

# 4 Sexual Health

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## **Foreword**

I think that if this Reference Manual was written over 20 years ago, there might not have been a section on Sexual Health, or it would have looked quite different from this section. In this section we tried to canvass the issues surrounding both males and females and discuss options that may aid an individual with erectile dysfunction. This section also discusses fertility issues, what types of contraception are most beneficial and appropriate for someone with a spinal cord injury and discusses pregnancy with a spinal cord injury. This section reminds us that even with a spinal cord injury we can still fulfill the dreams that we have and carry on with relationships that we'd like to as adults.

Please remember that the information provided in this section is not meant to offer medical advice, but to provide information that will help you discuss this matter with your medical practitioners, as well as allow you to seek out more information on these issues.

# Sexuality

## What is Sexuality?

Sexuality is made up of both the physical and psychological aspects of your being. After a SCI, remember that you are still you. Your attractive brown or blue eyes will still be attractive. Your charisma will still charm and your personality will still shine through. You will still define your sexuality. After a SCI your physical function will be altered but your sexual desires will not be. The old adage that the brain is the most erotic part of the body is entirely true.

After a spinal cord injury, there will be changes in your sex life, and in the way you view sex. But these changes can be positive. Many people state that sex became more intimate and special after their accident. You should remember that open communication is the key to maintaining a healthy and active sex life, now more than ever. You will now need to talk about what feels good and what you can and cannot do. Rediscovering your body and your partner's body in new ways can add to the sexual experience. Don't be afraid to experiment and discuss things with your partner! A spinal cord injury does not mean you have to give up your sex life; you just have to be willing to keep an open mind.

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## Coping With the Changes

### Male

#### ERECTION

An erection may be difficult to achieve following a SCI. There are certain factors that will determine the possibility and probability of achieving an erection, some of these being:

- The level of your injury. In most cases, a person with complete lower injuries cannot achieve erections. However, the higher the injury is along the spine, the more likely it is that a person will be able to achieve and maintain a complete erection.
- The amount of time since your injury. The ability to achieve an erection is sometimes lessened in the beginning stages of a SCI; however, that may change during the first year after your injury.

- How severe your injury is. A person with an incomplete injury is more likely to be able to achieve an erection than a person with a complete injury.

Men, whether they have sustained a SCI or not, achieve one of two types of erections:

- Reflexogenic erections are achieved through direct genital stimulation. The reflex centre is located in the lower end of the spinal cord and produces a better quality erection.
- Psychogenic erections begin in the mind as a result of some visual stimulation or as a result of a fantasy. The ability to achieve this type of erection will depend on the level and completeness of the injury.

Some men with a SCI may also experience spontaneous erections.

### Aids for Achieving Erection

There are now numerous aids to achieving an erection. Some of these aids include:

- **Viagra (Silendafil Citrate)**

*"Viagra is great stuff."*

Mark

Viagra works by helping allow blood to flow into the penis causing an erection; however, sexual stimulation is still necessary when using Viagra.



- **Intracavernous Injections**

This involves receiving a needle of medication in the penis approximately 20 minutes before any sexual activity.



- **Vacuum Pump**

A vacuum pump produces an erection by creating a vacuum around the penis that draws blood into the penis. To maintain this erection, a rubber ring is placed around the base of the penis.

- **Urethral Suppository (MUSE)**

This is a very small suppository that is inserted into the tip of the penis approximately 5-10 minutes before any sexual activity. A rubber band is used with this instance to maintain the erection as well.



- **Penile Implants**

There are three different types of penile implants; rigid, semi-rigid and inflatable. A surgeon must implant these for you, and the operation is permanent.

In order for any treatment to be successful, it is advisable to include your partner in information and learning sessions

### **EJACULATION, ORGASM, AND COITUS**

The brain and the nerves in the lowest part of the spinal cord control ejaculation. When the spinal cord has been injured, there is a decrease in ability to ejaculate. Some men with SCI experience what is referred to as “retrograde ejaculation” where semen travels up into the bladder instead of out through the penis.

Many men with a spinal cord injury still experience orgasm; however, most state they are unable to reach pre-injury level orgasm. The ability to have an orgasm is not directly related to your level of injury.

### **Aids for Achieving Ejaculation**

There are many procedures that will induce ejaculation. All of these involve consultation with your health care provider.

- **Vibrator**  
Has an 80% success rate. Procedure is non-invasive. There is a risk of autonomic dysreflexia.
- **Pharmacologically Induced - subcutaneous injection**  
Injection of physostigmine includes a risk of autonomic dysreflexia and possible dizziness and hallucinations.
- **Electro-ejaculation**  
Introduce an electric probe in the rectum to stimulate ejaculation using a weak electrical discharge. There is a risk of pain.
- **Aspiration of sperm**  
This is a new technique. The risk is of narrowing of the canals through which sperm travels
- **Testicular Puncture**  
The collection of sperm directly from the testicle.
- **Retrograde Ejaculation**  
Sperm ends up in the bladder and is collected, cleaned and used for fertilization. Possible risk of infertile sperm.

