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A comprehensive approach to male intimate rejuvenation with platelet rich plasma

Alan Peter Apolakiatis*

Registered Adult Nurse, Aesthetics Nurse Practitioner, Restart Medical & Aesthetics Clinic, UK.

***Corresponding Author: Alan Peter Apolakiatis**
Registered Adult Nurse, Aesthetics Nurse Practitioner,
Restart Medical & Aesthetics Clinic, UK.
Email: info@restartmedical.co.uk

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Abstract

Aesthetics medicine extends beyond correction, it has now evolved into holistic care, this case study highlights the new possibilities with Platelet Rich Plasma (PRP) and how this can treat both medical, mental health and aesthetic concerns. Unlike dermal filler or medication treatments this is a safe and natural way to treat and enhance a male intimate area for the following, length, girth, stamina, sensitivity, scar tissue and blood flow/erectile disfunction. The case studies presented are based on three patients in the age brackets of 20-30, 30-40, 40-50 years old. This protocol (Man Shot) shows remarkable results addressing the concerns of the individual and enhancing their penis, quality of life and mental health further all based case studies are based on one treatment.

Objectives: Three patients from three different age brackets have been randomly selected to evaluate the overall results and efficacy of P-Shot/Man Shot injections when treating erectile dysfunction and or sensation loss. Also displaying consideration to added benefits which include overall size increase.

Introduction

Aesthetics medicine is not only a corrective sector but also a rejuvenation and preventive one. The use of PRP has evolved over the years and has been used for multiple resolutions to treatment and this is why this new method has been created to give men a natural enhancement without the risk of surgery, significant downtime or damage. PRP is the source of growth factors which can stimulate new tissue growth and cell preproduction [5]. Using the patient's own growth factors ensures a safe and effective procedure due to the natural response and acceptance of the body. The body of the penis consists of fibrous tissue and muscle which both respond well to PRP, and once new tissue is formed this is a permanent fixture of the penis due to the body's natural capabilities of harnessing the growth factors [8].

Materials & methods

Prior to any non-surgical treatment, individuals have a consultation to identify their presenting complaints. This is structured around the medical model and incorporates Ideas, Concerns and Expectations (ICE) to promote a holistic approach. Careful consideration to suitability of non-surgical treatment can highlight any contraindications such as clotting abnormalities, and medications which thin the blood (Warfarin, NOAC, DOAC). During the consultation period, side effects are discussed to ensure individuals have all the information provided to make an informed choice and consent to treatment. Previous studies have noted no side effects reported for intra-cavernous of PRP [7]. However common side effects noted are temporary discomfort, mild bruising and swelling at the injection sites. Rare side effects are minimal, but acknowledged as allergic reaction to PRP, scarring, infection and cold sore outbreak if there is a history of herpes simplex virus.

Each benefit of this procedure can be broken down into individual sessions or combined for an overall result. There are 4 types of PRP in total and these are pure PRP which has no white blood cells and low fibrin matrix, Leukocyte & PRP (L-PRP) which has low fibrin matrix and white blood cells, Leukocyte and Platelet-Rich Fibrin (L-PRF) which has no white blood cells but high fibrin matrix and Pure Platelet-Rich Fibrin (P-PRF) which has white blood cells and high fibrin matrix (Table 1) [3].

Table 1: Types of PRP.

PRP	Aids collagen production, cell proliferation, fibroblast migration and transition which can help with the development of length, girth, blood flow and sensation (Chalidis et al., 2023)
L-PRP	Promotes nerve enhancement due to the myelin production which covers the nerve cell axons, this can promote the rejuvenation and reactivation of the nerves in and around the penis head to give back or enhance sensation both flaccid and erect (Fields, 2014).
L-PRF	Known for its use in reconstructive surgery this can be used to develop new growth tissue (Parise et al., 2022) when applied to the penis via injection it can enhance girth and length. The new cells develop over the course of 12 weeks, and they remain within the area as new tissue.
P-PRF	Produces cells to promote better blood flow and can enhance erections and/or treat erectile disfunction, it also creates fibroblasts to create collagen production when applied into the deep fascia of the penis it creates a protective wall throughout to maintain the results and longevity, the same technique can be applied to treat scar tissue, plaque and Peyronie's disease (Asmundo et al., 2024).

