



Sexuality for Men



Understanding sexual function and reproductive health is an important factor for improving overall well-being and quality of life after paralysis. While the range of sexual options may be different, sexual satisfaction is possible no matter the level or completeness of your injury. To better understand your options and clear up misconceptions, it is best to address the sometimes challenging physical, emotional, and psychological issues around the topic.

Q: How does SCI affect sexual function for men?

Like the challenges to other bodily functions at or below the level of the injury, a spinal cord injury may affect your ability to get an erection and ejaculate. Both require a high degree of coordination and interaction between nerves, the penis and the

brain. There may also be a direct and indirect impact from the emotional and psychological adjustments associated with sexuality. A holistic approach should be taken that includes the range of factors that influence one's sexual life and satisfaction.

Q: How does upper motor neuron impact sexual function versus lower motor neuron?

While each person's function is unique, most experience changes depending on the level and severity of the injury. Orgasm is a distinct neurological event that is controlled at the S3-5 level. If messages from the brain are unable to reach this spinal cord segment, penile response may be limited. Reflexogenic erections from touch are possible in most men with complete upper motor neuron (T11 and above) injuries. However, since arousing thoughts, sights or sounds from the brain cannot get through the damaged spinal cord, psychogenic erections and the ability to ejaculate are not usually possible. For men with complete lower motor neuron (T12 and lower) injuries, psychogenic erections may be possible but reflexogenic erections and ejaculation are usually not. It is important to remember that other arousal sensations above the level of the injury are unaffected.

Q: What type of sexual aides help with sexual activities?

Sexual pleasure is individual so be open to exploring different options as sexual aides. While emotional intimacy and mental arousal can enhance sexual satisfaction, you can talk with your doctor about other interventions that may be possible. Nonmedical approaches and devices, such as vacuum pumps, penile rings and vibrators, should be tried before medications or invasive treatments. (Caution should be used with penile rings as leaving them on too long can cause problems.) Erectile dysfunction (ED) drugs can improve the quality of erections and satisfaction with sex life, yet autonomic dysreflexia (AD) risks and potential side effects should be considered. Surgical implantation is often the last treatment option for ED because it requires a permanent penile device.

A return to sexual activity is often a top priority for individuals living with paralysis. Here are some tips:

- Adjust your expectations to include new ways to achieve sexual pleasure
- Explore how all available senses — sight, smell, taste, hearing, as well as touch — can be incorporated into sexual interactions
- Go slow and stay focused, trust in yourself and the possibilities
- Talk to your partner and healthcare team about your abilities and concerns

Q: How do I manage AD with sex?

For individuals with spinal cord injuries at the level of T6 or above, sexual activity, especially orgasm or ejaculation, can trigger autonomic dysreflexia (AD). While emerging scientific research suggests that mild to moderate signs of AD are not necessarily medically dangerous, it is important to remain watchful for flushing in the face, headaches, nasal congestion, changes in vision and other signs of AD. Before having sex for the first time after injury, be sure to talk to your healthcare team about the risks, management and treatment of AD. Stop activity immediately and sit up for treatment at AD onset during sexual activity. Consult with your physician about the increased risk and alternate treatment for AD if you are taking erectile dysfunction (ED) drugs. The standard treatment for AD can't be used with ED drugs. Also note that priapism (prolonged erection of the penis) is a risk while taking ED drugs and if your erection lasts longer than four hours you will need to go to the emergency room.

Q: I was a virgin when I became injured, how should I handle that?

Your sexuality is an important part of who you are. Don't be afraid to speak with someone trained in understanding sexual function with SCI about how to remove the hurdles to having a positive sexual experience. You may want to speak with your urologist or a peer mentor who lives with spinal cord injury. Check to see if your rehabilitation center offers a class or educational materials on sexuality. Self-exploration can be a first step in getting comfortable with your new sexual abilities and will help you guide a partner when the time is right to lose your virginity. You may find the book **Is Fred Dead?: A Manual on Sexuality for Men with Spinal Cord Injuries** (https://www.amazon.com/Fred-Manual-Sexuality-Spinal-Injuries/dp/0805964444/ref=sr_1_1?keywords=is+fred+dead&qid=1572976640&s=books&sr=1-1) with Spinal Cord Injuries to be informative.

Q: Can I father children after SCI?