## Female

After an SCI you may notice some gradual changes in the quality of your orgasms, lubrications, and engorgement of nipples or vulva.

In complete SCI, vaginal secretions are affected and some literature suggests vaginal lubricants be used. You should use water-soluble gels; not Vaseline or petroleum jelly as they can irritate the vaginal mucosa and the chemical reaction can destroy a condom. Breathing, pulse rate, and blood pressure increases in the SCI woman just as they do in the able-bodied woman. The clitoris and labia swell in women with SCI as well.

You may find you do not have the same control over the pubococcygeus muscle, which controls the flow of urine, so this must be kept in mind during sexual activity. It is not uncommon for SCI women to have intercourse with a catheter in place; however, if you do remove your catheter, you must remember that it should only be removed up to a maximum of 4 hours. |

It is possible for a woman with a SCI to achieve a normal orgasm, however it is commonly noted that achieving orgasm after an injury depends on the level of your injury. Some SCI women, like SCI men, report of experiencing “phantom orgasms” or “paraorgasms” (please see below under **Orgasm**).

It is generally easier for the SCI woman to adjust to changes in their sexual function than SCI men. Although one might think that this is because of a woman’s ability to accept a more passive role, many SCI woman have found they became more independent and active as sexual partners following their injury. However, there are factors that can change a SCI woman’s ability to adapt to this new behaviour, including a low self-concept and a poor body image. Accepting yourself as a person will help you become more comfortable with your new sexual self, and taking control whenever possible will only strengthen that comfort level.

It is ideal for partners to be free to use whatever activities, fantasies, artificial devices, and other sensual expressions that are acceptable and pleasurable to them. Mutual masturbation, hugging, oral stimulation of feeling areas, or any other form of pleasurable stimulations, may be included in the expression of sexuality.

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## Orgasm

*"It took a while to get used to, but I found in relationships I achieved pleasure in a different way. I enjoyed sexual relations with my partners."*

Terry

Merriam-Webster's dictionary defines an orgasm as "an explosive discharge of neuromuscular tensions at the height of sexual arousal that is usually accompanied by the ejaculation of semen in the male and by vaginal contractions in the female." Some SCI men and women are able to experience "phantom orgasms" or "paraorgasms," which refers to the reassignment of sexual response to other non-affected areas of the body. The University of Miami School of Medicine describes this as "a highly pleasurable fantasized orgasm (which occurs by) mentally intensifying an existing sensation from some neurologically intact portion of their body and reassigning the sensation to their genitals."

Some areas that are particularly sensitive and produce sexual arousal are called erogenous zones. Many people with SCI discover that areas other than the genital areas and nipples are sexually exciting when touched. Use them and also your other senses to heighten these feelings with the help of the largest sex organ; the brain.

### Things to bear in mind:

- **Autonomic Dysreflexia (AD)**  
Sometimes sexual activity can bring on episodes of Autonomic Dysreflexia (please see **Health and Wellness**).
- **Bladder Management**  
If you are worried about bladder control, decreasing your fluid intake prior to sex will help. Whether or not you leave in your catheter during sex is your choice.
- **Catheter**  
If a catheter is worn during intercourse, it should be taped in place and/or a condom should be worn to keep it in place. Take care not to anchor the catheter down while the penis is still soft. It should be allowed to slide in the penis as the erection is taking place.
- **Spasticity**  
Spasticity is not necessarily a hindrance when it comes to sex, as some people use it to increase pleasure or obtain erections.

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## Fertility and Contraceptives

### Male

There is a possibility that because of your SCI, the quality and quantity of your sperm may be decreased; however research is currently being done to further determine this.

Artificial insemination is the introduction of sperm into the vagina or cervix by artificial means. Sperm collected by vibratory stimulation or electro-ejaculation can be used in this procedure to increase the likelihood of fertilization.

If a couple desires children but the sperm of a male is of poor quality and cannot be used, another option is artificial insemination with the sperm of a donor.

Condoms are an appropriate contraceptive for men.

### Female

A woman with a spinal cord injury can still get pregnant and have a normal vaginal delivery. Because having a spinal cord injury causes many changes in your health, some problems associated with pregnancy are more prevalent. Some of the more significant complications are:

- **Blood Pressure** – Blood pressure may drop in the second trimester.
- **Urinary Tract Infections** – Urinary tract infections can lead to more serious conditions that could bring on premature labour or may even be life threatening. Be sure to empty your bladder as completely as possible and have your doctor check for bacteria in your urine, even when no signs of infection are present.
- **Spasticity** – Some drugs taken to stop spasticity cannot be taken while breast-feeding. Be sure to talk to your doctor if you intend to breast-feed so proper medication can be prescribed.
- **Pressure sores** – Increased weight during your pregnancy can increase your chances of pressure sores. Be sure to do frequent pressure releases and skin examinations.
- **Lung Capacity** – SCI commonly reduces lung capacity, and pregnancy and labour sometimes demand extra oxygen. If you are feeling short of breath, talk to your doctor, as some sort of support may be necessary for you.

