

A New Operation on Male Premature Ejaculation

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Abstract

Introduction: Premature ejaculation (PE) is the most prevalent sexual dysfunction in every country. There are many types of treatment, but the effect was not certain. Here, we introduce a new operation on PE.

Aim: To assess the operation of extension of short frenulum on PE.

Cases and Methods: 34 males with PE were enrolled into the study. 8 patients have the circumcision at least six months ago. 4 patients had redundant prepuce. All the patients had short frenulum. The people without circumcision were made the extension of frenulum. The males with circumcision were made the reconstruction and extension of frenulum.

Results: Before operation, IELT was 1.35 ± 0.49 min. One month after operation, the IELT increased to 5.71 ± 2.69 min. At the 0.01 level, IELT showed difference before and after operation ($t = -9.42$, $P = 0.00$). To the patient without circumcision, IELT showed difference before and after operation ($t = -7.41$, $P = 0.00$). To the patients with circumcision, IELT showed difference before and after operation ($t = -7.24$, $P = 0.00$). In all the 34 patients, 2 participants were not unsatisfied with their intercourse. The satisfying rate was 94%.

Conclusion: The frenulum made important part in penile erection. When frenulum tension exceeds the limit, people experience orgasm followed by ejaculation. In this process, frenulum tension and penile corpuscles play an important role in erection. When the frenulum is reconstructed or lengthened, penile tension and sensitivity are decreased. In this way, PE might be treated by lengthening the frenulum.

Keywords: Penile; Frenulum; Extension; Operation; PE

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Introduction

Premature ejaculation (PE) was the one of the most common sexual complains in males. Nevertheless, the pathogenesis of PE in not fully understood. In recently, it has been reported by us that frenulum tension and penile corpuscles played an important role in penile erection [1]. Now we continued the study and 34 patients with PE were operated in recent years, the results were reported as following.

Definition

PE There was no general agreement on the definition of PE. Based on the DSV-IV and traditional definition, PE was defined

as the intercourse time of < 2 min. Short frenulum The angle of frenulum ordinate with penile body was $> 5^\circ$ or the line of penile body was below the line of frenulum [1]. Intravaginal ejaculation latency time (IELT) is defined as the time between the start of vaginal intromission and the start of intravaginal ejaculation [2]. If the IELT was below 1 min, the time was designed as 1 min. All the IELT were assed three times, the mean number was got. The IELT of treatment was assed one month later after operation.

Cases

Thirty-four patients, aged 20-35 years, were treated in the outpatient department from June 2012 to May 2013. Eight patients have the circumcision at least six months ago. Four

men were patients with redundant prepuce. All the patients had short frenulum. All the patients suffered from PE and had taken trazodone hydrochloride for 1 month (50 mg-100 mg, QN), but had little effect.

Operation

Extension of short frenulum

In men without circumcision, a 1.5-2.0 cm horizontal cut made near the end of penile frenulum, deep to the Buck's fascia, separated the tissue. Then the fascia was sutured vertically using the 6-0 catgut (PCG). Reconstructed the skin and sutured vertically with 6-0 PCG.

Reconstruction of the circumcision

In men with circumcision, removed the scars near the frenulum based on the need, made enough skin for the next step. Reconstructed the separated skin and sutured vertically with 6-0 PCG. Suturing the wound prevent blood leakage eng electrocoagulation was not needed. The wound was bandaged for 5 days. All the patients were advised to refrain from masturbation or intercourse for at least 1 month.

Statistical analysis

Statistical analysis was carried out by the t-test using PASW statistics 18.0 software. A level of 0.01 was assumed to indicate significant.

Results

Before operation, IELT was 1.35 ± 0.49 min. One month after operation, the IELT increased to 5.71 ± 2.69 min (Table 1 and Figure 1). At the 0.01 level, IELT showed difference before and after operation ($t = -9.42, P = 0.00$). To the patient without circumcision, IELT showed difference before and after operation ($t = -7.41, P = 0.00$). To the patients with circumcision, IELT showed difference before and after operation ($t = -7.24, P = 0.00$). Through the premature ejaculation diagnostic tool (PEDT) at baseline and at the end of the study were assed. In all the 34 patients, 2 participants were not unsatisfied with their intercourse. The satisfying rate was 94% (Tables 1-4 and Figures 1-4).

