AB100. Anatomical basis and clinical effect of selective dorsal neurectomy for patients with lifelong premature ejaculation: a randomized controlled trial

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Background: Although American Urological Association and European Association of Urology guidelines do not consider surgical treatment for premature ejaculation (PE), the use of SDN has increased for many years in Asian countries. The aim of this study is to evaluate anatomical basis and clinical effect of selective dorsal neurectomy (SDN) in patients with PE in mainland China.

Methods: Patients were assigned to two groups: group 1, comprising 46 patients with redundant foreskin, and group 2, comprising 96 patients with redundant foreskin and PE. Group 2 patients were further randomly classified into group 2a undergoing SDN and circumcision (n=48) and group 2b undergoing only circumcision (n=48). The number of dorsal penile nerves was compared between groups 1 and 2. Pre- and postoperative intravaginal ejaculation latency time (IELT), 5-item version of the International Index of Erectile Function (IIEF-5), PE diagnostic tool (PEDT), and postoperative complications were compared between groups 2a and 2b.

Results: Group 2 patients had more dorsal penile nerves of 1–2-mm (P=0.007) and ≥2-mm (P<0.001) diameters than group 1 patients. Group 2a had a longer postoperative IELT than preoperative IELT (P<0.001), and postoperative PEDT was lower than preoperative PEDT (P<0.001). More patients in group 2a had ejaculation controllability after surgery than before surgery (P<0.001). No difference was found between pre- and postoperative IIEF-5. For group 2b patients, there were no statistical differences between pre- and postoperative effects on any of the criteria (P>0.05). No statistical difference was found between groups 2a and 2b in postoperative complications (P>0.05).

Conclusions: Patients with lifelong PE have more and thicker dorsal penile nerves than those without lifelong PE, and SDN is effective in improving lifelong PE by IELT prolongation and ejaculation controllability with few postoperative complications. SDN is a promising treatment for lifelong PE patients who had poor response to medicine or refused oral medication.

Keywords: Selective dorsal neurectomy (SDN); premature ejaculation (PE); erectile function

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