

# ***Prótese Peniana na Doença de La Peyronie***



**SOCIEDADE PORTUGUESA  
DE ANDROLOGIA, MEDICINA SEXUAL E REPRODUÇÃO**



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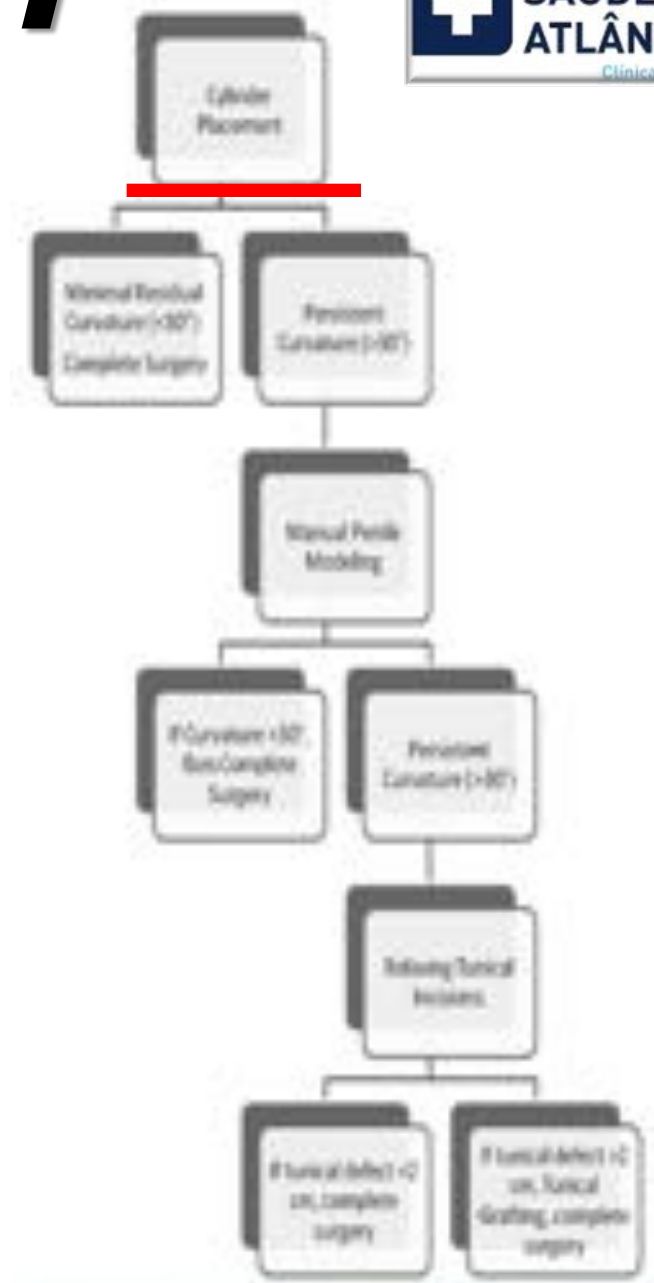
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# IPP/PEY



## • CONSIDERAÇÕES

### – Consentimento “mais que” Informado

- Aspectos médico-legais
- Expectativas do doente / objetivos do procedimento

### – Pénis pré-cirúrgico

- PEY = encurtamento – Com DE, doente já não se apercebe...
- Medição / gerir expectativas
- O que parece, habitualmente é pior (50%)
  - Doppler peniano...

### – Pénis cirúrgico

- Decisão final – o doente tem que estar ciente de tal



- **CONSIDERAÇÕES**

- **Melhor prótese?**

- IPP
- Menor curvatura residual
- Cilindros permitem melhor expansão aumentando eficácia da modelagem e proporcionando melhor diâmetro final
- Semi-rígidas com menor satisfação funcional

