

## Selected partial resection of dorsal nerves of penis for premature ejaculation

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**Purpose:** Premature ejaculation (PE) is one of the most prevalent male sexual dysfunctions. As an alternative procedure, selected surgical resection of dorsal nerve of penis (RNDP) has been recently shown some efficacy in treatment of PE. However, the reported conclusions are merely drawn from the comparison between pre- and post-operative results. No placebo-controlled study has reported up to now. So, we performed a preliminary, randomised, placebo-controlled clinical observation to further clarify the efficacy and safety of RNDP on PE.

**Materials and Methods:** Persons with the complaints of rapid ejaculation, asking for circumcision because of redundant foreskin, intravaginal ejaculation latency time (IELT) within 2 minutes, not responding to antidepressant medication or disliking oral medication were randomly enrolled in two groups. Persons in treatment group received RNDP procedure while those enrolled in the control group were circumcised only. All the surgical procedures were performed by one experienced surgeon. And the nerve segments with the length of roughly 0.5cm were cut off at the distal end of the dorsal nerve branches just 0.2~0.5cm nearby the coronary ditch in every two of the distributed branches. IELT and the Brief Male Sexual Function Inventory (BMSFI) questionnaire were implemented pre- and post-operatively for the evaluation of the surgery.

**Results:** From April 2007 to August 2010, a total of 101 eligible persons were enrolled, 61 of them were circumcised while the others 40 persons were operated with RNDP. There are no statistical significant differences in the baseline data including mean ages, mean IELTs, perceived control abilities and the BMSFI mean scores between the 2 groups. With regard to the post-operative data of the surgery, both IELTs and perceived control abilities were significantly increased after RNDP ( $0.6 \pm 0.3$  min vs  $4.5 \pm 1.1$  min for IELT,  $P < 0.01$ ), however, for the control group with circumcision, post-operative IELTs and the perceived control were not significantly improved with compare to the pre-operative data ( $0.7 \pm 0.3$  Vs  $0.9 \pm 1.0$  min for IELT,  $p > 0.05$ ). Also, there were no statistical significant differences both in BMSFI composite and subscale scores between the 2 group after surgery.

**Conclusions:** RNDP is effective in improving PE by prolongation of IELT and increase of ejaculatory control where as erectile function is not affected. This study implies that for some patients RNDP is an alternative method for the treatment of PE

**Key Words:** Premature Ejaculation; Selected surgical resection of dorsal nerve of penis (RNDP); Circumcision; Intravaginal Ejaculation Latency Time (IELT)