

Useful Resources

The American Urological Association
www.auanet.org
1.866.RING AUA (1.866.746.4282)

Christopher and Dana Reeve Foundation
www.crrpf.org
1.800.225.0292

The Buoniconti Fund to Cure Paralysis
www.thebuonicontifund.com
1.888.STANDUP (782.6387)

The Miami Project to Cure Paralysis
www.miamiproject.miami.edu
1.800.STANDUP (782.6387)

**National Association for
Continence (NAFC)**
www.nafc.org
1.800.BLADDER (252.3337)

**National Rehabilitation
Information Center**
www.naric.com
1.800.346.2742

National Spinal Cord Injury Association
www.spinalcord.org
1.800.913.6370

Paralyzed Veterans of America
www.pva.org
1.800.555.9140

The Simon Foundation for Continence
www.simonfoundation.org
1.800.23SIMON (237.4666)

Spina Bifida Association
www.sbaa.org
1.800.621.3141

Spinal Cord Injury Information Network
www.spinalcord.uab.edu
1.205.934.3283

Us Too International, Inc.
www.ustoo.org
1.800.80.USTOO (1.800.808.7866)

References

Hammond MC and Burns SC. *Yes You can! A Guide to Self Care for Persons with Spinal Cord Injury.* 3rd edition. PVA Publication; 2000

Kroll K and Klein E. *Enabling Romance: A Guide to Love, Sex, and Relationships for People with Disabilities.* No Limits Publications. Horsham, PA; 1992

Maddox, S. *Paralysis Resource Guide. 2nd edition. Christopher and Dana Reeve Foundation. Short Hills, NJ; 2007.*

McNair ND. *Chap 73, Management of Clients with Neurogenic Trauma.* In *Medical Surgical Nursing: Clinical Management for Positive Outcomes.* Black JM, Hawks JH, Keene AM. Philadelphia, PA: WB Saunders. 2001

Please consult a medical professional before using this product if any of the following conditions are present: Severed urethra, unexplained urethral bleeding, pronounced stricture, false passage, urethritis – inflammation of the urethra, prostatitis – inflammation of the prostate gland, epididymitis – inflammation of the epididymis (testicle tube). Self-catheterization should only be carried out after medical advice and only in accordance with the instructions provided. Always follow the care plan and advice given by your healthcare professional. For urethral intermittent self-catheterization (ISC), it is typical to catheterize at least 4 times a day at intervals of 6 to 8 hours. If you are unsure about your catheterization, please contact your regular healthcare professional.

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Information for men living with mobility issues
and bladder dysfunction

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Many people want a fulfilling sexual relationship as part of a satisfying productive life. If you have a spinal cord injury – whether its source is an accident or a medical condition – it can create challenges in your ability to be physically close to another person. A spinal cord injury (SCI) affects almost every part of life. It is tempting to think that your physical condition creates too many barriers to your enjoyment of a happy and satisfying sex life. Further, you may also want to have a child and wonder if it is a possibility.

“I was preoccupied with the topic of sexuality very soon after my accident. I was wondering if I would ever again have sex, or could be a father, and whether I was even still a man. Before the “second first time,” I was pretty excited. Today sex has a very high priority in my life — it belongs to my life, just like everything else that affects me daily.”

Michael, 35

The most important factor in coping with the new reality of your body is to be willing to talk about it. This takes courage. Even your doctor or nurse might hesitate to take the initiative to talk with you about this important part of your life. It may be up to you to bring up the topic with your medical specialist.

Because each person approaches their sexuality in a personal way and from a unique point of view, it is important that you visit with an experienced doctor or a specialized counselor and discuss your individual case, your desires, and needs. You will find this booklet suggests more than one possible approach to understand and resolve your challenges.

We created this booklet to provide information that may help you adapt and enjoy sexual activity. Besides giving you basic information, this booklet can help you plan what you want to ask and talk about with your medical professionals.

Most importantly, it is essential that your partner understands and is part of your feelings and thoughts. Your partner will need time to adjust. (Hammond and Burns, 113; Kroll and Klein, 15-22)

Communicate with Your Partner

Sexuality is an important part of life. If you want to enjoy the best possible sex life, that is a good thing! It is a sign of a positive attitude toward life in general.

You might find that others are slow to talk with you. It does take courage and a willingness to talk.

Your partner needs time to adjust and be open with you. To support an enduring relationship, it is important that you be open with your partner as you talk about your feelings, desires, and needs, or your fears and doubts. Ultimately it is about the future of your partnership – and you both need to participate. Such discussions are not easy for anyone, but honest communication and mutual trust are essential. This would be true even if neither partner had a disability.



