Sex Ed after SCI
Amanda Harrington MD • Elizabeth Stanley DPT

**Objectives**
- Explain how SCI impacts sexuality
- Describe basic sexual dysfunction after SCI
- List strategies for optimizing sexual functioning after SCI
- Discuss tools for educating patients

**Why discuss sexuality?**
- Newly injured persons with SCI often have questions about sex
- Sexual expression is an important component of our identity
- Clinicians need to provide accurate information and emotional support for their patients
- You Asked!

**Issues Related to Sexuality After SCI**
- Consider pre-injury sexual history
  - Partner?
  - Sexually active
  - History of rape or domestic violence
  - History of sexual dysfunction prior to SCI
- Current sexual ability/ function
- Self-esteem and body image issues
  - Fertility concerns
- Sexual drive or interest

**Issues Related to Sexuality After SCI**
- Partnership issues
  - Partner as caregiver and lover
- Depression
  - Patient or partner
- Medical consequences of SCI
  - Bowel and bladder incontinence
  - Low testosterone in men
- Consider medications that might inhibit sexual response
Male Sexual Anatomy & Physiology

- **Erection/ Arousal - Point**
  - Parasympathetic mediated (Pelvic nerve S2-4)
  - Physical stimulus – Reflexic
    - May occur with non-sexual stimulation
  - Psychogenic stimulus
    - May also be possible via sympathetic pathway
- **Ejaculation - Shoot**
  - Sympathetic mediated (T10-L2)

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Erections in men with SCI

<table>
<thead>
<tr>
<th>Level of Injury</th>
<th>% with Erections</th>
<th>Psychogenic</th>
<th>Reflexogenic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete UMN</td>
<td>93</td>
<td>9</td>
<td>95</td>
</tr>
<tr>
<td>Incomplete UMN</td>
<td>99</td>
<td>48</td>
<td>93</td>
</tr>
<tr>
<td>Complete LMN</td>
<td>26</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td>Incomplete LMN</td>
<td>90</td>
<td>Insufficient data</td>
<td>Insufficient data</td>
</tr>
</tbody>
</table>

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Erectile Dysfunction After SCI

75% men can get erections after SCI, however many are not reliable

*Limited in ability to have intercourse without “help”*

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Female Sexual Anatomy & Physiology

- **Uterus innervation**
  - Sympathetic efferents- T10-L2
  - Parasympathetic efferents- S2-4 / pelvic nerve
  - Sensory afferents travel with sympathetics T10-L1
- **Genital sensory afferents**
  - Travel with the pudendal nerve- S2-4
- **Vaginal lubrication**
  - Is the female equivalent of an erection (in general)
  - UMN injuries: reflex lubrication
  - LMN injuries: psychogenic lubrication

*Less of a problem compared to men... due to lubrication products readily available*

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Orgasm

- 40-50% of people with SCI can achieve orgasm
  - Takes longer to achieve and may be different than previously
  - May be generated from genital stimulation
    - Reflex
  - May be generated by non-genital stimulation
    - Central in origin
- Incomplete injuries have a greater chance for orgasm
Pharmacologic Treatments for ED

- **PDE5 inhibitors**
  - Sildenafil (Viagra), Tadalafil (Cialis), Vardenafil (Levitra)
  - Need to be able to get an erection to be effective
  - Not usually effective in LMN lesions
  - Cost is a barrier

- **Aloprostadil**
  - Prostaglandin E1
  - Injection (Caverject, Edex, Prash) vs. Intraurethral (Muse), or other combinations (Trimix)
  - Intraurethral does not work in SCI

Treatment of ED

- **Mechanical**
  - Vacuum devices
  - Osbon Erectaid
  - Ring constriction
    - Max of 30 min due to risk for skin breakdown

- **Surgery**
  - Penile implants / Prosthesis
    - Relative contraindication due to lack of sensation
    - Infection and perforation complications

How do those unable to get an erection have an enjoyable sex life?

- Remind patients that intercourse does not = sex
- Be creative
- Encourage patients to explore other areas of sensuality
  - Hearing – pillow talk, music
  - Sight – watching partner, watching media, mood-lighting
  - Smell – candles, fragrances
  - Taste – sexually stimulating flavors
  - Touch – neck, face, arms, nipples, transition zone
  - Imagination – fantasies, memories, imagery
- Provide info on sexual assistive devices (sex toys)

PleasurABLE

- Manual for persons with disabilities
- Disabilities Health Research Network
- [www.dhrn.ca](http://www.dhrn.ca)
- Search for Sexual Device Manual under “Activities”
- Free to download
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How does one actually have intercourse after SCI?

