The 5 secrets to successful aesthetics

Male enhancement surgery
A bigger, better you

Fractional lasers
Say goodbye to wrinkles faster!

Battle of the bulge
Can we really get rid of cellulite?

Born to die
Can we slow down our biological clocks?

A message from Dr Michel Delune
Current approach to male enhancement surgery

Updated phalloplasty technique
Introduction
Over decades many medical professionals have claimed that penis enlargement surgery is useless and even impossible. However, during the last two decades cosmetic and plastic surgery achievements proved that penis enlargement procedures are safe and effective. In Freud's psychosexual stages of human development, he centered on the sexual pleasure drive and immature (small) penis that he considered as the libidinal object of infantile sexuality in men.

Materials and methods
Six hundred and eighty-five phalloplasty procedures were performed, including single augmentation, combination augmentation and supplemental procedures.

Results
Of the 685 cases, 97.23% successfully went through surgery and post-operative period without any complications; 2.77% developed surgical complications that were successfully treated medically in 68.42% of cases and surgically in 37.58% of cases; 4.23% experienced localized swelling 3 to 7 days after surgery; and 6.27% reported temporary post-surgical retraction.

Conclusion
Men are either proud or ashamed of their penis' size, shape and performance. A man's self-confidence can be affected by the size of his penis and its functionality. This directly relates to sexual performance, female partner satisfaction, intimacy and love. Penile enhancement, or phalloplasty, is a surgical procedure available for men that could improve unsatisfactory sexual performances and relationship and intimacy problems that stem from dissatisfaction with penis size. This information should be delivered correctly to the public.

Terminology

Single augmentation
1. Lengthening surgery
2. Girth enhancement surgery
3. Glanular enhancement surgery

Combination augmentation
1. Dual augmentation — lengthening and girth enhancement surgery combined
2. Triple augmentation — lengthening surgery, girth enhancement and glanular enhancement surgery combined
3. Quadruple augmentation — lengthening surgery, girth and glanular enhancement surgery, scrotal web surgery combined

Supplemental augmentation
1. Single, dual, triple or quadruple augmentation surgery combined with pubic or breast liposuction, or both
2. Single, dual, triple or quadruple augmentation surgery combined with circumcision or sterilization procedure, or both

Male representation associated with sexuality and fertility focus on a single element: the erect penis or phallus. For tens of thousands of years, the phallus was seen not only as a reproductive organ but also as the sacred symbol of man's creative power. Representations of the phallus were everywhere — in temples and festivals, on street corners and in front of houses, mounted on chariots in triumphal processions. Physiologically, historically, socially and sexually, man's self-esteem and self-image has always been connected to the size of his penis. This can be easily observed in the most ancient artistic pictures and sculptures. Therefore, regardless of culture, religion or social class, this concept has value today and, consciously or subconsciously affects, many men.

Material and methods
Free dermal matrix graft (FDMG) is the most up-to-date surgical technique for penile augmentation. Penile cosmetic augmentation surgery with FDMG is supra cavernosum phalloplasty, surgery performed in flaccid state only. FDMG is cadaver acellular tissue regeneration matrix processed from donated human skin. This free human cadaver skin graft (allograft) is minimally processed to remove epidermal and dermal cell while preserving the remaining bioactive components and the structure of the dermis. The resulting allograft serves as a framework to support cellular repopulation and vascularisation.

Every patient has been evaluated before surgery. Anesthesiology and laboratory clearance was obtained in all patients. Medical clearance was obtained when a patient's medical condition required it. Patients were photographed before and after surgery. General and local anesthesia was provided accordingly. Electrocoagulation was used for coagulation.

Over 685 patients underwent phalloplasty surgery in several surgery centers in the United States. Patient satisfaction with the results of phalloplasty surgery was analyzed using the Penis Image Assessment Scale Questionnaire. The results showed enormous patient satisfaction with phalloplasty surgery. Male enhancement surgery (phalloplasty) involves several procedures: penile lengthening, penile girth enhancement, penile lengthening and girth enhancement combined in one procedure (dual augmentation), penile glanular enhancement, scrotal web resection, male sterilization procedure, reconstruction of previously failed phalloplasty (by other physicians) and liposuction of the pubic region. All patients were monitored in recovery after general anesthesia for a standard period. After adequate pain control and appropriate instructions were given, the patients were discharged from surgical centers with subsequent regular follow-ups.

