Surgical Techniques

The Peyronie’s Plaque “Scratch”: An Adjunct to Modeling

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FIGURE 1

Modeling (Wilson et al.) allows surgeons to correct most if not all Peyronie’s related curvatures when placing a penile prosthesis without having to use invasive and time-consuming procedures. The accepted rate of urethral disruption from modeling is nearly 5%. To diminish the possibility of this potential complication, the scratch procedure for internal disruption of the Peyronie’s plaque is used as an adjunct to modeling. The procedure can also be used to rid the implanted penis of any hour-glass defects commonly found prior to implantation in Peyronie’s patients.
An artificial erection is accomplished in order to identify the zone of pathology and mark it externally with a pen. An 80-mm nasal speculum is passed across the plaque and opened transversely to fracture the plaque along the x-axis.
A 12-blade scalpel is used to "scratch" the plaque internally along the $z$-axis, i.e., longitudinally. The depth of the "scratch" further disrupts the plaque along the $y$-axis, completing the internal three-dimensional disruption of the plaque. An alternative to using a scalpel for the linear incisions is using a pair of sharp Metzenbaum scissors to fracture the plaque.
Once the implant is in place, any additional modeling (Wilson et al.) may be performed. Remember to protect the urethra from distal perforation while modeling by squeezing the fossa. Risk of urethral perforation while modeling after the “scratch” should be diminished.