SPINAL CORD INJURY & SEXUALITY
JOURNEY TO REJUVENATION

DR AKHIL AGRAWAL

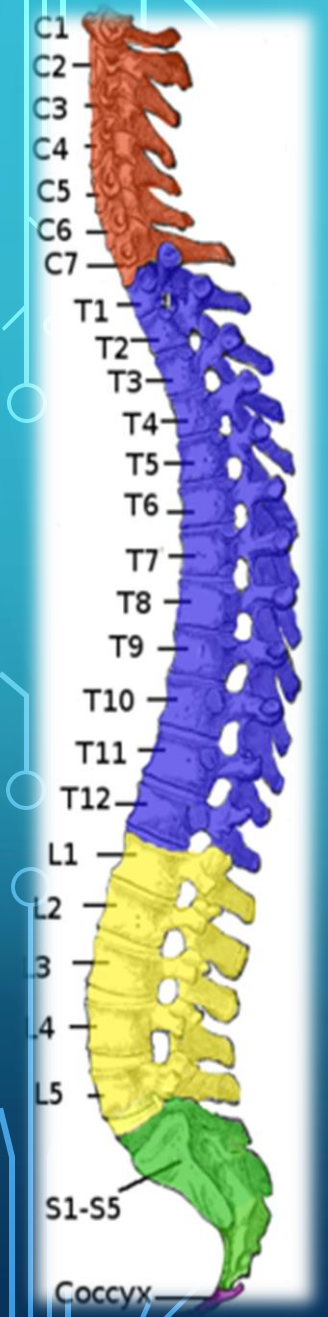
MENTAL & SEXUAL HEALTH CONSULTANT

CASE : 24 YRS OLD YOUNG GIRL WANT TO GET MARRY

MAY SCI
STOP
HER
DREAMING ??

MAY
SEX AND ROMANCE
BE THE
LAST THINGS IN MIND

SPINAL CORD INJURY (SCI)

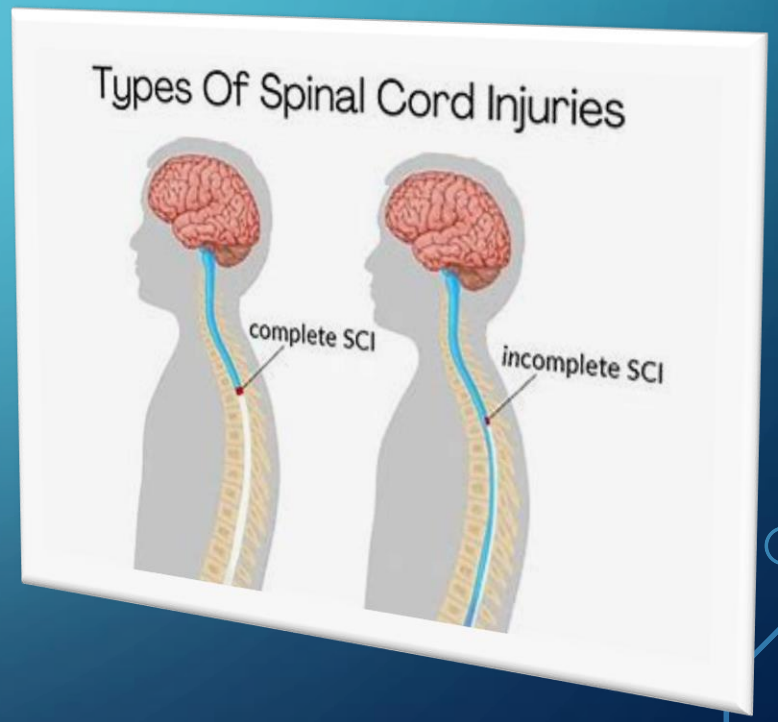


- Extremely disruptive to sexuality.
- Many people are still able to have satisfying sex lives.
- Physical limitations affect sexual function, sexuality & QOL.
- For years people with SCI were believed to be asexual.
- Sexuality is a high priority & an important aspect of QOL.
- Young people who are at a peak in their sexual & reproductive lives importance of sexuality is not diminished by disabling injury.
- In fact, of all abilities they would like to have return.

- Most paraplegics rated sexual function as their top priority.
- Most tetraplegics rated it second, after hand and arm function.
- Sexual function has a profound impact on self-esteem and adjustment to life post-injury.
- People who are able to adapt to their changed bodies and to have satisfying sex lives have better overall QOL.
- Education and counseling about sexuality is an important part of SCI rehabilitation but is often missing or insufficient.