- **IPP**

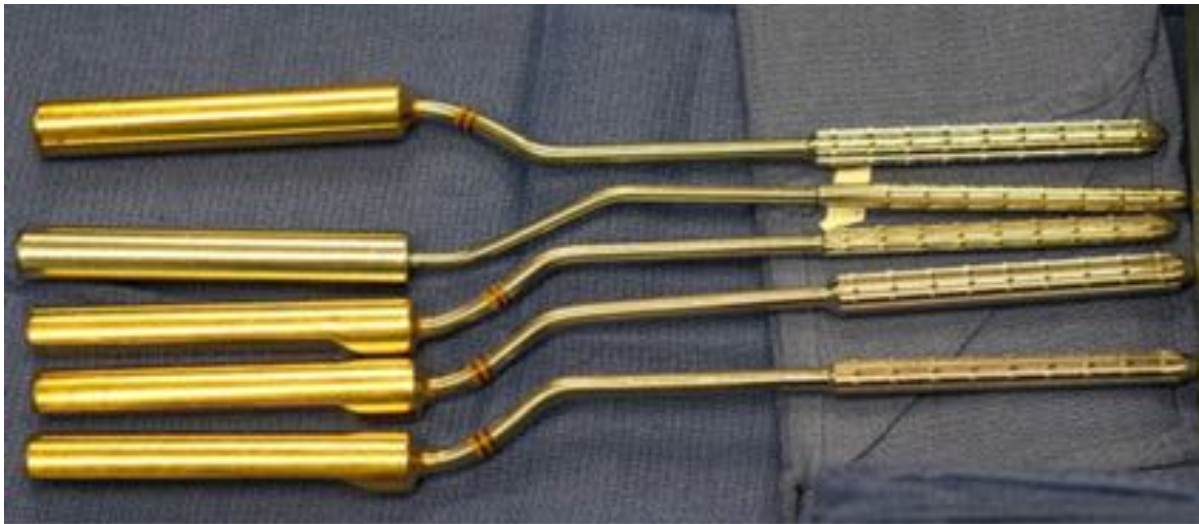
- Sucesso: 84-100% - Menor dimensão peniana
- NON-PEY (91-100%)



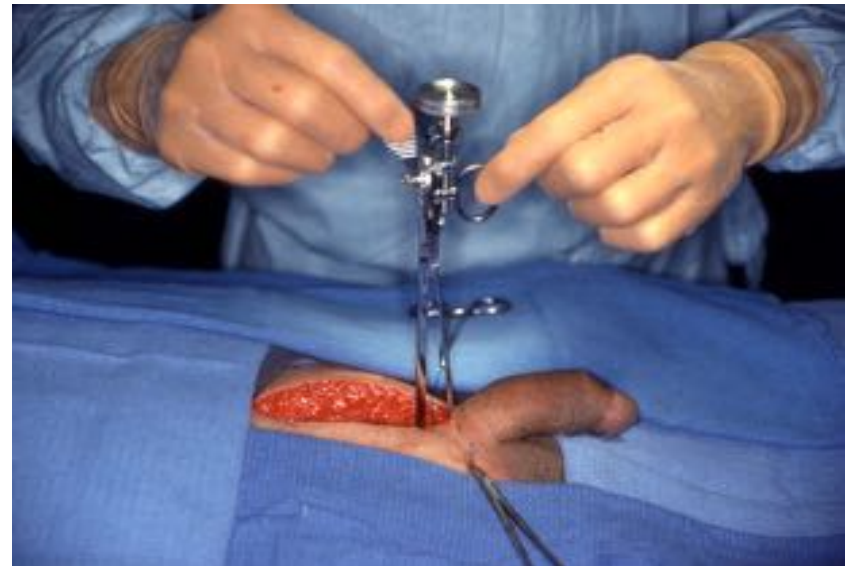
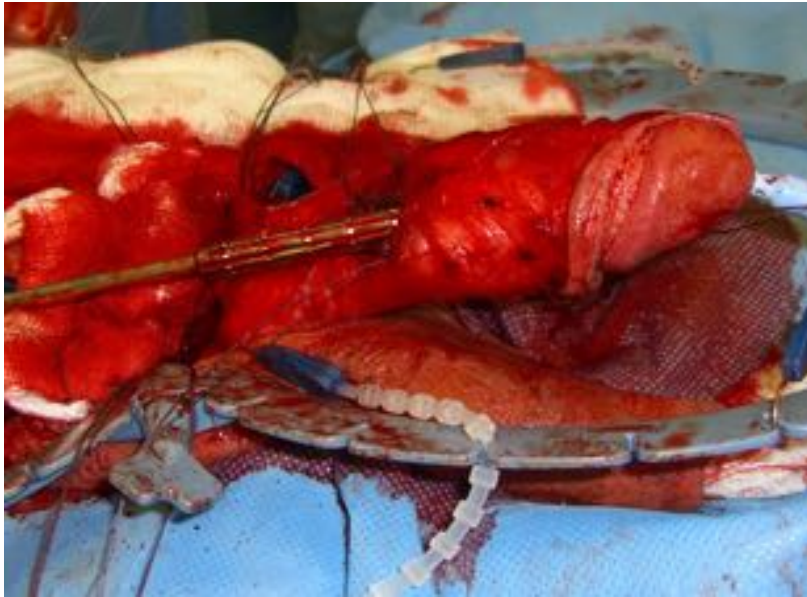
- **Desafios**

