WHAT IS PEYRONIE’S DISEASE?

Peyronie’s Disease is caused by the way a person’s body heals wounds. Injury or damage to the outer tissues of the penis causes scar-like tissue (plaque) to form. This scarring goes well beyond the normal healing process. These plaques are different from the kind that builds up in heart disease. Peyronie’s plaques are mostly made up of collagen.

Plaques can cause the penis to change shape. The penis may curve, indent (forming an hour glass shape) or become shorter. In some cases, these changes can make it difficult, or even impossible, to have intercourse. Sometimes men also feel pain.

Many times men are embarrassed or do not understand what is happening, and choose not to seek help. Don’t wait. Talk to a urologist who specializes in Peyronie’s Disease as soon as any symptoms occur. The sooner you receive treatment, the better your outcome.

Talk to your doctor as soon as possible for the best outcomes.

TWO STAGES OF PEYRONIE’S DISEASE

Peyronie’s disease usually occurs in two phases — the acute (or active) phase and the chronic (or stable) phase.

**Acute (Active) Phase**

The first phase can last up to about 18 months. This is when most of the changes in the penis occur. Plaques begin to form, causing changes in the shape of the erect penis. As plaques develop, curvature often worsens. Erections become painful for many men. Early in the acute phase, pain may occur without an erection, caused by inflammation in the area of the developing plaques. Once the scar is formed, pain may be caused by tension on the plaques during erection.

**Active Phase**

- Can last up to 18 months
- Is when the most changes to the penis occur
- Plaques and curvature may develop
- Pain often occurs with or without an erection

**Chronic (Stable) Phase**

For most men, the chronic, or stable, phase begins within 12-18 months after symptoms first appear. During this phase, the main signs of the disease — the plaque and curvature — become stable and are not likely to get worse. However, they are also not likely to improve. Penile pain usually lessens during the chronic phase, but erectile dysfunction (ED) may develop or get worse. It is also possible to return to the acute phase if another injury occurs.

**Chronic Phase**

- Typically begins 12-18 months after symptoms first appear
- Plaques and penile curvature are not likely to worsen but are also not likely to improve
- Penile pain usually diminishes, but erection problems (ED) may develop or worsen
- Acute phase may return if another injury occurs
Peyronie’s Disease or Curved Penis: What You Should Know

**RELATED ILLNESSES**

Some men with Peyronie’s disease (some studies show as many as 1 in 5) also form plaque in other parts of the body. This is called fibrosis. The most common places are the hands and feet. Dupuytren’s contracture is where scar tissue in the palm may form, bending the outer fingers. It isn’t clear what causes plaque to form in either disease, or why these conditions are linked.

**HOW IS PEYRONIE’S DISEASE TREATED?**

Urologists often opt to treat the disease without surgery while Peyronie’s disease is in the early, or active phase. Men with small plaques, not much curvature, no pain, and no problems with sex may not require treatment at all. If you need to be treated, you have choices. Talk to a urologist who specializes in Peyronie’s Disease as soon as possible for the best outcome. It is important to discuss all of your options with your doctor, the sooner the better.

*No Oral Drug has been Proven to Work*

No oral treatments have been proven to work better than a sugar pill for Peyronie’s. Oral treatments that have been proven not to work include:
- Oral vitamin E
- Oral tamoxifen
- Oral procarbazine
- Oral omega-3 fatty acids
- Oral vitamin E with L-carnitine

There are other oral treatments that need more study to see if they work. They include:
- Oral colchicine
- Oral pentoxifylline
- Oral potassium aminobenzoate (“Potaba”)
- Oral co-enzyme Q10

*Penile Injections May Help*

Injecting a drug into the plaque brings higher doses of the drug directly to the problem. Injection is an option for men with acute disease who aren’t sure that they want surgery.

*These injections have been shown to help some men:*

- Collagenase injections are used to break down certain tissues. A new drug, (Xiaflex®), is now approved in the U.S. for men with a dorsal (upward) curvature more than 30 degrees.
- Verapamil injections are mostly used to treat high blood pressure. Some studies show that it may be a good, low-cost option for penile pain and curvature.
- Interferon injections are used to help control scarring. It can slow down the rate that scar tissue builds and make an enzyme that breaks down the scar tissue.

*Penile injections that need to be studied more to see if they work include:*

- Liposomal recombinant human superoxide dismutase (LrhSOD)
- Nicardipine
- Parathyroid hormone
- Dexamethasone
- Betamethasone with hyaluronidase and lidocaine
- Iloprost
- Verapamil in combination with dexamethasone or with lidocaine electromotive
Other Treatments

Other treatments that need more study to see if they work for Peyronie's include:

- Penile traction (stretching the penis for 2-8 hours a day)
- Hyperthermia (applying heat)
- Topical magnesium
- Topical verapamil
- Topical liposomal recombinant human superoxide dismutase (LrhSOD)
- Electromotive verapamil with dexamethasone

If you and your doctor decide to try one of the treatments that need more study to see if they work, be sure that you find out about all potential side effects. Since these treatments have not yet been proven to work better than doing nothing, you need to decide if the potential risks of the treatment are worth it.

