

## INTRODUCTION

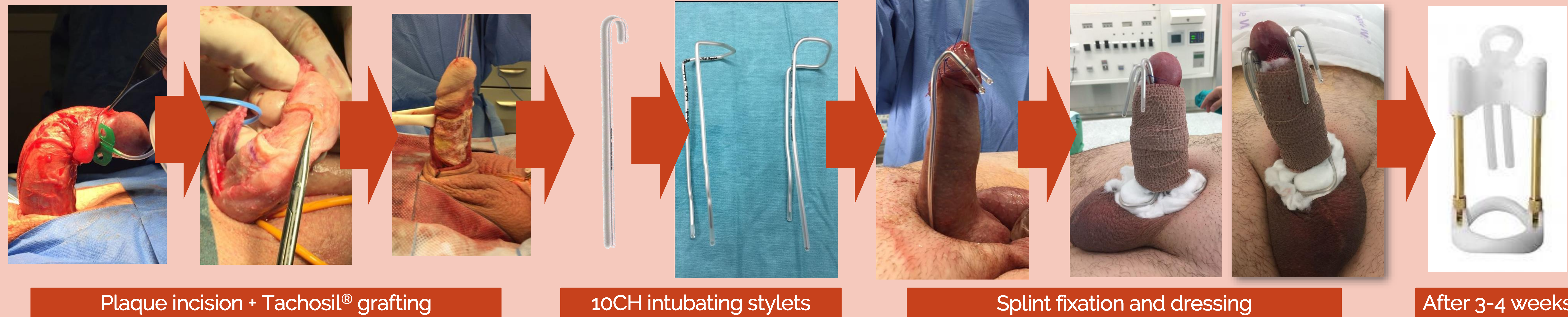
- The incision/partial excision and grafting techniques remain as the gold standard treatment for patients with severe PD (>60-70°) and good erectile function.
- Several grafting materials have been used over the time, and none of them showed to be perfect. However, the ideal grafting material remains questionable. Main problems regarding those grafts includes risk of infection, retraction/contraction, price, ease of use, etc.
- One of the main complaints expressed by patients after Peyronie's surgery is the loss of length, which although minor, also occurs after grafting techniques.
- We hypothesized that keeping the penis straight during the early healing process would be useful to minimize retraction/contraction and early traction therapy could lead to achieve optimal outcomes.

## OBJECTIVE

- To evaluate the feasibility, safety and efficacy of the use of penile splint device, as a form of immediate traction therapy, in the postoperative management after Peyronie Disease grafting surgical techniques.

## METHODS

- September 2016 to June 2017
- 35 patients naturally randomized (different treatment in two different centres)to:
  - standard care (penile wrap)** (16 pat.)
  - penile splint** (19 pat.).
- Plaque incision and grafting (Tachosil™) to all patients
- Mean age was 51.7 (SD 9.1) years.
- Mean curvature was 66.5° (SD 14.9).
- All patients provided informed consent and the protocol was approved by Institution Review Board.



## RESULTS

- Mean follow-up of 5.7 months

	Standard penile wrap (16 pat)	Penile splint (19 pat)	p
Residual curvature	All cases <10°	All cases <10°	N/S
Hospital discharge time	1,3 (SD 0,8)	1,2 (SD 0,9)	N/S
Time to the first satisfactory sexual intercourse	3,5 (SD 1,8) months	1,5 (SD 1,2) months	<0,001
Loss of penile length	-3cm (SD 4,1)	+0,5cm (SD 3,2)	<0,001
Postoperative hematoma	37,5% (6/16)	15,8% (3/19)	0,02

## CONCLUSIONS

- Early traction therapy using this inexpensive, fully available, and self-adapted penile splint device followed by standard traction therapy seems to be feasible, safe and effective.
- Larger, multinstitutional series, and longer follow-up are needed to confirm these preliminary results.
- New devices that maintain the biological basis but allow traction to be maintained only at certain times of the day to improve patient comfort are being investigated.