

Commentary

Commentary on: Nonsurgical Medical Penile Girth Augmentation: A Retrospective Study of Psychological and Psychosexual Outcomes

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Twenty years ago, if a layperson was asked to name the popular aesthetic surgical procedures, most individuals likely would have said “facelift,” “nose job,” “breast augmentation,” or “liposuction.” Many likely were unaware that aesthetic surgeons also were undertaking procedures to improve the appearance of features throughout the body, including the genitals. The popularity of these procedures remained modest for a period of time, and they received relatively little discussion in the academic literature. Within the past decade, however, aesthetic procedures to improve the appearance of the genitals of both men and women have become more commonplace. Application of techniques used with other features is used on the genitals, and the work is now accompanied by thoughtful discussion and research of these procedures and the patients who undergo them, including many articles in the *Aesthetic Surgery Journal*.^{1–3}

The present study is an example of this growing area of scholarship.⁴ The investigation used a combination of questionnaires to assess theoretically relevant psychological domains (including self-esteem, sexual relationship satisfaction, and symptoms of body dysmorphic disorder [BDD]) and qualitative interviews of men who had undergone non-surgical procedures to increase penile girth. Twenty-five men completed the questionnaires online, and 6 agreed to participate in detailed semi-structured interviews by telephone. While the use of psychometric measures to obtain quantitative data is typically considered the

“gold standard” approach to assessing psychological characteristics, clinical interviews with patients can often yield meaningful qualitative data that can help the investigators, and the field more generally, comprehensively understand the motivations, expectations, and post-treatment experiences of patients. This mixed-methods approach is particularly informative for studies in developing areas of research, such as genital procedures, in which the specific issues and concerns are still being identified.

Men reported high rates of satisfaction with the size, appearance, and functioning of their penis following treatment. Retrospectively, they also reported a reduction in symptoms of BDD and improvements in their self-esteem. The qualitative interviews confirmed the high rates of satisfaction seen on the online survey. The interviews also revealed themes of increased self-confidence when their penis could be seen by others, such as in locker rooms and

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in sexual situations. Somewhat surprisingly, the men who were interviewed described less uniform experiences of the impact of the procedure on their sexual relationships. These results are described in a thoughtful, well-written manuscript that provides a strong platform for future work in this area.

As scholarship and research on the application of surgical and minimally invasive treatments to the genitals (for either solely aesthetic purposes or used with men or women seeking gender affirming procedures) continue to develop, 2 issues are particularly relevant. The first is the importance of the psychological wellbeing of the patients. Studies from around the world have found that between 5% and 15% of individuals who present for aesthetic procedures meet the diagnostic criteria for BDD.⁵ Greater than 90% of patients report that their symptoms of the disorder—the intense preoccupation with their appearance, the engagement in a range of compulsive behaviors—do not improve following treatment. In the present study, many patients did report improvement in these symptoms, although the retrospective nature of the assessment leads to questions about the degree of confidence that can be placed in the observation. As the appearance of the genitals is typically limited to a select few, aesthetic surgeons should be particularly mindful of the potential presence of the disorder in patients interested in these procedures and screen for them appropriately.^{3,5,6} Individuals interested in gender affirming procedures also may present with features of BDD and/or a wide range of current or past psychiatric diagnoses. Appropriate, comprehensive, and multidisciplinary assessment is recommended for these individuals prior to surgical treatment.⁷ Unfortunately, anecdotal reports suggest that many patients seeking these procedures may not be receiving the recommended standard of care, potentially leaving them at risk for unfavorable psychosocial outcomes postoperatively.

The second issue is related to the quality of research in this growing area. As noted above, mixed-methods studies that involve a combination of psychometrically validated, theoretically relevant questionnaires combined with qualitative interviews that are analyzed with sophisticated methodologies to identify relevant themes may accelerate our understanding of the most salient issues. The most

comprehensive studies will combine these approaches with objective assessments of surgical outcomes by either surgical experts or lay raters. As the numbers of these procedures are still relatively low, multisite studies should be considered so that the field can have the greatest confidence in the reported findings. A thoughtful approach to scholarship in this area may help negate concern or skepticism from colleagues in the field of aesthetic surgery, the medical community more generally, or the lay populace in the future.

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