These other treatments have been proven not to work for Peyronie's:

- Electromotive therapy with verapamil
- Radiation therapy
- Extracorporeal shock wave therapy (ESWT) may only help reduce pain. It does not help reduce curvature or plaque size.

Surgery May Help

Surgery is an option for men with severe penile curvature that find it difficult to have sex. Most providers want to wait before considering surgery. It's an option after the plaque and curvature stop getting worse and stop causing pain.

There are three surgeries used to help men with Peyronie's Disease:

- Making the side of the penis opposite the plaque shorter (Plication surgery)
- Making the side of the penis with plaque longer with a graft (Graft surgery)
- Making the penis straight with a prosthetic device (Penile implant)

Penile Implant

Men with Peyronie's disease and ED may consider an inflatable penile implant. (Bendable implants are not recommended for men with Peyronie’s.) An implant is placed in the penis to straighten it and help it get stiff enough for intercourse.

What Can I Expect after Surgery?

Most patients leave the hospital the same day after surgery, or the next morning.

Antibiotics are used for a few days to prevent infection and help keep swelling down. You may receive pain medicine. A light dressing is often left on the penis for a day or two to stop bleeding and hold the repair in place. During surgery, a tube (catheter) will be used to remove urine. This may be in place when you wake up, but it will be removed in the recovery room.

Generally, men recover well after surgery. Still, you shouldn’t have sex for at least six weeks after surgery, longer in cases of complex repairs.

EMOTIONAL SUPPORT

About half of men who have Peyronie’s Disease say they have symptoms of depression. Talking with a therapist or counselor can be very helpful. Therapists can help with managing depression, anxiety and intimacy. If you have a partner, you may be worried about maintaining sexual intimacy and your relationship. If you do not have a partner, you may want help talking through how to manage your dating life. Either way, you (and your partner) may benefit from the advice of a counselor who specializes in discussing sexual issues. You may want to ask your urologist for a therapist he or she recommends. You can also find a certified therapist near you at the website of the American Association of Sexuality Educators, Counselors and Therapists at www.aasect.org.
QUESTIONS TO ASK

Questions to Ask When Searching for a Urologist who Specializes in Peyronie’s Disease*

• How many men does this urologist treat for Peyronie’s Disease each month? (Specialists often see 10-20 per month or more.)

• Does this urologist offer non-surgical treatments of Peyronie’s?

• Does this urologist believe in the “wait and see” approach for Peyronie’s?

• How often does this urologist do surgery for Peyronie’s Disease? More than once a month?

• What kinds of surgery does this urologist offer to treat Peyronie’s Disease? All three types (plication, graft and penile implant)?

Questions to Ask Your Peyronie’s Specialist

• What is Peyronie’s? What causes it?

• Is there a “cure” for Peyronie’s Disease?

• What would happen if I don’t treat my Peyronie’s Disease?

• How will the disease affect my sex life?

• What kinds of treatments are there for Peyronie’s Disease?

• Are there non-invasive treatments for Peyronie’s that work?

• Does a “wait & see” approach work to treat Peyronie’s?

• What treatment do you think is right for me and why?

• What are the risks and benefits of the treatment you are suggesting?

• Does this treatment have any side effects that I should be aware of?

• What can I expect when I am done with this treatment in terms of length, curvature, penile sensation and penile function?

• What happens if the first treatment doesn’t help?

• How many patients do you treat each month using this treatment or surgery?

• How many patients with this treatment have had success?

• What other kinds of treatments or surgeries are available to treat my Peyronie’s Disease?

RESOURCES

Association of Peyronie’s Disease Advocates
www.peyroniesassociation.org

Sexual Medicine Society of North America
Peyronie’s Disease
http://www.sexhealthmatters.org/peyronies-disease

MedlinePlus
Curvature of the Penis (English)
http://1.usa.gov/1mms689
Curvatura del pene (Español)
http://1.usa.gov/1Yix95j

National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC)
Peyronie’s Disease (English)
http://1.usa.gov/1NS0BO5

Urology Care Foundation
www.UrologyHealth.org

You may download this fact sheet and print it yourself at www.UrologyHealth.org/CurveFS. For copies of printed materials about Peyronie’s and other urologic conditions, visit www.UrologyHealth.org/Order or call 800-828-7866.

*In their Peyronie’s Disease Guideline, the American Urological Association states that “Clinicians should evaluate and treat a man with Peyronie’s Disease only when he has the experience and diagnostic tools to appropriately evaluate, counsel and treat the condition.”