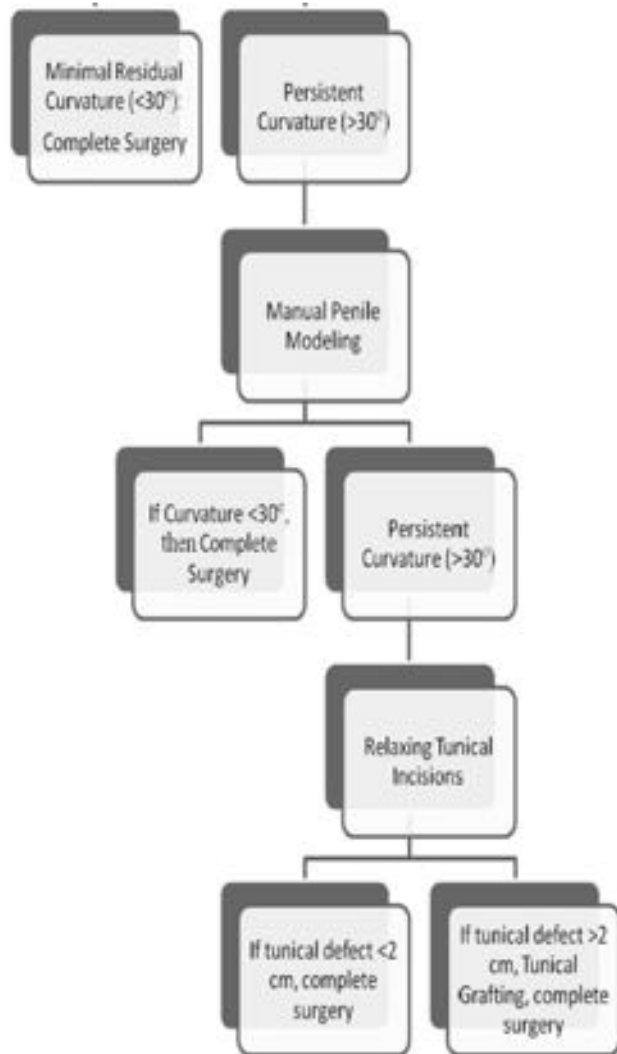
- **Fibrose, fibrose e mais fibrose...**

- Incisão/Excisão
    - Várias corporotomias com ou sem enxerto
    - Cavernótomos (Rossello®)
    - “Downsized” implantes
    - Ressecção transcorpórea



# IPP/PEY





- Modelagem (Wilson) – 80%
- Plicatura???
- Incisão da túnica
- Enxerto (evitar derme)
- Técnicas complexas



**Experiência do Cirurgião  
Sem aumento das complicações**

- **Necessidade de medidas adicionais**
  - 30°----- 0%
  - 31/45°----- 12,5%
  - 45/60°-----75%
  - >60°----- 100%



