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Circumcision and Premature Ejaculation!

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ABSTRACT

Background: Premature ejaculation is a common sexual complaint. The causes of premature ejaculation are unclear. Many theories have been suggested, but there is little evidence to support any of these theories makes it good fields for research, one of these theories are elevated penile sensitivity. So the question is what is the source of sensitive skin in the penis? My suggestion is due to increase area of sensitive reflected inner mucosal layer caused by mal circumcision who improved after application of local anesthesia so my idea is to remove the sensitive skin and I replaced it by advancement of penile skin and record the results.

Material and Methods: 12 patients over 10 years period were identified and reviewed retrospectively. All patients were complaining of premature ejaculation, I prescribed the local anesthetic agent for all patients as test and all patients observed good results after that test. Removing of the reflected internal mucosal layer and advance the remaining skin of the penis to suturing it to remaining part of the skin at the corona. Patients were followed-up post-operative and no sexual intercourse until wound healing was observed. Later on I asked the patients about the sexual performance especially time and satisfaction after intercourse, and compared the effect of the operation and the use of local anesthesia and all data were recorded.

Results: Results all patients describe a good sexual performance as regard the time and satisfaction after intercourse. With the good effect of the operation than the use of local anesthesia 9 (75%) patients'. Surgical removal of sensitive reflected internal mucosal layer make it more practical with sexual life.

Key Words: *Circumcision – Premature ejaculation.*

INTRODUCTION

What is Premature Ejaculation (PE)?

Ejaculatory control issues have been documented for more than 1,500 years.

The Kamasutra, the 4th century Indian sex handbook, declares: "Women love the man whose sexual energy lasts a long time, but they resent a man whose energy ends quickly because he stops before they reach a climax **[1,4]**.

It has also been called early ejaculation, rapid ejaculation, rapid climax, premature climax, and (historically) ejaculation praecox.

There is no uniform cut-off defining "premature," but a consensus of experts at the International Society for Sexual Medicine (ISSM) endorsed a definition including "ejaculation which always or nearly always occurs prior to or within about one minute. In 2014, (ISSM) defined PE as a male sexual dysfunction characterized by: Ejaculation which always or nearly always occurs prior to or within about 1 minute of vaginal penetration; or inability to delay ejaculation on all; or nearly all vaginal penetrations or negative personal consequences, such as distress, bother, frustration and/or the avoidance of sexual encounters **[2]**.

Premature ejaculation is a common sexual complaint. Estimates vary, but as many as 1 out of 3 men say they experience this problem at some time. The causes of premature ejaculation are unclear. Many theories have been suggested, but there is little evidence to support any of these theories. Several physiological mechanisms have been hypothesized to contribute to causing premature ejaculation including serotonin receptors, a genetic predisposition, elevated penile sensitivity, and nerve conduction atypicalities **[3]**.

The application of local anesthetics agents to the penis to delay ejaculation, first described over 60 years ago, continues to be used both in medical practice and as an 'over-the-counter' remedy **[4,5]**.

Circumcision:

Circumcision is probably the world's most widely performed procedure, approximately one-third of males worldwide are circumcised, most often for non-medical reasons. Although no consensus exists among scholars regarding the origins of circumcision, some have suggested that this procedure likely originated in Egypt some 15.000 years ago. Egyptian mummies and wall carvings

discovered in the 19th century offer some of the earliest records of circumcision dating this procedure to at least 6000 years BC **[6,7]**.

The penile skin is continuous with that of the lower abdominal wall. Distally, the penile skin is confluent with the smooth, hairless skin covering the glans. At the corona, it is folded on itself to form the prepuce (foreskin), which overlies the glans **[8]**.

The prepuce is lined up by an external keratinized layer and an internal mucosal layer. The prepuce provides protection to the glans from dryness and keratinization. Innervation of the prepuce is complex, the dorsal nerve of the penis and branches of the perineal nerve provide somatosensory input, whereas autonomic innervation comes primarily from the pelvic plexus **[8]**.

Circumcision of males involves removing the fold of skin [prepuce (foreskin)] that normally covers the glans penis **[6,7]**. In some situation the surgeon remove the external keratinized layer more than internal mucosal layer so it reflected on the shaft of the penis as in Picture no. (1).

