



The following excerpt has been taken from the Christopher & Dana Reeve Foundation Paralysis Resource Center website.

http://www.christopherreeve.org/site/c.mtKZKgMWKwG/b.4453431/k.A0C5/Sexuality_for_Men.htm

Male Sexuality

Sexual Health

Sexual identity is a significant and encompassing aspect of one's personality – sexuality plays an essential role in how we feel about ourselves, how we relate to others, how others relate to us.

To be sure, paralysis often affects peoples' sexuality, including changes in physical functioning, sensation and response. Self-image can be shaken. People wonder if they can have sex again at all, whether they can attract a partner, whether the partner will stay, whether having children is possible.

While the range of sexual options may be different, physical attraction and sexual activity are realistic expectations – no matter the level or completeness of paralysis. Sexual pleasure is possible. Paralyzed women can have children; paralyzed men can be dads. Paralyzed people can have loving and lasting relationships.

The key to successfully redefining one's sexual identity is experimentation and open communication. It helps to understand the anatomy and physiology of sexual function and sexual response. It may also help to connect with appropriate resources and knowledgeable health care professionals or counselors to best come to grips with the available options.

The Paralysis Resource Center has divided the Sexual Health section by gender. The Sexuality for Men

(http://www.christopherreeve.org/site/c.mtKZKgMWKwG/b.4453431/k.A0C5/Sexuality_for_Men.htm) category includes a brief overview of male sexual function and the effects of paralysis.

The Sexuality for Women

(http://www.christopherreeve.org/site/c.mtKZKgMWKwG/b.4453433/k.F255/Sexuality_for_Women.htm)

[men.htm](#)) area includes basic information on female sexual function, including childbearing and childcare.

http://www.christopherreeve.org/site/c.mtKZKgMWKwG/b.4453429/k.8982/Sexual_Health.htm

Sexuality for Men

Paralysis affects a man's sexuality both physically and psychologically. After injury or disease, men may face changes in relationships, sexual activity, and in their ability to father children. Men can also experience emotional changes that affect sexuality. These issues involve both the man and his partner and should be addressed as a part of the overall adjustment to life after disability.

Many men with spinal cord injuries or other types of paralysis are capable of having an erection. However, the erection may not be satisfactory for sexual activity. There are various treatments and products available for treating erectile dysfunction (ED) -- see a doctor or urologist for information on the various treatments and options.

Sexual Aids & Options

The most recent clinical treatment for ED is the use of Viagra (sildenafil). Research shows that Viagra significantly improves the quality of erections and satisfaction with sex life in men with ED due to spinal cord injury between T6 and L5. Men who have low or high blood pressure or vascular disease should not take Viagra. Some medications cannot be taken with Viagra so review all medications with the prescribing physician.

Penile injection therapy is a treatment option that involves injecting a single drug or a combination of drugs into the side of the penis. This produces a hard erection that can last for one to two hours. If not used correctly, these drugs can result in a prolonged erection, called priapism, which can damage the penile tissue. Other risks from the injection are bruising, scarring or infection. A penile injection is a difficult option for a man with limited hand function.

Medicated Urethral System Erection (MUSE), or transurethral therapy, is another treatment option. A medicated pellet is placed into the urethra where it is absorbed into the surrounding tissue. This causes the blood vessels to relax and allows blood to fill the penis. The drug, alprostadil, is the same as used in penile injection therapy. Reported side effects include risk of infection, a burning sensation and decreased blood pressure and fainting.

The vacuum pump is a mechanical option for producing an erection that, for most men, is sufficient for intercourse. The penis is placed in a vacuum cylinder and air is pumped out of the cylinder causing blood to be drawn into the erectile tissues. The erection is maintained by placing a constriction ring around the base of the penis. It is important to remove the ring after intercourse to avoid pressure and the risk of skin breakdown. A battery-operated model is an option for those with limited hand function.

Surgical implantation is often the last treatment option for ED because it requires a permanent penile prosthesis. The procedure involves inserting an implant directly into the erectile tissues. Three types of implants are available: semi-rigid or malleable rods, fully inflatable devices, and self-contained unit implants. There are risks of mechanical breakdown and the danger that the implant could push out through the skin.

Talk to a doctor before beginning any treatment. Men with spinal cord injury who are experiencing ED should have a thorough physical exam by a urologist familiar with paralysis before using any medications or assistive devices. With all treatments, men with spinal cord injuries above the T6 level must be watchful for signs of autonomic dysreflexia (AD). Signs include flushing in the face, headaches, nasal congestion and/or changes in vision.

Fertility

Men with SCI also experience a change in their ability to biologically father a child, primarily due to the inability to ejaculate. Some men may experience retrograde ejaculation, which occurs when semen does travels in reverse, back up the tube and deposited in the bladder.

Contrary to myth, the number of sperm that a man produces does not decrease in months or years after injury. However, the motility (movement) of the sperm is considerably lower than for men without SCI. There are options for men hoping to improve their ability to father children. Get medical advice and treatment options from a fertility specialist experienced in issues of paralysis.

Penile vibratory stimulation (PVS) is an inexpensive and useful way to produce an ejaculate. A variety of vibrators/massagers are available for this purpose. Some are specifically designed with the output power required to induce ejaculation.

Rectal Probe Electroejaculation (RPE) is an option if the vibratory method is not successful. RPE places an electrical stimulation probe in the rectum; a controlled electrical stimulation produces an ejaculation. When sperm cannot be retrieved using PVS or RPE, minor surgery can be performed to remove sperm from the testicle. Once sperm are collected they can be used in artificial insemination.

