SPINAL CORD MEDICINE

HANDBOOK FOR PATIENT AND FAMILY

Human Sexuality

Frazier Rehab Institute
A service of Jewish Hospital & St. Mary's HealthCare

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TABLE OF CONTENTS

Chapter 1 Comprehensive Rehab
Your Spinal Cord Medicine Team
After Discharge from the Rehab Hospital
You and Your Family are Team Members

Chapter 2 Anatomy of Spinal Cord, Facts and Figures About Injury

Chapter 3 Bowel Care
The Digestive System and Bowel Function
Bowel Management Program

Chapter 4 Bladder Care
The Urinary System
Bladder Programs
Urinary Tract Infections

Chapter 5 Skin Care
Risk Factors for Skin Breakdown
Stages of Skin Breakdown
Treatment
Prevention of Skin Breakdown

Chapter 6 Medical Concerns
Autonomic Dysreflexia
Deep Vein Thrombus (DVT)
Heterotopic Ossification (HO)
Orthostatc Hypotension
Spasticity

Chapter 7 Lung Care
Normal Anatomy and Physiology
Pathology
Level of Injury and Respiratory Function
Pulmonary Hygiene
Warning Signs of Respiratory Problems

Chapter 8 Cognition, Communication and Swallow
Cognition and Communication
Swallowing
Preventing Pneumonia
Staying Hydrated
Quality of Life

Chapter 9 Nutrition
Soon After Injury
Once Medically Stable
Ideal Body Weight After Injury
Health Issues and Nutrition
A Primer on Nutrients

Chapter 10 Self Care and Activities of Daily Living
Dressing
Bathing
Toileting
Grooming and Hygiene
Feeding

Chapter 11 Mobility
Range of Motion
Pressure Relief
Transfers

Chapter 12 Equipment
Wheelchairs and Cushions
Splinting
Assistive Technology

Chapter 13 Home Modifications

Chapter 14 Psychological Care
Grief and Loss
How Families Can Help
Family Members Struggle Too
Caregivers
Depression
Substance Abuse
Brain Injury

Chapter 15 Human Sexuality
For Females
For Males
Fertility

Chapter 16 Recreation and Wellness

Chapter 17 Glossary

Chapter 18 Resource Guide

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THE PATIENT AND FAMILY HANDBOOK

This Handbook is designed to give you the information to better understand spinal cord injury and the tools needed to manage your health care needs successfully. Information is intended for you and your family because, those who love you, will often be involved in assisting you with your care needs while in the hospital, and in the home environment. As you read through the Handbook, your rehab team at Frazier is available to address your questions and provide you more information pertinent to your needs.

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A BRIEF NOTE ABOUT THE FOUNDER OF FRAZIER REHAB INSTITUTE

In her early 20's, Amelia Brown of Louisville sustained a spinal injury in a car accident in the 1940's. With no rehabilitation services in Louisville, she traveled to New York for treatment. After returning to Louisville, she married a physician, Dr. Harry Frazier. Believing Louisville needed its own rehabilitation facility, Mrs. Frazier founded the Frazier Institute of Physical Medicine and Rehabilitation in the early 1950s. Her son, Owsley Brown Frazier, served as Chairman of the Fund Raising Committee for Frazier's new building, named the Frazier Rehab and Neuroscience Center, which opened in 2006.

DISCLAIMER

The information contained herein is intended to be used in accordance with the treatment plan prescribed by your physician and with the prior approval of your physician. You should not begin using any of the methods described in this publication until you have consulted your physician. Jewish Hospital & St. Mary's HealthCare, Inc. D.B.A. Frazier Rehab Institute, its affiliates, associates, successors and assigns, as well as its trustees, officers, directors, agents and employees are not liable for any damages resulting from the use of this publication.

NOTE: Words *italicized* in the text below are defined in the Glossary at the end of this Chapter.

HUMAN SEXUALITY

It is just as normal after injury, as before, to have sexual thoughts, feelings and interests. A person with paraplegia or tetraplegia can and often does develop or maintain an enjoyable sexual relationship that is likewise enjoyable for the partner. What is most important to underscore is you do have permission or the right to be active sexually in accordance with age and emotional maturity. You may not be thinking about sexual activity soon after your injury, but most people do report that sexual interests do return at some point. Because of impaired sensation and/or motor control, sexual activity may happen differently but can still be enjoyable, meaningful and satisfying.

FOR FEMALES

Generally, a spinal cord injury does not prohibit a female from being sexually active, becoming pregnant or delivering a baby via natural child birthing methods. However, it is important that the attending physician understand it is possible for a woman (with an injury above T_6) to have autonomic dysreflexia during delivery and that the delivery itself may come very suddenly. (Autonomic dysreflexia is discussed in Chapter on Medical Concerns.) Accordingly, the physician may follow the mother-to-be more closely particularly toward the end of the pregnancy. It is advised that your physician consult with your rehab physician to fully understand spinal cord issues that could affect your pregnancy.

