

Interview With Prof. David Ralph

Prof. David Ralph, Interview by Birgir Gislason of MyPeyronie's
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Prof. David Ralph BSc MS FRCS (Urol) is a Consultant Urologist at the Institute of Urology in London. He was appointed in 1996 and has built up the largest Andrology unit in Europe.



Prof. David Ralph

Peyronie's Specialist

Prof. Ralph divides his time between researches, teaching and clinical medicine and is one of the most experienced Peyronie's specialists in Europe.

He has published extensively on the subject of Peyronie's disease and the surgical and medical management of erectile dysfunction.

Mr. Ralph has been the President of the British Association of Urological Surgeons (BAUS) section of Andrology and British Society for Sexual Medicine (BSSM) and is heavily involved in the patient organizations of the Sexual Dysfunction Association (SDA) in the UK and its European equivalent ESDA.

Mr. David Ralph kindly agreed to an interview with My Peyronie's.

Prof. Ralph, please tell us a little bit about your background and your experience of treating patients with Peyronie's disease

I have been MD in Peyronie's disease since 1988 so I have the most Peyronie's experience in Europe. I was the chairman of the international panel on Peyronie's disease in 2010 and have published extensively on the subject.

I offer all therapies and have performed clinical trials on the following Peyronie's treatment options: Collagenase, Tamoxifen and vacuum therapy.

Roughly, how many Peyronie's patients do you treat each year?

I see around 500 new Peyronie's patients per year.

What is the average age of your Peyronie's patients?

I see all ages but the average age is between 45 and 50 years old.

How many of your patients fall approximately into each of the following groups: mild, moderate, and severe Peyronie's symptoms?

Mild 30%

Moderate 50%

Severe 20%

I have received some letters from younger men (under 40) with Peyronie's. Do you think there is an increase in younger men developing the disease or are younger men these days more open about seeing their doctors?

I don't think the disease is changing over the years. We do see more younger men and this must be due to better information and less inhibition to seek medical help.

What Peyronie's treatments do you recommend to patients with mild or modern symptoms and why?

For men in the early active stage I recommend Cialis daily, vitamin E, Pentoxifylline or Tamoxifen. Vacuum therapy may be added at any stage of the disease, i.e. during the active or chronic stage.

Some doctors recommend patients who are in their acute phase to use traction device or penile pumps as part of their treatment plan. What is your view on using these devices?

I offer vacuum devices to mechanically stretch the penis on a daily exercise basis. My patients do not like traction devices mainly due to it being impractical to use.

Do you have preferred surgical procedure for Peyronie's disease and if so, why?

I offer all treatments depending on the nature or the curvature and erectile function. Nesbit type procedures - wedge excision, Yachia, tap, other plication techniques, is good for minor curves (<60 degrees) or when erectile function is poor. Grafting techniques - I use pericardial grafts. However this technique is not used in patients with erectile dysfunction as it may make this worse.

For patients who have undergone surgery to treat their Peyronie's disease, do you recommend some post operation treatment for them?

I recommend gentle manual stretching each time they void and Cialis daily for 6 weeks until they become sexually active again.

What do you see the future bring for Peyronie's patients? Are there any new treatments on the horizon that may bring new hope in treating the disease?

We are awaiting collagenase (Xiaflex) getting FDA approval as we have had good results from clinical trials. We though must do more basic science to understand the disease mechanism and know the aetiology, i.e. the cause of the disease. I currently have 2 PhD students researching this.

Do you think Peyronie's disease will ever be curable?

No, but preventable yes. By that, I mean that when we know the cause we will be able to take measures to prevent it, i.e. if associated with vascular disease, genetic modifications if the gene is found, etc.

It is often quoted that Peyronie's occurs in 1-3% of the male population but some specialists believe the figure to be much higher. In your opinion, how common do you think Peyronie's disease really is?

I think 1-3% is about right, this is very high.

Can men do anything to prevent getting Peyronie's disease e.g. exercise, diet, lifestyle, etc.?

No.

Are you aware of any environmental studies about common medical conditions in men that might increase the risk of them developing Peyronie's disease?

Known risk factors include diabetes, vascular disease and smoking.

What do you recommend men with Peyronie's disease should do (or not do) to prevent the disease getting worse?

I recommend getting medical treatment fast and start stretching.

Do you think any of your patients have developed depression or other mental disorder as a result of Peyronie's?

This is very common, especially depression. Sadly, I have had one patient committing suicide.

Anything you would like to add?

We need a charity (in the UK) to fund research and to help patients seek appropriate treatment and support.

Prof. David Ralph, thank you very much for taking the time to do this interview with My Peyronie's. For more information about Prof. Ralph, see [St. Peters Andrology Centre](#) in London.