Strengthen communication

Here are suggestions for ways to strengthen your communication:

- Don't wait until you are just about to have sex! Take time for a real conversation when you can explore the topic, not just when you have a few minutes. Ideally, you will want to be in a comfortable, neutral place – riding together in a car, or relaxing at home. In fact – because an unexpected conversation on this sensitive topic might create stress for one of you – it is a good idea to plan a time and place in advance
- Planning will also help you avoid stressful distractions. If one of you is under time pressure, or is hungry or tired, it is more challenging to reach a common understanding
- Be informed. You and your partner can learn more about ways to have sex given your condition, by reading a book on the subject or exploring information on the Internet

Successful conversations

Successful conversations between couples usually include these practices:

- Speak in the I-form. That is, don't say, "You don't think I'm attractive anymore." Instead, state your point of view: "I am unsure and worried that you don't find me attractive anymore." That way, it doesn't sound as if you are making an accusation, only stating a concern
- State your wishes as suggestions: "I would like to try a new position that I have read about. Would that be okay for you?" That soft approach can keep your partner open to ideas

If you continue to struggle communicating about this sensitive issue, be ready to turn to a professional to help you over the rough spots.

How You Become Aroused and Erect

The most frequent sexual disorder for men is erectile dysfunction (ED). This means that a man is not capable of achieving an erection or, if an erection is achieved, to hold it long enough to complete intercourse.

The severity of the problem depends on which area of the spinal column has been injured and whether the injury is a complete or an incomplete lesion.

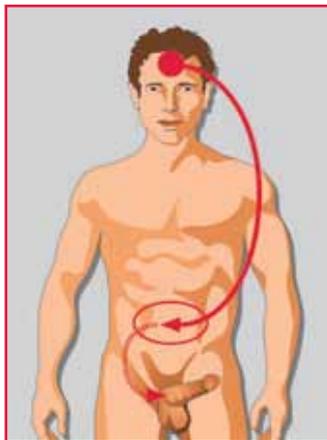
Many men with SCI are able to achieve a full or partial erection through touch or arousal through mental stimulation. Others will need medication or mechanical aids.

Regardless of your personal situation, when you put your trust in experienced medical professionals, you can develop ways that lead to a fulfilling sex life.

In the spinal cord there are two independent sexual centers, both of which can trigger an erection. For a man without an injury, both of these mechanisms usually work together.

In your case it may be that one, both, even neither of these centers are operational. This depends upon the source of your paralysis and whether it is a complete or incomplete spinal cord injury. (McNair, 2067-2069; Maddox, 120)

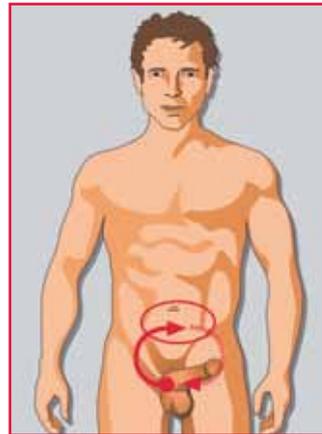
Two Types of Erections



Psychogenic erection

A psychogenic erection means sexual fantasies, pictures, smells or sounds are the trigger for sexual excitement. These impulses start in the brain and are forwarded via the spinal cord to the so-called psychogenic sex center which is found at the level of T-10 to L-2.

At this level, the nerve fibers responsible for a psychogenic erection in the spinal cord cause a stiffening of the penis. Because it begins in your brain the sexual signals and information processing travels from “top to bottom.” In order for an erection to be established in this way, the nerve pathways of the spinal column must be intact from the first spinal cord segment to L2. In general, men with incomplete injuries at a low level are more likely to have psychogenic erections than men with high level, incomplete injuries. Psychogenic erections are not very likely for men with complete injuries. If the injury is below L2, psychogenic erections will not usually occur.



Reflex erection

The reflex erection is triggered by direct stimulation of the penis, a massaging touch, for example. For many men, a full bladder can cause an erection, or it can also be triggered by an outside catheterization.

There is a responsible sexual center for the reflex erection in the spinal cord which is located in the S2-S4 region.

Since in the reflex erection, arousal starts in the penis, the information in this case travels from “bottom to top.” If the sensitive impulse from the penis arrives in the spinal column, an impulse command comes back to the penis to cause an erection.

