Sexuality

Sexuality is the expression of one’s self as a man or a woman. It is intimate which means it is private and personal. Sexuality is often expressed through both physical and emotional intimacy. Physical intimacy is about holding hands, hugging and kissing and this can lead to sexual intercourse but intercourse does not have to be the pinnacle of intimacy. Emotional intimacy can be a connection with one’s self that results in feelings of self satisfaction, confidence and self worth. It may also be a feeling of trust and sharing private thoughts and feelings with another being.

After Spinal Cord Injury (SCI)

As a man with a SCI you may discover that sexuality is still an important part of your life. This may take time as you have so many things to deal with but as you become healthier and more comfortable with your body these natural feelings may resume. It is important that you know the facts about the impact of SCI on sexual health issues.

There are a number of physiological changes after SCI that may change your sexual function. One important thing to remember is that SCI does not necessarily alter your fertility, so contraception is required if this is not desired as part of your relationship.

In the able-bodied male there are two pathways for erection:

- **Reflex erection** – This occurs with direct physical contact to the penis or other erotic areas such as the ears, nipples or neck. This is involuntary and can occur without sexually stimulating thoughts. The nerves that control a man’s ability to have a reflex erection are located in the sacral nerves (S2-S4) of the spinal cord.

- **Psychogenic erection** – The man is aroused in his brain by seeing something or hearing something. The process begins with sexual thoughts or seeing or hearing something stimulating or arousing. Signals from the brain are then sent through the nerves of the spinal cord down to the T10-L2 levels. The signals are then relayed to the penis and trigger an erection.
After Spinal Cord injury, the effects on sexual function in men will depend on the level and completeness of the lesion.

**In general:**

The majority of men can attain an erection after injury either through the psychogenic or reflexogenic pathways. Overall, the higher the level of the injury, the more likely there is of achieving and maintaining a complete erection.

If the injury is complete and above S2 to S4, any physical touch on the penis could cause an erection and repeated stimulation will maintain the erection. In someone with a high SCI, strong and lasting erections can develop from the lightest touch.

If the injury is complete and at the S2 to S4 level, touch no longer causes erection. However, psychogenic erections are often able to be achieved.

Erections may not be easily sustained and may not be sufficient for penetrative sexual intercourse and may also be unpredictable (may lack duration and/or rigidity). Full ejaculation is uncommon in men with complete injuries but some leakage of semen can still occur, without orgasm.

*For those with an incomplete SCI, the picture is more complex and individual.*

In addition, sexual stimulation and ejaculation if possible, may act as a trigger for Autonomic Dysreflexia in some cases. Therefore it is important to recognise these signs as soon as they occur, as this is a serious condition (see ‘Autonomic Dysreflexia’ fact sheet).

- **Ejaculation** – Full ejaculation is uncommon in men with complete injuries but some leakage of semen can still occur, without orgasm. Ejaculation problems are the primary issues to be resolved for men who want to become fathers. About 90% of men with SCI experience an inability to ejaculate on their own during intercourse. Another potential problem is retrograde ejaculation, where semen is deposited in the bladder instead of exiting the body through the urethra.

- **Positioning** – Spasticity, contractures, areas of hypersensitivity to touch may make it necessary to try a variety of positions or activities. Talk to your partner about your needs, experiment and have fun as this will help. Always be mindful of your skin to prevent injury.

- **Orgasm** – Orgasm is a very personal experience and many men without SCI may not have orgasms so it should not be the “be all and end all” of your sexual relationship. It may take longer for it to occur and may feel different; again experimentation is key to discovering what works for you. You may find other areas of your body that become very sensitive during sexual activity so listen to your body and its responses.

All men with complete SCI lack genital sensation, but often experience pleasurable feelings above the level during sexual activity (phantom orgasm). Discussion and counselling regarding the exploration of “new” erogenous zones may be required. Those with incomplete SCI, depending on the level, may retain significant but altered sexual functioning.
- **Sexual Adjustment** – Loss of movement or sensation does not mean loss of pleasure. Men can and do have enjoyable sex lives after SCI. How you feel about yourself will impact on your desire to engage in sexual activity. A positive attitude, confidence and a sense of humour, as well as managing the day to day aspects of your SCI such as bladder and bowel function will contribute to your satisfaction in this area.