Becoming a parent after paralysis is possible regardless of the level of injury. While the number of sperm that a man produces does not decrease, the movement of the sperm can be affected by an inability to ejaculate, slower sperm mobility or retrograde ejaculation (with sperm traveling into the bladder). A number of options are available to overcome these challenges including in-home insemination procedures and medically assisted fertilization.

Need to talk to someone?

Our Information Specialists are available to answer your questions.

Call toll-free 1-800-539-7309 Mon-Fri, 9 am-8 pm EST.

Or schedule a call or ask a question online at

<https://www.ChristopherReeve.org/Ask>.

Resources for Sexuality

American Stroke Association: Sex After Stroke brochure

<https://www.heart.org/en/health-topics/consumer-healthcare/order-american-heart-association-educational-brochures/sex-after-stroke-brochure-our-guide-to-intimacy-after-stroke>

Bard Care: Intimacy After Injury by David Wagner

<http://www.bardcare.com/community/2017/february/david-intimacy-after-injury/>

Christopher & Dana Reeve Foundation: Sexual and Reproductive Health After Paralysis booklet

<http://s3.amazonaws.com/reeve-assets-production/Sexual-Health-Booklet-4-19.pdf>

If you would like a free printed copy, please call the Reeve Foundation at 800-539-7309.

Craig Hospital: Sexual Function for Men After Spinal Cord Injury

<https://craighospital.org/resources/sexual-function-for-men-after-spinal-cord-injury>

The Miami Project: Fertility

<https://www.themiamiproject.org/research/areas-of-research/fertility/>

Model Systems Knowledge Translation Center: Sexuality and Sexual Functioning After Spinal Cord Injury

https://msketc.org/lib/docs/Factsheets/SCI_Sexuality.pdf

Mount Sinai Hospital: Sexuality After SCI

<https://www.sexualitysci.org/>

New Mobility

<https://newmobility.com/>

New Mobility magazine is a monthly magazine. Each year, their February issue is devoted to sexuality, dating, and related topics. You can use the search box to look up other articles related to sex.

“Sex Toy Roundup.” By Mitch Tepper. New Mobility Feb. 2018 p. 35.

<https://newmobility.com/adaptive-sex-toys/>

“Sexuality After Spinal Cord Injury: Creating A Lasting, Transformative Resource”. By Ian Ruder New Mobility Feb. 2019

<http://newmobility.com/sexuality-after-spinal-cord-injury/>

U.S. National Library of Medicine: Sexuality and Reproductive Health Following Spinal Cord Injury

<https://www.ncbi.nlm.nih.gov/books/NBK37452/>

Agency for Health Care Research (AHRQ) Evidence Report No. 109. November 2004.

This report discusses sexual dysfunction and fertility among men and women with spinal cord injuries. It can be read online or downloaded as a PDF(<http://archive.ahrq.gov/downloads/pub/evidence/pdf/sexlspine/sexlspine.pdf>).

Videos:**Northwest Regional Spinal Cord Injury System: Sexability**

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

Seattle, WA: University of Washington, 2009. Streaming video (62 minutes)

This video presents techniques that people with disabilities can use to enhance the enjoyment of sexual experiences.

Northwest Regional Spinal Cord Injury System: Conversations from the Bedroom: Sex after Spinal Cord Injury. 2011 Streaming video (74 minutes)

https://sci.washington.edu/info/forums/reports/sex_sci_2011.asp

In this forum, real people with spinal cord injuries talk about their real sexual experiences since injury. Two men with quadriplegia and one woman with paraplegia discuss the good, the bad, and the funny. A rehab physician answers questions related to medical issues and sexual activity.

Spinal Cord Injury Information Network: Secondary Conditions of Spinal Cord Injury Health Education Video Series

<https://www.uab.edu/medicine/sci/uab-scims-information/secondary-conditions-of-sci-health-education-video-series>

The 59-minute video “Sexuality & Sexual Function” explores psychological aspects of sexuality and physical aspects of sex following SCI for both men and women. The video can be streamed online or downloaded

Vimeo: Dr. Mitchell Tepper’s Videos

<https://vimeo.com/drmitchelltepper/videos>

Two streaming videos--one is entitled “Sexual Positions for Men with Spinal Cord Injury” and the other is entitled “Sexual Positions for Women with Paralysis”. Dr. Tepper is an expert in the field of sex and disability.

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.

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