Southport and Ormskirk Hospital NHS Trust

PATIENT INFORMATION

Sexual Relations and Fertility Following Spinal Cord Injury

North West Regional Spinal Injuries Centre

A HANDOUT PREPARED FOR PATIENTS BY:

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SEXUALITY AND RELATIONSHIPS FOLLOWING SPINAL CORD INJURY

A spinal cord injury (SCI) is a life changing event. It can affect the ability to function in many ways, including sexuality and intimacy. The way you feel about sex and the ability to have sex is very important, but is different for every person. It also holds different levels of importance to people at various times of life.

The extent to which sexual functioning is affected by SCI depends on the level of injury and whether the injury is complete or incomplete. Generally the more incomplete the injury the less change in function.

Men and women are affected differently:

- For men, the main changes are in sensation (or feeling); getting erections; seminal ejaculation (producing sperm); and orgasm.
- For women, the changes are in sensation and ability to lubricate.

It is normal for people with SCI to have questions about sexuality. There are two Patient Education Groups looking at the subject of sexuality awareness, one for males, and one for females.

If you would like to speak privately, an appointment can be made with your consultant or Michelle Donald our Psychosexual Therapist.

You should always feel free to ask questions.

SEXUALITY FOR MEN

Both the area of an injury and the degree of injury affect sexual functioning. The two areas in the spinal cord that are most related to sexual functioning in men are T11–L2 and S2–S4.

The centre at T11–L2 controls psychogenic erections (those stimulated in the brain when fantasising) and release of chemical stimulants.

The centre at S2–4 controls reflexogenic erections (those stimulated by masturbating, rubbing the inside of the thigh, a full bladder and when catheterising) and ejaculation (the release of semen).

Normally, messages travelling along the spinal cord and to the brain work together. After a SCI, however, messages are disrupted. If there is an injury in the cervical or high thoracic area in the spinal cord, the messages passed from the brain to the T11–L2 centre are affected. Erections are less likely to happen by looking at sexy pictures, etc., but more by touching or rubbing. How long these erections last and how firm they become are different for all individuals. If the injury is below the T11–L2 area, it is possible that the nerves in the T11-L2 area will be working and erections can occur as they did before the injury. Again, the firmness and duration of the erection differs from person to person.

Erections may occur due to local stimulation such as catheterisation, during washing or when inserting suppositories. This is a purely reflex reaction and does not infer sexual arousal or intent. It is important that both you and your carer/nurse recognise and understand this.

If you have a complete lesion below level L2 you are unlikely to obtain erections without erectile dysfunction treatment.

MANAGEMENT OPTIONS

Oral medication: Viagra, Cialis, Levitra
These are tablets taken between 30-60 minutes before sexual activity. You must be sexually aroused (be able to get blood into your penis) for the medication to work.
Possible side effects include: headache, facial flushing, indigestion, muscle cramp and disturbance of vision.

Intracavernosal injections: Viridal, Caverject
(Prostaglandin E1)
The drug is injected directly into the side of the penis and works within 5-10 minutes. You, or your partner if necessary, will be taught the correct injection technique.
Possible side effects: prolonged erection (priapism), bruising and tissue scarring.

VACUUM ERECTION DEVICES

This is a non-invasive method of initiating an erection. A cylinder is placed over the penis and a pump is used to create a vacuum within the cylinder Leading to blood being drawn into the penis, and penis erection. The erection is maintained using a constriction ring around the base of the penis. This ring must be removed within 30 minutes to prevent tissue damage.

All of the above are available on prescription for men with a SCI. The above methods focus on enhancing the erection of the penis. They do not influence or restore abilities to ejaculate, or orgasm. Speak to your consultant for more information.

FERTILITY FOR MEN

Following SCI you are likely to find that you are unable to ejaculate during sexual intercourse, which has an effect on the quality of the sperm.

Penile Vibratory Stimulation (PVS) is an effective way of obtaining semen in men in whom the ejaculatory reflex is still present, most likely those whose injuries are above T12. This technique, using a device such as the Ferticare PVS, can be taught to you or your partner for use at home in conjunction with home insemination when you wish to start a family.

