Introduction and Guest Background

Welcome to the prostate cancer Summit. I'm your host, doctor Geo Espinosa. It is my pleasure to introduce to you today, Doctor Amy Perlman, who is a board certified urologist with expertise in sexual, hormonal, and genital urinary health.

After directing the men's health program at the University of Iowa for nearly five years, she recently started her own practice in Miami, Florida, called the Prime Institute.

And I can tell you folks in Florida, particularly South Florida, with regards to male sexual health, male reproduction, she has a wonderful practice there.

So, Amy, thank you so much for being on. I'm so happy to be here, doctor Gail and I can't wait to get into this discussion with you. Amy. Before we start about, you know, lessening of the penis and all the issues that come after prostate cancer treatment with regards to the organ.

University of Iowa. How did you do that? You just don't come across to me like someone who can hang in there for five years. I'm sorry. Am I missing something?

How did you how did you do that? You're calling out the elephant in the room, doctor doom. Amy. Oh, from Iowa to where? Miami. I mean, I don't know, is a little bit of a contrast.

There. You know, I grew up. I grew up in Maryland and had the opportunity to really train all over the country. I did medical school at Baylor and Houston Urology residency at the University of Pennsylvania in Philadelphia.

I did a fellowship in Winston-Salem, North Carolina, at Wake Forest. And then at the end of my training, when my fellowship director said, Amy, where do you want to go and what do you want to do?

I said, I'll go anywhere and I'll do anything. And he said, well, you got to figure it out, and I don't really believe that you could go anywhere. So why don't you look at a map?

And why don't you make a yes column, a no column and a maybe column? So I looked at a map and I made all the columns of where I might want to live. After training, and Iowa was definitely in the no list.

It was definitely in the no list, but I think it was because I grew up on the East Coast and kind of did training in bigger cities, and so it just never even showed up on my mind map as somewhere to go.

But I'll tell you this.

Choosing Urology and Sexual Medicine

They were looking for someone to have a leadership role to direct their men's health program, and I could not say no to that opportunity. So yeah, I started off the first part of my career at the University of Iowa in fact, my biggest fear when I got there was I called my parents and I said, I love this place so much.

I might be here for the rest of my life. Oh my God. I just I was Hawkeyes, I got the gear, I loved it. And I will tell you it is. I'm so grateful for the opportunity that I had to start the foundation of my career at the University of Iowa.

It has changed the trajectory of my entire career. So does that make you now a Hawkeye or Hurricane? You know, the University of Maryland was there, you know, what are you these days?

I mean, are you a blind? I think I'm agnostic. Is that so cool? That's a great story. I really appreciate that because, you know, you never know what you you don't know, right?

So it's like, would I ever go to Iowa? And and it's like, yeah, maybe. I mean, particularly when you look at it from the, from your lenses. It really is a gem in the Midwest.

That is beautiful. Amy, the other thing that I unrelated to just to make things interesting, so we just came back from the society, Sexual Medicine Society of North American Meeting, which was great.

I met you there. I brought a physician friend who is, local from Arizona. He said, look like I'll go, you know, I'll go wherever you are, and I can see your presentation and so forth.

He came. He's not into sexual. He's not a urologist is actually, an oncologist. And he says, you know, this is this is a sexual medicine. Yeah. Yeah, sure.

There's a lot of women here. So, you know, we have a, at NYU, we have Valerie Root, who doesn't know reproduction. Right. What's happening? How is it that so many women now are into male sexual health?

What what are you when you're trying to figure out what you're going to specialize in? As you a resident and you have so many things, including female urology.

That's right there. That's a lay up for you. Here it is. Female urology. Some of you many of you take the root of male sexual medicine. What goes into that thinking process and why do you why did you make that decision?

Looking back, like, throughout my childhood. Childhood, I think it, like, always made sense that this is what I was going to do, but I don't think I really realized it at the time.

I always enjoyed talking about sexual health, and when I was in residency, though for urology, actually, sexual health is not a big part of our training.

