

Sexuality after your Spinal Cord Injury

Introduction

Spinal Cord Injury (SCI) affects to varying degrees the mechanics and sensations of sex and sexuality. Some people think that spinal injury means an end to having a sex life. This section will help you understand the effects of spinal cord injury on your sex life.

Relationships

Self Confidence – many people with spinal cord injury find the changes in their body takes quite a lot of getting used to. You may have some degree of paralysis, probably use a wheelchair and may have problems with your bladder and bowel control. As time passes you will find that you will gain self-confidence and recover a positive outlook on life. You will find that you become less self-conscious about your body.

Meeting people

This may be difficult for you if you do not have a stable relationship. Even if you have a partner it can take some time for you both to feel comfortable with each other. Feeling lonely and isolated can be a problem if you are physically unable to get out and about and you may have to think about arranging assistance and transport. It is important for everyone to have relationships, friends and interests. Having a social life, working, and getting out will mean you are more likely to meet people.

Sensation and Orgasm

Lack of touch sensation in your genital area will mean that having sex and orgasms (if you do have them) will feel different. For some there may be no sensation at all. If you find attempts to stimulate yourself to orgasm are unsuccessful remember that sex is not necessarily just about the physical act of having intercourse or reaching orgasm but of the relationship you have with your partner.

Male Sexuality

Erection problems - Erectile dysfunction (ED), also known as impotence, is when you can't get or keep an erection which is firm enough for sexual intercourse.

Most men with SCI can have erections of some kind either psychogenic, reflex or by using medications or treatments.

Psychogenic erections result from sexual thoughts or seeing or hearing something stimulating or arousing. The brain sends messages down the spinal cord to the T12-L2 nerves to stimulate an erection. The ability to have a psychogenic erection depends on the level and extent of your injury.

Reflex erections occur when there is direct physical contact to the penis which activates sensory nerves at S2-S4 and then return to the penis via nerve pathways that activate erection. You may experience this when there is direct physical contact to your penis or when you are touched on other parts of your body. A reflex erection is involuntary.

Treatments – We will advise you which treatments are suitable for you, but it is up to you to choose the treatment you want to try.

You may need to try more than one form of treatment before you find the best one for you.

- **Tablets**

These can help you achieve an erection within 1 hour of taking the tablet. You need sexual stimulation for the tablets to take effect. You cannot take tablets if you are taking nitrate tablets for your heart.

- **Injections**

These involve a single injection into the side of the penis. We will teach you how to prepare the injection and inject yourself. Once you are confident and able to inject yourself, you can do this at home. Your doctor or nurse needs to find the right amount of injection for you. If you have limited hand movement you may need help with the injection.

- **Intra-urethral drugs**

This is the same medication as injections. You insert a small medicated capsule into the urethra (water pipe) using a small plastic introducer. It is not as reliable as self-injection.

- **Vacuum pumps**

This is a plastic cylinder which you place the penis into and then pump air out of the cylinder. This causes the penis to become erect. You then place a special ring at the base of the penis to maintain the erection.

- **Surgery**

Occasionally surgery is an option. This involves placing an implant into the penis which allows you to achieve an erection. This is generally the last option as it is a permanent option and there can be many problems with the implant.

Ejaculation

After your injury the nerve pathways that control ejaculation are disrupted. Ejaculating (climax) can be more difficult to achieve. There is no medical treatment available to improve the ability to ejaculate. Some men find the use of a vibrator may help them ejaculate but it may feel different to what it was like before your injury. Some men may be able to ejaculate through masturbation. Sometimes the semen will backflow into the bladder – this is known as retrograde ejaculation. You may also find your muscle spasms decrease for a few days following ejaculation.

Ejaculation may cause Autonomic Dysreflexia in T6 and above injuries – please discuss this with your doctor or nurse.

Male Fertility

Ejaculation is a complex reflex process. You can use artificial methods of stimulation (medical procedures) to induce ejaculation and retrieve semen (sperm) to get your partner pregnant.

Facts about sperm

- Men with SCI make normal numbers of sperm, but the number of motile (swimming) sperm can be lower than normal.
- Most of the immotile (non-swimming) sperm are dead.
- Sperm are fragile and rapidly lose their ability to swim.
- Sperm motility does not relate to level of injury, age, or frequency of ejaculation.
- Sperm quality (numbers and motility) can decline within the first few weeks following injury. However it will not continue to decline over the years after your injury.