The combination of the different strands of plasma and injection techniques creates the ultimate rejuvenation for men. Injection techniques and placement of plasma, including injection timings is crucial to ensuring minimal discomfort, side effects and enhance results (Illustration 1).

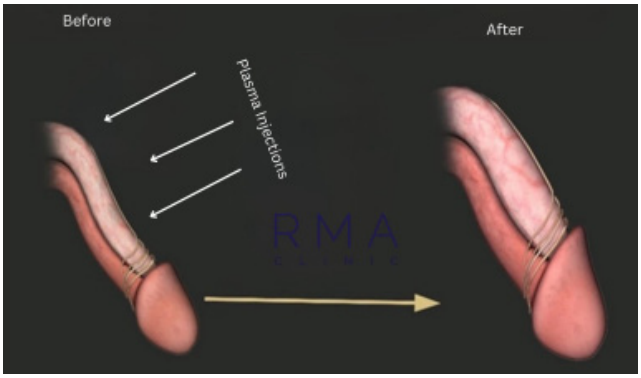

Illustration 1: Visual reference to show areas of injection.

Case study one – patient A

Consultation

Patient A is 29 years old and is suffering from intermittent erectile dysfunction when engaging in sexual activity, additionally verbalised concerns about the size of his penis which impacted intimacy with sexual partners. Patient A attended the clinic twice before any treatment was consented and undertaken. On first attendance, an open and detailed discussion around his ICE, but also discussing the P-Shot/Man Shot treatment and how each plasma type is designed to work and possible outcomes to be achieved. Their second attendance to the clinic followed a full consultation to ensure suitability.

During consultation, a review of Patient A's medical history was undertaken, which did not identify any contraindications to why they would be unable to receive treatment. Drug allergies and non-drug related allergies were discussed, along with previous surgical and non-surgical treatments. No underlying health conditions were identified. An examination of their penis and blood sampling sites were undertaken to ensure no concerns.

Treatment options and plan

When devising a treatment plan, options were given to treat the concerns separately, combined and whether any additional benefits have been identified.

A personalised treatment plan was developed, which included the procedure treatment choice, aftercare which includes natural massage techniques to maximise results is advised to do for a minimum of 4 weeks. Activities to be avoided 24-48 hours post treatment and then for up to 7 days.

Patient consent

The benefits of their chosen treatment, along with the procedure, possible risks and side effects, outcomes and aftercare were again discussed with Patient A. He was provided with all the information to make an informed choice, acknowledged all areas and consented to proceed.

Method

Further examination of Patient A's penis was carried out to ensure there was no breakages of the skin, deformities or current damage. Due to one of Patient A's concerns being the size of his penis, consent was gained to gather measurements of his penis length and girth to assess outcomes of treatment. These can be viewed in Table 2.

Treatment

The treatment was started by taking the patient's blood from the antecubital fossa. A total of 36ml was sampled in tubes which contain citrate as blood is taken for regenerative therapy. With direction, Patient A applied topical numbing cream to their penis. Two blood tubes are then placed into the centrifuge and span at the correct RPM (3480-5000 RPM) and then the following two tubes are placed in after to create the additional components required. Once the separation has completed the plasma was drawn up within a sterile field. Two 5 ml split into three 1 ml syringes were obtained, one containing PRP and the other with two 5 ml split into three 1 ml syringes of P-PRF. A sterile field was created, and the treatment area was cleaned and sterilised to reduce risk of infection and cross contamination. A 30 G needle was used each time to administer the plasma along the penis, a total of six injections was performed, with minimal pain and discomfort.

Post treatment

Initially post treatment, observation was carried out to identify any swelling, bruising or uncontrolled bleeding. Safety netting advice was provided as standard to ensure full understanding of any possible side effects, worsening symptoms including when and how to seek advice.

Results

Patient A found both of his main presenting complaints were improved. Following a check-up within the first 14 days. He had reported slight changes regarding the blood flow and strength of erections, however not seen any notable changes in penis size or girth. After 4 weeks, Patient A noticed a slight increase to the size and girth of his penis. At this 8-week check-up he had seen further notable increases in the overall size and girth of his penis, equally blood flow remained consistent and over all improved his sexual performance and confidence. Patient A reported no negative side effects induced by treatment. See Table 2 below for penis measurements pre and post treatment. See Figure 1 for visual comparison.