Most of what we do in urology residency over those 5 or 6 years is really urinary tract infections, prostate health, both for benign and cancerous reasons, kidney stones, kidney cancer, a lot of oncology and other things, and really, male sexual health, even though a lot of people think, oh, urology, male sexual health, it's not really a big part of our training.

And most of the time, as you're biology residents, we want to be in the operating room with a scalpel in our hands. And most of the guys who come in with sexual dysfunction will not require surgery.

So for a big part of my training, actually, sexual health was not really top of mind for me. But towards the end of my training, when I was deciding, I remember a very vivid discussion.

I was talking with the Chief of Urology at the time, which was Doctor Allen Lee, and he's a godfather, within the urologic field. And he said, you have to decide, do you want to be in a quantity of life, specialty or a quality of life specialty?

And I was really deciding at the time to whether I was going to do, like a genital urinary reconstructive sexual medicine fellowship or an oncology fellowship within urology.

And I just I knew myself as a creative person, as someone who really likes to have in-depth discussions on quality of life issues. And so I said, you know what?

I'm going to do a fellowship in quality of life, and I'm going to do genital urinary reconstruction and sexual medicine. But going back a little a few years prior to that, in medical school, you know, I was deciding between emergency medicine, urology and pediatrics.

And I liked pediatrics because I love children. I liked emergency medicine because I felt useful. And so much of being a trainee in the health care system is you're trying not to get in people's way.

So when someone comes out, they're so busy and they say, hey, can you, suture up that laceration in the E. R.? I felt useful, and I loved it. And then urology.

I like the personalities, the residents allowed me to sew up a scrotum in the operating room. A urology resident who is a few years, you know, my senior, said Amy, I think you'd be a really good urologist.

And that just goes to show that sometimes it takes one mentor, one person to encourage a decision, but it could also take one person to discourage a decision, you know, if there's not a good relationship up there.

And finally, my parents were very excited. They really wanted me to go into urology, but they didn't know that I'd be doing what I do now in male sex.

You know, at the time, my mom had passed a kidney stone before and my dad had some prostate issues, so they thought I was going to be treating kidney stones and and prostate issues.

And I guess joke's on them. But, you know, I think, I saw that we could help a lot of men. We have so many tools in the toolbox that I can honestly say these days, there's not a single man.

I can't help when it comes to his sexual function, and I like that. It gives me some of that sort of instant gratification. That I think a lot of us who go into surgery are looking for.

But I'll also tell you this, I'm expanding my practice. Yesterday I saw my first female patient.

Penile Size Concerns After Prostate Cancer

I've I've seen women before, but not like in the last 6 or 7 years where I've really specialized in mental health. But I saw so many male patients that were coming in.

I was optimizing their hormones and optimizing their sexual function. They say, can you do for my wife what you've done for me? And I was tired of telling them no.

So I'm, I'm I've learned and I'm learning how to do it. And now I'm going to be treating men and women. Sure. I mean, one of the, probably luminary people in the field.

Irwin Goldstein. Right. Down in Sydney, I think he for a while, he's been doing sexual medicine for both men and women. And it's the right thing to do, right? So, you know.

Yeah, we got the guy going. He's great. He's right. Yeah, but she, she she's not quite there. Right. Or vice versa. It happens all the time actually. Right.

Or the it's the other way around. People don't talk about that where the woman is still excited. You know, I had a patient come to me. He's 81 years old.

I and I only see male patients. And he said, you know, your sexual function is, so optimized. And I said, okay, so so then his, girlfriend actually has a girlfriend.

They're both widowed. Awesome. She's 80. And she said, yeah, I brought him to you because I thought, you know, he had an issue. And I said, look, why don't you go see Doctor Joseph.

He can help you with this. I mean I was like this is great. Like right. 80 year old woman like yeah. You know, I, I care about my quality of life, too.

And and I enjoy a sexual activity is beautiful. Let's get right to, penile lengthening. So, you know, right from the prostate cancer summit, these guys, they go through the mill and they get their prostate removed, which is not like a mastectomy where the woman gets a breast.

