

CASE REPORT

Simultaneous penile prosthesis implantation and penile lengthening surgery using the reverse V-Y technique: a report of two cases

Minh Hoang Truong^{1,2,†}, Trung Quang Ngo^{1,*†}, Phong Thanh Tran¹,
Duy Anh Tran Le¹

¹Department of Urology and Renal Transplantation, People's Hospital 115, 700000 Ho Chi Minh City, Vietnam

²Department of Nephro-Urology and Andrology, Pham Ngoc Thach University of Medicine, 700000 Ho Chi Minh City, Vietnam

***Correspondence**

dr.ngoquangtrung@gmail.com
(Trung Quang Ngo)

† These authors contributed equally.

Abstract

Background: For men with erectile dysfunction who are not responding to conventional treatment, penile prosthesis implantation is seen as a bright future. Many patients worry that their penile length may be reduced after surgery. Several simple adjuvant procedures are implemented to enhance phallic size concomitantly during penile implants. In this study, we describe two patients who had simultaneous penile lengthening surgery and three-piece penile prosthesis implantation. **Cases:** The two patients were 55 and 62 years old, respectively. Both had severe erectile dysfunction that did not respond to oral medication. They underwent three-piece penile prosthesis implantation (Titan® Touch, Coloplast, USA). During the surgery, the corpora cavernosa in these cases were measured at 19 and 15 centimeters; therefore, we chose the length of cylinders plus rear-tip extenders at 18 + 0.5 centimeters and 14 + 1 centimeters, respectively. The reverse V-Y technique was applied concomitantly, which allowed 2.5 centimeters of penis lengthening in both cases. No major complications were recorded. At the sixth month of follow-up, the patients reported feeling highly satisfied. **Conclusions:** Through two cases of penile prosthesis implantation combined with penile lengthening surgery, it was initially recognized that this is a feasible and safe technique, resulting in greater patient satisfaction.

Keywords

Penile prosthesis implantation; Penile lengthening; Erectile dysfunction

1. Introduction

Erectile dysfunction (ED) is a common condition that significantly impairs male sexual function, particularly among aging men. For patients with refractory ED who fail conservative treatment, penile prosthesis implantation remains the gold-standard therapeutic option, with reported satisfaction rates exceeding 90% [1, 2]. Despite its high efficacy, perceived penile shortening remains a frequent concern following penile prosthesis implantation, as many patients report that their prosthetic erection appears shorter than their pre-ED natural erection. In addition to restoring erectile function, many men express a desire to enhance penile size. Concerns regarding penile length and girth are common and may negatively affect self-esteem, body image, and sexual confidence. Consequently, various adjunctive procedures, including ventral phalloplasty, suspensory ligament release, and suprapubic lipectomy, have been described to improve the perceived length of the penis, although they generally do not increase true corporal length [3].

In men with ED accompanied by significant penile shortening secondary to Peyronie's disease (PD), corporal fibrosis,

or prostate cancer treatment (radical prostatectomy, radiation therapy, or androgen deprivation therapy), several studies have demonstrated the feasibility and safety of combining penile lengthening procedures with penile prosthesis implantation in a single-stage operation [3, 4].

In this paper, we report two cases that underwent simultaneous three-piece penile prosthesis insertion and penile lengthening with a simple but effective procedure—the reverse V-Y technique as the treatment of ED and fulfilling the patients' expectations regarding penile length.

2. Case presentation

Two patients with a history of hypertension and type 2 diabetes mellitus, without previous pelvic surgery, presented to our department with ED that had failed to respond to oral phosphodiesterase type 5 inhibitors (PDE5i). Physical examination revealed no significant abnormalities. Both patients were in good general condition, with stable vital signs and unremarkable preoperative laboratory and endocrine evaluations. Their baseline characteristics are summarized in Table 1.

Stretched penile length (SPL) was measured from the pu-

TABLE 1. Clinical characteristics and surgical outcomes of the two patients.