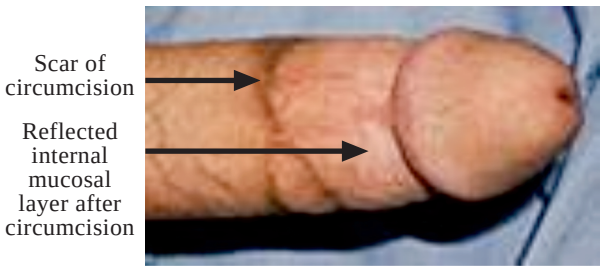


Fig. (1): Topography of the penis after circumcision.

My suggestion is due to increase area of sensitive reflected skin caused by mal circumcision who improved after application of local anesthesia so my idea is to remove the sensitive skin and I replaced it by advancement of penile skin and record the results.

PATIENTS AND METHODS

12 patients over 10 years period were identified and reviewed retrospectively.

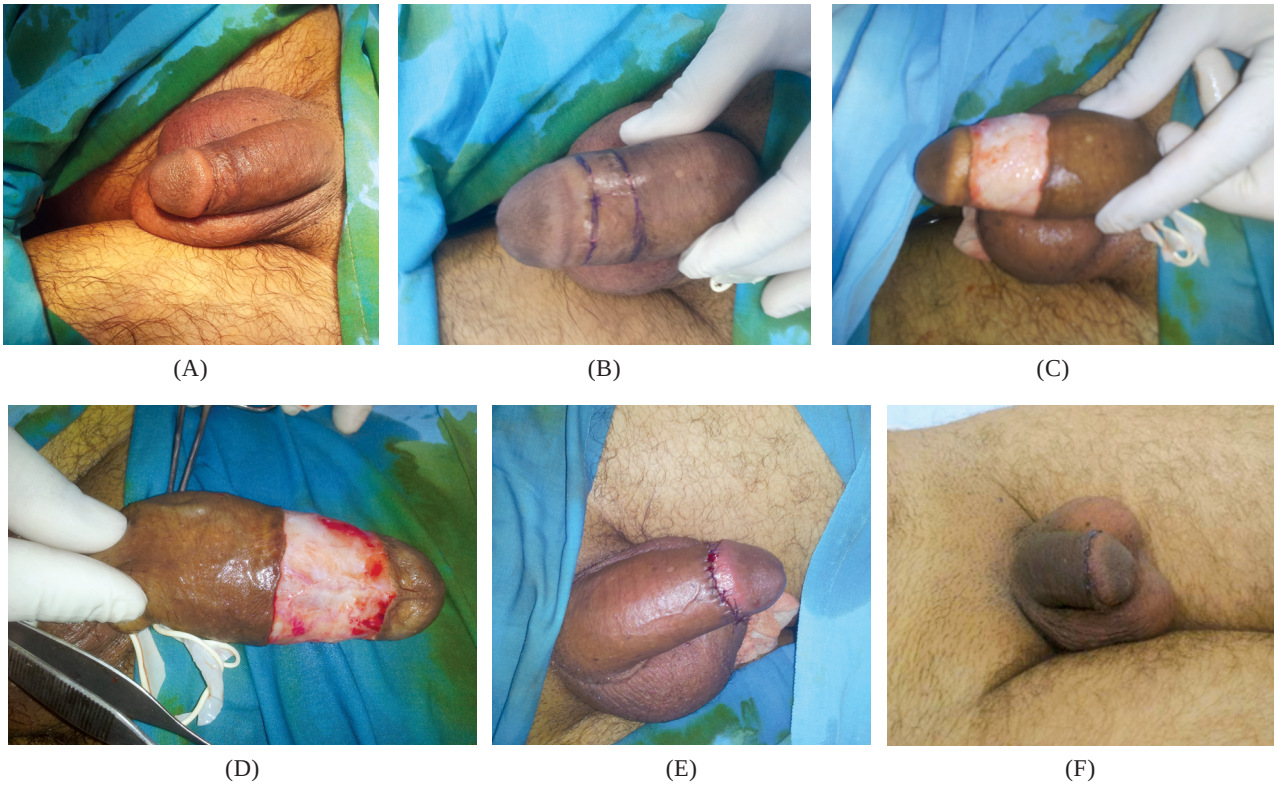
All the patients are married and patients' age was range between 28 to 42 years. Patients with history of any medical problem such as blood diseases, cardiac diseases, liver diseases, endocrine diseases, respiratory troubles, and psychological problem were excluded from the study. All patients were complaining of premature ejaculation in the form of ejaculation which always or nearly always occurs prior to or within about one minute or inability to delay ejaculation on all; or negative personal consequences. Andrological and psychiatric consultation was done to search for other possible cause of premature ejaculation. I prescribed the local anesthetic agent for all patients to be used 40 minutes before intercourse as (therapeutic test) and all patients observed good results after that test. Checking the patient's levels of serum testosterone (free and total) and prolactin may be appropriate if premature ejaculation is observed in conjunction with an impotence problem. If depression or other conditions coexist, laboratory studies specific to depression or to another medical or psychological problem are appropriate. Other conditions that should be considered in making the diagnosis of premature ejaculation include the following: Severely delayed orgasm in the female partner, adverse effect from a psychotropic drug presence of preejaculate erectile dysfunction. Informed write consent from all patient after explain the idea and the target of the procedure.

