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Editorial

# Is Penile Enlargement an Ethical Procedure for Patients with a Normal-Sized Penis?

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The publication by Chi-Ying Li and coworkers entitled ''Penile Suspensory Ligament Division for Penile Augmentation Surgery: Indications and Results'' [1] gives us for the first time new information on the objective outcome and patients' satisfaction from surgical procedures to increase penile length. These patients often have unrealistic expectations regarding surgical outcome and the data provided by this manuscript give us valuable information that should be transferred to these men when they come for consultation. The most relevant conclusion derived from this publication is the fact that these patients should be discouraged from going through these procedures and instead be referred for psychiatric counseling. This honest conclusion drawn by a university team that has performed these procedures for >8 yr gives even more strength to this statement.

The size of the male genitalia has been a source of anxiety among men throughout history, affecting various social and psychological aspects. Men often feel a need to enlarge their penis to improve their self-esteem or to satisfy and impress their partners. The ''phallic identity''—the tendency of men to seek their identity in their penis with an emphasis on the belief that ''bigger is better,'' as well as ''Phallocentrism''—the idea that the penis is central to identity and symbolically powered, are truly strong embedded myths that are likely to persist [2].

In recent years, penile augmentation surgery, a highly controversial operation, has become increasingly common, especially in private settings. Yet this procedure is still not standardized, leading to a wide variety of procedures with unconvincing and poorly scientifically documented results. Since its first description by pediatric urologists in the early 1970s [3,4], media attention and widespread advertising have contributed to the increasing popularity of these procedures. As a result, in the United States alone, 10,000 men had penile augmentation between 1991 and 1998 [5]. Interestingly, the majority of those having this kind of surgery are mainly concerned about their flaccid penile size, the so-called ''locker room syndrome.''

Penile augmentation distinguishes between penile elongation and penile enlargement; another distinction should be made between aesthetic surgery aimed at improving normal penile appearance and that designed to treat functional abnormalities.

Among the varied techniques for penile elongation, three main techniques are used. (1) Pubis liposuction entails the reduction of the pubic fat, performed primarily in obese persons when the protruding belly conceals the penis. (2) Another controversial technique involves the release of the suspensory ligaments; as illustrated in this paper the suspensory ligament of the penis is detached from the symphisis pubis and both corpora are

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advanced. Following this procedure, traction on the penis is usually performed using various methodologies, such as vacuum devices, weights, or specialized traction devices. (3) Another common procedure for penile elongation is the advancement of an infrapubic skin flap onto the penis. The rational for this technique is to protrude the external portion of the penis by a skin flap or by a V–Y-plasty technique performed at the base of the penis. Of the various procedures for skin advancement it seems that the best results are obtained with the double Z-plasty technique [6].

Unfortunately, no reliable data are available regarding criteria for success and complication rates. Some sporadic reports indicate that the release of the suspensory ligaments may result in a decreased angle of elevation of the erect penis [6]. In the present publication no major complications were reported following detachment of the corpora from the pubic bone, yet paradoxical penile shortening was observed following this procedure [7]. As first described by the authors, this complication can be prevented by inserting a silicon buffer in the space created by the ligament division. Skin advancement can cause severe deformities, including unnatural proximal hair bearing of the penile stump. Using a large flap may result in impaired blood supply, leading to poor wound healing, and possible dehiscence and in some cases hypertrophic scarring [7].

Penile girth enhancement is even more controversial than penile lengthening. I could not find any recommended indication for this procedure in the literature. Wessels et al, in their guidelines for penile lengthening, did not propose any guidelines for penile enhancement because of the lack of an aesthetic rationale for this technique [8].

Increasing penile girth may be done either by subcutaneous placement of different tissues (free fat, dermis graft, etc) or cavernosal augmentation with saphenous vein grafts [9]. Autologous fat injection was also attempted, but the results were again unsatisfactory due to reabsorption and formation of fat globules resulting in a distorted shape and lumps with sporadic areas of swelling that distort penile shape. One report estimated that less than 30% of the injected fat persisted after 1 yr [10].

Corpoplastic augmentation surgery, that is, enlargement of the corpora cavernosa via bilateral venous graft implantation, was described by Austoni et al. [9] who incised longitudinally the tunica albuginea from the pubis to the glans along the lateral aspect of each corpus cavernosum and subsequently placed a segment of saphenous vein. With this technique a significant increase of the diameter of the penis only during erection was obtained. Yet this technique should be considered experimental and seems to me an extremely aggressive and invasive procedure for the treatment of a psychological dysfunction.

Over recent years some urologists and plastic surgeons have attempted to enhance the penile length and girth of healthy men for purely cosmetic reasons. My personal conviction, especially after reading this manuscript, is that men who are dissatisfied with the appearance of their genital organ should think very carefully before requesting these procedures. A better option may be to seek the counsel of psychologists; often men simply need to be reassured that they are ''normal'' or need advice on how to better satisfy their partner without resorting to cosmetic surgery. Unfortunately, there will always be people willing to undergo ''beautifying'' surgical procedures in an attempt to feel better. It is the responsibility of every professional involved in sexual medicine to provide balanced and well-supported advice on these issues. Self-confidence and beauty come from the inside and no surgery is deep enough to change that.

From the surgical viewpoint, the current techniques have not been scientifically investigated. Many factors stand in the way of the evaluation of these procedures: Can we really enlarge or elongate the penis of these patients? The data published in this paper have demonstrated that on average these procedures elongate the external part of the penile shaft by only 1 cm. Which surgeries are the most successful and why? Who are the patients paying thousands of dollars for extra inches on a flaccid penis? How does surgery affect the sexuality or self-image of the patients? Are anxiety and depression levels reduced after surgery? These are the questions that should be addressed after so many years of surgical experience with these procedures. Research should be directed toward more logical approaches, especially nonsurgical treatment modalities.

To summarize, penile augmentation, if necessary, is still a controversial procedure and should be considered as investigational. We now know that the majority of these patients are dissatisfied after these procedures. Research should be directed toward nonsurgical options. We need to perform randomized trials and develop validated instruments for assessing subjective experience and perception of penile size. Until data on these issues are available, penile augmentation should only be used in conjunction with penile implant insertion and in rare cases where reconstruction is required.

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