It's the exterior of the body, but still, the same types of thoughts and feelings in terms of, wow, the masculinity aspect of my life is reduced. And then we get the surgery prostate removed.

We lose that masculinity, at least in our heads. And then now our penis is, what, two centimeters or so? You know, shorter. It's like, man, one of the what are your tools for that.

So I think it's I use the word interesting but I don't know that interesting is the appropriate word to sort of describe some of this loss of the masculinity that happens with prostate cancer surgery.

And I'm certainly all about, you know, treatment of prostate cancer when someone warrants treatment. But I think, you know, we think about what happens after really any type of prostate cancer intervention.

The body changes in ways that men do and do not expect. And as part of the informed consent process, when we're discussing all the different treatment options with men, penis size doesn't oftentimes enter in that discussion.

You know, we talk about, changes in sexual function, you know, specifically erectile function. And we talk about the possibility of urinary leakage. But there were many times that I was counseling patients.

Right. Never discussed penile size because that really wasn't part of my training, because when I was a trainee and I heard some of my mentors have the discussion about risk benefit, it wasn't part of their talk track.

And so much of how we learn once we're done with training about how to talk to patients is us mirroring what our mentors, you know, discussed and so, I really didn't know the implications of loss of penile size related to prostatectomy surgeries.

But the more that I saw these patients, you know, in my practice, there really wasn't a single person who did not have concerns about loss of penile size.

But most of the guys, Doctor Geo, don't come in with that chief complaint. And and I hate that terminology. How when patients come in, you know, the first line on their no.

Is the CC what is their chief complaint. And oftentimes after prostate cancer surgery it could be erectile dysfunction. So I use that as an opportunity.

That's kind of like the door that opened where I can then talk about their genital health. And I use it even in patients who haven't had prostate cancer or prostate cancer surgeries when they come in for Ed, after I talk about, you know, some of the Ed symptoms, I will simply ask them, do you have any length or girth concerns?

And when I ask a question like that, it's I don't think I've yet I've had I've offended anyone with that question to date because I'm not saying like, oh, do you feel like you have a small penis?

Or do you feel like your penis is skinnier? Like, I'm not saying that. I'm just like, do you have any length or girth concerns? And it's rare that someone says no.

And so that then opens a door for me to say, well, is this kind of like what you've had? Has it's been stable over a long period of time, or were you bigger before and have you lost size now?

The recommendations that I would discuss the overlap between those two groups. So it doesn't necessarily, matter all the time, but the guys who used to be bigger that have lost sight.

So especially after prostate cancer treatment, those guys get particular benefit from these interventions. So that's

why this conversation matters. They need to know that they don't have to suffer with size loss.

Interesting. So how so. All right. So the guy who has a decent size before surgery it matters to them. How about the guy. The opposite guy right. That have concerns had concerns about the size of his penis before prostate cancer treatment.

And now I mean he's really concerned. I mean, does everybody win from having this conversation with you and perhaps doing something about it? Everyone wins from this conversation and even and some guys will say, I have length concerns but no girth concerns, or I have girth concerns, but no length concerns.

So when we talk about we're going to get into, you know, all the different tools that we can use for this, right? But everyone deserves the information so they can make an informed decision on what might play a role in their current life.

I think a lot of people would like using these tools, and a lot of people would like to see an increase in length or girth, but if they have kids around and they're traveling all the time, if they can't devote 10 minutes or 30 minutes or an hour a day to these rehab, you know, tools, then it just might not work for them.

But I want them to make that decision. That's not I can't make that decision for them. So I have some people that say, I think it's interesting, but it's not going to work for me right now.

When other people say, I want everything and I'm going to do it every day, and I want to see how I can get bigger size and the motivated patients, I will tell you they come in.

There are some of the most frustrated patient because of the changes they've seen in their body. And once they've done these rehab protocols, they are some of the happiest patients I've ever seen.

That's awesome. You know like I said you know after prostate cancer treatment, there is a potential this the masculine ization that occurs. And this is even without and deprivation therapy.