- **Pre-term labour** – While women with a SCI generally have normal pregnancies, there is a higher occurrence of premature delivery. Women with a SCI experience the beginnings of labour differently from uninjured women but do have indication that labour has started.
- **Delivery** – Most SCI women deliver normally and do not need caesarean section. The percentage of SCI women who deliver via caesarean section is only slightly higher than that of uninjured women.

As a woman with SCI, your pregnancy is considered “high risk” due to the unique complications that can occur, and you should discuss these possible complications with your physician.

There are special health factors affecting a SCI woman and so choice of contraceptive should also be discussed with your physician to ensure that all risks are identified and explained to you.

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## Parenting

Parenting through the baby, toddler, teenage and adult years may require assistive devices and adaptations to baby furniture and toys commonly found on the market. Many individuals with a spinal cord injury have experienced the same rewards and frustrations of raising children as non-spinal cord injured individuals and then some. Children tend to be more adaptive to things than we usually give them credit. And remember to ask for help when you need it.

Please see the local directory for contact numbers and information on parenting.

### **SUMMARY**

This section should make you think. Hopefully, it's put you on the road to realizing that you are a sexual person despite anything that has happened to you. Whether you're a man or a woman, know that there is someone out there for you. Everybody has a soul mate; someone to love and yes, have sex with, too. Thousands of disabled people have, why not you? There's a healthy, happy, sexually active life just waiting for you to take it.

## RESOURCES

Sexuality and Spinal Injury

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

Canadian Paraplegic Organization – Life After Spinal Cord Injury

<http://www.canparaplegic.org/national/level2.tpl?var1=story&var2=5.00>

Life After a Spinal Cord Injury, 1997.

Spinal Cord Injury Information Network – Parenting and Relationships

<http://www.spinalcord.uab.edu/show.asp?durki=41589>

<http://www.spinalcord.uab.edu/show.asp?durki=24429>

Paraplegia News - Having Children

<http://www.pn-magazine.com/PN/articles/kids.htm>

Hammond, Margaret C. & Burns, Stephen C (Ed).

Yes You Can! A Guide to Self-Care for Persons with Spinal Cord Injury. Third Edition.

Paralyzed Veterans of America, 2000. Chapter 14

Durcharme, Stanley H & Gill, Kathleen M.

Sexuality After Spinal Cord Injury: Answers to your questions.

Baltimore: Paul H. Brookes Publishing Co., 1997.

## Terms Encountered in this Section

**AIDS Virus** – Acquired Immune Deficiency Syndrome.

**artificial insemination** – The placement of a sperm sample inside the female reproductive tract to improve the female's chances of getting pregnant.

**autonomic dysreflexia** – Caused by an irritation below the level of injury, it is the sudden onset of extremely high blood pressure, which if left untreated can lead to serious complications and even death.

**cervix** – The lower and narrow end of the uterus.

**coitus** – Sexual union between a male and a female involving insertion of the penis into the vagina.

**contraceptive** – A device, drug, or chemical agent that prevents pregnancy.

**ejaculation** – The expulsion of seminal fluid from the urethra of the penis during orgasm.

**electro-ejaculation** – Controlled electrical stimulation, usually applied to the prostate gland with a probe, to induce ejaculation in a man who has nerve damage that prevents him from ejaculating normally.

**erection** – The firm and enlarged condition of a body organ or part when the erectile tissue surrounding it becomes filled with blood.

**erogenous zones** – Any area of the body especially sensitive to sexual stimulation.

**MUSE** – Medicated Urethral System of Erection

**orgasm** – The peak of sexual excitement, characterized by strong feelings of pleasure and by a series of involuntary contractions of the muscles of the genitals.

**paraorgasm** – Possibly psychological transference of pleasure to a feeling portion of the body.

**penile prosthesis** – Rigid, semi-rigid, or inflatable device implanted into the penis for the purpose of attaining an erection.

**psychogenic erections** – Erection produced or caused by psychic or mental factors rather than organic factors.

**reflexogenic erections** – Erection caused by direct stimulation of the genital area.

**retrograde ejaculation** – Ejaculation backwards into the bladder instead of forward through the urethra.

**Spasticity** – A state of hyperactivity or increase over the normal tone of a muscle, with heightened deep tendon reflexes.

**STD** – Sexually Transmitted Disease

**subcutaneous injection** – Injection just under the skin.

**testicular puncture** – Puncture of a testicle, in this case, to gather sperm.

**vagina** – The female organ of sexual intercourse and the birth canal.

**vaginal secretions** – Natural vaginal lubricant secreted by women.

**Viagra** – (Sildenafil Citrate) Drug that increases blood flow to the penis assisting the process of erection.