Table 1 IELT of patients before and after operation.

	N	IELT(min)
Pre-operation	34	1.35 ± 0.49
Post-operation	34	5.71 ± 2.69

Table 2 IELT of patients without circumcision.

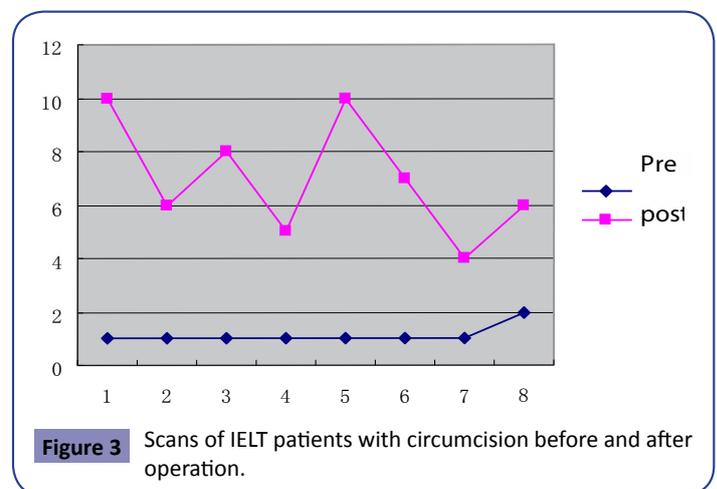
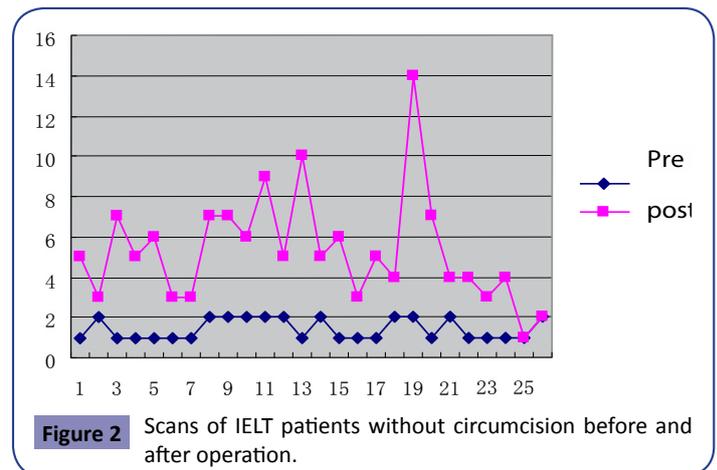
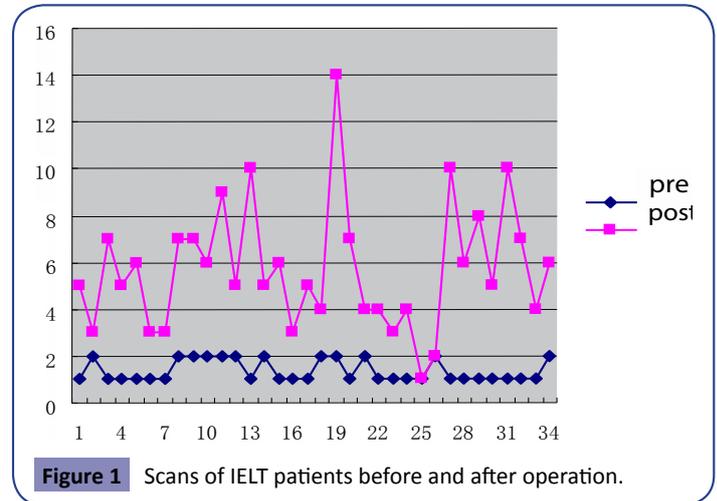
	N	IELT(min)
Pre-operation	26	1.42 ± 0.50
Post-operation	26	5.31 ± 2.74

Table 3 IELT of patients with circumcision.

