



Southport and
Ormskirk Hospital
NHS Trust

PATIENT INFORMATION

Assisted Parenthood

Regional Spinal Injuries Centre,
Southport

Vibro-ejaculation and electro-ejaculation are artificial methods of obtaining a sample of semen using devices. These procedures are performed to retrieve the semen sample in spinal cord injured males seeking assisted parenthood.

Seminal fluid is normally stored in two small sacs called “seminal vesicles” at the base of the urinary bladder. Semen is ejected under some pressure due to contraction of these sacs which are under control of the nerves within the pelvis. As the messages to the nerves are blocked due to spinal cord injury, it is necessary to artificially stimulate them to ensure that seminal fluid is released by this medical procedure.

Had the spinal cord not been damaged, repeated stimulation of the skin of the penis would have eventually resulted in a sudden surge of nerve impulses, felt as an orgasm, and semen would have been ejected. It may be possible to imitate this normal process by using a moderately high frequency vibrator on the penis in spinal cord injured persons. The impulses generated by vibration will then go up the spinal cord and in turn stimulate the nerves which are responsible for contraction of the seminal vesicles. As these impulses are not capable of going past the damaged site in the spinal cord and into the brain, you will not always be able to feel as you had done before the accident. Unfortunately, it is not always possible to obtain semen this way. Procedural success depends on the level of spinal cord injury.

Even if it is possible to make the seminal vesicles contract by using a vibrator, in cases of paralysis due to injury in the neck – tetraplegia – the nerve impulses may precipitate

autonomic dysreflexia – increased blood pressure, headache and blotching of the skin.

Where vibrator does not work or if there is a risk of overt dysreflexia, electro-ejaculation will be an acceptable method. If the symptoms of dysreflexia are only mild or moderate, a tablet under the tongue to reduce the blood pressure is all that might be necessary. If symptoms are more than mild or moderate, it will be necessary to have an anaesthetic. On the other end of the scale, if your injury is incomplete or low and if there is preservation of sensation, anaesthesia will be necessary for the electro-ejaculation procedure but not for the vibro-ejaculation procedure as the former procedure will be intolerable and painful.

If you are seeking to father a child, it will be necessary to obtain semen from you to examine it under a microscope to study the number and motility of the sperm before deciding on the correct way to proceed. The semen sample obtained will be sent to the reproductive department for such examination and if found suitable, it will be frozen for the future.

VIBRO-EJACULATION

As stated before, a variable frequency vibration device is used to produce seminal ejaculation. You may experience autonomic dysreflexia depending on the level of your spinal cord injury (usually level T5 or above). It is anticipated, and research experience shows, that almost 80% of males above T9 level of spinal cord injury would respond positively in ejaculating semen with this method.

If you respond positively with this method (obviously performed without any anaesthesia but under observation)

then the semen sample will have to be taken to a designated place. The whole procedure ends here. In some cases there may be need to perform this procedure on more than on occasion. You will be able to return home without any restrictions. The information under the “Electro-Ejaculation” heading does not apply in your case.

ELECTRO-EJACULATION

The seminal vesicles are situated between the base of the bladder and the rectum and, therefore, it is relatively easy to stimulate through the wall of the rectum. The necessary equipment consists of a probe which has contact points through which low voltage current can be transmitted through the rectal wall to seminal vesicles and the appropriate nerves to produce the necessary contraction. The lubricated probe is inserted into the anal canal and lower rectum and the stimulation is carried out.

PROCEDURE

- General anaesthesia is used if necessary.
- While under anaesthetic you will be given an injection of an antibiotic.
- Prior to carrying out the procedure, the bladder will be catheterized and the bladder will be emptied of urine.
- During stimulation, semen may ejaculate backwards into the bladder. Should this happen, the sample will be collected from the bladder.
- The lubricated probe is then inserted into the rectum and stimulation carried out.

- The seminal fluid is examined, and if found suitable it will be frozen for future use for assisted parenthood.
- The rectal lining is examined to ensure there is no sign of undue irritation.
- The actual procedure usually takes about 40 minutes.
- Please ensure that your partner is able to take the sample at a designated place.

If electro-ejaculation is done for the first time, the procedure ends here. If you had required anaesthesia, you will be kept in the clinic until you have fully recovered before returning home. You may not drive post anaesthetic for 24 hours.

If the procedure is done as part of a definitive insemination programme, what happens next will naturally depend on the type of insemination technique which would have been explained to you.

If you have been anaesthetized, you must not drive back home and appropriate arrangements should be made. **BY LAW YOU MAY NOT DRIVE FOR 24 HOURS.** Altogether, you may be in hospital for about four hours.

DAY BEFORE THE PROCEDURE

It is necessary to have bowels open on the day before the procedure. This may also help to prevent soiling during the procedure.

You will also need to be prepared for a general anaesthetic.

ARE THERE AFTER EFFECTS?

If you are a person with some preservation of sensation despite the spinal injury, you may experience slight burning or discomfort when passing urine. This usually clears up in a day or two. Drinking adequately helps to clear it more quickly.

As mentioned earlier, you would have been given an antibiotic to protect you from getting a urinary infection. Despite that, it is possible that you may have a mild infection. If so, you should get in touch with us and we will advise you.

A small amount of bleeding in the urine may occur. It usually clears up within a day. If it does not, you must get in touch with us.

NOTES

NOTES

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

MATRON

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

INFECTION CONTROL REQUEST

Preventing infections is a crucial part of our patient's 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 FOR AFTER YOU HAVE LEFT HOSPITAL

As explained earlier, please contact the centre in case of any procedural related medical problems.

ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:

As explained in the main body of the leaflet.

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION AFTER YOU HAVE LEFT HOSPITAL

For further information contact (01704) 704024/704545

Outside these hours and at weekends (01704) 547471 and ask for the On Call Doctor for Spinal Unit.

Fax 01704 543156

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

NHS 111

Stop Smoking Helpline (Sefton) - 0300 100 1000

Stop Smoking Helpline (West Lancashire) - 0800 328 6297

Spinal Unit Action Group (SUAG) - 01704 563633

(Mrs J Parker, Honorary Secretary, 6 Weld Road, Birkdale, Southport PR8 2AZ)

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

Southport and Ormskirk Hospital NHS Trust

Ormskirk & District General Hospital
Wigan Road, Ormskirk, L39 2AZ
Tel: (01695) 577111

Southport & Formby District General Hospital
Town Lane, Kew, Southport, PR8 6PN
Tel: (01704) 547471

FOR APPOINTMENTS

Telephone (01695) 656680
Email soh-tr.appointments@nhs.net

We would welcome your feedback about your experience
at Southport and Ormskirk Hospital NHS Trust.
Please access the Friends and Family Test at the following
link:

[https://www.southportandormskirk.nhs.uk/patients-and-
visitors/fft/](https://www.southportandormskirk.nhs.uk/patients-and-visitors/fft/)

Thank you

Author: Bakul Soni
Ref: 09/28
Version: 7
Reviewed: April 2023
Next Review: April 2026