The dermal fat graft, or DFG (a graft made from the patient's own skin) and AlloDerm (a graft created from cadaveric skin) are the two types of graft that offer permanent enlargement of the penis.

Non-permanent penile enlargement surgery is an enlargement procedure that uses fat injections (free fat transfer, or FFT). This type of enlargement has many complications, and requires periodic fat injections to maintain the penile girth



gained from the first injection. These patients now comprise the largest segment of reconstruction surgery patients in the US.

This article discusses one of the permanent phalloplasty procedures currently being used, which is the penile dual augmentation. The procedure, a trademark of the author, involves a combination of the lengthening and girth enhancement surgeries. The author uses Alloderm in his procedure, which is a registered trademark of LifeCell Corporation, and the most up-to-date material for use in penile augmentation surgery. It is a cadaveric acellular tissue regeneration matrix that is processed from donated human skin. The resulting graft serves as a framework to support cellular repopulation and vascularization.

Penile dual augmentation techniques

Essentially, the dual augmentation surgery comprises the lengthening aspect and the girth enhancement aspect. The lengthening part of the surgery starts with a semicircle incision in the suprapubic area. Normally, with complete separation of the penis from the pubic bone, an additional 0.5 to 1.5 inches of the penis in the flaccid state becomes available externally. In some cases the length of the penis can be increased up to 2.5 inches. The surgeon can only separate the portion of the penis that is attached to the pubic bone.

The length of this portion of the penis varies from person to person. The surgeon should never promise the patient a set amount of post surgical gain in penis length. The final result of the lengthening procedure depends equally on complete separation of the penis from the pubic bone and on adequate post surgical stretching exercise therapy (physiotherapy) performed by the patient.

The penile girth enhancement part starts with a second semicircular incision that is made approximately 5 mm proximal to the glans of the penis. Then, a large pocket is created all the way down to the base of the penis and connected to the semicircular suprapubic incision performed for the lengthening surgery.

Prior to initiation of the surgery, the AlloDerm is prepared. Depending on the patient's penis size, two, three, or four sheets of 4-inch x 7-inch extra-thick AlloDerm are stitched together to fit the patient's anatomy. These AlloDerm sheets are then altered and trimmed, so that they can be easily incorporated under the skin along the shaft of the penis, as well as into the infrapubic region at the proximal portion of the penis. The AlloDerm is positioned on the corpora, covering the anterior three-quarters of the penis. The AlloDerm in the corpora region of the penis is then tacked down, utilising interrupted sutures through the dorsal and lateral aspect of the tunica albuginea. Once the AlloDerm is tacked down, it is inspected to ensure that it is in an appropriate position, lying superficially flat and symmetrical on both sides of the penis in an absolutely uniform fashion, with no twisting, and no restriction of the corpora. The coronal and infrapubic wounds are irrigated with antibiotic solution and then closed.

Good track record

A total of 127 dual augmentation phalloplasty surgeries using AlloDerm were reviewed for this article. These surgeries were performed at multiple surgical centres in the US. All patients were evaluated before surgery. Laboratory evaluation and anaesthesiology clearance were obtained for all patients. Medical clearance was obtained in cases where the patient's age and general medical condition indicated a need to do so.

Patients were photographed and marked in standard position before and after surgery. All procedures were discussed in detail with each patient, and all patient questions were answered. Each patient signed a detailed consent form before his surgery.

Instructions were given to all patients to contact the surgeon and/or the surgical centre with any questions during the first 24 to 48 hours after surgery. Patients returned for re-evaluation and dressing change the day after surgery. After surgery, all patients received prescriptions for antibiotics for 3 weeks, pain control medication for 5 days, and erection control medication for 6 to 8 weeks. All patients were instructed to resume sexual activities after 6 to 8 weeks, if cleared by the surgeon.

Results

Satisfaction with the phalloplasty surgeries using AlloDerm was analysed using the Penis Image Assessment Scale. The scale is composed of questions related to penis size, satisfaction with sexual experiences, and the patient's perception of his penis before and after enhancement surgery. Of the 127 men, we were able to contact 79% after their dual augmentation phalloplasty procedure with AlloDerm, and all report the highest level of satisfaction with their male cosmetic genital surgery.