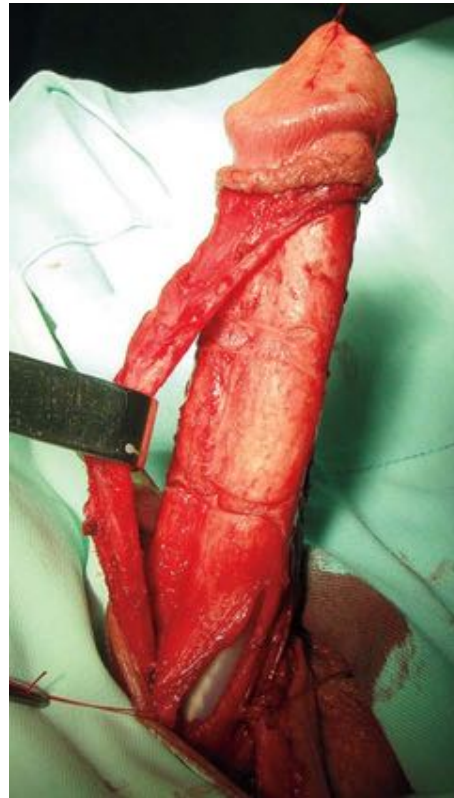




# ***Manobra de Wilson***

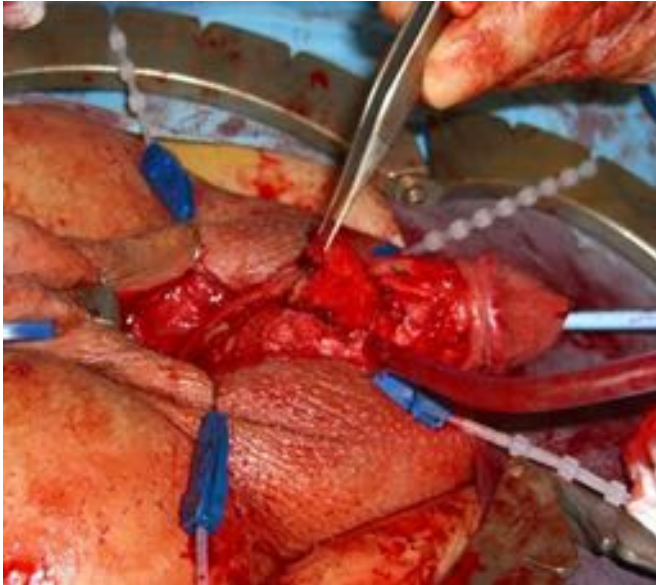


# ***Incisão da