Table 2: Measurements pre & post treatment.

Pre-treatment measurements (flaccid)	Post treatment measurements (flaccid)
Penis Length (base to gland): 3 inch	Penis Length (base to gland): 3.4 inch
Penis Girth (mid shaft): 3.2 inch	Penis Girth (mid shaft): 3.5 inch

Figure 1: (Left to right) Before treatment and 8 weeks post treatment.

Case study two – patient B

Patient B is 49 years of age and is suffering from intermittent erectile dysfunction and loss of feeling and or sensation when engaging in sexual activity. They attended clinic once prior to treatment and this was for an in-depth consultation. Following same structure for consultation as Patient A.

Allergies

During this consultation period it was identified that Patient B has had previous sensitivities to numbing agents so was offered cooling therapy as an alternative pain reduction management treatment.

Treatment options & plan

When devising a treatment plan, options were given to treat the concerns separately, combined and whether any additional benefits have been identified.

A personalised treatment plan was developed, which included the procedure treatment choice, aftercare which includes natural massage techniques to maximise results is advised to do for a minimum of 4 weeks. Activities to be avoided 24-48 hours post treatment and then for up to 7 days.

Patient consent

All information was provided as standard to allow Patient B to make an informed choice and consent to treatment.

Method

Areas for blood sampling was inspected along with Patient B's penis to identify any abnormalities, cuts or concerns which none were noted. As Patient B did not express concerns around the length or girth of his penis, measurements were not taken.

Treatment

The treatment was started by taking the patient's blood from the antecubital fossa. A total of 36 ml was sampled in tubes that contain citrate as blood is taken for regenerative therapy. A cool pack was then applied by the client to the intimate area. Two blood tubes are then placed into the centrifuge and span at the required rate and time (3480-5000 RPM). The following two tubes are placed in after at the required rate and time. Once the separation was completed the plasma was drawn up within a sterile field. 4 ml split into four 1 ml syringes were obtained, one containing P- PRP and the other with 3 ml split into three 1ml syringes of P-PRL. A sterile field was created, and the treatment area was cleaned and sterilised to reduce risk of infection and cross contamination. A 30 G needle was used each time to administer the plasma along the penis, a total of seven injections was performed, with minimal pain and discomfort.

Post treatment

Initially post treatment, observation was carried out to identify any swelling, bruising or uncontrolled bleeding. Safety netting advice was provided as standard to ensure full understanding of any possible side effects, worsening symptoms including when and how to seek advice.

Results

Within the first 7 days, Patient B reported strong results which included heightened sensitivity when doing day to day tasks which further elevated during sexual activity. They had reported enhanced orgasmic climax during sexual activity. At their 12-week check-up Patient B reports to have maintained enhanced sensitivity, no longer reporting of erectile dysfunction. Note an additional benefit they had mentioned was an increase in penis length and girth, Patient B self-reported size increase of 0.8 inch for length and 1 inch for girth. See Figure 2 below for visual changes.

Figure 2: (Left to right) Before treatment and 8 weeks post treatment.

Case study three – patient C

Patient C is 37 years old and presents with dissatisfaction with the health of his penis due to self-administering Caverject – Prostaglandin E which he had privately obtained. As a result of self-injection, he has noticed scar tissue formation in and on his penis which is making sexual intercourse slightly painful and discomforting. Which is having negative impacts towards his relationship and maintaining a healthy sex life. Following the same structure as Patient A and Patient B a consultation was conducted. This included detailed medical history, allergies and the procedure.

Treatment options & plan

When devising a treatment plan, options were given to treat the concerns separately, combined and whether any additional benefits have been identified.

A personalised treatment plan was developed, which included the procedure treatment choice, aftercare which includes natural massage techniques to maximise results is advised to do for a minimum of 4 weeks. Activities to be avoided 24-48 hours post treatment and then for up to 7 days.

It was also suggested to the patient that the use of Caverject could hinder his desired results due to his main objective was to break down the scar tissue from self-administering injections.

Patient consent

All information was provided as standard to allow Patient C to make an informed choice and consent to treatment.