Right. With Andrew the provision therapy is like wow this is really so this is part of the psychology that men have to deal with. And so anything we could do to help them with that including, you know, them look a lot of it is subjective.

Right. So I have patients you've seen, Oh, my penis was like this size, and now is this size even unrelated to prostate cancer treatment? Some of it is subjective.

They didn't really measure and so forth. And even measuring where you measure from. Right. How, you know, what's the type of ruler you use or the measured measuring tools and all these things.

So there's a lot of subjectivity here. But even from that perspective, we can do something about it, right? Where they feel good about them. So confident.

It'll be great. Look, a lot of these guys, right? So many of them are married and they want to be enhanced for their partner. Some of them are just newly divorced.

Some of them are about to get divorced actually while they're going through, you know they go through different scenarios and they try to get back in the game.

Yeah. So okay so you know Mr. Jones comes to your office, you know, he's, you know, whatever age because the age could be any age because I've seen guys in, like I said, the 80 year old guy who's still like, hey, I want to make sure I'm in, they had prostate cancer surgery, studies show, but they lose about two centimeters or so.

What's my next step? What do I do? Yeah. So the first thing is early intervention is really important. And honestly, if I saw guys before they were treated for prostate cancer where they could get some of these devices, they could

start using them.

So they know that once they're healed from surgery, they're ready to go. That would be the ideal situation. So it is never too early. But it's also never too late to start a penile rehabilitation program.

I've seen guys over ten years out that still get benefit.

Penile Rehabilitation With Pumps and Traction

In general, though, we have guys that start using these devices, like as soon as a month out from surgery. And when I was at the University of Iowa, I wanted to make sure we were all on the same page because there were several of my colleagues that were doing the prostate surgeries, and I wanted to make sure they were okay with me having patients start doing rehab a month later and no one had an issue with it.

And the studies also looked at a lot of patients starting a month after. And I think in order to really understand the this conversation, we have to understand the anatomy.

And the penis is a sponge. So really when we talk about penile rehab, it's about putting the sponge under the faucet every day to engorged this tissue to prevent it from shrinking.

And so that's really the premise of this discussion. So I've got an analogy. You like that analogy? All right. I'll give you if I use it, I promise to give you credit.

I don't think I came up with it initially, so I'm sure there are a couple of other people that use this analogy too. But guys understand this. When you put the sponge under the faucet and you say, I'm not going to do dishes for a month, two months, three months, one year, five years, what does this sponge look like?

After a year? It's old and crusty, and when you put it under the faucet after that period of time, it will expand. But not like it did from the beginning.

So we want to get even. We don't have to have the sponge soaked in water all day long. It could be 10s five minutes a day and that is a healthy sponge.

That's what we're talking about here. So my goal for men after prostate cancer surgery is to get them as many erections as often as possible. And honestly, I don't really care how I do it as long as we're stretching that tissue.

Okay, so you know, one thing. And right after surgery, because people will have a neuropathy, it doesn't matter how skilled the surgeon is when they're peeling those nerves off the prostate, it can take up to two years for those nerves to recover.

So medications like the oral Pde5 inhibitors may not work as well in those guys, especially early on. All right. But if someone wants to try those medications, it is certainly fair game.

And I do use those medications a lot. Another device that I am a huge proponent of is a vacuum erection device. Now, there are a lot of guys who have come in to see me and they say the pump doesn't work or it's painful.

And I'll tell you the reason why it oftentimes doesn't work or is painful is because no one ever taught them how to use it, or how to use it in a way that doesn't cause pain.

That is the key. These pumps work, and it's really important for us to give our patients some recommended products. But I didn't learn that in training, like in training, if I recommended a vacuum pump or some sort of device, I would say, well, look online, go on Amazon and search vacuum pump and just choose whichever you want within your price range.

I think that some of the worst advice we can give people, because what are people going to do? They're going to

get either the cheapest one or the most expensive, and they're going to be pissed either way.