Variables	Patient 1	Patient 2
Age (yr)	55	62
Medical history	Hypertension, Diabetes Mellitus	Hypertension, Diabetes Mellitus
Body mass index (BMI) (kg/m ²)	23	21.5
IIEF score	5	6
Corporal length (cm)	19	15
Cylinder length + rear-tip extender (cm)	18 + 0.5	14 + 1
The position of reservoir	Right prevesical space	Right prevesical space
The reservoir volume (mL)	60	50
The stretched penile length before–after surgery (cm)	9.5–12	7.5–10
Duration of surgery (min)	120	90
Complications	No	Minor hematoma in scrotal
The hospital stay (d)	5	5
The Satisfaction Survey for Inflatable Penile Implant Score (SSIFI)	78	80

IIEF: The International Index of Erectile Dysfunction.

bic bone to the tip of the glans penis using a standardized technique. The same measurement method was applied both preoperatively and postoperatively to ensure accurate comparison of penile length. The preoperative flaccid penile lengths were 9.5 cm and 7.5 cm, respectively. Both patients expressed dissatisfaction with their penile size and were concerned about potential penile shortening following prosthesis implantation. After comprehensive preoperative counseling and obtaining informed consent, both patients underwent simultaneous implantation of a three-piece inflatable penile prosthesis combined with penile lengthening through suspensory ligament release and the reverse V-Y advancement technique.

2.1 Penile implants surgery

First, a penoscrotal incision was made for implantation of the penile prosthesis. A three-piece inflatable penile prosthesis (Titan® Touch, Coloplast Corporation, Minneapolis, MN, USA) was implanted in both patients. Intraoperatively, the corporal lengths measured 19 cm and 15 cm; therefore, cylinders with rear-tip extenders measuring 18 + 0.5 cm and 14 + 1 cm, respectively, were selected. The reservoirs were placed in the right prevesical space and filled with 60 mL and 50 mL of normal saline, respectively. The pumps were positioned beneath the dartos fascia within the scrotum. During wound closure, the Dartos fascia was anchored to Buck's fascia to optimize the penoscrotal angle and enhance the perceived penile length.

Strict aseptic techniques were maintained throughout the procedure to minimize the risk of prosthesis infection. Surgical instruments and the operative field were repeatedly irrigated with a solution containing Vancomycin and Gentamicin, and perioperative intravenous antibiotic prophylaxis with Vancomycin and Amikacin was administered. A closed-suction drain was placed before wound closure and was removed on postoperative day 1.

2.2 Penile lengthening procedures

After confirming proper prosthesis function, we proceeded with penile lengthening through a suprapubic approach. A 3–4 cm transverse suprapubic incision was made at the base of the penis. Because both patients had minimal suprapubic fat, suprapubic lipectomy was not performed. The suspensory ligament was identified and completely released to maximize penile elongation. Following complete ligamentolysis, a reverse V-Y advancement flap was created to advance the suprapubic skin, providing adequate soft-tissue coverage of the lengthened penile shaft.

2.3 Surgical outcomes

Postoperatively, stretched penile length increased by approximately 2.5 cm in both patients compared with the preoperative measurements, from 9.5 cm to 12 cm in the first patient and from 7.5 cm to 10 cm in the second patient (Fig. 1). The closed-suction drain was removed on postoperative day 1, and both patients were discharged on postoperative day 3. The total length of hospital stay was 5 days for both patients. The postoperative course was uneventful except for a small scrotal hematoma in the second patient. The hematoma was successfully managed conservatively with intravenous antibiotics and tranexamic acid and resolved completely within 2 weeks.

At the 6-month follow-up, both penile prostheses were functioning appropriately without mechanical complications. Both patients reported marked improvement in erectile function and a substantial improvement in quality of life following surgery.

Patient satisfaction was assessed using the Satisfaction Survey for Inflatable Penile Implant (SSIFI), a validated patient-reported outcome measure comprising 16 items across four domains: overall satisfaction (5 items), pain (2 items), appearance (5 items), and function (4 items). Each item is rated on



FIGURE 1. Postoperative appearance one week after reverse V-Y plasty and penile implantation.

a 5-point Likert scale, yielding a total score ranging from 0 to 80, with higher scores indicating greater patient satisfaction.

The patients achieved total SSIPI scores of 78 and 80, respectively, indicating excellent postoperative satisfaction. Domain-specific scores were 18 and 20 for overall satisfaction, 10 and 10 for pain, 30 and 30 for appearance, and 20 and 20 for function, respectively. These results demonstrate a high level of patient satisfaction with both the functional and aesthetic outcomes of the combined procedure.

3. Discussion

Preoccupation with penile dimensions has been a persistent phenomenon across different historical periods. The penis has continuously been linked to characteristics like masculinity, sexual potency, reproductive capacity, dominance, and physical power in a variety of representations, from classical creative works to modern pornographic media. In males with apparently normal penile morphology, perceived pleasure with male genitalia can be altered by genuine physical changes and subjective perception. Perceived contentment with male genitalia is an important component of mental health and sexual function [5, 6].

