Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · MEN'S HEALTH

Peyronie's disease
common, treatable, and rarely talked about

Peyronie's disease is scar tissue forming in the penis, causing curvature, shortening, lumps and often pain. It affects roughly one in twenty men and is far more common than the silence around it suggests. Timing matters: what helps in the early phase is different from what helps once it has stabilised.

Seek urgent assessment if you have

- an **erection lasting more than four hours** that is painful
- **sudden severe pain with bruising and a popping sound** during intercourse — this may be a penile fracture and is a surgical emergency
- **inability to pass urine**
- a **rapidly growing lump**, or an ulcerating area
- curvature developing **suddenly in a young man**, which needs a different assessment

Penile fracture requires surgery within hours to preserve function. Priapism — a prolonged painful erection — causes permanent damage if untreated. Both are emergencies. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

The two phases

Active
6–18 months — pain, changing curvature

Stable
curvature settled, pain resolved

Treatment
differs entirely between the two

In the **active phase** the plaque is forming: there is often pain with erections, and the curvature changes over weeks. Surgery is avoided here because the shape is still moving. In the **stable phase** pain has gone and the curve has not changed for several months — this is when definitive correction is considered.

What you may notice

- a **bend** when erect — upward, downward or to one side
- a **firm lump or band** under the skin of the shaft

- **pain** with erections, particularly early on
- **shortening**, narrowing, or an hourglass or hinge deformity
- **difficulty with penetration**, and erectile difficulty in a substantial proportion of men

Causes and associations

Usually repeated minor injury during intercourse that heals with scar rather than normal tissue — often with no memorable single incident. It is more common with diabetes, high blood pressure, high cholesterol, smoking, and after prostate surgery. It is associated with Dupuytren's contracture of the hand, which shares the same underlying tendency. It is **not** caused by anything you did wrong, and it is not sexually transmitted.

Treatment

- **In the active phase** — pain control, and treatment aimed at limiting progression. Around one in eight men improve without any treatment; most stabilise rather than resolve.
- **Traction and vacuum devices**, used consistently over months, have reasonable evidence for maintaining or improving length and reducing curvature.
- **Shockwave therapy** is used principally for pain relief in the active phase; it does not reliably straighten the curve.
- **Injectable treatments** into the plaque are available in specialist practice.
- **Surgery** in the stable phase — several techniques, chosen according to the degree of curve and erectile function. Highly effective for correcting the bend.
- **Treating erectile dysfunction alongside**, which is present in a large proportion of men and affects satisfaction more than the curve itself in some cases.

The part that matters most

Peyronie's has a substantial psychological impact — distress, embarrassment, avoidance of relationships and depression are common and are strongly associated with how much it bothers a man rather than with the size of the curve. Partners are often far less troubled by it than the man expects. Psychosexual input, alone or alongside physical treatment, makes a real difference and is not an admission that the problem is in your head.

Why come to us. This is a condition men wait years to raise. We offer discreet men's health appointments seven days a week with a specialist urologist, assessment including ultrasound performed on site to measure the plaque, and the full range of options discussed honestly — including where the evidence is weak. We provide shockwave therapy for Peyronie's here, treat coexisting erectile dysfunction, and offer psychosexual consultation. No referral is needed.

Discreet assessment with a specialist urologist

Ultrasound on site, shockwave therapy available, no referral needed.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Shockwave Therapy for Peyronie's Disease** · **Urology** · **Men's Health Clinic** · **Erectile Dysfunction** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

Ref: TBH-PIL-135

This leaflet is based on current NHS, NICE CKS and European Association of Urology guidance on Peyronie's disease. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.