Method

Areas for blood sampling was inspected along with Patient C's penis to identify any abnormalities, cuts or concerns. Noted two areas of the penis where sensation loss due to previous continuous injection of Caverject. I advised avoiding of injecting into these sides to avoid and minimise any further potential damage. As Patient C did not express concerns around the length or girth of his penis, measurements were not taken.

Treatment

The treatment was started by taking the patient's blood from the antecubital fossa. A total of 18 ml was sampled into tubes which contained citrate as blood is taken for regenerative therapy. With direction, Patient C self-applied topical numbing cream to the penis. Two blood tubes are then placed into the centrifuge and span at he required rate and time (3480-5000 RPM) and once the separation was completed the plasma was drawn up within a sterile field. 5 ml was split into two 2 ml syringes. A sterile field was created, and the treatment area was cleaned and sterilised to reduce risk of infection and cross contamination. A 30 G needle was used each time to administer the plasma close to the damaged area to ensure the PRP could be massaged towards the area with minimal trauma. After administration the PRP was circulated around the treatment area and patient felt no discomfort.

Post treatment

Initially post treatment, observation was carried out to identify any swelling, bruising or uncontrolled bleeding. Safety netting advice was provided as standard to ensure full understanding of any possible side effects, worsening symptoms including when and how to seek advice.

Results

At Patient C's 2-week check-up there had been no notable changes to presenting complaints. At their 3-week check-up Patient C had noticed the hard tissue in his penis had softened and pain during sexual intercourse had reduced. At 12-week check-up Patient C had no scar tissue present from previous self-injecting. He noted an enhanced feeling/pleasure during sexual intercourse and reported length increase with his penis but did not report any numerical size changes. See Figure 3 below for visual comparison.

Figure 3: (Left to right) Before treatment and 12 weeks post treatment.

Discussion

The penis, its appearance and function considered a symbol of masculinity. Equally, whilst most men have proportionated size penises, there perception of one's anatomy can induce anxiety and lower self-confidence and impact sexual function on psychosexual levels [10]. The use of plasma has been safely used in plastic and reconstructive surgery, orthopaedics and maxillofacial surgery with successful outcomes.

There is no standardised method or treatment protocols which are actively used for plasma preparation due to the infancy when utilising in andrology. However, has been highlighted for its increasing use and promotion as a curative treatment for sexual dysfunctions [1].

Based on the case studies presented in this piece, each patient has a positive outcome which correlated with their initial ICE at consultation. Highlights of results include blood flow and sensitivity with no adverse reactions and minimal downtime meant it did not have a detrimental impact on their ability to perform daily activities of living post treatment. Equally, all studies showed increase in length and or girth of their penis after one treatment.

Factors which could result in delayed or limited results could include PRP preparation times, injection techniques, injection timing, severity of presenting complaint, unrealistic expectations of achievements from patients and lack of patient engagement with self-directed massaging techniques and following aftercare instructions.

Limitations

Samples used in the case study are from my own clinic and clients, this could be perceived as an element of bias with presenting these results.

12-week review could be considered a short time frame, and an acute treatment. Further reviews at 6 months would be considered to review the treatments efficacy and longevity. It could also highlight whether single P-Shot/Man shot treatment is successful, or whether additional treatment could be required. This will also further develop findings for future research to aid further studies.

Conclusion

Combining holistic care & PRP gives the patient a safe and effective way to overcome some potentially lifelong concerns without the need of medication or synthetic products. All case studies shown are from different age brackets with different conditions all treated by different forms of PRP for a positive outcome. Each client showed an improvement in physical and mental attributes. The success of this method known as Man Shot gives a new, safe and alternative option for men across the UK to be treated holistically and naturally.

Plasma used as a treatment in the male intimate area is considered a relatively new treatment first carried out in 2011 by Dr Charles Runels, as a result the longevity and efficacy are not fully known. There is limited research which explores single treatment P-Shot/Man Shot and its longevity of efficacy compared to routine scheduled P-Shots/Man Shot. Further research and data in future could strength findings from this piece.

Ethical considerations: Please note this document contains images of sensitive nature, including imagery of the penis from each subject. Full signed consent has been gained from each subject for their cases, review and results to be published. Their anonymity has been maintained.

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