So I think that's on us as health care providers to figure out who are the companies that have good customer service, good products. Right. And because especially now that I have a concierge practice, I get a lot of feedback from my patients.

If they try something and they like it, I ask them, why do you like it? Where did you get it? How much does it cost? And if they don't like something, I take that off my recommendation list because I don't want to waste the next person's time.

So it's key to get a product that's like mid price range. Usually those are the ones that are going to work well. But this is a really good product. And I have people use this every single day to rehab their penis.

And it's nice too because it doesn't require medication. And the guys will see in real time their penis expanding, which really does wonders for someone's, you know, mental health and confidence, especially when they're early out in this process.

And I would start guys on this as early as one month after surgery. And this can help both with length and girth. Some of my happiest patients are guys that use penis parts.

Awesome. Thank you. Yeah. So then, another device that, So vacuum pumps have been around for many, many years, and but another device that is newer, that's commercially available are traction devices.

And so I want to talk a little bit about this device here. This is called the restore X device. Doctor Landon Tros, when he was at the Mayo Clinic, actually worked with, a bunch of, some engineers at the clinic to come up with this technology.

And, I love Doctor Torres. He is one of the most, like, genuine, authentic people that I've ever met. And so I love picking his brain about this device because, you know, it's coming from a good place, and he's not going to make any claims that they actually haven't shown in research, which I love.

And so, this is probably around ten years ago. He was doing a review, because he was tasked with the, with this, initiative to look at the traction devices on the market to see what data was available to support their use.

And this was a project with the International Consultation for Sexual Medicine or exam. And so he learned from doing that review that the products that were currently commercially available actually didn't have much, much research to support their use.

So that's when he started working with the engineers at Mayo to come up with a device that actually would show benefit. And we oftentimes use traction therapies for the treatment of Peyronie's disease or penile curvature, which, by the way, happens in guys after prostate cancer surgery.

So especially they're not getting erections for a while. All of a sudden we restore their erections. And they notice that the shape of their penis has changed.

So this conversation with Peyronie's is also relevant post the tech domain and the build. Sorry. Go ahead. How often does that happen? That's a very interesting point there that I don't think it's talked about much.

But you know, it's not talked about a lot. And I think part of it in general when it comes to Peyronie's is we don't really know exactly how common it is, because if the patient doesn't bring it up, we're not going to know.

And if they don't feel comfortable bringing it up, why would they? And if the provider doesn't ask, then no one has that conversation, you know? And so the prevalence of Peyronie's disease just in the general population is, you know, it's a wide range.

And so if we're not asking, we're not really going to understand. And if the guys have it and they're not getting full erections, they're also not going to know.

And I think that's also why it's underreported. And so this device was was really developed to help guys, with penile curvature to help with the curve and with the legs.

And I think the first time I heard about this device was about five years ago at our National American Urological Association. They were presenting the research in a big plenary session.

And I remember seeing this device on the PowerPoint, and I thought, that's a little ridiculous. I was a little bit skeptical of this device, but then when I was at Iowa and I was seeing a lot of these guys who were so devastated by the loss of leg that they've had, whether it's from Ed or Post prostatectomy, I figured, well, I have to try something.

I'm sick of telling these guys, you're within normal limits. Or I'm sorry. We got the cancer, and you're just not going to have the penis you had when you were 19, right?

Because what if I could help that guy in a safe way? And so that's when I started learning more about this product. And as I had more and more patients using it, and I would ask them, like, in what ways do you feel like it's been helpful?

What are some of the tips and tricks that you've learned to make it more comfortable? The you know, the research tells us one story, but what my patients tell me their experience is actually changes my patient care.

And when I had so many guys coming in saying I got an extra centimeter, I got an extra two centimeters, I see that I'm getting some back of what I've lost.

That has completely changed my clinical practice. So I just got this device with, you know, pretty much all of my patients. How do you use it? It seems like I made some pretty that it's not a small device.

It's not a small device. Yeah. So it's like you you're traction and you kind of carrying it around with you everywhere, like, I would want to go about it.