If you are female, you may discover that immediately following your injury your menstrual cycles appear to have stopped or become irregular. It is important to understand they will typically return within the first six months following injury. Be aware that during this six-month period and beyond, it is possible to become pregnant. Thus, if you are going to be sexually active, you might want to consider some form of birth control.

Prior to starting/resuming any birth control pill, your attending physician should be consulted. Some physicians prefer that those with spinal cord injury not use birth control pills because one of the possible side effects is blood clotting in the lower extremities. Because of lack of sensation, *intrauterine devices (IUD's)* are usually not recommended because warning signs of IUD complications can go unnoticed. You may be advised to use other methods of birth control.

Because of the injury to the spine, the vaginal area may not become lubricated as it once did. Secondly, it may be discovered that there may be little or no sensation in that area. If one or both of these changes exist, a woman is encouraged to use some type of lubricant during intercourse to prevent injury during intercourse. Water-soluble lubricants such as KY Jelly can be purchased at a local drug store. Vaseline, or any other oil based product, are not recommended because they tend to remain in the vaginal area for a long time and can become a possible breeding ground for bacteria, thereby causing infection.

Women may not have a *clitoral or vaginal orgasm* as they previously did because of the spinal cord injury. However, women do report having orgasm like experiences following stimulation of the body where

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sensation remains. It is through exploration that you may find such sensitive areas of your body.

FOR MALES

Erections occur when blood fills the penis and causes it to become hard, erect. Normally, two types of stimulation produce an erection. A psychogenic erection is an erection that originates in the brain as the male thinks sexual thoughts, hears a particular song, remembers an event, sees a film or picture or fantasizes. These thoughts/feelings then send signals from the brain down the spinal cord and stimulate the genitals causing many changes including the pooling of blood in the spongy tissue of the penis, which produces the erection. When the spinal cord is injured, the messages from the brain may not get through thus preventing a psychogenic erection. The spinal cord damage, though, does not prevent a male from being sexually aroused.

The second type of erection is called reflexogenic. Here touching the penis or other erogenous zones (ears, nipples, and neck) can cause an erection. Many males do have reflexogenic erection unless nerves in the sacral areas (S_2—S_4) are damaged.

Males with complete spinal cord injuries typically do not have an orgasm during intercourse nor do they ejaculate and release sperm through the penis that can fertilize the egg inside the female. Some men after injury have what are called retrograde ejaculations, which means that during ejaculation, semen enters the bladder rather than exiting through the penis. This does not cause problems to the individual but fertilization/pregnancy won't occur. Some males with complete injuries do report orgasm-like experiences when areas of the body that still have feeling are stimulated.

For males with incomplete injuries, it is very difficult to predict specifics about sexual function. Time and sexual experiences will give the male information about whether he is able to have a psychogenic or reflexogenic erection, if he will be able to maintain an erection needed for sexual intercourse, and whether he will reach a climax and ejaculate. Sexual function may also improve over time for those with incomplete injuries.

Erection Aids. If a male does not have psychogenic/reflexogenic erections or erections are weak/short-lived, there are several treatment options available. Medications such as Viagra (Sildenafil) improve the quality of erections for many. Viagra is a pill taken by mouth. Caverject (Alprostadil) is a medication injected through a syringe and needle directly into the shaft of the penis and often generates an erection suitable for intercourse. Another medication option uses a drug pellet (containing Alprostadil) which is placed directly into the opening at the end of the penis. Once inside, the pellet dissolves causing blood vessels to relax and fill with blood causing an erection.

Another aid for erections is the vacuum pump. It is a narrow tube that is open on one end and has a small pump on the other. Once the tube is placed over the penis, the pump then evacuates the air in the tube creating a vacuum. The vacuum creates pressure inside the tube, which pulls blood into the penis generating an erection. The tube is then removed and a rubber "O" ring is put around the base of the penis to prevent the blood from leaving the penis, thus the erection is preserved during sexual activity. The most important caution about this devise is to remove the "O" ring after sexual activity.

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Otherwise, the "O" ring can begin to work as a tourniquet restricting blood entering or leaving the penis. If not removed the cells in the penis can die and the penis can be injured.

Some men choose to have an erection aid or prosthesis surgically implanted in the penis. These implants or rods are semi-rigid or bendable. An inflatable device is also available that is surgically implanted in the penis. This device, when filled with fluid, creates an erection; after sexual activity, the fluid is removed.

If you are a male, your rehab doctor, urologist or specialty-trained physician can help you understand erection options most appropriate for you. Some options may be covered by your medical insurance.

Male Fertility. Successful ejaculation is the process where semen, which contains sperm from the male, is released out the end of the penis. Sperm is needed to achieve fertilization of the female's egg causing a pregnancy. Following spinal cord injury, disease or impairment, males who have erections may not ejaculate during intercourse. If not, alternative methods may be used to induce ejaculation. Masturbation stimulates the penis with greater intensity than during intercourse. Masturbation may be done by hand or using a hand held vibrator. Another method, called *electroejaculation*, places a probe in the rectum and uses electrical stimulation to produce an ejaculation. Once sperm is collected following ejaculation, it can be used to fertilize an egg.