Results
Nineteen patients developed serious infections that required surgical treatment. In order to save a FDMG, a drain was positioned in a patient's pubic area with extension into the penile shaft. Irrigation with triple antibiotic solution was applied.

After 2 weeks of continuous treatment with general and local antibiotics in 13 cases, the infection was cured. These patients were successfully
signed off from treatment with and given instructions regarding continuity of care. In six cases, FDMG required removal to successfully treat the infections. In 29 patients, there was localized swelling for 3 to 7 days after surgery that resolved spontaneously. Forty-three patients reported post-surgical retraction that was successfully treated medically and surgically.

After surgery, all patients received prescriptions for 3 weeks of antibiotics, 5 days of pain control, and 4 weeks of erection control medication. All patients were instructed to resume sexual activities after 6 weeks if cleared by the surgeon.

Satisfaction with phalloplasty surgery using FDMG was analyzed using the Penis Image Assessment Scale Questionnaire. The assessment was based on questions regarding penis size, satisfaction of sexual experiences and the psychological perspective of the patient to his penis before and after enhancement surgery. Ninety-four percent of the patients who underwent phalloplasty procedures with FDMG and participated in postoperative surveys reported great satisfaction with male cosmetic genital surgery.

Discussion
In the model of the hierarchy of human needs, Abraham Maslow described how a person is motivated by needs. At the top of the pyramid is self-actualization, where a person desires to achieve everything. This comprises aesthetic experience and self-fulfillment. Plastic and cosmetic surgery (including phalloplasty surgery) has become popular options in recent years because people need self-respect, autonomy, and recognition from others. Phalloplasty is a cosmetic solution for men who do not get complete satisfaction because of penis size.

Modern phalloplasty surgery involves several procedures. Single augmentation includes penile lengthening, girth enhancement, and granular enhancement surgery. Combination augmentation employs two or more procedures: dual augmentation involves lengthening and girth enhancement surgery; triple augmentation involves lengthening surgery, girth enhancement and granular enhancement surgery; and quadruple augmentation involves lengthening surgery, girth and granular enhancement surgery, and scrotal web surgery. Supplemental augmentation includes single, dual, triple or quadruple augmentation surgery with pubic or breast liposuction or both; and single, dual, triple or quadruple augmentation surgery combined with circumcision or sterilization procedure or both. Modern phalloplasty techniques have become perfect cosmetic solutions for patients who are dissatisfied with the natural size of their penises.

Conclusion
Modern man is a highly motivated individual doing everything to be ahead of others. He diets, exercises his body and mind, and seeks plastic and cosmetic surgery to look younger and show masculinity and superiority. Across the country, middle-aged and elderly men alike are having their penises enlarged, pubic fat and breast liposuctioned, and scrotal webs tucked.

Many seek the help of cosmetic surgeons to get a more youthful and attractive look. Today, penile lengthening and augmentation surgery is attracting more and more men. Male cosmetic rejuvenation surgery has acquired wide acceptance and tremendous popularity.

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Current approach to male enhancement surgery: Updated phalloplasty technique

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References


Dr. Alexander A Krakovsky is a professor of medicine and surgery. He is the medical director of Enlargement Plus Corporation, and general secretary of the American Academy of Aesthetic Medicine. He is a general surgeon, cardiac surgeon, and cosmetic, plastic and aesthetic surgeon. His current practice includes plastic and cosmetic surgery focused on male genital aesthetics, and multiple penile augmentation procedures. In his experience, using allograph (Dermograph) and free dermal matrix graft (AlloDerm) achieves successful lengthening, girth enhancement and glanular enhancement penile augmentation. Supplemental cosmetic surgical procedures include pubic and breast liposuction, thigh and buttock liposculpture, and scrotal web resection and circumcision. Supplemental aesthetic medical procedures include Botox and filler injection.