Yeah. So I think that's kind of addressing the other elephant in the room, the second elephant, which is that kind of looks like a medieval torture device.

Okay. So let's kind of acknowledge that the device, does resemble something like that. But I think it's helpful to go by, like, kind of like piece by piece so that it's, so that people understand and understand it's actually not that scary.

And, and, and all of these pieces of the device or, you know, a lot of thought has gone into it. So when we actually take this apart right here, I can just take this out.

So this is the clamp, okay. And this is what is going to clamp the tip of the penis. This whole area right here on the top and bottom will clamp down on the glans or the tip of the penis.

And this is designed to displace all of this force along the greatest surface area, which is important because that's different from just getting like a tiny area of the gland and putting a lot of force on that area.

So this is designed to displace all of that force. All right. Now you also see here a couple of sort of modifiers to the device. Some of my patients who are engineers have given me a lot of things to think about because I had one that said Doctor Perlman, I've really loved the restore X, but it is too uncomfortable.

Do you have any guidance on how I can make it more comfortable so I can actually use it and so I reached out to Doctor Tros and I said, Landon, do you have any tips or tricks?

And he said, get a makeup pad from Amazon. It has its perfectly fit for this. It has a little strap on the bottom and you just fit it over the bottom plate right here.

And oftentimes the bottom part of the penis, the bottom part right here is oftentimes the most sensitive. So that make a pad has really been game changing for optimizing comfort.

And then his other tip was the kit comes with a wrap called Coban. And so you can wrap a little bit of coban on the top one. And then when you clamp this down on the penis, it really prevents the penis from sliding.

So it keeps the penis in place. And since I've given people my patients these recommendations, my patients say it works so much better and it's so much more comfortable.

The other thing, too, is there are screws on the back here that depending on how tight or loose you need this to be, depending on the size of the glans, then these screws can be adjusted and the heights can also be adjusted to optimize comfort.

All right. So I'm going to put any questions about that. No not so far please. So I'm going to flick that in there. So then you also have these rods here.

And these are adjustable okay. So for if someone has let's say a longer penis and they need longer rods to create the tension. The kit also comes with longer rods and even like XL rods at this point.

And then you have other rods here. And this shows you how much tension you're putting on the penis. So what makes this second generation device different from the first generation traction devices?

One thing that makes a difference is it allows for dynamic stretching the penis for the with the other devices, you have to already set up the traction device for where you want to put the penis on tension.

It doesn't allow the penis to stretch in real time, which is different from this device. So, when the person has the the the person would put his penis through here and this is in the flaccid state, and then would clamp down on the tip here and then close this.

Okay. As the penis is stretching initially you're really stretching the ligaments, which can like stretch in real time. So you want to make sure that as those ligaments are stretching, you can continue to put tension on the penis.

So what the person would do is they can just while this is on, they can increase the tension by doing that. And then it also has a spring loaded section here where you push it out like that to create that tension.

Now the key point here is if you see the white line, it might be difficult to see. But if you see the white line, you're not putting your penis on enough traction.

So that's where you would extend these rods more and then push this out. So you're only seeing the black. But it allows for that dynamic stretching. For guys who have penile curvature.

They can also bend the penis in the opposite direction to really put that tissue on tension. Love it. Love it. How? How often? How long am I walking around with this thing?

Am I doing it in the bathroom for two minutes a day? How does it work? Yeah, so that's really for some people, like the limiting factor, but also what differentiates this device from the others on the market.

If you look at the research and the protocols for the other devices, they say people have to wear them for 2 to 8 hours a day. Who has time for it? And some people like us do it well.

You don't see it at the conferences. It's like, oh, this sling thing with your penis pulling up and it's over like your neck or something. I'm like, oh, that's, that's, that's that's a tough sell.

It's a little it's a lot. It's a lot. And so it's interesting because when Doctor Trost was meeting with the engineers at Mayo, she said, if this device is going to need to be worn for over 90 minutes a day, let's just forget about it.

