

NATIONAL SPINAL INJURIES CENTRE

STOKE MANDEVILLE HOSPITAL

A HANDOUT PREPARED FOR PATIENTS

BY

SPINAL OUTPATIENT SERVICES

**SEXUAL RELATIONSHIPS
AND
FERTILITY
FOLLOWING SPINAL CORD INJURY**

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Sexuality and Relationships following Spinal Cord Injury

Sexual function is highly complex, involving a continuous combination of psychological, hormonal, vascular and neurological factors (Frohman 2002). While SCI individuals may experience sexual difficulties influenced by some or all of these factors, the neurological changes following injury undoubtedly have the most profound and permanent effect on sexual function. (SIA publication: managing Spinal Cord Injury: Continuing Care).

Sexuality does not simply refer to sexual acts, but is also part of our person. It includes one's self perception, self esteem, personal history, personality and concept of love and intimacy. It makes us what we are.

According to Kroll and Klein (1992):

The need for sexual expression is never lost as a result of an injury or illness. Every person is a sexual being. Every person has the right to sexual expression. It is up to the person to discover the kind of sexual expression that works for him or her and the best way to achieve it.

Initially you may feel that sex is the last thing on your mind. Being apart from your family and partner is not easy and lack of privacy makes it difficult to think about intimacy. Your body will have gone through many changes and part of the rehabilitation process is about regaining control of the body you may feel doesn't belong to you anymore. This is a normal response and you need time for the initial psychological and physical trauma to subside.

Addressing sexual issues should, ideally, be discussed with a member of staff with whom you feel most comfortable at a time that feels right for you.

Frohman (2002) states:

...the brain is the principle sexual organ of the body.

Though sensation around the genital area is often absent or significantly altered or diminished, you may experience an increase in pleasurable sensations around and above the level of the lesion. Areas such as the nipples, neck or scalp can become erogenous and it may be fun to explore and capitalise on these changes.

Following spinal cord injury (SCI) there are often concerns about present and future relationships. One of the sessions of the Patient Education Groups looks at the subject of sexuality awareness. If you would like to speak privately on a one to one basis, an appointment can be made with a specialist nurse in spinal OPD either whilst an inpatient or at any time after you are discharged. You do not need to be referred to us by a nurse or doctor, just call in to the Spinal Outpatients Department or contact us on the number below.

Sexual issues for men.

Normal erectile function requires both psychogenic (from the brain) and reflex pathways to be intact. SCI will have a varying effect on these responses depending on the level of the SCI.

If you have a complete SCI lesion of T12 and above you are likely to experience reflex erections, that is, not under conscious control. Erections may occur due to local stimulation such as catheterization, 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 this level you are unlikely to obtain erections without erectile dysfunction treatment.

Management options

Oral medication:

Viagra, Cialis, Levitra

These are tablets taken between half an hour and an hour before sexual activity. You must be sexually aroused for the medication to work.

Possible side effects include: headache, facial flushing, indigestion 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. 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 under schedule 11 for men with a SCI.

Fertility

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 above T12. This technique, using a device such as the Ferticare Personal Vibrator, can be taught to you or 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 we may advise you to use the vibrator every 2-3 weeks to increase and maintain the semen quality.

There is a risk of autonomic dysreflexia in susceptible individuals. Nifedapine 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.

Sexual issues for women

After an initial period of amenorrhoea (lack of menstruation) caused by the severe metabolic disturbance that occurs immediately post injury, women with SCI usually retain their reproductive abilities in full (Charliffue et al 1992).

The same neurological pathways, both reflex and psychogenic, that govern erectile function in men produce similar responses in women, leading to genital engorgement and vaginal lubrication. You may therefore also experience a degree of sexual dysfunction following SCI. If vaginal dryness is a problem, lubricant gels may be used to avoid tissue damage during sexual activity.

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 .

Contraception

As fertility is not affected, you may want to know what methods of contraception are available to you if you are in a sexual relationship. An appointment can be made in the spinal gynaecology clinic or you can talk to one of the nurses in Spinal Outpatients. The contraceptive methods we recommend are:

- 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

In the NSIC all pregnant women are offered the opportunity to be admitted to St Joseph ward for the immediate pre and post natal care, the delivery taking place in the Maternity unit at the hospital. You would probably be admitted about one month before the expected delivery date for assessment and support as early onset of labour may be a possibility in some SCI mothers.

During the pregnancy you will be given advice regarding managing certain aspects of your normal day to day routine such as changes to bladder management, transfers as your body weight increases, spasms and respiratory function as the pregnancy progress.

For further information or advice contact Mary Leonard or Debbie Bragg
Spinal Outpatient Services (01296 315829)