In individuals considered for penile prosthesis implantation, the same underlying conditions responsible for ED frequently contribute to diminished penile length, such as PD or cavernous fibrosis due to trauma or surgical intervention procedures, or consequences of other states where nerve damage occurs [7]. Psychological factors should not be overlooked, as even men with average penile size may experience distress related to body image concerns, including penile dysmorphic

disorder and a phenomenon often referred to as “small penis anxiety” [8].

Despite the absence of scientific data showing a decrease in stretched penile length, the implantation of a penile prosthesis is frequently linked to a subjective experience of penile shortening [9]. A substantial proportion of men (71%) reported a perceived reduction in penile length. Although the underlying cause remains unclear, this perception may stem from comparisons with their penile length prior to the onset of ED [10].

Both patients presented with severe ED that was refractory to PDE5is. Therefore, penile prosthesis implantation was considered the most appropriate treatment option. A three-piece inflatable penile prosthesis (Titan® Touch, Coloplast, USA) was selected because it provides excellent rigidity while maintaining a more natural appearance and function, resulting in high patient satisfaction and improved quality of life. Both patients also expressed significant dissatisfaction with their penile length. Their stretched penile lengths were 9.5 cm and 7.5 cm, respectively. Although both measurements were below the median stretched penile length of 14.67 cm reported in Vietnamese men, they remained within or close to the reported normal range of 8.30–19.90 cm [11]. Furthermore, neither patient clearly fulfilled the diagnostic criteria for micropenis, which is generally defined as a stretched penile length less than 2.5 standard deviations below the population mean. These findings suggest that the patients’ perceived penile inadequacy was not fully explained by objective penile measurements.

We performed penile prosthesis implantation and penile lengthening simultaneously in a single-stage procedure. Suspensory ligament release combined with reverse V-Y supra-

pubic advancement is a straightforward technique to increase apparent penile length. This can be combined with suprapubic lipectomy in patients with excessive suprapubic fat [3], although neither patient in this report had significant fat accumulation, so lipectomy was not done. Postoperative results showed a 2.5 cm increase in stretched penile length for both patients, with no major complications during follow-up.

Beside the techniques mentioned above, penile enhancement procedures were reported, such as ventral phalloplasty and corporoplasty using autologous or artificial grafts [3, 7]. Phalloplasty is often performed concurrently, particularly in ED patients with penile deformity caused by PD. Sansalone S *et al.* [4] reported 20 cases diagnosed with ED due to PD who underwent penile prosthesis implantation and penile enhancement in a single stage. Results showed that at the median of 22-month follow-up, an average lengthening of the penis was recorded at 2.8 cm (2.2–4.5 cm) [4]. In terms of complications, Sansalone S *et al.* [4] found that minor complications included decreased glans sensitivity in 20% of patients and 15% had penile curvature below 15 degrees [4]. Wessells H *et al.* [12] assessed complications of penile lengthening and augmentation in 12 men who had undergone release of the suspensory ligament and a reverse V-Y plasty. 10 of the 12 men had also been injected with autologous fat. 6 patients suffered wound complications (infection, abscess, and skin breakdown). The scrotalization was found to require reconstruction [12]. In our patients, we did not record any major complications except minor hematoma in the scrotal sac that were treated conservatively.

The main limitations are the small number of patients and limited follow-up. Penile lengthening should be considered only in highly selected patients with significant concerns regarding penile length and should not be routinely performed during penile prosthesis implantation. Careful preoperative counseling is essential to ensure realistic expectations regarding the achievable length gain and potential complications. Further studies with larger cohorts and longer follow-up are needed to confirm the safety, durability, and clinical benefits of this combined approach.

4. Conclusions

Penile size concerns frequently coexist with ED and may adversely affect quality of life. In carefully selected patients, particularly those with penile dysmorphic concerns, penile lengthening man-oeuvres performed in conjunction with penile prosthesis implantation appear to be feasible and may provide satisfactory functional and psycho-social outcomes. Further studies are warranted to better define the indications, safety, and long-term effectiveness of this combined approach.

AVAILABILITY OF DATA AND MATERIALS

All data generated or analyzed during this study are included in this published article.

AUTHOR CONTRIBUTIONS

MHT—Conceptualization, Methodology, Software, Writing—Original Draft. TQN—Conceptualization, Data collection, Writing—Original Draft. PTT—Methodology, Supervision, Review and Editing. DATL—Data collection, Visualization, Writing. All authors contributed to revising the manuscript and approved the final version.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

This study's procedures involving human subjects were carried out with the approval by the ethical standards of the People's Hospital 115 ethics committee (1752/BVND115-NCKH). Written informed consent was obtained from both two patient for the publication of all relevant clinical information and accompanying images included in this manuscript.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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