Túnica***



**Sem Enxerto**

# ***Incisão da Túnica***

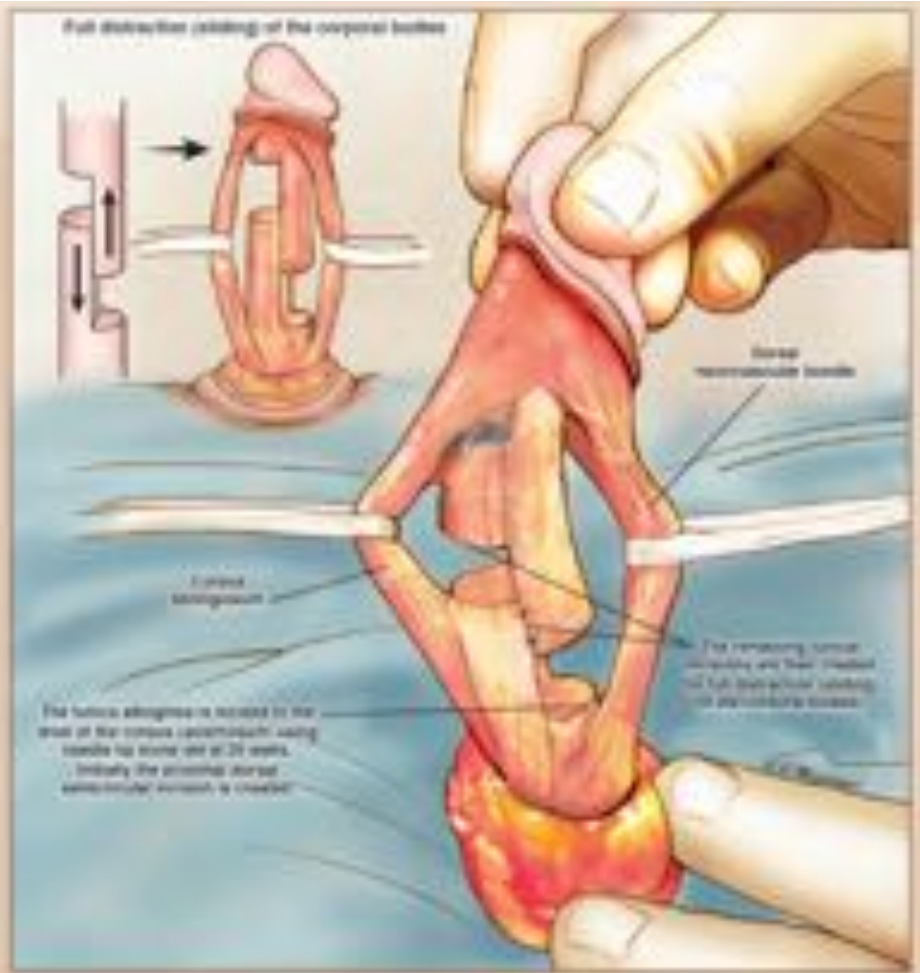
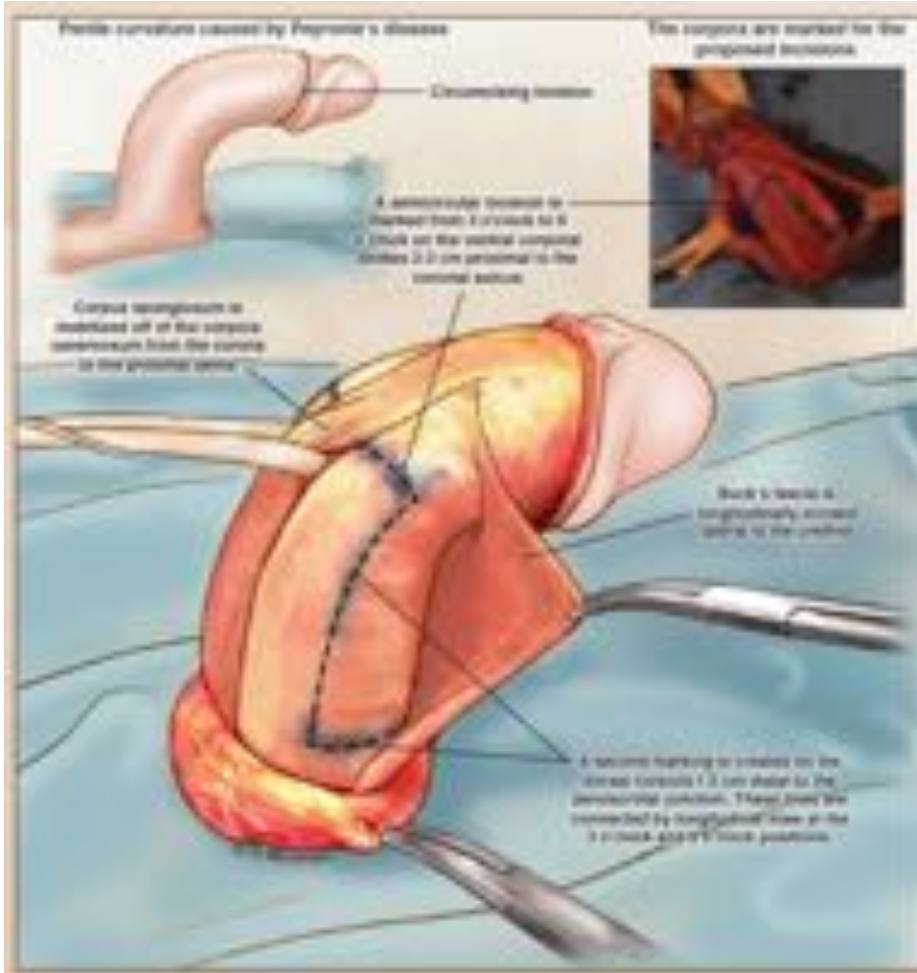