In order for an erection to be created this way, the nerve fibers of the spinal cord between the regions of spinal segments S2-S4 and the penis must be intact. (McNair, 2067)

Sexual Centers in the Spinal Cord

The figure illustrates the location of these two erectile centers within the spinal cord. The relationship between the neurological level of the lesion and sexual interference with a complete injury is explained below. With incomplete injuries, individual cases must be considered, since there are many possible variations. (McNair, 2067)

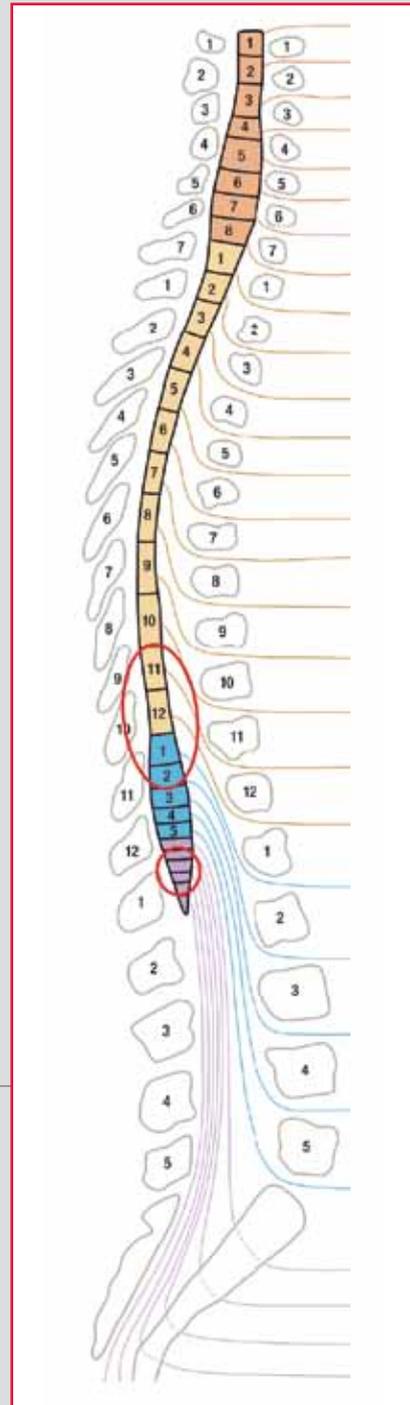
- **T-11 to L-2: Center for psychogenic erections**

If these sections and the overlying area of the spinal cord are intact, psychogenic excitement may lead to an erection. For men who have had an injury below L2, the psychogenic erection is retained. Psychogenically-triggered erections may be long lasting, but often are not hard or large enough.

- **S2 to S4: Center for reflex erections**

If this center is intact, impulses which come from the stimulation of the penis may cause an erection by reflex. This mechanism is independent from a higher lesion because the information first comes from the bottom to the top. Most men with lesions above S2 can therefore have an erection if the nerve fibers are intact to and from the lower-lying S2-S5 area.

If there are injuries above L2, these reflex actions are frequently animated. Reflex erections are often satisfactory in terms of size and stiffness. Since psychological stimuli which normally would help to maintain the erection cannot be processed, the duration for intercourse may be too short. Repeated stimulation of the penis may be necessary in this case. (Maddox, 120)



Treatments for Erectile Dysfunction

Many men with SCI can still have an erection after their injury. In many cases, however, the penis does not become stiff enough or the erection cannot be retained for a long enough period of time. For this, there are a number of treatments available. The type of treatment chosen will depend on the nature of the problem.

You have most likely heard about medication for erectile dysfunction such as Viagra, Cialis, and Levitra. These drugs are not designed to be stimulative or create lust. One cannot achieve an erection solely by using these drugs. But, if you can get an erection, it can be strengthened or extended through the use of this category of drug.

An option to drug therapy is the method of injection therapy. It is based on the active ingredient, papavarine or alprostadil. It is suitable for the treatment of neurological disorders and has high success rates. About a quarter of an hour before sexual intercourse, a man injects the active ingredient with a thin needle, either on the right or left swelling body of the penis. Or a partner can do this. This method can be used if you cannot develop an erection on your own and you need the assistance of medication. The erection may last for an hour or two.

Another therapy option is medical urethral system for erection (MUSE). Here, the active ingredient prostaglandin E1, in the form of suppositories similar to micropellets, is placed into the urethra. By massaging the penis, the active ingredient is released, causing the blood



vessels to relax and fill with blood causing swelling. After about a quarter of an hour, a medically-induced erection results.

