



Sexual Function for Women after Spinal Cord Injury

First Things, First: What is Human Sexuality?

“In the broadest sense, sexuality encompasses all the feelings, attitudes, and behaviors that contribute to a person’s sense of being a man or a woman both publicly and privately. Healthy sexuality represents a natural extension of affection, tenderness, and companionship between two people” (Firestone, Firestone, & Catlett, 2006).

The definition above is not usually what most people think of when they think of sex. And especially when people have experienced a spinal cord injury (SCI), there are usually many other questions that come up like:

- Does my SCI affect my sexual function?
- What kind of physical changes can I expect?
- Will I have orgasms?
- Will I be able to satisfy my partner?
- What do I do with my catheter during sex?
- What about bowel and bladder accidents?
- Can I still have baby?
- If I decide to have a baby, will I have special problems?
- Are there risks to the baby?
- Will I need a cesarean section for delivery?

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These are just some of the things that may be on your mind. Throughout this brief introduction to sexual changes after SCI, maybe we can answer some of those questions. The physical act of intercourse isn't all that defines your sexuality. When we talk about sexuality, we mean more than what goes on behind your bedroom doors. Sexuality is the total YOU! Its how you talk to people, what you think about your body, how you get along in the world—everything that says anything about you as a person. Sexuality is everything you are—your personality, your likes and dislikes, your preferences for food, activity and the people you hang out with, the social roles you play in your home and community and, of course, the physical act of sex.

How has my sexual function been affected?

A spinal cord injury presents major challenges to many bodily functions, especially those functions that are at or below the level of the injury. You already know that your SCI has affected your bladder and bowel function and has probably also affected your sexual function. For many women, not having a menstrual period and whether they will have one is one of the first questions on their minds. Whether they will be able to have children is another one. Let's talk about menstrual periods first.

Menstrual Periods

Menstrual periods frequently stop for a period of time due to the shock the body has received after a traumatic injury or illness. They will usually start again within six months or less. Either tampons or menstrual pads can be used.

Tampons

Many women prefer tampons as they don't contribute to skin irritation and provide better protection during transfers. If you use tampons, they should be changed often—at least three times a day. This will help avoid the risk of toxic shock syndrome, a dangerous illness caused by not changing the tampon regularly and often. If you are having trouble inserting a tampon due to limited hand function, try using a lubricated tampon or have an attendant assist you.

Menstrual Pads

If you use pads, check regularly for signs of skin irritation and pressure between your legs. Keep your skin clean and dry to prevent skin breakdown.

Over the counter douche products are not recommended because they rinse away normal bacteria that protects your body/vagina from infection. If you have a vaginal infection, a non-prescription douche can push the infection further into the vaginal canal, even into the cervix and uterus where it may become a more serious infection.

Vaginal hygiene sprays are also not recommended. The chemicals in them can irritate the skin and make infections or skin breakdown more likely. Vaginal discharge in small amounts is normal. Always report heavy, discolored, or foul smelling discharge to your health care provider.

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Birth Control

Women are able to get pregnant after a spinal cord injury. If you do not want to get pregnant, using birth control is a good idea. There are many different types of birth control available and your gynecologist can discuss the options that will work for you.

Birth control pills can be taken after SCI and many women use them. However, it is important to know that birth control pills have been linked to a higher risk of developing blood clots or DVTs in the non-SCI population. You may be at even higher risk of developing blood clots with the pill if you have a history of developing clots, are a smoker, and/or are over 35 years old. Talk with your doctor about this option if you think it might be right for you.

Intrauterine devices (IUDs) are associated with higher risk of pelvic inflammatory disease. Because you may not be able to detect pain as readily as before SCI, any internal device that may cause infection or pain (or become dislodged) may be a poor choice. Again, discuss these issues with your doctor or health-care professional to determine what makes the most sense for you.

Here are a few more details...

The clitoris, located on the minor labia, is the female counterpart to the penis because it is capable of erection, and its stimulation can lead to orgasm. However, orgasm is not essential for fertilization to take place – you can get pregnant without having an orgasm.

Normally, your vagina will become moist to make intercourse easier. This is called lubrication. Your breasts will also become more sensitive and your nipples will become erect. After a spinal cord injury, your vagina may lubricate less and some women find it takes longer to have lubrication occur. Lubrication can be added by using a water-based, non-petroleum lubricant, like KY Jelly. Using a lubricant will also prevent irritation to the vaginal tissues.

Changes in sexual function depend on your level of injury and how complete the injury is. Each person's function is unique and may not fit into the above descriptions.

Having Children...Fertility Issues

It is possible for women with spinal cord injury to become pregnant through intercourse and carry a baby to term. If you and your partner are trying to get pregnant and are having difficulty, consult with your doctor or a fertility expert. Working with a fertility specialist will help identify the exact problem so that you can develop a plan to move forward. If this is of interest to you, please contact your physician for a referral to a fertility specialist for more information and guidance.

Can I still do it? What Can Help?

Using Your Brain....

The most important thing to remember is that sexual function and pleasure is mostly psychological. Human beings can experience a great deal of physical damage without losing their sexual desire. People

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after spinal cord injury can still have a rewarding sex life as they did before injury . . . unless you tell yourself you can't.

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 many parts of your body which can be aroused and provide a pleasant sexual response. These areas of the body are called the *erogenous zones* and are not limited to the genital area. Some people report the area of their body at the level of their injury is most sensitive and provides stimulation. Using all of your senses can also be helpful. Instead of focusing on what the body can and cannot do, try experimenting with all of your senses.

For example:

- Verbal expressions, sounds or music can set the mood. Imagination can also be powerful. Consider sharing fantasies with your partner.
- Consider watching your partner touch themselves or touch you where you may not be able to feel (a mirror may be necessary). Or try looking at arousing images.
- Consider using scented lotions, candles, incense or perfume.
- Tastes can also be arousing with kissing or oral stimulation. Some people find some foods, like strawberries or chocolate or whipped cream arousing, too.
- Some people report heightened sensitivity in the areas where they can still feel, explore touch on the head, neck, lips, arms, and nipples. Using sexual devices and vibrators can be modified for people with limited mobility.
- 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.

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. Be sure to use plenty of lubrication and be gentle.
- Menstruation, pregnancy (especially labor and delivery), infection, or inflammation of the vagina or uterus.

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. If you are planning a pregnancy or are pregnant, look for a gynecologist (OB/GYN) who is willing to work with you. Help them understand the causes and treatment of AD so that any AD issues can be managed by this doctor during your pregnancy.

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.

Don't Forget...

All women who are sexually active should see a gynecologist for a yearly exam of the cervix, vagina, uterus, ovaries, and breasts to monitor for changes, problems, and cancer. When calling to schedule an appointment for the gynecologist, ask if the office and examination table are wheelchair accessible and if staff members can assist with transfers, positioning, and preparation for the exam. Remember you can still get pregnant and you can still get sexually transmitted diseases such as herpes, syphilis, and AIDS – so use protection!

Finally...

Fears over 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.

References:

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