Emotional Changes

Men who are paralyzed can experience many emotional changes that can influence sexual functioning. Men are often concerned with maintaining their ability to perform sexually. Men who do not have a partner at the time of injury may also be concerned with how to meet and attract a partner.

A man can continue both a romantic and an intimate relationship with a partner after a paralyzing disease or injury. However, good communication with his partner is essential. Many men become angry, depressed, and/or uncertain about relationships after the disability. It is important for both partners to understand the physical changes that occur, but it is equally important to talk about how each person feels about the issues. The couple can talk about, explore and experiment

with different ways to be romantic and intimate. Together, they can then discover what is sexually stimulating and fulfilling for of them.

A professional counselor can help in processing feelings. This may include working through feelings of anxiety over establishing or continuing a healthy relationship after paralysis. A counselor also can work with couples on healthy ways to communicate their needs and feelings.

Safe Sex

The risk of sexually transmitted disease (STD) is the same both before and after paralysis. STDs include diseases such as gonorrhea, syphilis, herpes, and the HIV virus. These STDs can cause other medical problems, such as infertility, urinary tract infections, pelvic inflammatory disease (PID), vaginal discharge, genital warts, and AIDS. The safest, most effective way to prevent sexually transmitted diseases is to use a condom with a spermicidal gel.

Source: University of Alabama/Birmingham -- RRTC on Secondary Conditions of Spinal Cord Injury, Birmingham, AL.

Web Sites

<http://www.sexualhealth.com/channel.php?Action=view&channel=3>

Sexualhealth

Sexualhealth is a website featuring information on sexual function and pleasure for people with disabilities.

<http://www.spinalcord.ar.gov/Fact%20Sheets%20html/malesexuality.html>

Arkansas Spinal Cord Commission

The Arkansas Spinal Cord Commission offers a Male Sexuality and Spinal Cord Injury fact sheet.

www.sexycord.com

Sexycord

Sexycord is a website dedicated to helping spinal cord injured men pursue a successful sex and social life.

www.newmobility.com/

New Mobility

New Mobility magazine features a web discussion forum called Wheels, Relationships and Sexuality.

<http://www.disaboom.com/spinal-cord-injury-sci-information/sexuality-and-fertility-impact-on-men-with-sci>

Disaboom: Sexuality and Fertility: Impact on Men with SCI

<http://calder.med.miami.edu/pointis/sexuality.html>

University of Miami School of Medicine

The University of Miami School of Medicine offers detail on sexual physiology and functioning, orgasm, fertility, childbirth, and more.

<http://www.spinalcord.uab.edu/show.asp?durki=21614&site=1021&return=19803>

University of Alabama at Birmingham Research Review Fall 1999 –Viagra and Spinal Cord Injury

<http://www.ahrq.gov/clinic/epcsums/sexlspsum.htm#Availability>

Agency for Health Care Research (AHRQ)’s report “Sexuality and Reproductive Health Following Spinal Cord Injury”.

www.groups.yahoo.com/group/SARFP/

Sex and Relationship Facilitation Project for People with Disabilities

A closed Yahoo email group for people to discuss the development of sexual and relationship facilitation for people with disabilities. Aimed at raising self-esteem and body esteem and enhancing interpersonal relationships and skills.

<http://sci.washington.edu/info/forums/reports/sexability.asp>

Sexability. Seattle, WA: University of Washington, 2009. streaming video 62 mins.

The following books and videos are available for free loan from the PRC library. For more information, please see www.paralysis.org and click the Lending Library tab.

Books

Amador, Maria J. and Charles M. Lynne and Nancy L. Brackett. **A Guide and Resource Directory to Male Fertility Following Spinal Cord Injury/Dysfunction**. Miami, FL: Miami Project to Cure Paralysis, 2000.

To order call the Miami Project at 1-305-243-7108.

Baer, Robert W., Psy.D. **Is Fred Dead?: A Manual on Sexuality for Men with Spinal Cord Injuries**. Pittsburgh, PA: Dorrance Publishing, 2003.

www.dorrancepublishing.com

Blackburn, Maddie. **Sexuality & Disability**. Oxford, UK: Butterworth Heinemann, 2002. This book is specific to those with spina bifida and hydrocephalus.

Karp, Gary. **Disability & The Art of Kissing: Questions and Answers on the True Nature of Disability**. Life on Wheels Press, 2006. 2nd ed.

Sexuality and Reproductive Health in Adults with Spinal Cord Injury: A Clinical Practice Guideline for Health Care Professionals. Washington, DC: Paralyzed Veterans of America, 2010.

Videos

- <http://www.spinalcord.uab.edu/show.asp?durki=97417>
University of Alabama at Birmingham's streaming video on Sexuality and Sexual Function (59 minutes)
- **Portraits in Human Sexuality: Medical Issues.** Princeton, NJ: Films for the Humanities and Sciences, 2006. DVD. 36 minutes. Includes a segment on a man with a spinal cord injury.
- **Untold Desires.** New York: Filmmakers Library, 1995.
Both men and women with disabilities discuss their quest to be recognized as sexual beings and their right to become parents.

The information contained in this message is presented for the purpose of educating and informing you about paralysis and its effects. Nothing contained in this message should be construed nor is intended to be used for medical diagnosis or treatment. It should not be used in place of the advice of your physician or other qualified health care provider. Should you have any health care related questions, please call or see your physician or other qualified health care provider promptly. Always consult with your physician or other qualified health care provider before embarking on a new treatment, diet or fitness program. You should never disregard medical advice or delay in seeking it because of something you have read in this message.