PATHO PHYSIOLOGY (SCI)

- Damage to the spinal cord impairs its ability to transmit messages between the brain & parts of the body below the level of the lesion.
- This results in lost or reduced sense of touch, muscle motion and sexual reflexes.
- How this loss effects arousal, orgasm, and fertility depends on level of injury and whether injury is complete or incomplete.
- More indirect causes of sexual dysfunction include pain, weakness, and side effects of medications.

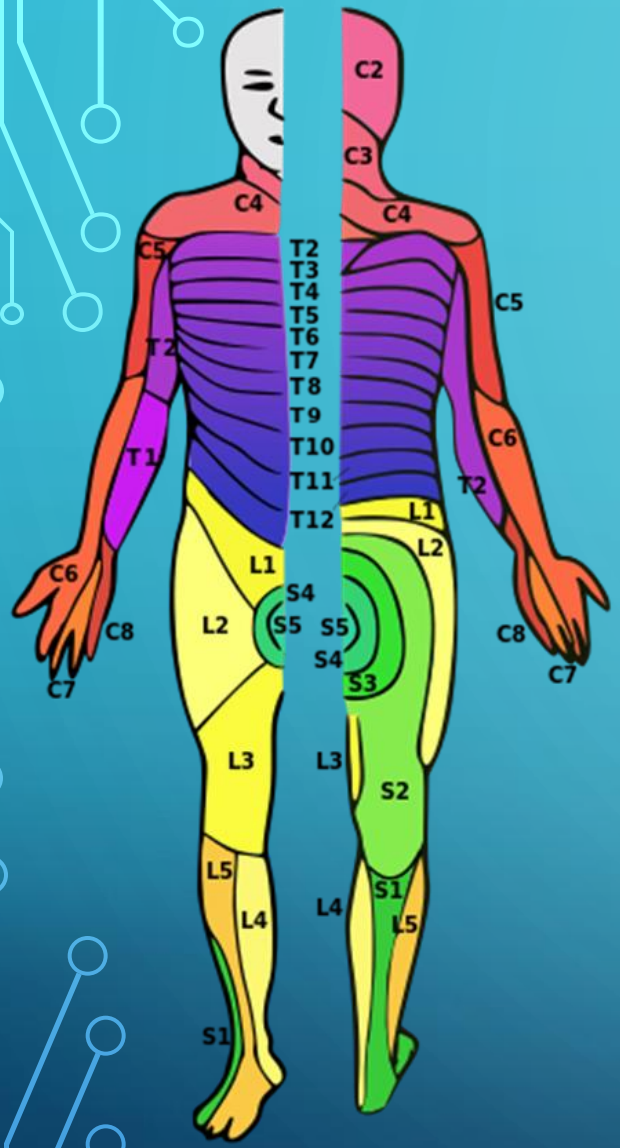


PSYCHO-SOCIAL CAUSES (SCI)

- Profound repercussions on self-esteem, self-concept, reproductive ability & in romantic partnerships.
- Depression, Body image and other insecurities affect sexual function.
- Sexuality encompasses not just sexual practices but a complex array of factors: cultural, social, psychological, and emotional influences.
- Culturally inherited biases and stereotypes negatively affect people, particularly when held by professional caregivers.
- However SCI does not change the fact that they are a desirable sexual being.
- Our mission should have fulfilling relationships and marriages in SCI.

TREATMENT (SCI)

- **VIVAH** : A Hindi movie with great ending & message.
- Many with SCI have satisfying sex lives, and many experience sexual arousal and orgasm.
- By two years post-injury, 80% of men recover at least partial erectile function & up to 65% of men have orgasm.
- More likely to feel desirable & express sexuality if understand body & feel comfortable with self & personal identity.