BOWEL, BLADDER AND CATHETERIZATION

Prior to any sexual activity, males and females who do not have control of bowel and bladder are encouraged to empty the bowel and bladder. If done, the chance of having an accident during sexual activity is greatly reduced. Should an accident occur, it is not harmful physically but it may hurt one's pride or be embarrassing. Most couples find that bowel and bladder issues are a challenge that needs to be discussed openly so that if an accident occurs they have a plan established. Many couples, after clean-up, simply resume sexual activity.

It is not necessary to remove an indwelling catheter prior to sexual activity. For males, it is recommended that a condom be placed over the penis prior to intercourse. When this is done, the catheter is held relatively secure inside the condom. With females, the catheter is often taped to the leg or abdomen during intercourse. It is important to understand that the catheter is not placed in the vagina. Rather it is placed in the urethra, the outlet for urine, which is in front of the vagina.

SEXUALLY TRANSMITTED DISEASES

Those with spinal cord injures can acquire sexually transmitted diseases just as anyone else. Everyone is at risk for contracting gonorrhea, syphilis, herpes and the HIV virus. Individuals are encouraged to learn about sexually transmitted diseases and how to protect one's self. Using a condom is often recommended.

SUMMARY

Human sexuality is a normal part of life prior to and after injury or impairment. After injury questions

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and uncertainties about sexual function, performance and fertility are expected. It is important for you to speak with your physician to clarify when the spine is stable and it is safe to resume sexual activity. Your doctor and others on the rehab team are able to provide you with information about sexual issues and answer your questions. How soon a person begins sexual activity following clearance from the doctor varies considerably.

Perhaps it is most appropriate to end this section with a few statements about an enjoyable sexual relationship. What is it? Many describe it as a relationship where two people communicate well their needs and preferences verbally and/or nonverbally. Sexual contact feels good, as the partners are close both physically and emotionally. For the younger aged person, sexual contact has a very strong body experience. For those older, the psychological dimensions of sexual contact tend to become increasingly more significant, i.e., "good sex" is more powerfully tied to a feeling of being accepted, valued and respected by one's partner.

Another characteristic of a good sexual relationship is that it typically develops over time as each partner learns about his/her own sexual likes and dislikes and also learns about the partner's likes and dislikes. This learning is healthy and helpful and comes from observation, talking and/or experience. Oftentimes, spinal cord individuals and their partners will need to go through a new period of learning about what is comfortable and enjoyable.

The acceptance of self and the reality of the bodily changes following spinal cord injury are very important components in a good sexual relationship. Acceptance may prove to be a tough challenge taking months or years. However, many have proven it possible and worthwhile doing. With this acceptance comes the freedom and courage to participate lovingly in sexual activity.

You are encouraged to discuss your questions and concerns with you physician, rehab psychologist, and/or other rehab team members and your partner.

RESOURCES

http://www.spinalcord.uab.edu/show.asp?durki=22442 - University of Alabama at Birmingham, Pregnancy

http://www.spinalcordcenter.org - Regional Spinal Cord Injury Center of the Delaware Valley

http://www.spinalcord.uab.edu - University of Alabama at Birmingham

http://www.spnalcord.org - National Spinal Cord Injury Association

http://ww.scifertility.com or www.miamiproject.miami.edu - A Guide and Resource Directory to

Male Fertility following SCI. Miami Project to Cure Paralysis, 1-305-243-7108 or

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http://ww.kessler-rehab.com - "Sexuality Reborn," a video from Kessler Institute of Rehabilitation, 1-800-248-6977.

GLOSSARY

AUTONOMIC DYSREFLEXIA - An emergent, potentially dangerous condition associated with a spinal cord injury patient whose level of injury is T6 or above. This condition is usually related to a noxious stimulus that is not sensed or felt by the individual due to the neural impulses blocked in the spinal cord due to the injury. During an episode of autonomic dysreflexia, the blood pressure can become very and can cause stroke if not treated appropriately.

CLITORAL ORGASM – Sexual climax from stimulation of the clitoris.

EJACULATION – The process whereby semen and sperm are released through the urethra, the tube in the penis.

ELECTROEJACULATION – Placement of a probe in the rectum with electrical stimulation used to produce an ejaculation.

INTRAUTERINE DEVICE (IUD) – A T-shaped device with string attached that is placed in the uterus by a doctor to prevent pregnancy.

PSYCHOGENIC ERECTION - An erection that originates in brain activity as the male experiences sexual thoughts and feelings.

REFLEXOGENIC ERECTION – An erection caused by touching the penis or other erogenous zones (ears, nipples, and neck).

VAGINAL ORGASM – Sexual climax from stimulation of the vagina.

VACUUM PUMP- A pump on one end of a plastic cylinder that is placed over a penis. Pressure in the cylinder created by the pump pulls blood into the penis creating an erection.

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