	N	IELT(min)
Pre-operation	8	1.12 ± 0.35
Post-operation	8	7.00 ± 2.20

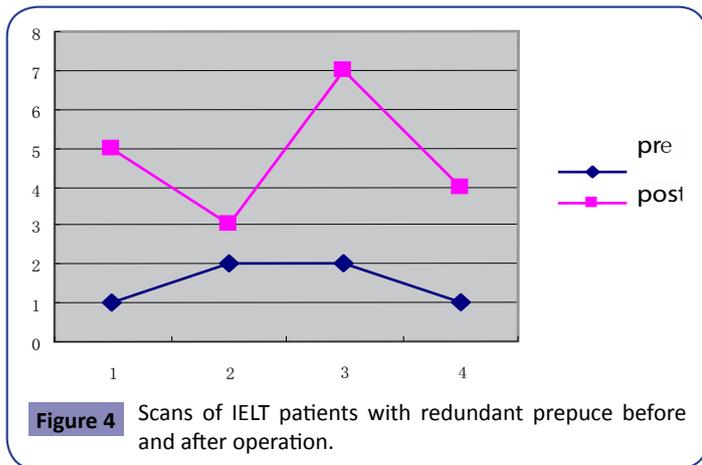
Table 4 IELT of patients with redundant prepuce.

	N	IELT(min)
Pre-operation	4	1.50 ± 0.58
Post-operation	4	4.75 ± 1.71



Discussion

Circumcision has been used to treat patients with PE and be thought a good way to treat PE. However, recent study did not



support the hypothesized penile sensory differences associated with circumcision [3]. Circumcision did not alter the quantitative somatosensory properties of glans including vibration, pressure, spatial perception, and warm and cold thermal thresholds [4]. The cases in this paper proved this view. In all the 34 patients, 11 males had got circumcision and with short frenulum. After the short frenulum was lengthened, IELT increased from (1.12 ± 0.35) to (7.00 ± 2.20) min (**Table 3 and Figure 3**). To the patients with redundant prepuce without circumcision, the IELT increased from (1.50 ± 0.58) to (4.75 ± 1.71) min (**Table 4 and Figure 4**). It showed that frenulum took the active part in penile erection. Frenulum lies on the penis ventral, which formed at the time of urethra amalgamation. Frenulum is the shortest part of the prepuce. At the time of erection, frenulum experiences the largest tension and hence is prone to damage. By lengthening the frenulum, the

erection time damage. By lengthening the frenulum, the erection time could be extended. In this clinic study, patients with short frenulum whose IELT was 1.35 ± 0.49 min before operation. One month after operation, the IELT increased to 5.71 ± 2.69 min (**Table 1 and Figure 1**). Through the PEDT at baseline and the end of the study, in all the 34 patients, 2 participants were not unsatisfied with their intercourse. The satisfying rate was 94%. This showed the important role of frenulum with respect to erection time. In fact, when circumcision was made, the frenulum was reconstructed or lengthened to some degree [5,6]. Regardless of whether a short frenulum is an anatomical factor in PE, further research is warranted. The penile frenulum is a highly erogenous V-shaped structure, which contains abundant sensory nerve terminals and a richer variety and greater number of specialized nerve corpuscles formed by the penile dorsal nerve and perineal nerve [7]. Therefore, it is regarded as a very sensitive area on the penis. In circumcision, for consistently successful regional anesthesia of the foreskin, a dorsal block must be used. This should be combined with ventral infiltration at the site of incision [8] and showed the sensitive of the area of the frenulum. When frenulum is reconstructed, the nerve terminal or corpuscle might be affected resulting in the prolongation of the frenulum in PE.

Conclusion

The frenulum takes important part in penile erection. When frenulum tension exceeds the limit, people experience orgasm followed by ejaculation. In this process, frenulum tension and penile corpuscles lay an important role in erection. When the frenulum is reconstructed or lengthened, penile tension and sensitivity are decreased. In this way, PE might be treated by lengthening the frenulum.

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