

# PENILE MODELING

## DEFINITION

Penile modeling (PM) is a maneuver performed with the aim of reducing penile curvature in patients with Peyronie's disease (PD)

NB: PD surgery, PP placement, and intraplaque injection of collagenase should not be considered PM

## CLASSIFICATIONS

1. Manual vs. Device-assisted
2. Self-practiced vs. Performed by the physician
3. Combined vs. Not combined (with other penile modeling techniques)
4. Associated vs. Not associated (with other surgical or non-surgical treatments for PD)
5. Preoperative vs. Intraoperative vs. Postoperative

## VACUUM DEVICE

### Conservative treatment of PD

Manual or electric devices

**Proposed protocol: 10 min twice daily for 3 months**

**Curvature improvement: up to 25°. Successful rate: 67%.**

Mild Adverse Effects (AEs) (bruising <5%)

Associable with IPP placement or CCH injections



## PENILE TRACTION THERAPY

### Conservative treatment of PD

**Curvature improvement: up to 45°. Successful rate: 63%.**

Calcified plaques, hourglass or hinge deformities are theoretically less likely to respond

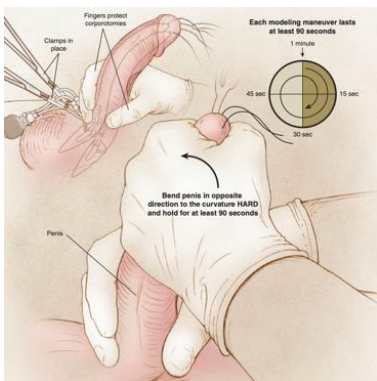
Use of the device for an **extended period** (e.g.: 2-8 hours daily for 6 months) → Discomfort and need to stay home → **Only for highly motivated patients!**

Mild AEs (glans numbness, local discomfort, erythema, skin abrasion, bruising, itching): 0-43%

Associable with IPP placement or CCH injections



## MANUAL MODELING



### Wilson and Delk manual modeling

**Intraoperative manual modeling performed by surgeon after IPP placement if residual curvature <30° (first line treatment before plaque incision):**

- The IPP is inflated to the maximum distention
  - The penis is forcibly bent in the direction opposite the curvature and the bend is held for at least 90 seconds (often accompanied by an audible crack)
  - The procedure may need to be repeated several times to achieve optimum results.
- Curvature improvement: up to 30-37°. Successful rate: >80%. Patient satisfaction: > 90%.**  
Risk of PP malfunction (up to 11%) and urethral injury (< 5%).

#### Other types of manual modeling

1. At home over IPP
2. At medical office (by physician) after CCH injection
3. At home (by patient) after CCH injection

- **Low-to-intermediate quality of the articles available on PM**
- **Unstandardized PM protocols**
- **Outcomes specifically referred to PM under-investigated**
- **No standardized and validated method used to report complications and patient satisfaction after PM**

**LIMITED EVIDENCE ON ASSOCIATED PENILE LENGTHENING**