- Must be cleared of spinal precautions before trialing different positions
- May need to utilize hospital bed initially
  - Plan to transition back to regular bed and bedroom
  - Privacy curtain temporarily

How does one actually have intercourse after SCI?

- Therapists’ Role
  - Positioning
    - Bed Mobility
    - Quadruped
    - Tall kneel
    - Transfers

How does one actually have intercourse after SCI?

- May utilize WC for sexual activity
  - Prevent tipping and watch weight restrictions
- May utilize shower chair for sexual activity
  - Beware hot water on insensate skin
- Caregivers may need to provide assistance in positioning

How does one actually have intercourse after SCI?

- Consider counselor or sex therapist
  - American Association of Sexuality Educators, Counselors, and Therapists
- Utilize positioning devices
  - Love swing
  - Intimate rider
  - Body bouncer
  - Liberator shapes
  - Thigh sling

Precautions for Sex after SCI

- Skin breakdown
  - Avoid putting weight on existing ulcers
  - Inspect skin after sexual activity
  - Use water soluble lubricants to reduce friction
  - Prolonged penile constriction = bad

- Autonomic dysreflexia
  - Stop and sit up if occurs
  - Consider prophylactic meds
  - No nitro if using PDE5 inhibitors
Precautions for Sex after SCI

- Avoid positions which might lead to limb injury
  - Hip dislocation
  - Avoid putting joints in extreme positions
  - Fractures in those with osteoporosis
- Spasticity changes with sexual activity
  - Increased with arousal
  - Decreased after orgasm

Precautions for Sex after SCI

- Bowel / bladder accidents
  - Complete bowel/bladder programs prior to sexual activity
  - Use chucks or towels in case of spills
  - Remove foley for sexual activity
    - May fold it over in condom for men
  - SPT may facilitate easier sex
  - Discuss management of accidents before they occur

Male Fertility After SCI

- Many of those who can achieve erection are unable to ejaculate
- 5-10% of men with SCI can have children without medical intervention
- Sperm counts are normal
- Sperm quality and motility are poor

How can you get sperm for fertility?

- Penile Vibratory Stimulation
  - Successful in 60-80% of people with lesions above T10 with intact spinal reflexes
  - May be done at home
- Electroejaculation
  - Successful sperm retrieval in 90%
- Testicular Sperm Extraction
  - Direct aspiration of sperm out of vas deferens or testicle
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How do you get the sperm to the woman?
- Ovulation timing
- Fertility drugs
- Intrauterine insemination (IUI)
  - "turkey baster" implantation into uterus
  - May be done at home
  - 10% success rate
  - Simple and cheap
- In Vitro Fertilization (IVF)
- Intracytoplasmic sperm injection (ICSI)

GYN Issues after SCI
- Normal menstrual cycles after short period of amenorrhea
  - PMS may be worse
  - Increased spasticity and AD when menstruating
- Fertility does not change
  - Remind women with SCI that they can get pregnant!
  - Risks associated with oral contraceptives and implanted devices
  - Basal body temp inaccurate after SCI
- Still at risk for STI's!
- Must continue routine OB-GYN exams

Pregnancy in SCI
- UTI
- Pressure Ulcers
- AD
- DVT (Lovenox OK in pregnancy)
- Spasticity worsens
- Pulmonary function
- SCI meds effect on baby
- Fit in wheelchair as weight increases
- Delayed emptying of bowels
- Increased urinary incontinence
- Difficult transfers
- May need help with bowel/bladder care
- May require temporary hospital bed

Important things to Remember
- Maintain professionalism at all times
  - If you feel in-equipped to answer questions, refer to someone who does
  - Do not allow patients to flirt or be vulgar
  - Use language the patient can understand
  - Don’t ask in front of others
- Tailor discussions of sexuality to the individual
  - Keep the person’s pre-injury sexual state in mind
  - Consider cultural background
  - Don’t make assumptions
Important things to Remember

- Keep your bias or opinions out of the picture
  - Do not judge based on sexual orientation or gender identity
- Consider if the patient is ready to discuss sexuality
- Be prepared that the topic of sexuality can come up at any time in any setting!

When to address sexuality?

- Address within the rehabilitation program
  - Formal (education sessions)
  - Informal
- Assure patients that sexuality will be addressed in the rehab continuum
- Include partner (if appropriate)

How to address sexuality?

- Group education
- Individual education +/- partner
  - Include as part of bowel/ bladder talks
- Allow patient and partner to explore sexuality in a hospital room if they desire
  - Do Not Disturb
  - Keep call bell handy
- Consider media for education purposes

Sexuality and Reproductive Health in Adults with Spinal Cord Injury: A Clinical Practice Guideline for Health Care Professionals. 2010
Download for free from www.pva.org

Sexuality Reborn Video