It's not going to be worth it, because most people are not going to be able to use it for longer than an hour. And a half. So that was a big thing that was, you know, really top of mind for him during the creation of this device.

So they've looked at 30 minutes a day, 60 minutes a day, and 90 minutes a day. And what's interesting is that compared to like 30, 60 and 90, you pretty much get the same benefit when you use it for 30 minutes a day.

And for the motivated person, like most people are going to be able to use it for 30 minutes a day. Now, sure, you can walk around with it or you can sit down with it.

It kind of just depends on what you're one's home situation looks like, right? 30 minutes a day is, a much easier pill to swallow than 6 to 8 hours a day.

Now, you're for those 30 minutes. What are you doing? Are you. Is it literally in your pants and you're just walking around with it, or are you in a private area?

Just kind of just waiting at 30 minutes, looking over your emails like, yeah, what are you doing during that time? I guess it depends on if anyone's around, if you mind, if they, you know, see what's going on, you know, you know, I don't know if people would wear this and then have, like, full pants on over top, but maybe you could fit, like, sweat pants on over top.

But you're not. You're not even. They're watching the prostate cancer Summit. Right? So you're not so I guess, you know, so it is a big it looks like it's a decent sized device.

So you're not, so it's probably difficult to have a it will show or outside of your pants or even your sweat pants. Yeah. So. So what what do most people do?

So they're in a private area 30 minutes. They do whatever during those 30 minutes or whatever they're doing, right. Answering emails or whatever. Yeah. It might be before bed.

When they're relaxing before bed time, they use it. Yeah. Now a lot of the protocols testing this out, we'll look at 30 minutes twice a day. But they've looked at it for 30 minutes once a day and it shows benefit.

So I recently when I was talking to Doctor Travis, I said okay so I know what the research looked at. What do you tell your patients how you tell them to use this device?

Question. Yeah. And he said 30 minutes a day, five or more days a week for three months. Because what also the research shows is that people tend to maintain their benefits with lengthening even after the three months.

So it's not like they have to use this device for an infinite period of time. Although I do tell my patients if they like it, they don't mind it. Then after the three months they can do their own maintenance protocol.

If they want to. Do, you know, once a week or once a month, or sort of as needed. That's also fair game. But what the research is suggesting is that the longer that people use it, they tend to see increased, penile length increases.

Does it does it go back to baseline or is it does it actually get bigger than what it was, during at baseline? Yeah. So good question. So when they're looking at these studies, they're looking at it in terms of like their current baseline. Right.

And so when they looked at it for post prostatectomy, because this device has really been studied in three main patient populations. Men with diabetes, men with Peyronie's disease and then after prostate cancer treatment.

And when I asked actually Doctor Tros, I said, but will it help the normal dude walking down the streets of Coral

Gables or of New York City? Like, do they have to have one of those three conditions to benefit?

He said when he was initially designing these clinical trials, he thought of the three most difficult patients populations for him to treat. And so he's like, if I can help those guys, I can probably help the normal dude walking down the street, which is very different from what a lot of other researchers will do, because a lot of researchers, if they want to show benefit, they're going to try to get this patient population to treat.

Not the most difficult. Right. But but when they've looked at when they did these studies, especially after post prostatectomy, they had guys used this device for five months and then they assessed them at month six.

And not only do they look that look at length, which on average increased by 1.6cm, which okay, we're not talking about 1.6in, but 1.6cm is something.

How to Use the RestoreX Device

Right. Yeah. And when they asked these patients would you do this again. Oh like nearly 90% said that they would. And when they asked would you recommend it to a friend, 93% said they would recommend it to a friend, which I think is very valuable information.

But also interesting about this device is it's been shown to improve erectile function, and we don't really have any other devices out there that you like.

Yes, we can improve someone's erectile function if we put them on Pde5 inhibitors or do injections, things like that. But something where you can use a device and that improves their erectile function when measured like months later, that is very novel.

What's the mechanism there that's without so all the other variables taken into account. So they're not taking Pde5, they're not doing anything else. So it's interesting because actually the guys who use the restore don't use as many of these other therapies.

