



Hertfordshire and
West Essex Integrated
Care System



Hertfordshire and
West Essex
Integrated Care Board

Evidence Based Intervention

Peyronie’s Disease

Document Owner:	Dr Rachel Joyce – Medical Director
Document Author(s):	Clinical Policies Group
Version:	V2.0
Approved By:	Commissioning Committee
Date of Approval:	11 th September 2024
Date of Review:	September 2026 If the review date has exceeded, the published policy remains valid



Policy: Peyronie's Disease

1. Introduction

Peyronie's Disease is a common, benign (non-cancerous) penile condition of unknown cause which may result in pain, shortening and curvature of the penis.¹ It affects approximately 1 in every 16 men (6%).¹ But most urologists suspect that it is under-reported, and may affect as many as 1 in 10 men (10%).¹ It is characterised by a hard lump (plaque) in the erectile tissue of the penis. This begins as a localised inflammation, which may then mature into a hardened scar. The scar is inelastic (stiff) and stops the penis stretching with erections, leading to the development of a curvature on erection¹. Pain and bending can prevent sexual intercourse. Prevention of normal blood flow can also prevent full erections¹.

The disease generally goes through two stages:

- A painful, inflammatory phase, usually lasting up to 12 months
- A chronic or stable phase. Usually at least 6 months after the pain has stopped. During this time, no new changes occur to the shape or curvature of the penis¹.

Once Peyronie's disease develops, it usually changes the penis permanently¹. While most treatments can limit the effect of the condition on the penis, it is not possible to completely reverse the changes¹. The goal of treatment is to enable sexual activity¹. If there are no problems with penetration, no treatment may be needed¹. Psychosexual difficulties are an unsurprising byproduct of the condition and referral to a psychologist/counsellor/psychiatrist may significantly reduce the burden of the disease on the patient².

2. Content

HWE ICB will fund surgery only where the following criteria apply:

- The disease is in the stable phase
AND
- Conservative measures have failed or are not possible due to clinical reasons. (See appendix)
AND
- Severe disease that makes intercourse not possible
AND
- The patient has been fully counselled on, and understands, all their treatment options and likely outcomes of surgery.

Extracorporeal Shockwave Therapy will not be funded due to inadequate evidence of efficacy. Collegenase clostridium histolyticum (Xiapex) is no longer available in the UK.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the ICB policy.



3. References

1. BAUS. Peyronie's Disease - Information about your condition from The British Association of Urological Surgeons (BAUS) Leaflet No. 20/008. 2020 Available online at: <https://www.baus.org.uk/userfiles/pages/files/Patients/Leaflets/Peyronies.pdf>
2. Patient. Peyronie's disease. 2022. Available online at: <https://patient.info/doctor/peyronies-disease-pro>
3. European Association of Urology. . EAU Guidelines on Sexual and Reproductive Health 2024. Section 8.2 Peyronie's Disease. p74-85 Available online at: <https://uroweb.org/guidelines/sexual-and-reproductive-health>
3. Nehra, Ajay et al. "Peyronie's Disease: AUA Guideline" Journal of urology vol. 194,3 (2015): 745-53
4. NICE. Extracorporeal shockwave therapy for Peyronie's disease. 2003. Interventional procedure guidance 29. <https://www.nice.org.uk/guidance/ipg29/chapter/5-Aboutthis-guidance>

Appendix: Conservative management

It is noted that there is not currently good evidence for, nor UK guidance on, conservative management of Peyronie's. The European Association of Urologists 2024 guidance² provides a summary of current evidence and recommendations for conservative treatment. However, not all of these treatments may be available on the NHS or in the UK. For example, the manufacturer of collagenase clostridium histolyticum has withdrawn the product from the European market and is therefore not available in the UK. Funding for penile traction devices is not usually available on the NHS and can cost between £150 and £400 to purchase.¹

In applying this policy, the ICB will be guided by the patient's clinician on the appropriateness of various conservative treatments.


Change History:

Version	Date	Reviewer(s)	Revision Description
1.1	May 2023	L. Segovia	Changed wording from CCG to ICB
1.2	July 2024	P. Duffy	Changed wording to reflect that funding is assessed under Prior Approval not Individual Funding
2.0	September 2024	S. Chepkin	Additional information added on condition and conservative management, including latest European guidelines. Addition of criterion that patients are fully counselled and understand options and likely outcomes. Reference list updated.



DOCUMENT CONTROL

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the website.

 *Do you really need to print this document?*

Please consider the environment before you print this document and where copies should be printed double-sided. Please also consider setting the Page Range in the Print properties, when relevant to do so, to avoid printing the policy in its entirety.