Regular ejaculation is thought to improve the quality of the sperm, so we may advise you to use the vibrator every 2-3 weeks for you to possibly increase and maintain your semen quality.

There is a risk of autonomic dysreflexia in susceptible individuals. Nifedipine may be given if required prior to the procedure to control the symptoms of dysreflexia.

Although the ability to ejaculate during intercourse is lessened, the success of PVS shows that the possibility is still present, however irregularly. Contraception should therefore be used if you wish to avoid an unwanted pregnancy.

For further discussions about this system, or alternative fertility treatments that may be available please speak with your consultant.

SEXUALITY FOR WOMEN

The major effects of SCI on sexual functioning for women are loss of sensation and the ability to lubricate. If lubrication is a problem, a water–soluble, non–lanolin, over the counter product such as K–Y jelly can help. Avoid Vaseline or petroleum products.

All women should continue to receive their usual gynaecological exams and health maintenance after SCI. This includes breast exams, mammograms, and pap smears which will be offered by your local health services/GP, according to their local area policy.

MENSTRUATION

During the months following SCI the majority of women will stop menstruating for a time due to the body's normal response to a major trauma. Personal hygiene once periods return may be difficult and embarrassing at first, especially if help is required to change sanitary products. It is important that towels or tampons are changed regularly to prevent skin damage due to sitting in damp or wet clothes, as well as the risk of Toxic Shock Syndrome if left in place too long.

CONTRACEPTION

As fertility is not affected, you may want to know what methods of contraception are available to you. If this is something you would like to discuss whilst you are here, speak to one of the nurses, or your consultant.

Following discharge you can discuss your needs with your GP or local family planning services.

Contraceptive methods possible include:

- The progesterone only or mini pill

- Depoprovera injections
- Intrauterine device (IUD). A Mirena coil may be recommended. This is an IUD which releases progesterone which has the added advantage of lessening blood flow at menstruation.
- Condoms
- Diaphragm: may be difficult to use if hand function is poor. If you have no sensation you may be unaware if the diaphragm is not in the correct position.

The combined pill is not recommended due to the increased risk of deep vein thrombosis DVT).

PREGNANCY

All pregnant women will be offered advice regarding managing certain aspects of their normal day to day routine. For example managing changes to bladder management, mobility, transfers, posture, spasms, respiratory function, and risks of autonomic dysreflexia, as the body changes and pregnancy progresses.

TIPS FOR ALL

RELATIONSHIPS AND CARE GIVING

When planning for help at home, consider the effect on a relationship with your caregiver.

If it is the person with whom you have sex, discuss whether it is realistic to be both caregiver and lover. For many partners, doing care is not a problem, but for others it is. If doing care will stress the relationship, consider hiring someone or having another family member help with showers and bowel management.

ENJOYING INTIMATE TIME

When planning to spend quality time with a sexual partner, it is important to prepare yourself, your partner and your surroundings to allow for whatever makes you feel good.

Set the mood to make the experience more enjoyable. There are many options for sexual enjoyment. Talk to your partner about what feels good and what does not.

Loss or changes in sensation mean it may take time to get used to new feelings in certain areas of the body. Talk with your partner about what feels good and encourage them to touch where you have sensation.

As you experiment, you may find that there are areas of increased sensation on your body. Frequently, they are at the nipple line, the back of the neck (including behind the ears), and at the shoulders. An additional area, especially for people with injuries at the thoracic level, is a band just above the level of injury. Frequently, this is a very sensitive area that can be stimulated.

The amount of genital sensation will depend on the spinal cord injury and the return of function and sensation. Your partner may have a fear of hurting you or causing pain, so assure him or her that you are fine and will tell them if something causes any problems.

POSITIONING

Popular places to have sex are in the wheelchair where spasms are usually better controlled, and hand and arm function is better, and in the shower where the sensation of water feels good.

If you have spasms, consider positioning in a way to increase the use of the spasm to help with movement, or, if the spasms are too severe, adjust positioning to stop them from interfering.

