

# Peyronie's Disease or Curved Penis

## What You Should Know

*Urology Care*  
FOUNDATION™

*The Official Foundation of the  
American Urological Association*

### 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 as Peyronie's plaques are mostly made up of collagen.

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

It is of great value to talk to a urologist who specializes in Peyronie's Disease as soon as any symptoms happen. The sooner you get treatment, the better your result.

Peyronie's disease most often occurs in two phases — the acute (or active) phase and the chronic (or stable) phase.

#### *Acute (Active) Phase*

The first phase often resolves within one year but can last up to about 18 months. This is when most of the changes in the penis happen. Plaques start to form, causing changes in the shape of the erect penis. As plaques develop, curvature often worsens.

Erections may become painful for some men. Early in the acute phase, pain may happen 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.

#### *Chronic (Stable) Phase*

For most men, the chronic, or stable, phase starts within 12-18 months after symptoms first appear. During this

phase, the main signs of the condition — the plaque and curvature — become stable and are not likely to get worse. But, they are also not likely to get better. Penile pain often lessens or goes away during the chronic phase, but erectile dysfunction (ED) may develop or get worse.

### How is Peyronie's Disease Treated?

Urologists often opt to treat the condition 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 need treatment at all. If you need to be treated, you have choices.

#### *Penile Injections*

Injecting a drug into the plaque brings high doses of the drug directly to the problem. Injection is a choice for men with acute disease or who are not sure they want surgery. Penile injections have been shown to help some men and include:

- **Collagenase injections**, which are used to break down certain tissues and are now FDA-approved in the U.S. for men with a dorsal (upward) or lateral curvature more than 30 degrees.
- **Verapamil injections**, which are mostly used to treat high blood pressure, but some studies show that it may be a good, low-cost choice for penile pain and curvature.
- **Interferon injections**, which are used to help control scarring. Interferon can slow down the rate that scar tissue builds and make an enzyme that breaks down the scar tissue.

#### *Surgery*

Surgery may be a choice for men with severe penile

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curvature who find it difficult to have sex. Most doctors want to wait at least a year before suggesting surgery. It is 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.

- **Plication surgery** makes the side of the penis opposite the plaque shorter.
- **Incision and graft surgery** makes the side of the penis with plaque longer.
- **Penile implant surgery** makes the penis straight with a prosthetic device. This may be a choice for men with Peyronie's disease and ED. This surgery places an implant in the penis to straighten it and help it get stiff enough for intercourse. (Bendable implants are not recommended for men with Peyronie's.)

After surgery, most patients leave the hospital the same day or the next morning. You will get pain medicine. Antibiotics are used for a few days to prevent infection and help keep swelling down. A light dressing is often left on the penis for a day or two to help with healing. During surgery, a tube (catheter) will be used to drain urine. This may be in place when you wake up, but it will be removed in the recovery room or the next morning before discharge. Most men recover well after surgery. Still, you should not have sex for at least six weeks after surgery.

### *Pills Taken by Mouth*

No oral treatments have been proven to work better than a sugar pill for Peyronie's. Oral treatments that have not been proven to work include vitamin E, tamoxifen, procarbazine, omega-3 fatty acids and vitamin E with L-carnitine. Yet, there other oral treatments that need more study to see if they work and they include colchicine, pentoxifylline, potassium aminobenzoate and co-enzyme Q10.

### *Options that Need More Study*

- 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

### *Options Proven Not to Work*

- 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.

Always be sure to find out about all side effects. Since some treatments have not yet been proven to work better than doing nothing, you should think over if the potential risks of the treatment are worth it.

### **Emotional Support**

About half of men who have Peyronie's Disease say they have symptoms of depression. Talking with a therapist or counselor may help with depression, anxiety and intimacy. You may want to ask your urologist to suggest a therapist.

### **About the Urology Care Foundation**

The Urology Care Foundation is the world's leading urologic foundation – and the official foundation of the American Urological Association. We provide information for those actively managing their urologic health and those ready to make health changes. Our information is based on the American Urological Association resources and is reviewed by medical experts. To learn more, visit the Urology Care Foundation's website, **UrologyHealth.org/UrologicConditions** or go to **UrologyHealth.org/FindAUrologist** to find a doctor near you.

### **Disclaimer**

This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please talk to your urologist or health care provider about your health concerns. Always talk to a health care provider before you start or stop any treatments, including medications.

For more information, visit **UrologyHealth.org/Download** or call 800-828-7866.