**COM ENXERTO (SIS)**



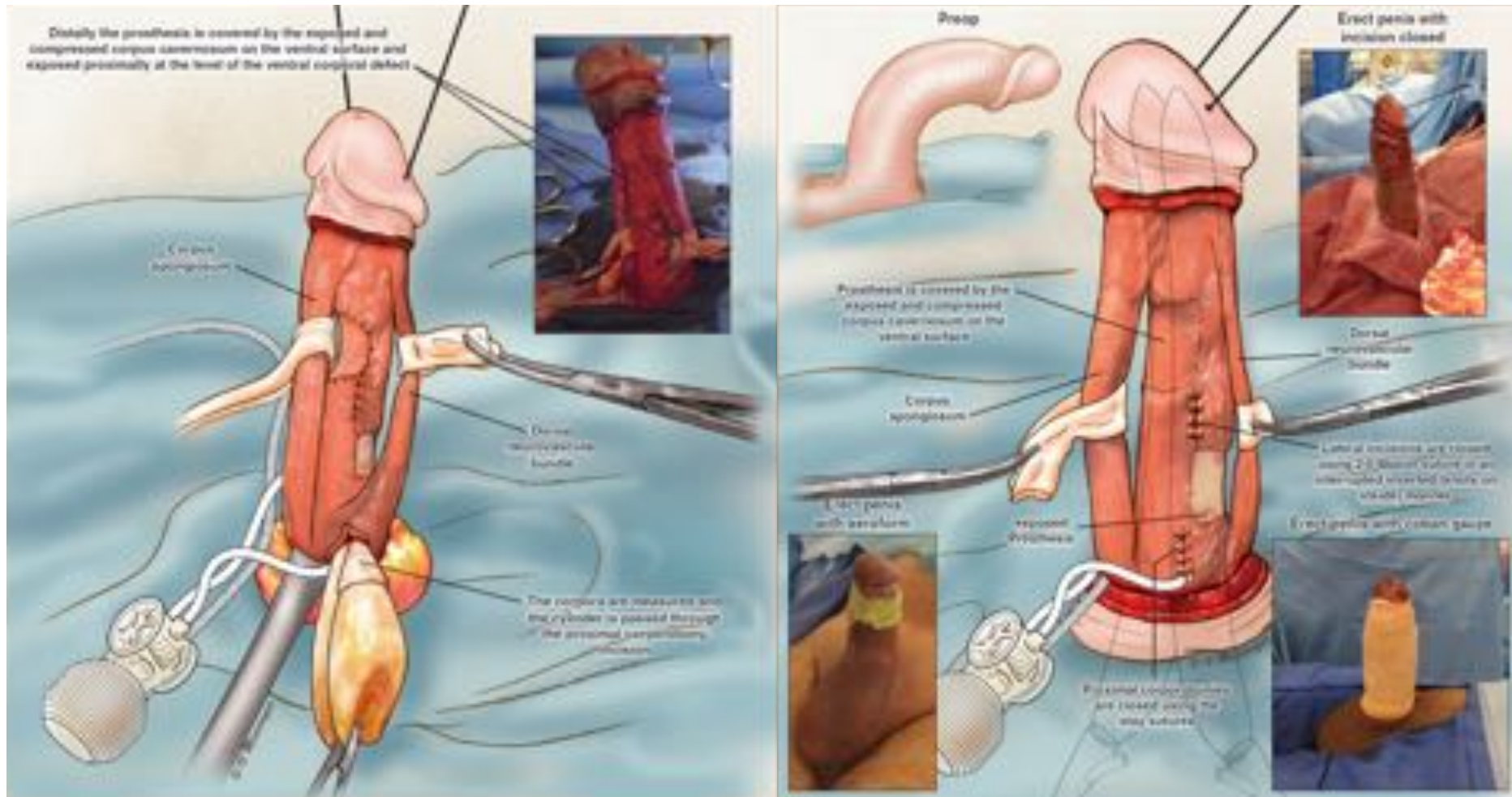
# Técnicas Complexas

## Vantagem no