Fertility treatments

The spinal clinic runs a fertility clinic on a regular basis. At the clinic we look at ways to achieve ejaculation in order to assess the sperm.

Vibrator

We can use special vibrators which, in some men can induce ejaculation.

Electroejaculation

This is when we insert a probe into the rectum and use electrical stimulation to induce ejaculation. We cannot use this method in the clinic if you have sensation in your rectum. However, it can take place in theatre under a light general anaesthetic.

These methods may cause Autonomic Dysreflexia in T6 injury and above. We will monitor your blood pressure throughout the procedure.

What next?

The quality of your sperm will determine which method of fertility treatment is appropriate for you. We will discuss this with you and your partner at your clinic visits.

The most common treatments are –

- Intra-Vaginal Insemination (IVI)
- In-Vitro Fertilisation (IVF)
- Intra-Cytoplasmic Sperm Injection (ICSI).

Intra Vaginal Insemination can take place in the spinal clinic. The others take place in specialised assistant conception units.

Intra-Vaginal Insemination

This involves directly inserting semen (sperm) into a woman's womb using a special syringe and applicator (a bit like having a cervical smear done). This must be done when the woman is ovulating to increase the chances of fertilisation occurring.

In Vitro Fertilisation (IVF)

IVF refers to a treatment where fertilisation of eggs takes place in the laboratory. This is by mixing the eggs with your sperm in a sterile dish which are then transferred into the women's uterus (womb).

Intracytoplasmic Sperm Injection (ICSI)

ICSI refers to a technique in which an egg is injected with a single sperm (from the partner). This procedure takes place in a laboratory. The fertilised egg is then transferred into the women's uterus (womb).

Female sexuality

Arousal in females can be more difficult following a spinal cord injury and you may find your genitals are very dry even after arousal. Using a jelly lubrication which is water soluble is best as a petroleum based jelly can cause infections. You can use the jelly on yourself for more lubrication, but you can also put it on your partner's genitals or fingers so that when they enter you they will lubricate you at the same time.

Contraception

SCI does not affect female fertility. Initially after your injury you may find menstruation (having periods) stops but over time you will begin to menstruate again. If you were menstruating before your injury, you will need to use contraception to avoid pregnancy, even if your periods have not returned. Please speak to your GP, family planning nurse or the Spinal Clinic for advice on contraception.

Pregnancy

As fertility in females is not affected by SCI you will still be able to become pregnant. You may need extra help and advice during and after your pregnancy as it may be more difficult to manage your bowels, bladder, skin, transfers, etc. Please speak to your doctor or nurse in the Spinal Clinic about this.

Practical advice

Bladder function

Make sure your bladder is empty before sex as it will make you feel more comfortable and minimise the possibility of incontinence.

- **Female**

If you have a urethral catheter in place you can tape it to the inside of your leg. You can also remove the catheter and replace a new catheter after sex. If using a suprapubic catheter you can tape it to your abdomen.

- **Male**

If you have a urethral catheter you can tape it along the penis but remember to leave enough tubing to allow for an erection. You can also remove the catheter and replace a new catheter after sex. For a suprapubic catheter you can tape it to your abdomen.

If you have a sheath or condom you can either leave it in place but remove the urine bag or remove the sheath completely.

Bowel function

If you follow your bowel programme it is unlikely you will have any accidents during sex. If you are worried, you may wish to empty your bowels a couple of hours before sex. If you have anal sex you will need to make sure your bowels are empty.

Autonomic Dysreflexia

This occurs only in people with a spinal cord injury at T6 or above. You will have been taught the common causes of Autonomic Dysreflexia. Occasionally it can also happen through sex. If you experience any of the symptoms of Autonomic Dysreflexia during sex, you should stop immediately, sit upright if lying down and take your Nifedipine as prescribed.

If Autonomic Dysreflexia occurs frequently during sex, speak to your doctor or nurse at the Spinal Unit.

Safe sex

Remember it is still important to practice safe sex to avoid the possibility of sexually transmitted diseases (STD's). Simple precautions such as using a condom will prevent the spread of STD's. It is very important that you discuss safe sex with your partner.

For further help and advice arrange to speak to the nurses in the spinal clinic.