All drug therapies must be prescribed and monitored by your doctor. (Hammond and Burns, 118; Maddox, 120; Shapiro, 134)

Mechanical Aids for Erectile Dysfunction

It is not always necessary to treat erectile dysfunction by taking drugs or injections.

One mechanical aid is a penis or erection ring. To use this approach, you must be able to get an erection. After the penis is erect, put the ring over the penis until it gets to the end of the shaft, or have your partner do this. This will prevent early backflow of the blood from the swollen penis so that the erection can last longer. It is important to limit the use of the penis ring to no more than a half hour so that normal blood circulation can take place preventing skin breakdown.

A penis or vacuum pump may help you to achieve an erection. With this method, you put a plastic cylinder over the penis. The battery operated pump connected to the cylinder will help produce a vacuum. The negative pressure sucks the blood into the swollen body of the penis, prevents backflow and creates an erection. You can follow up with a penis ring to maintain the erection after removing the cylinder. It is important to receive "hands on" instruction from your practitioner. Use of mechanical aids should be approved by your doctor prior to use. (Hammond and Burns, 118; Shapiro, 134)



Dealing with Incontinence

Many men worry about a bladder or intestinal accident during or after intercourse. In order to reduce your nervousness, preparation, which includes talking with your partner and emptying your bladder with an intermittent catheter before intercourse, can help. In order to create a sense of physical intimate trust, it may help to bathe together or wash each other as part of foreplay.

“When I thought for the first time after the accident about sex, I was especially concerned about the questions: What if you become incontinent during your love making? Today I can only give you the following tip: discuss these concerns with your partner in advance to clearly identify and address the issues. Confiding early can remove an immense amount of panic from such incidents.”

Brian, 40

Ways to Obtain Semen if You Want to Have Children

Unfortunately, the stereotype still exists that men in wheelchairs cannot father children, or that the semen deteriorates when a man is in a wheelchair. Some men have even had their semen frozen shortly after their injury because of this concern. There is no medical science that proves this notion.

It is true that many paraplegics can no longer produce sperm and, if they do, the motility of the sperm cells is reduced. The genetic quality of the semen, however, is unaffected. Today there are mechanical and supporting medical procedures for gathering semen, even if you can't get an erection. Use of these procedures should be approved and monitored by your doctor. The success of these methods is not related to how long you have used a wheelchair. There is therefore no reason to hurry. You can take the time you need for family planning. (Kroll and Klein, 67-69)

The most common way to gather semen is penile vibrostimulation. For this process, a special vibrator is used, with an appropriate pressure on the glans penis. An ejaculation can be induced whether or not an erection is achieved. The advantage of penile vibrostimulation is that couples can perform this procedure at home once they have been taught the procedure by their physician. Once semen is extracted, it is put in a suitable container and injected using a syringe into the vagina of the partner. (Kroll and Klein, 69)

In some cases, a rectal electrical stimulator can be used to collect semen. When this finger-shaped device with electrodes is introduced into the rectum, it provokes an ejaculation. The disadvantage to this method, however, is that retrograde ejaculation (ejaculation into the bladder) can occur.

If your paralysis is above T-6, special attention is required when using either procedure because of the risk of autonomous dysreflexia (blood pressure increase and reduced heart rate). If this is your situation, it is important to confer with a specialist who deals with paraplegics. (Hammond and Burns, 119)

If these procedures cannot be considered, there is still the possibility of a surgical semen extraction (TESE) and microinjection (ICSI), in which a sperm cell is introduced into an egg under a microscope. Then fertilized ova are implanted in the uterus. (Hammond and Burns, 121)





You are Not Alone

By now you likely realize that your sex life will be different from the way it was in the past. However, the possibilities for sexual activity are very vast and accommodating.

It takes courage to consider new ideas, approaches, and methods. It is entirely possible you will find that your spinal cord injury is not an obstacle to achieving a fulfilling sex life.

Remember, you are not alone. You can find valuable support from your partner, the professionals who are experts in their fields and others who share experiences like yours.

“Whether or not sex is satisfactory with my partner depends on many things — just like with healthy people. Some days, it is simply beautiful and memorable, on other days it doesn’t work so well and it is more of a satisfaction of lust. I think that this is normal, and independent of the injury. I think that we should in no case view this situation and ourselves as “abnormal.”

Steve, 39

“Sex can be beautiful when it is not simply reduced to a purely physical or sporting event. This happens when I realize that I have a nose to smell, ears to listen, eyes to see, and the mouth tasting, and the skin feeling. I experience this as sexual life, and I very much enjoy it and what an experience it can be.”

Kevin, 35