Traction Therapy for Peyronie’s Disease

Do you work with men who have Peyronie’s disease? If so, they might be considering non-surgical treatment options. One is traction therapy and a recent Journal of Sexual Medicine study has shown some encouraging results.

Peyronie’s Disease – Some Basics

First, however, let’s go over some basics about Peyronie’s disease. It’s thought to stem from a penile injury that does not heal properly. Such an injury could happen during sports or vigorous intercourse, but sometimes, a man doesn’t even know that he has injured his penis.

For men with Peyronie’s disease, areas of hardened scar tissue called plaques form below the skin’s surface. These plaques cause the penis to lose some of its flexibility and bend.

Peyronie’s disease occurs in two stages. In the acute phase (the first 6 to 18 months), the plaques form and the penis curves. Many men experience pain, erectile dysfunction (ED), and penile shortening. Intercourse may become difficult.

In the chronic stage, the disease becomes more stable. Usually, the curve doesn’t worsen, but men still can still have problems with ED and intercourse.

Significant emotional distress can also occur during each stage.

Treatment for Peyronie’s disease depends on its severity. For some men, the situation resolves on its own or the curve is not bothersome. For others, the curve is so severe that they cannot have intercourse at all. These men may consider surgical treatment once the disease reaches the chronic stage.

What is Traction Therapy?

Men who undergo traction therapy for Peyronie’s disease wear a medical device specifically designed to gently pull the penis in the opposite direction of the curve.

A recent study by Spanish researchers found that this technique had good results for men in the acute stage of Peyronie’s disease.
Fifty-five patients (mean age 50) underwent traction therapy using the Andropeyronie device, a commonly used brand. A control group of 41 patients (mean age 48) had no intervention. All of the men had acute-state Peyronie’s disease.

The men receiving traction therapy were instructed to wear the device for at least six hours a day, but no longer than nine hours. Patients were also told to remove the device for at least 30 minutes every two hours to avoid glans ischemia. This group also had penile sonography to evaluate the status of their plaques.

After six months of treatment, the men in the traction therapy group saw a number of improvements:

- Mean penile curvature at erection was reduced from 33 degrees at baseline to 15 degrees.
- Mean penile length increased from 12.4 centimeters at baseline to 13.7 centimeters.
- The men reported less pain and improved erectile function and hardness.
- More men were able to penetrate a partner.
- Sonographic plaques disappeared in 48% of the patients.
- The need for surgery was reduced in 40% of the patients. Among the men who did need surgery, about one third were able to have simpler procedures.
- These results were maintained at a 9-month follow-up point.

In contrast, the men who received no intervention did not fare so well:

- After six months, their mean degree of curvature increased from 29 degrees at baseline to 51 degrees after six months.
- Mean penile length decreased from 14.5 centimeters at baseline to 12.1 centimeters.
- They reported more pain and poorer erectile function and hardness.
- Fewer men were able to penetrate a partner.
- After nine months, there were no significant improvements.
- Compliance with treatment was an important factor for the traction therapy group. The men wore the device for a mean of 4.6 hours a day. However, those who wore it for more than six hours a day generally had better results.

Overall, the researchers concluded that penile traction therapy "seems an effective treatment" for men in the acute stage of Peyronie’s disease, as pain, curvature, and sexual function improved in their study group.

Is penile traction therapy right for your patients? It could be, especially if they are motivated to wear the device for the recommended amount of time. However, only a urologist can answer this question for certain. Clinicians are encouraged to refer their patients with Peyronie’s disease to the appropriate specialists.
Resources

Andromedical Corp./Andropeyronie

“FAQ – Method and Instructions"

http://www.andropeyronie.com/faqs

The Journal of Sexual Medicine

Martínez-Salamanca, Juan I., MD, PhD, et al.

“Acute Phase Peyronie’s Disease Management with Traction Device: A Nonrandomized Prospective Controlled Trial with Ultrasound Correlation”

(Full-text. First published online: November 22, 2013)


Sexual Medicine Society of North America

“Peyronie’s Disease”

http://www.sexhealthmatters.org/peyronies-disease

Urology Care Foundation

“Peyronie’s Disease”

(Last updated: March 2013)

http://www.urologyhealth.org/urology/index.cfm?article=115