DOCTOR DISCUSSION GUIDE

Managing Peyronie's Disease

It can be difficult to know what you should do if you experience a change in the curvature of your penis. One common cause of such curvature is a condition known as Peyronie’s disease. Asking the right questions about your curve can help you better understand the condition and get help, as needed. Becoming familiar with these common terms and questions related to penile curvature may make your appointment easier.

Vocabulary to Know
Your doctor might mention these common terms. Here’s what they mean.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Corpus Cavernosa</td>
<td>The corpus cavernosa are the large erectile bodies that run along each side of the penis. When these two tubes of tissue fill with blood, the penis becomes erect.</td>
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<tr>
<td>Tunica Albuginea</td>
<td>The corpus cavernosa are surrounded by a sheath of fibrous tissue known as the tunica albuginea. It is the tunica albuginea that is affected by Peyronie's disease.</td>
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<tr>
<td>Penile Plaque</td>
<td>A hardened part of the penis. You may be able to feel it when the penis is erect and/or flaccid. Penile plaques lead to curvature of the penis, because the area affected by the plaque cannot stretch when the penis becomes erect. If a plaque goes all the way around the penis, the penis may be indented rather than curved.</td>
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<td>Intracorporeal Injection</td>
<td>An injection into the corpus cavernosa that causes an erection. Intracorporeal injections can allow you to have an erection if you are otherwise unable to have one. It is necessary for the doctor to examine, and measure, the erect penis to diagnose Peyronie's disease.</td>
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<tr>
<td>Chronic</td>
<td>When talking about diseases, a chronic condition is one that you have had, and probably will have, for a long time. Generally, chronic conditions are relatively stable. Chronic Peyronie's disease occurs when you have penile curvature and other symptoms that haven't changed for a period of at least 3–6 months. This is also referred to as stable Peyronie's disease.</td>
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<tr>
<td>Acute</td>
<td>Acute conditions are those that are new, severe, progressing, and/or changing. Acute Peyronie's disease is when you are starting to experience penile curvature, pain, or other symptoms. Peyronie's disease is considered acute as long as your symptoms are evolving and changing.</td>
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<td>Plication</td>
<td>The most common surgical treatment for Peyronie’s disease, plication involves making the long side of the penis shorter in order to correct penile curvature. It is one way to treat a penile curve that is severe enough to make sexual penetration painful or impossible.</td>
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<td>Erectile Dysfunction</td>
<td>Also known as ED, erectile dysfunction is defined as difficulty getting and/or sustaining an erection sufficient to have satisfying sexual interactions. Sometimes Peyronie's disease can cause erectile dysfunction.</td>
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Questions to Ask
These questions will help you start a conversation with your doctor about how to manage Peyronie’s disease.

About Symptoms
- My penis is curved, but I don't have any other symptoms. Do I need to worry?
- What changes should I look for that would make me need to come back to the doctor?
- Is it possible that my symptoms will improve on their own?
- If I have pain during sex, what can I do about it?

About Causes & Risk Factors
- What do you think caused my curve?
- Is there anything I can do to reduce the risk that my symptoms will become worse?
- Can I reduce the risk this will happen again?

About Diagnosis
- What tests will I need?
- Do I need to get an erection in the office for you to check my symptoms, or can I take a picture at home?
- Do I need an MRI, CT scan, or other imaging?

About Treatment
- Does my Peyronie’s disease need treatment?
- Is it better to try treating my curve while it's still changing, or should I wait?
- Can you tell me about the risks and benefits of injections to treat Peyronie's disease?
- What are the types of surgery used to treat Peyronie’s disease?
- I've read about penile traction and stretching, could one of those be useful for me?
- What kind of aftercare or follow up is needed for the treatment you’re recommending?
- What are the benefits and disadvantages of alternate treatments?