Technique:

Under general anesthesia or penile block or spinal or epidural anesthesia after sterilization: Type of anesthesia done after discussion between the patients and anesthesiologist and patients preference, marking the 0.3 to 0.5cm from the corona of the penis and at the previous scar of circumcision followed by removing of the skin between the marking and degloving the penis to advance the remaining skin of the penis and suturing it to remaining part of the skin at the corona end by dressing. Patients were followed up post-operative and no sexual intercourse until wound healing was observed. Later on I asked the patients about the sexual performance especially time and satisfaction after intercourse, and compared the effect of the operation and the use of local anesthesia and all data were recorded.

RESULTS

12 patients over 10 year's period were identified and reviewed retrospectively. Under general anesthesia one patient, penile block five patients, spinal or epidural anesthesia six patients. There is no post-operative complication observed in all patients. With good wound healing (no infection no dehiscence) with good acceptable scar. All patients describe a good sexual performance as regard the time and satisfaction after intercourse. As regard the comparison between the effect of the operation and the use of local anesthesia 9 (75%) patients' showed the effect of the operation is better than effect of use local anesthesia cream while 3 (25%) patients' showed the effect of the operation is same effect of use local anesthesia cream.



(A) (B) (C)

(D) (E) (F)

Fig. (2): (A) Preoperative. (B) Skin marking. (C,D) Remove reflected internal mucosal layer (E) Immediate postoperative (F) 2 week postoperative.

DISCUSSION

Premature ejaculation is the most common sexual disorder in men younger than 40 years, **[1]** PE can be lifelong or acquired. With lifelong PE the patient has experienced PE since first beginning coitus, while acquired PE the patient previously had successful coital relationships and only now has developed PE.

In this study we deal with the lifelong PE patients because the patient characteristics in lifelong PE can include the following: Psychological difficulties; deep anxiety about sex in patients with lifelong PE inquire about the following: Previous psychological difficulties, early sexual experiences, family relationships during childhood and adolescence, peer relationships, general attitude toward sex, context of the event (e.g., marital versus nonmarital), sexual attitude and response of the female partner, level of involvement of the sexual partner in treatment; clues from these and similar questions usually point toward causative factors that may be addressed specifically with therapy. So consultation by andrological doctors is very important **[3]**.

In this study all patients exhausted from medical treatment as following nonpharmacologic therapy which include efforts to relief of underlying pressure on the male, sex therapy (e.g., instruction in the stop-start or squeeze-pause technique, second attempt at coitus. Pharmacologic therapy included the following: Topical desensitizing agents (e.g., lidocaine and prilocaine) for the male which was used as test in all patients, with significant improvement in all patients; but become impractical. Selective serotonin reuptake inhibitor therapy. Phosphodiesterase type 5 inhibitor therapy other agents (e.g., pindolol or tramadol) **[5]**.