The average length gain resulting from the lengthening phalloplasty surgeries is about 1 inch. Girth enhancement gain (width gain) depends upon the quantity of AlloDerm used. It also depends somewhat on the patient, since the patient decides how much gain he wants, and the surgeon confirms, by examining the surgical field, if the patient is a candidate for the gain enhancement requested. In this study, there is a 20% to 35% gain resulting from the girth enhancement surgeries.

Complications

Serious infections that required surgical treatment developed in 5 (3.9 %) of these patients. In 4 of these patients, the infection was cured after 2 weeks of continuous treatment with general and local antibiotics. The patients were successfully signed off from the treatment with subsequent instructions regarding continuity of care. In the remaining 3 patients, the AlloDerm required removal in order to successfully treat the infection. In addition, 6 patients (4.7%) experienced localised swelling 7 to 10 days after surgery. This swelling resolved spontaneously. Finally, 7 patients (5.5%) reported post surgical retraction that was successfully treated medically and surgically.

The final result of the lengthening procedure depends equally on complete separation of the penis from the pubic bone and on adequate post surgical stretching exercise therapy (physiotherapy) performed by the patient

Current erection control programme

Erection control is a mandatory post-penile surgery treatment, because an uncontrolled erection can ruin the results of the surgery, as well as compromise the reputation of the surgeon and his techniques. The force of an erection can open the surgical wounds very easily, regardless of the number and strength of the stitches that were used to close the wounds. An open wound can become infected from the skin and/or from the air. This, in turn, infects the graft. Wound infection is one of the most detrimental post-surgical complications, and it can necessitate removal of the graft.

The programme has two parts: medical management and patient education. Medical management consists of two medications (finasteride and ketoconazole) and also includes the use of an ice pack. If the oral medications are not enough to help the patient to prevent an erection, he must use an ice pack as needed. This programme has proven to be highly effective in decreasing the number of post-operative complications.

Patient education regarding post surgical erection control is as important as medical management. The patient must understand that he is as responsible for post-surgical management and potential surgical complications. Follow up with the surgeon regarding any questions about the erection control programme is mandatory to ensure a good result.

Conclusion

This article represents the retrospective evaluation of patients who have undergone penile dual augmentation surgery with AlloDerm. The study reports a high satisfaction rate with this new surgical technique for penile augmentation, developed and used by the author.

Today, male cosmetic rejuvenation surgery has acquired wide acceptance and tremendous popularity. A growing number of men express interest in penile lengthening and augmentation surgery. Many men want to learn about how phalloplasty can improve their self-confidence, sexual relationships, and ability to satisfy their female partners.

The American Academy of Phalloplasty Surgeons is an association of highly qualified medical professionals that includes both urologists and plastic surgeons. The Academy has developed and established international standards for male cosmetic genital surgery and does not consider penile enlargement surgery to be an experimental procedure.

In 2008 the Academy established the Level One Board Certification Course in Phalloplasty Surgery. This course is for all surgeons who would like to learn how to perform these procedures correctly and safely. It is the Academy's goal to make this programme work and to help doctors become eligible for the Board.

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Bibliography

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4. Biohorizons Implant Systems, Inc. AlloDerm Regenerative Tissue Matrix: soft tissue replacement without a palatal harvest [brochure]. Retrieved March 15, 2008 from http://www.biohorizons.com/documents/alloderm_brochure.pdf. Birmingham: February 2006, 1-8.
5. Buvat J, Lemaire A. Survey on penile lengthening and augmentation surgery. International Society for Impotence Research Newsbulletin. September, 2000;(4):12-31.
6. Krakovsky AA. Pubic liposuction as a supplement procedure for male enhancement surgery. World Congress of Liposuction Surgery, St Louis: October 1-3, 2004.
7. Krakovsky AA. State of the art in phalloplasty. *The American Journal of Cosmetic Surgery.* 2005;22(3):172-178.
8. Krakovsky AA. Current approach to male enhancement surgery: Updated phalloplasty technique. *Asia Pacific Aesthetic Medicine (APAM).* 2007;1:38-40.
9. Krakovsky AA. Up-to-date surgical technique for penile augmentation with AlloDerm. *The American Journal of Cosmetic Surgery.* 2008;25(3):135-144.
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11. Santos BF. The Measure of Man. Porto Allegre, Brazil: Imprensa Livre Editora, 2004.
12. Whitehead DE. AAPS Position Statement. Presented at the meeting of the Genitourinary Reconstructive Surgeons, American Urological Association, Chicago: April 28, 2003.

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