Aumento Peniano

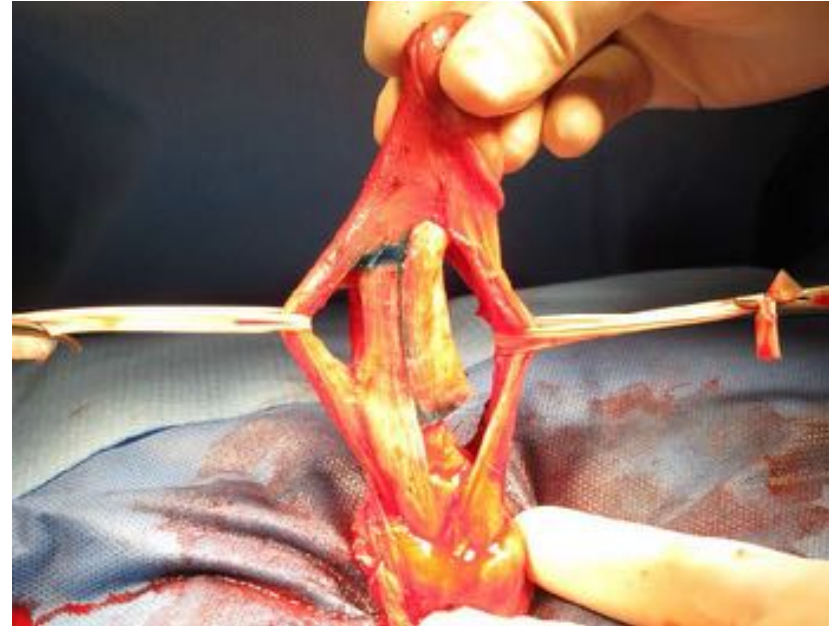
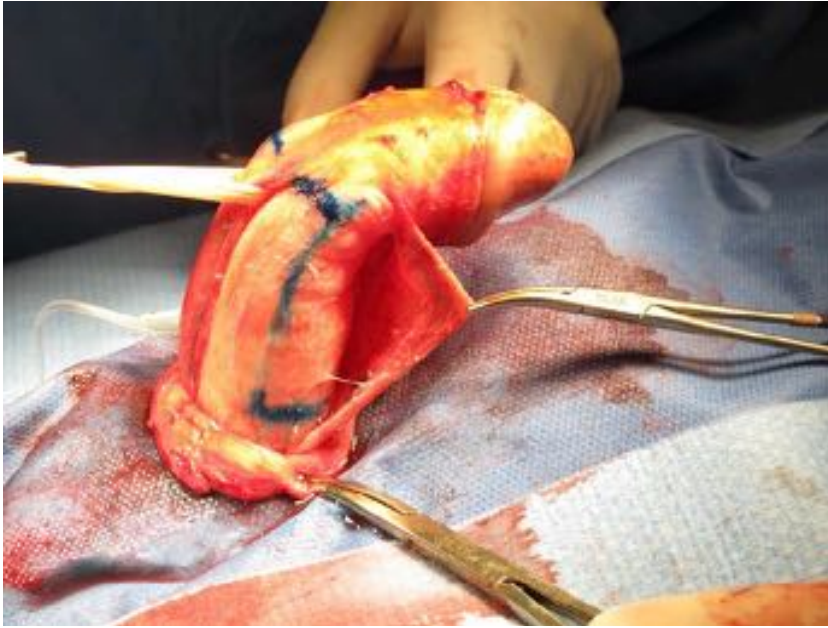


