
Penile Glanular Enhancement Surgery

by Dr. Alexander Krakovsky

The glans of the penis is the rounded, gland-shaped head of the penis. It is composed of a spongy structure that is the expanded cap of the corpus spongiosum (the spongy cylinder that surrounds the urethra). The glans surrounds, and covers, the rounded ends of the corpora cavernosa, two long, cylindrical, erectile bodies that parallel the corpus spongiosum within the penis. At the bottom, or border, of the glans there is a rounded structure called the corona, and just below this corona is the neck of the penis.

The size of the glans, in proportion to the size of the penis, can vary greatly, even in the flaccid state. In the erect position, any increase in the size of the glans depends upon the amount of blood that this spongy structure can contain. During erection, the amount of blood inside the corpus spongiosum increases. While inflow increases, outflow decreases, and the corpus spongiosum is filled to the limit with blood. As a result, it stands upright, causing erection of the glans of the penis. This process occurs simultaneously with erection of the penis as a whole, caused by a parallel intake of blood in the corpora cavernosa. An enormous nerve network inside the glans makes it the most sensitive part of the penis.

Glanular enhancement techniques have been developed and successfully implemented in surgical penile augmentation practice for some time. There are two variants of glanular

enhancement: temporary and permanent. Temporary glanular enhancement is an augmentation that requires maintenance to preserve the desired enlargement. Permanent glanular enhancement is an enlargement technique that uses permanent grafts, such as a graft of the patient's own skin (dermal fat graft, or DFG) or [AlloDerm®](#). (For more information about AlloDerm, see the AlloDerm section on this website.)

In order to enhance the glans of the penis, the surgeon must develop a space in which to place the permanent graft. There is a specific area of this spongy structure (glans) that can be opened and filled with the graft. Preparation of the graft for this placement depends on which of the two variants of permanent glanular enhancement is being performed: independent glanular enhancement or glanular enhancement combined with penile girth enhancement (penile widening). In the case of independent glanular enhancement, an individual piece of DFG or AlloDerm is used. In the case of combination surgery (girth and glanular enlargement combined), the glans is filled with a continuation of the graft used for girth enhancement. The graft section used to enlarge the glans must be shaped to fit appropriately into the pockets developed in the glans. This portion of the graft can increase the circumference of the head of the penis, depending on the number and size of the grafts used during this surgery. This enhancement may vary up to a 15% increase over the existing pre-operative circumference size. This provides the maximum possible glanular enlargement possible within the natural anatomical limitations of the head of the penis.

It is important to note that many patients have unrealistic expectations of penile glanular enhancement surgery. Despite what is written above, they think that after surgery the glans of

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their penis may increase one to two inches in circumference. This expectation is absolutely unrealistic and can create tremendous dissatisfaction for the patient. This dissatisfaction can, in turn, compromise the reputation of the surgeon and his techniques. The patient must have realistic expectations when undergoing this surgery.

Men have anatomical restrictions that prevent such large increases in the circumference of the glans of the penis. The main anatomical restriction to the circumference of the glans of the penis is the amount of space inside the glans. The maximum possible augmentation of the circumference of the glans of the penis is about 15% of the pre-surgical measurement. The surgeon works with the patient to help him to select a type and size of graft appropriate to his anatomical characteristics.

Penile glanular enhancement is a safe surgical procedure that provides excellent results when performed by a qualified, trained surgeon. Dr. Alexander Krakovsky is a Board Member of the American Academy of Phalloplasty Surgeons. In 2002, the American Academy of Phalloplasty Surgeons issued a position statement regarding phalloplasty surgeries. This statement outlined standards and guidelines for the safety of phalloplasty surgeries that use DFGs or AlloDerm. The statement specifies that phalloplasty surgeries are considered safe and effective under these standards and guidelines only if performed by a qualified surgeon who has completed special phalloplasty surgical training. Many plastic and cosmetic surgeons who have never undergone special phalloplasty training are performing penile enlargement surgeries. As a result, thousands of men are faced with injuries for which reconstruction is very difficult, or even impossible, to perform. Even when performed by a qualified surgeon, it is critically important that the patient learn about the possible complications of this type of surgery before making any decision

regarding the surgery and, if the surgery is performed, the patient must precisely follow pre-operative and post-operative instructions.

Alexander Krakovsky, M.D., Ph.D., Dr.Sc., is among a select group of surgeons who have attained the highest level of achievement in cosmetic, plastic and reconstructive penile surgery. He is a dynamic and caring physician, with the finest surgical training and experience. Dr. Krakovsky's patients also appreciate his warm and caring personality. He provides exceptional care with integrity, honesty and confidentiality, from the very first consultation to the last follow-up visit, in state-of-the-art facilities.

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