Erectile Dysfunction: Options for Men after Spinal Cord Injury

Having sex after spinal cord injury is a lot like having sex for the first time all over again. People who approach sex with an open mind and a willingness to experiment to find out what works and doesn’t work after their injury tend to have the most success and reported satisfaction.

There are several treatment options to help increase the number of erections and how long they last. These options include medications, penile implants, and sexual aids. This document provides general information about these options and their use after spinal cord injury (SCI).

Medications

Oral Medications

Oral medications or pills for erectile dysfunction for men after spinal cord injury have been found to be helpful in sustaining erections. Examples of medications commonly prescribed to help erections are:

- Viagra® (sildenafil citrate) is taken 20-60 minutes before having sex.
- Levitra® (vardenafil) is taken 60 minutes before sexual activity.
- Cialis® (tadalafil) is taken 30 minutes before sexual activity or once daily.

These medications work in the body by decreasing your blood pressure. As a result, they can have serious side effects if not used correctly. They also may interact with other medications often prescribed after SCI. Always let your doctor know what medications you are taking including any herbal supplements. While these medications may work for some, they are not safe for everyone to take. Talk with your doctor about options that will work for you.
Injectable Medications

Sometimes medications are injected right into the penis. They work by helping blood vessels open. This causes the penis to fill with blood and results in an erection. The most common medication is Caverject® (alprostadil) and is only available by prescription from a doctor. A urologist is the type of doctor that has specialized knowledge about erectile dysfunction. If you do not have a urologist that you work with, ask you primary care physician or insurance company for a referral.

Penile Implants

Penile implants are rods that are placed in the penis. The rods are placed in the penis through surgery. The rods are permanent unless you decide to have them removed – also done through surgery. The rods are successful at creating an erection when needed. However, there is always a risk for complications. Risks may include infection, pressure sores, or scar tissue forming in the penis. A urologist is the type of doctor that has specialized knowledge about placing penile implants. If you do not have a urologist that you work with, ask your primary care physician or insurance company for a referral.

Sexual Aids

Vacuum Pumps and Tension Rings

A vacuum pump is a cylinder device with an air pump. It is placed over the penis and when the device is pumped, blood is drawn into the penis resulting in an erection. To maintain the erection, a ring is place at the base of the penis to slow to flow of blood out of the penis. This is a good option for men who cannot achieve an erection on their own. Risks include bruising and damage to the penis especially if the ring is left on for more than 30 minutes. Penile skin and tissue can be severely damaged, too.

For more information about sexual aides and devices, request a copy of the Patient Education Document: Pleasure Able.

It’s not all fun and games... preventing complications.

Priapism

Priapism is the medical term that describes an erection that lasts too long. This can be dangerous because an erection is created by fluctuations in your blood pressure. If an erection is lasting for more than four hours, go to the emergency room immediately – but remember, don’t drive yourself because fluctuations in blood pressure can cause you to faint or not see clearly – not something you want to happen when you are behind the wheel of a car. If no one is available to take you to the emergency room – call 911.
**Autonomic Dysreflexia**

Autonomic dysreflexia (AD) is a rise in blood pressure resulting from a stimulus below your level of injury. You are at risk if you have an injury at T6 and above.

AD is possible during sexual activity. Here are some ways AD can be triggered:

- Rough stimulation of the genital area such as stroking, squeezing, or sucking.
- Using a vibrator for stimulation. Use plenty of lubrication and be gentle.
- Ejaculation, infection, or inflammation of the testicles.

If you experience AD during sex, immediately stop the activity, call your doctor or 911 if the symptoms do not resolve. You may want to discuss AD with your health care provider prior to having sex to develop a plan in case it occurs.

**Care of Bladder and Bowel Issues**

- Don’t drink too many fluids to avoid incontinence during sexual activity.
- Be sure your bladder is emptied before any sexual activity.
- Stick to a regular bowel program and be sure bowels are taken care of prior to sexual activity.

**Skin Care**

Damage to skin from shearing, pressure, or rubbing can happen during sexual activity. Avoid additional pressure or weight from your partner by proper positioning and padding. Monitor your skin for redness and injury and remove pressure if anything develops. Use plenty of lubrication and be sure to wash and dry the genital area with soap and water before and after sexual activity.

**Finally...**

Fears over the changes in sexual function after SCI and concerns about satisfying your partner may decrease as you become more comfortable with your body and more aware of your own sexuality. You may find that there are other parts of sexuality that may satisfy you and your partner more. The physical act of sex may not be as important as other aspects of sexuality. Being aware of your partner’s likes and dislikes and being able to express yourself are very important to having good communication – an important key to you and your partner having a satisfying sexual experience.