Ligation of the Dorsal Vein of the Penis as a Cure for Atonic Impotence

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The paper was published in 1902, and exists in public domain.

The normal physiological process of erection of the penis is produced by excitation of both brain and spinal cord centers. It may also be produced by impressions originating outside of the nerve centers or any portion of the nervous system. The spinal cord centers are probably located in the cervical and sacral portions of the cord. An erection is induced by one of three ways: (1) By an ineroasod influx of blood to the organ; (2) by a diminished efflux of blood from the organ; (3) or by a combination of both of these conditions. The first of these conditions, the increased flow of blood, is produced either by stimulation of the nerve centers or from peripheral irritation of a nerve. The second condition, that of congestion, is the result of mechanical compression by certain muscles, assisted by the peculiar anatomical compression by certain muscle, assisted by the peculiar anatomical arrangement by which the veins at the base of the penis twist at their points of exit from the corpora cavernosa and spongiosum. There comes about first, a relaxation of the muscular fibres in the trabeculae of the corpora and spongiosum and in the arteries of these parts, as a result of which there takes place an influx of blood; the rigidity of the penis immediately takes place as soon as this relaxation of the muscular fibre is complete and the venous sinuses are filled. The check to the return of the blood through the veins, which are much larger in caliber than in arteries, and which would otherwise empty themselves much faster than the arteries could possibly supply blood, is maintained by the action of the bulbo-cavernosi, the ischio-cavernosi and the adductor prostate, upon the deep and superficial veins of the penis. That such a physiological

process takes place and is the most probable explanation of the power of erection, has been satisfactorily confirmed by experiments upon dog and derived from observations made upon man in disease.

By atonic impotence we mean a failure in satisfactory coitus, whether such failure manifests itself in precipitate emission, delayed emission, incomplete erection or absence of sexual desire. The distribution with emission and erection are principal types of the disease for which we are most consulted, the last names condition, absence of sexual desire, being usually an advanced or later stage of complete exhaustion of this disease. To enter into a discussion of the pathology and etiology of sexual impotence would take me wide of the particular phase of the subject which I desire to present for your consideration. The underlying cause in all these conditions, be the primary cause what it may, is impaired nervous function and stimulus due to exhaustion of specialized nervous function and stimulus due to exhaustion of specialized nervous tracts and centers in brain and spinal cord, by which the sexual function is torpid or temporarily suspended. Ligation of the dorsal vein of the penis is not a cure for every case of atonic impotence, and it is only in a few selected cases of the cast number of afflicted patients who present themselves for treatment where you will find such surgical resort necessary or condition indicating such a procedure. The accepted and well established practice of hunting for and removing all local inflammations and focal lesions in and about the genito-urinary tract, together with the rational use of medical, mechanical, moral and suggestive therapeutics, will still have their prominent place in the treatment of this condition, but after all possible reflex sources of trouble have been removed and these remedies applied and you have failed to restore a normal erection and a satisfactory coitus, which you will often do, it is then that I advocate the ligation of the dorsal vein of the penie, and believe its field of

usefulness will be found wide in perfecting a cure. It does it in this way: some of you are doubtless familiar with a few of the mechanical devices designed to assist in bringing about a firm erection in an otherwise feeble organ, one of which I here exhibit. Its mechanism is simple and its therapeutic use, while questionable upon ethical grounds, is nevertheless based upon sound sense and mechanics. It performs its function by compressing the veins and preventing their too hurried emptying, this maintaining erection. In atonic impotence there is a loss of tonicity in all of the tissue, and a relaxed, dilated condition of the veins and sinuses. The ligation of the dorsal vein cuts off the main exit of venous blood and collateral circulation eventually takes its place.

In case of the patient upon whom I tried this operation as advised and recommended by Broome, Murry and others, I had treated for hyperesthesia of the prostatic urethra and acute seminal vesiculitis, attended by nocturnal pollutions, the combined effect of the habit of masturbation. All local conditions were cured, the myelasthenia relieved and the patient's general health restored. His urethral caliber was 27 French. His normal weight remained at 190 pounds. While sexual intercourse and sexual excitement were interdicted, as it should be in every case of sexual impotency, the patient persisted in ocassionally trying, only to result in partial or complete failure, emission always taking place. This period of impotency lasted together for about three years. Repeated suggestion was practiced, moral advice given, and finally resort to sleeping with a female companion – without attempt at coitus – so as to overcome any psychical influence, was tried (partly at my suggestion), but with little satisfactory results. While in the metropolis of the East, he consulted an eminent genito-urinary specialist, who –as a last resort to do something- cut an imaginary stricture to 32 French sound. Several months after his return home, he again consulted me in reference to his case, and I then advised

operative treatment, believing that the partial and incomplete erection, with precipitate emission, were the result of a too rapid emptying of the sinuses of the corpora and spongiosum. Open ligation with the cat-gut was done. For the first twenty-four or thirty-six hours the patient complained bitterly from painful erection, which was almost constant. Attempt at intercourse was prohibited for a period of two months, and the patient cautioned against its practice. It has been now for four months since the operation, and the party reported to me not long since that he had had for the first time in nearly three years complete and satisfactory coitus and was now willing to stop trying.

***The earliest surgery was performed with limited knowledge on the penile anatomy. Furthermore, minimally invasive microsurgery was not applied.**

最早的案例是成功的。但那時並沒有現在對陰莖解剖上的深入了解，而五藤並未使用把侵害性降到最低的顯微手術。

Unlike Wooten's method using cat gut to perform ligation on the deep dorsal vein (DDV), we micro-surgically remove DDV, and the removed material could be used for penile curvature and penile enhancement. Furthermore, we use the milking maneuver to identify other leaking veins -which our research team identified and published in scientific journals- and ligate them accordingly. After the wait period, over 90 percent of the patients have experienced a dramatic increase on the erection capacity and the sex life. Even though as time progresses, there will be a drop on the quality of the outcome, many of our patients who received surgery ten to twenty years ago report to us that they, sexless at baseline, are now still sexually active. We encourage all impotent patients to be informed of the existence of all the treatments options as well as their risks and benefits. We encourage them to seek and find a treatment that's best for them. We recommend the venous stripping and ligation surgery (PVS) because it preserves the natural state of the penis. In comparison, penile implantation (PI) is permanent and irreversible, and PI also has its documented risks and side effects. If, unfortunately, you turn out to be among the less than 10 percent of our patient population, PI is still a workable option, but it cannot go the other way.

The field of male impotency is easy to invite moral criticism. Also, some sensitive patients may find the wait period hard to ensure. Furthermore, we often find ourselves obligated to accept salvage patients from other institutions. Those factors combined, there might exist some negative comments of this surgery. Nevertheless, in our 30+ years of experience practicing PVS, our patients come from all over the world, and from all backgrounds, including the governors, the medical professionals, and even the Mafia members. The volume and the diversity is perhaps what Wooten could not have possibly imagined. We emphasize once more that this surgery is worthy of our accommodation and is a scientifically sound solution for treating erectile dysfunction.