So they're using less of the Pde5 and they're using less of the injections. Lovely. What's so it's getting what's kind of like an interesting finding that I don't think they were necessarily thinking they were going to find.

Well, that's the advent of you know, Viagra isn't it? You know, that's it. That's an outside final. This is maybe good for your heart, you know. You know, cardiovascular does. You keep taking it.

It's not working. But you know, in 1998 or so, this is great. So are they doing let's say they're very motivated. All right. Just resurrect. Wow. This guy gave me 1.68cm. Wow.

All right. Should I also do, you know, vacuum okay to, you know, every, you know, do this first and vacuum and maybe get another, you know, six centimeters and is there so and I know maybe this hasn't been studied, but what's your opinion as an expert in the field. Yeah.

So my opinion is everything is fair game because my the most relevant question I can ask myself and my patient is how can I hurt you. It's not it's not necessarily how effective something is like it's great if something is very effective.

But if I can hurt someone in the process, I'm not going to offer it as a solution. And so what we see from, you know, penis palms and traction devices is it's you can't really hurt anyone.

And even guys who don't have it like they're they also are fair game to use devices like this. So if someone is not getting regular daily erections, I recommend a vacuum pump just to really engorged this spongy erectile tissue and keep everything healthy.

And this, for some people, might be enough for length and girth restoration. But if they're looking for something extra and if penile length is a particular concern for them, then I will have them add a restore X device.

And I know it looks like a lot, but let's kind of break down what that regimen would look like. So this would be 30 minutes a day and this would be ten minutes a day.

So it's not as simple as okay, only 40 minutes a day because that is still a good chunk of time. It's probably going to be closer to an hour a day. Why?

Because there is a process involved in setting up and cleaning up and getting the devices out. So it definitely is a process. But neither of these devices have to be used for someone's entire life, so I always recommend my patients when they're concerned.

Give it an old college. Try give it three months of consistent use, and when they do that, it is so rare, if ever, that the person says they haven't benefited in any way, that they find that it's worth it.

Thank you so much, Doctor Amy Perlman. Amy, please tell us how can people find you.

Closing Thoughts and Where to Find Dr. Perlman

And I appreciate your time and you're sharing so much information on this incredibly important topic that I don't see a lot of people talking about penile listening, particularly after prostate cancer.

So I appreciate your expertise so much here. How can people find you? Thank you. Doctor Gail. I'm on a mission to destigmatize destigmatize the topic when it comes to penis size.

And, we know that it affects a lot of people. There is nothing wrong with wanting a bigger penis or a penis like the one that you used to have. And now that we have safe solutions, we got to start talking about it and normalizing the conversation.

Really, at any point in time that someone is going through their prostate cancer journey, whenever we're talking about quality of life concerns, we should be discussing sexual health.

That's that's my opinion. And I'm sticking to it. So for people that are interested in. Work, I love it. I agree with it. And I think it's part of my mission to, destigmatize this topic is I'm trying to go behind the scenes and interview the inventors of these products, because so often when we're at scientific meetings, we're seeing like researchers talk about it, but we're not seeing the mastermind behind these products and how they came about and how they're trying to innovate the industry.

So you can check me out on YouTube. Uro doc Amy and that's where I'm going to be, posting some interviews I have with colleagues of mine who are in, innovators and inventors in the field.

And then you can find me on Instagram. Amy Perlman, MD and then my practice, I have a concierge urology practice in Coral Gables, Florida, and that's a institute US.

Or Gables, Florida, right next, the University of Miami. I'm telling you, you're you're being pulled for hurricane. Thank you so much for being on and thank you for sharing your expertise.

I really enjoyed it. Thank you for having me. Thank you everyone for watching this. Yet another amazing episode of the Prostate Cancer Summit. All things penile lengthening, after prostate cancer surgery or treatment.

Thank you for watching. Keep keep viewing. There's more to come. Doctor. Geo Espinosa here. Signing off, and I'll see you next time.