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Perspectives

Standardization, safety, and the future of cosmetic penile enhancement: Perspective on "Cosmetic penile enhancement procedures: An SMSNA position statement"

Paul E. Perito, MD, FACS* and Alfredo Suarez-Sarmiento Jr., MD, MBA

Perito Urology, Coral Gables, FL 33146, United States

*Corresponding author: Perito Urology, Coral Gables, FL 33146, United States. Email: drpaulperito@comcast.net

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In reading the Sexual Medicine Society of North America's (SMSNA) position statement on cosmetic penile enhancement,[1] I am struck by how far our field has come. Not long ago, these procedures lived on the fringes of sexual medicine, often marketed by unregulated providers, with results that ranged from underwhelming to catastrophic. Today, the SMSNA's leadership has taken a major step toward bringing this conversation into the academic light, where it belongs. This position statement marks a turning point, acknowledging that while dangers remain, like anything related to surgery, a pathway forward exists, rooted in data, standardized protocols, and patient safeguards, paving the way for a safer, more thoughtful integration of male genital cosmetics into urology. This has not been the norm for urologic training to date.

In my own practice, and in collaboration with colleagues worldwide, I've seen firsthand that male genital cosmetics are not merely about vanity. When done properly, male genital cosmetic procedures are about restoring harmony between form and function. For men who have undergone penile implant surgery, Peyronie's correction, or trauma repair, cosmetic refinements can restore symmetry, smooth irregularities, and improve the flaccid appearance, details that may seem small to outsiders but mean everything to the patient.

Years ago, patients with severe penile scarring or contour defects had few options beyond dermal grafts. These were invasive, high-recovery procedures, often accompanied by significant surgical risk. Today, with proper training and technique, we can achieve comparable or better results through precision filler placement, restoring girth, contour, and tactile quality without any additional incisions. For the right patient, this is a game-changer: less invasive, shorter downtime, and more predictable aesthetic outcomes.

An example where the SMSNA's cautionary tone is most critical is in reminding us that these are not "simple" injections. The penile anatomy is unforgiving, and small errors can cause major harm. One of the most dangerous misconceptions in the public and even some medical circles is that blunt-tip cannulas are inherently safer than needles for penile fillers. The reality, borne out by years of adverse event reports, is that every known case of catastrophic disfigurement or death related to penile filler has involved a cannula. While a cannula may be safer in certain facial injection contexts, in the penis, it can easily create a false plane, cause deep vascular injury, or damage the corporal bodies without the injector realizing it. Adding to the dangers of using a cannula, aestheticians gravitate towards this instrument. How many years did they hold a penis during their training? Like all aspects of genital cosmetic work, safety here is not about the tool, it's about the knowledge, skill, and discipline of the person holding it.

That skill starts with patient selection. The SMSNA is correct: most men seeking cosmetic enhancement fall within normal size parameters.[1] This is why psychological screening is so important, not just to identify penile dysmorphic disorder, but to ensure realistic expectations. As urologists, we already navigate these conversations in the context of erectile dysfunction, Peyronie's disease, and prosthetic surgery. Cosmetic enhancement is simply another extension of that patient-centered counseling process. As urologists we only need to ensure the risk–benefit profiles are acceptable for these pathology/vanity projects.

Standardized technique is the second pillar of safety. This minimizes complication rates, simplifies follow-up, and allows meaningful data collection. I often times take great pause when I say this at a meeting or write this now, yet, when dealing with potential providers without the fund of knowledge or skill set they purport to have. It is mandatory to vet their cutely named techniques.

Data are the third pillar. As the SMSNA points out, literature related to male genital cosmetic surgery is still dominated by small series, single-surgeon reports, and short follow-ups.[1] If we want male genital cosmetics to be fully recognized within sexual medicine, we must commit to multicenter prospective trials and standardized complication reporting. This is how we transition from anecdote to evidence.

And finally, we must address capability. Safety is not just avoiding complications; it's knowing how to manage them when they occur. Non-urologist practitioners, no matter how skilled their hands, cannot perform an urgent decompression for a compartment syndrome or manage a vascular injury.

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Trained urologists can. Patients deserve that level of preparedness.

Most of the procedures the SMSNA position statement reviewed have already been tried and spontaneously forced out of utilization because of well "published" poor results. These were not standard scientific publications; this came from general media channels which happen to have a much more powerful SEO than any of our Journals. Our past position as "Stewards of the Penis" has been proven to be below standards we hold in other urologic specialties.

Looking ahead, I believe male genital cosmetics should be part of formal urology training. Our fellows learn to place implants, correct curvature, and reconstruct the urethra; they should also learn safe, evidence-based methods of cosmetic enhancement. These skills not only improve aesthetic outcomes but can be seamlessly integrated into reconstructive work, giving patients a more complete result.

The SMSNA's position statement provides the scaffolding for this integration. It affirms that innovation is essential to the evolution of sexual medicine, while warning that innovation without discipline risks patient harm. The difference between a breakthrough and a disaster often lies in the details, details that trained urologists are uniquely equipped to master.

I have seen the impact this work can have. I've had men return after enhancement procedures not just happier with their appearance, but more confident in intimate relationships, more willing to engage socially, even reporting improvements in their mental health. I've also treated patients devastated by untrained injectors, requiring months or years of reconstructive work to repair the damage and some aren't so lucky, and are left genitourinary cripples. The contrast could not be starker.

The future of male genital cosmetics will be shaped by the choices we make now. We can either leave this space to the unregulated marketplace, or we can claim it, refine it, and safeguard it for our patients. The SMSNA has opened the door. Now it's up to us to walk through with data, discipline, and the commitment to do it right. If we succeed, the conversation won't be about whether these procedures belong in urology, but how to make them as safe, effective, and widely available as possible for the men who need them.

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Conflicts of interest

P.P. and A.S.-S. Jr. are shareholders of UroFill.

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