- **Communication** – is very important; your partner will need to understand the issues of SCI and you will need to convey your wants and needs clearly so you can work together to have a satisfying sexual relationship. Remember, relationships are not just about the physical, they are emotional too and take dedication, commitment and hard work.

**Areas of Concern**

- **Bladder Management** – your bladder management should not prevent you participating in a sexual relationship. If you SIMC; empty your bladder prior to starting. Reducing your fluids leading up to this activity, will assist in avoiding an incontinence episode. If you have a suprapubic or IDC you can tape the catheter securely to prevent it getting in the way or being accidently pulled. You can also disconnect from the leg bag and use a sterile spigot in the catheter for a short period of time if desired. Good hygiene is recommended before and after to help prevent odour or infections.

- **Bowel Management** - The best way to avoid an accident during sexual activity is to have a good regular bowel routine. Once established you will be less likely to have accidents. However if your sexual activity is a planned occasion extra care with diet, volume of food consumed and checking the rectum is empty prior, may assist with making you less likely to have trouble.

- **Autonomic Dysreflexia (AD)** - For those with injuries above T6, AD is a life threatening condition that you and your partner should be aware off. Please speak to your GP, Spinal Injuries specialist or the Community Lifestyle Advisors about this condition. If it was to occur there will be a sudden onset of high blood pressure, flushing, headaches blurred vision (see Fact sheet on AD for full signs and symptoms) activity should stop immediately.

- **Ageing** – for all men ageing can impact on sexuality, there can be a decline in sexual interest and in erection and ejaculation functions. But just because you are getting older and have a SCI does not mean you cannot pursue sexual activity. You may need to talk to your GP or Spinal Injuries specialist regarding medications you are on, or may require to assist.

- **Fertility** – A spinal injury at any level will affect a man’s fertility. As ejaculation is greatly decreased after spinal cord injury, it follows that infertility can be a problem. In addition to the inability to ejaculate, males with spinal cord injury have a decrease in the quality and quantity of sperm that occurs in the first few weeks post injury.
Reduction in fertility occurs for 2 main reasons:

- Ejaculation may not occur.
- Semen / sperm quality is likely to be reduced. There are many possible reasons for reduction in semen quality including –
  - Recurrent UTIs, prostate or testicular infections.
  - Increased scrotal temperature (from always sitting preventing normal testes temperature regulation).
  - Infrequent ejaculation leading to reduced sperm development.
  - Method of bladder management.

There are options for men hoping to improve their ability to father children. Get medical advice and treatment options from your Spinal Injuries specialist, or a fertility specialist experienced in issues related to paralysis.

Choosing contraception after SCI is much the same as before injury; ease of use and sexual frequency should be discussed with your doctor.

Changes in sexual function will vary from man to man. These changes take time to adjust to as you learn about your new sexual responses. You need to explore your body and understand the changes in sensation and arousal, either by yourself or with your partner, and feel comfortable with your own sexual feelings.

Unfortunately in some relationships there can be verbal and or physical abuse. This should not be tolerated or accepted by either men or women. If you feel your relationship has these elements it is important that you speak to someone; or seek help through -

Life Line 13 11 14
Domestic Violence Helpline 1800 800 098
Crisis Care 13 16 11

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Community Lifestyle Advisory Service or Peer Support Advocates

PQSA  8355 3500 Toll Free 1800 063 419

Relationships Australia: www.relationships.com.au

Sexy Cord website: www.sexycord.com

Sex, Intimacy and Spinal Cord Injury Forum (SexSCI.me)
http://www.sexsci.me/


http://www.uab.edu/medicine/sci/daily-living/sexuality-a-sexual-function

http://www.spinal-injury.net/sexuality-spinal-cord-injury.htm


Sexuality and Reproductive Health in Adults with Spinal Cord Injury:
What You Should Know A Guide for People with Spinal Cord Injury

Paralyzed Veterans of America, PDFs: Consumer Guides
http://www.pva.org/site/c.ajlRK9NJLcJ2E/b.8907631/k.6CDF/PDFs_Consumer_Guides.htm

Sexual Function for men with SCI
Spinal Cord Injury Info Sheet, The University of Alabama at Birmingham
http://images.main.uab.edu/spinalcord/SCI%20Infosheets%20for%20Men%20with%20SCI.pdf