

I thought my sex life was over. Then I had this remarkable op

By Carol Davis

Bill Ralph had pioneering surgery for Peyronie's disease, which blights the sex lives of thousands of Britons

Peyronie's disease affects more than 80,000 men in Britain and can lead to impotence. Pioneering surgery can now correct the problem.

Here Bill Ralph, 69, a bus driver from Bracknell, Berkshire, tells CAROL DAVIS his story, while his surgeon explains the procedure.

THE PATIENT

As the proud father of four children, I've always had a good relationship with my wife Sylvia - we were childhood sweethearts. Now we have eight granddaughters and four great-grandchildren.

But around six years ago, I started to have problems. My penis suddenly angled strangely to the right. It didn't hurt, although it looked odd and was very worrying. For about six months I tried to ignore it, but it became more pronounced, so I finally summoned my courage to see the GP.

He examined me and told me it was Peyronie's disease, which he explained is when scarring builds up in the tissue following a strain. This scar tissue can't stretch properly, which leads to deformity.

He added that it could also cause erectile dysfunction, though that wasn't a problem for me. He warned I might need an operation, and referred me to a urologist. While I waited to see a specialist, the problem got worse, making lovemaking impossible.

I saw Mr Motiwala at Wexham Park Hospital in Slough, Berkshire, in December 2004, a year after the problems started. He confirmed I had Peyronie's disease and said he could remove the lump of scar tissue, and would use a vein taken from my leg to fill the gap left after he'd removed the scar tissue.

He added that there was also a new procedure that wouldn't reduce the length of the penis, which had been a problem with older procedures and so had put many men off. I didn't hesitate - I couldn't go on like I was.

While I waited for the operation, the problem was getting worse, and I'd really have to concentrate when I went to the loo.

I had the operation in June 2005. As I lay in theatre they gave me an epidural block, injecting the anaesthetic directly into my spinal cord. The injection hurt, but after that there was no pain. It felt very strange not being able to feel anything in my legs.

Because there was a screen suspended above the operating table (for the surgical team to observe the operation), I could see everything that was going on. It didn't bother me - I've seen conflict in the Army, and this was nowhere near as bad. There was very little blood anyway.

I was sent back to the ward with a catheter, but that came out the next day when they were sure everything was OK.

I was told not to drive until I felt comfortable and had to wear a dressing for the first two weeks. After that, I went back to work.

Mr Motiwala had also warned me not to attempt lovemaking for the first four weeks.

But after that, everything was absolutely fine and I was back to normal. Now my annoying problem is sorted, Sylvia and I are planning a wonderful holiday in Egypt.

THE CONSULTANT

Hanif Motiwala is consultant urological surgeon at Wexham Park Hospital in Slough.

He says... Peyronie's disease is common, affecting 1 per cent of men aged 40 to 70 - and the number may be higher, as many men are too embarrassed to see their doctor. For many, it may be the end of marital relations because they put up with it rather than seek treatment.

The condition, which was first described in the 17th century, causes deformity of the penis. It may begin with an injury, and then a lump of scar tissue or plaque can form as the injury heals, as happens in other parts of the body.

This fibrous lump which may be painful at first, then hardens into painless, bony lump. It can range in size from 1-4cm across.

Because this hardened tissue can't expand, it can cause deformity as it pulls everything to one side. This causes huge distress to many couples, who often come to see me together having lived with the problem for years.

In the early stages of the disease, doctors can try medication such as anti-inflammatories and painkillers, and steroid injections to reduce inflammation. In around 20 per cent of men, the fibrous tissue disappears on its own. But in many other men, the bend either stays or gets worse.

The good news is that once the condition stabilises, after 12 to 18 months, we can treat it surgically, which has a high success rate.

The conventional method is called 'Nesbit plication', which involves making a tuck in the lining of the opposite side of the penis with sutures - this then pulls everything back towards the centre.

However, this effectively reduces length too, because you are stitching tissue together to tighten it on the other side; this makes it shorter overall, around 1cm for

every ten degrees of curvature. In extreme cases, a patient with a 90-degree bend would lose 9cm, which can be enormously distressing.

the 'Lue procedure', which is newer, means we can now divide the hardened lump so it spreads out. We then fill the gaps with healthy tissue so there is no bend.

While the operation carries risks - including a 10-15 per cent chance of erectile dysfunction and partial loss of sensation - it can also be very successful in restoring sexual function.

The procedure takes around three hours. First I make an incision around the top and pull back the skin, right down to the base. Tiny blood vessels and nerves lie on top of the lump of plaque, so I dissect them away carefully.

Then I cut the lump of fibrous tissue and divide it so that it lies in two flat halves.

To fill the gap where the fibrous lump was, I make another incision in the patient's groin and remove 10-12cm of the saphenous vein, which supplies blood to the leg - since there are two veins here, we can remove one.

We use a vein to fill the gap because it's more pliable than a lump of fat or other tissue. After tying off both ends, I stitch up the incision in the groin.

I cut the section of vein into three, open up the vein to flatten it out, and stitch it together to make a rectangular piece of tissue to fill the gaps in the remaining fibrous tissue. Dividing the lump of hardened tissue corrects the deformity.

Some men suffer from erectile dysfunction as a result of the disease. These patients can benefit from an implant to help them function normally sexually.

This consists of three parts: a balloon containing saline solution which is implanted in the abdomen, a pump, which is put in the scrotum, and two hollow tubes placed

inside the penis. Squeezing the pump pushes the saline solution into the tubes (replicating the effect of blood rushing into the blood vessels).

Pressing a release valve lets the solution drain into the balloon.

Once I've sutured the vein graft in place, we check everything is straight again by injecting saline solution. I then pull the skin back up and suture it with 40 stitches.

Once everything has healed properly, patients should be able to resume normal sexual activity without any more problems.

This is a very good operation which could help many of the thousands of sufferers in this country.

- The operation costs £4,000-£4,500 privately and a similar amount on the NHS.

<http://www.dailymail.co.uk/health/article-1160745/ME-AND-MY-OPERATION-I-thought-sex-life-Then-I-remarkable-op.html>