# Técnicas Complexas

## Vantagem no Aumento Peniano



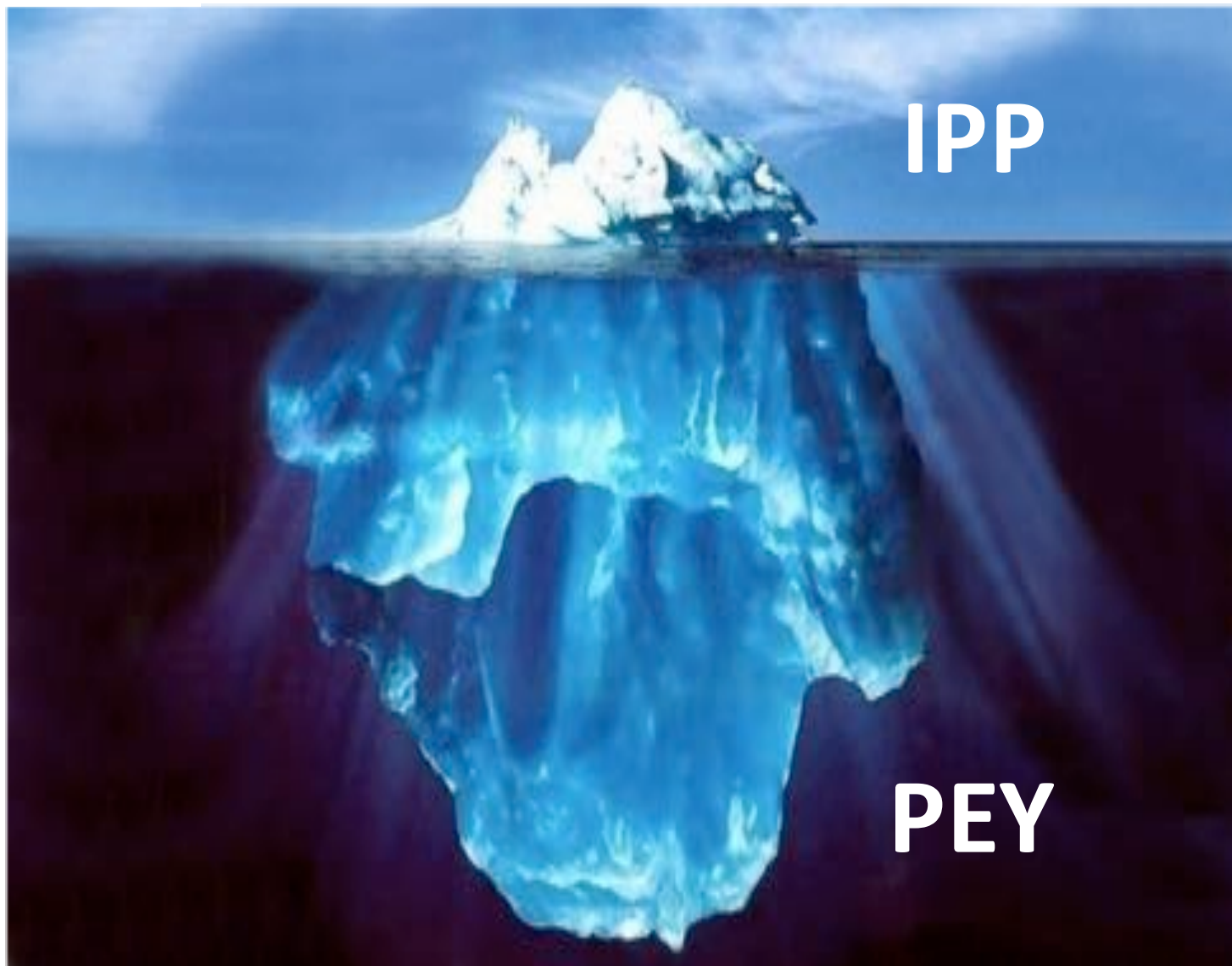
# IPP/PEY







# ***IPP/PEY***



EUROPEAN SOCIETY  
FOR SEXUAL MEDICINE



# 18<sup>th</sup> CONGRESS OF THE EUROPEAN SOCIETY FOR SEXUAL MEDICINE

4 – 6 February 2016 | Madrid, Spain

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## Key points

- Surgical correction is the gold standard treatment option for Peyronie's disease (PD), but should only be considered after stabilization of the disease
- Tuncical shortening procedures are ideal for men with good erectile function, penile curvatures less than 60° and predicted postprocedural length loss of <20% of erect penis length
- Plication is currently the most utilized shortening procedure because extensive surgical experience is not required
- Penile lengthening surgery is reserved for men with good erectile function but severe penile length loss, curvatures greater than 60° or prominent hourglass deformities
- Massage and stretch therapy with bedtime use of PDE5 inhibitors are recommended for penile rehabilitation after lengthening procedures
- Penile prosthesis implantation is the standard of care for patients with PD and concomitant erectile dysfunction nonresponsive to medical treatment

# **IPP/PEY**

## **Plicatura**