In Korea and other areas of the far East, SS (super secret) cream (a combination of 9 ingredients, mainly herbal) has been shown to desensitize the penis, decrease the vibratory threshold, and help men with premature ejaculation to delay their ejaculatory response significantly **[9]**. This preparation is not yet approved by the US Food and Drug Administration (FDA), but simple combinations of lidocaine cream or related topical anesthetic agents can be used with similar effects. These combinations are safe as long as the patient has no history of allergy to the substance **[10,11]**. But it is impractical to use the local anesthesia every time and time interval between the application of local anesthesia cream and effect of it may change the mood.

In this study all patients with clinical examination of the penis showed increase the area between the corona and scar of the circumcision it takes a different color which is a reflected internal mucosal layer after circumcision which is very sensitive and has abundant Corpuscular receptor (Meissner corpuscle) and Schwann cells and Merkel cells within the basal layer of the skin **[8]**. So these patients respond well to local anesthesia. The question is what happens when I remove the sensitive reflected skin caused by mal circumcision and advancement of penile skin which is less sensitive?

The results showed all patients describe a good sexual performance as regard the time and satisfaction after intercourse: The explanation of these is the possibility of remove the sensitive skin. There is no previous data available till now about this surgical intervention to solve the problem of PE.

As regard the comparison between the effect of the operation and the use of local anesthesia 9 (75%) patients' showed the effect of the operation is better than effect of use local anesthesia cream while 3 (25%) patients' showed the effect of the operation is same effect of use local anesthesia cream. So with surgical removal of sensitive reflected internal mucosal layer make it more practical with sexual life.

Conclusion:

In spite of premature ejaculation is a common sexual complaint the exact cause is unclear. This study showed that the sensitivity of reflected internal mucosal layer caused by mal circumcision is a cause of premature ejaculation and with surgical removal of this layer improve the condition and make it more practical with sexual life. Special attention during circumcision to avoid cutting of outer skin more than inner skin which is more sensitive and can cause premature ejaculation.

REFERENCES

1- Ferri F.F.: Ejaculation and orgasm disorders. In: Ferri's Clinical Advisor 2017. Philadelphia, Pa.: Elsevier; 2017. https://www.clinicalkey.com. Accessed, Sept. 21, 2016.

2- Sharlip I.D., Hellstrom W.J. and Broderick G.A.: The ISSM definition of premature ejaculation: A contemporary, evidence-based definition. Journal of Urology, 179 (Suppl), 340, abstract 988, 2008.

3- Althof S.E., McMahon C.G., Waldinger M.D., Serefoglu E.C., Shindel A.W., Adaikan P.G., et al.: An update of the International Society of Sexual Medicine's guidelines for the diagnosis and treatment of premature ejaculation (PE). J. Sex. Med., Jun., 11 (6): 1392-422, 2014.

4- Graziottin A. and S. Althof: "What Does Premature Ejaculation Mean to the Man, the Woman, and the Couple?". Journal of Sexual Medicine, 8: 304-9. Doi:10.1111/j.1743-6109.2011.02426.x. PMID 21967392, 2011.

5- Saitz T.R., et al.: Advances in understanding and treating premature ejaculation. Nature Reviews Urology, 12: 629, 2015.

6- Alanis M.C. and Lucidi R.S.: (May 2004). "Neonatal circumcision: A review of the world's oldest and most controversial operation". Obstet. Gynecol. Surv., 59 (5): 379-95. Doi:10.1097/00006254-200405000-00026. PMID 15097799, 2004.

7- Pinto K.: "Circumcision controversies". Pediatric clinics of North America. 59 (4): 977-86. Doi: 10.1016/j.pcl.2012.05.015. PMID 22857844, 2012.

8- Cold C.R. and Taylor J.R.: The prepuce; British Journal of urology, 83 (Supple 1): 34-44, 1999.

9- Choi H.K., Jung G.W., Moon K.H., et al.: Clinical study of SS-cream in patients with lifelong premature ejaculation. Urology. Feb., 55 (2): 257-61, 2000.

10- Pu C., Yang L., Liu L., Yuan H., Wei Q. and Han P.: Topical anesthetic agents for premature ejaculation: A systematic review and meta-analysis. Urology, Apr., 81 (4): 799-804, 2013.

11- Busato W. and Galindo C.C.: Topical anaesthetic use for treating premature ejaculation: A double-blind, randomized, placebo-controlled study. B.J.U. Int., May, 93 (7): 1018-21, 2004.