Try different positions until you find one that is comfortable and works best. Consider the amount of energy it will take to keep the position and what will allow the most movement. Some people find lying on their back allows for more energy for sex, since less energy is used to support bodyweight. It also leaves the hands free to help with stimulation.

ORGASM

Many people with SCI say that orgasm is different, but does occur. You may want to discuss this with your medical team or with other persons with a SCI. Orgasm following SCI is often described as a “psychological response,” or a “mind thing”– just as enjoyable, and sometimes even better.

PRACTISING SAFE SEX

Regardless of any disability, it is important to practice safe sex. Safe sex means using a condom to prevent the spread

of infection/disease or knowing your partner has not been exposed to an infection/disease.

MEDICATIONS

Review medications with your consultant/GP/health care provider to see if any affect sexual functioning. Some medications may make it harder to get an erection or lubricate. If spasms are making it harder to have sex, take medications 30 minutes to one hour before having sex. If you want to use spasms to help with positioning or stimulation, take medications after intercourse instead.

BLADDER AND BOWEL FUNCTION

The nerves that go to the bladder and bowel are at the same level as the sexual functioning centres on the spinal cord. Because nerves are so small and close together, sometimes when one nerve is stimulated, the neighbouring nerve may be stimulated as well. If the bladder or bowel are full during intercourse, there is a possibility of an accident. So, always catheterise and perform a bowel management before intercourse. For people using an indwelling catheter, it may be left in or removed for intercourse.

- For women choosing to leave it in: tape the catheter out of the way (most frequently it is taped up to the abdomen or hip) making sure that the urine can drain.
- Men should run the catheter along the side of the penis and cover with a condom, making sure that the urine can drain.
- If choosing to remove the catheter, have a new one ready to put in afterward. Remember that if a catheter is left out for long, urine is building up and may cause autonomic dysreflexia.

AUTONOMIC DYSREFLEXIA

If autonomic dysreflexia occurs, stop and check bladder and bowel to make sure that both are empty. If it continues to be a problem during sex, discuss options with your Spinal Out Patients Department. Remember that your medical team is able to give more information and specific suggestions including what to expect. No matter what, each person needs to try different options to find what works best.

SAFE AND PRIVATE SPACE IN THE NWRSIC

We are aware whilst you are here for rehabilitation it can be difficult to find private time. This can be a big barrier to some of the ideas and topics covered in this leaflet.
The centre does have a family room which can be booked for you and your loved one/family to have some time alone. To access this room please speak with one of your therapists who will check its availability and who can tell you more.

FOR FURTHER INFORMATION OR ADVICE CONTACT:-

Nursing staff in the Centre, including:

- **Sister Katie Taylor**
- **Sister Lisa Gavan** **Telephone: 01704 704345**
- **RN Maria Hamilton**
- **RN Danielle Cannon**

Your Consultant
Fertility, menstruation, medication, pregnancy & autonomic dysreflexia

A member of your therapy team, or the therapy lead in sexuality and relationships – Vicky Thomas.

Helen Gillan – Therapy Assistant

Dr Suzanne Clarke, Clinical Psychologist, and Lead of the Wellbeing Team

Janet Bostock, Counsellor

Michelle Donald, Psychosexual Therapist
Any non-medical issues regarding intimacy and relationships
Psychosexual Issues
Direct confidential line **07775 927 533**
michelledonaldpst@btinternet.com

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have questions or concerns.

MATRON

A Matron is also available during the hours of 9am to 5pm Monday to Friday. During these periods, ward/department staff can contact Matron to arrange to meet with you. Out of hours, a Senior Nurse can be contacted via the ward/department to deal with any concerns you may have.

INFECTION CONTROL REQUEST

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

SPECIAL INSTRUCTIONS

ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION

- Your own GP

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

NHS 111
Stop Smoking Helpline (Sefton) – 0300 100 1000
Stop Smoking Helpline (West Lancashire) – 0800 328 6297

Please call 01704 704714 if you need this leaflet in an alternative format

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Please remember to complete the **attached** *Friends and Family Test*.
Alternatively, you can complete the *Friends and Family Test* on-line by going to: southportandormskirk.nhs.uk/FFT
Thank you

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