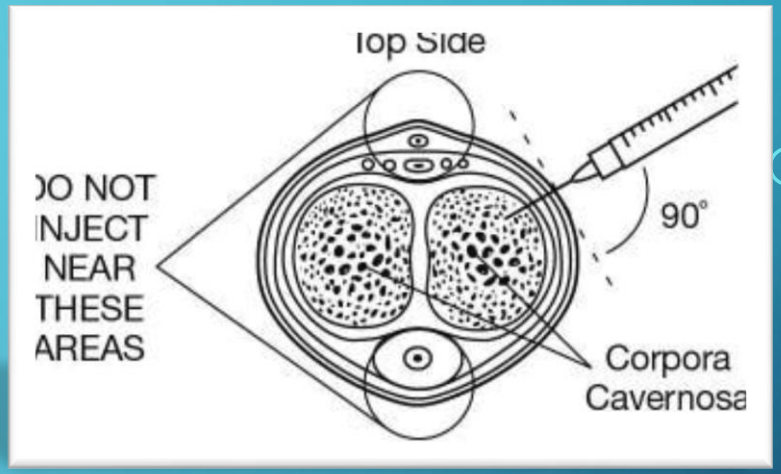
- People may employ a variety of adaptations to help carry on their sex lives healthily, by focusing on different areas of the body and types of sexual acts.
- Neural plasticity : Often find newly sensitive erotic areas of the skin in erogenous zones or near borders b/w areas of preserved & lost sensation.
- Around half of women with SCI are able to reach orgasm.

- Drugs, devices, surgery, and other interventions exist to help men achieve erection and ejaculation.
- Women's fertility is not usually affected.
- People need to take measures during sexual activity to deal with SCI effects such as weakness and movement limitations.
- Avoid injuries such as skin damage in areas of reduced sensation.

PDE5 INHIBITORS

- People often wonder “does Viagra work for paraplegics?”
- Easiest and most common interventions taken by SCI patient.
- All are equally safe regarding SCI.
- Least likely to work in quadriplegics.
- Better to go for other options.

MEDICATED INJECTION



- If an oral medication doesn't work.
- Try the injectable medication :

  Alprostadil (Caverjet).
- It's Prostaglandin analog (PGE1), a vasodilator.
- It's proven to work quite well in men with all levels of SCI.
- After injection, the medication draws blood into the penis within minutes. The effects last for about four hours.
- Be sure to not drink alcohol while taking Alprostadil.

PENILE PUMP : VACUUM CONSTRICTION DEVICE

- An effective & easy alternative.
- Draw blood into the penis via a cylindrical device that's placed over the penis and has an air pump attached to it.
- When you pump, blood is drawn into the penis and a ring is placed around the base of the penis to keep the erection.
- Do not use it for longer than 30 minutes, however, to avoid bruising or damage to the skin.

PENILE IMPLANT

- Very successful to work nearly every time.
- Two main types: semi-rigid or inflatable cylinders.
- The rigid: always firm and can be manipulated to be used or to remain hidden.
- The inflatable: has cylinders that are implanted into the shaft of the penis. It works by injecting saline into the implant via a hidden opening in the groin. When inflated, most men say it's nearly similar to a natural erection.
- Long term, one downside is possible skin breakdown.

IMPORTANT ASPECTS OF REJUVENATION

FIRST THINGS FIRST:

TALKING ABOUT SEX CAN BE DIFFICULT.

EXPLAIN TO YOUR PATIENT WHAT THEY CAN EXPECT.

KEEP EXPLAINING UNTIL THEY GET AN ANSWER.

IS DATING DIFFERENT AFTER INJURY?

- Usually, the same as before injury.
- Should increase opportunities to meet people by making available. Online dating or getting out and meeting people.
- May be different as person may ask about injury and ways to manage daily activities. They should be ready to respond in a comfortable way.
- Also need to balance dating schedule with a caregiver's schedule.

HOW DOES SCI AFFECT ROMANTIC RELATIONSHIP

- Marital status at the time of injury

  44.9% individuals are single

  37.5% are married &

  8.6% are divorced.

- Marriage rate increases over time

  In a study of individuals who were injured for 40 years or more, 45.5% were married, 24.6% were single & 20.2% were divorced.

NORMAL SEXUAL AROUSAL THROUGH TWO PATHWAYS

- Reflex pathway: Arousal that occurs in response to sensual touching.
- Psychogenic pathway: Arousal that occurs from psycho- sexual sensations such as sexual thoughts, sights, smells, or sounds.
- SCI : One or both of pathways may be blocked.
- Most people can be aroused by sensual touching in areas like neck, ears, nipples, and inner thighs.
- The more sensation you have in the area b/w your belly button and front pant pocket areas (upper outer thigh), the more likely you will be aroused in your genitals by sexual thoughts, sights, smells, sounds.

WHAT CAN THEY DO IF CAN'T GET AROUSED AFTER INJURY

- Changing the medications may help. Spasticity, pain medications or antidepressants are contributing factors.
- Women—Ask partner to perform oral sex, that may help increase vaginal lubrication enough for penetration. Using a water-based lubricant is another option.
- Men—most men can get an erection with sensual touching after PDE5 inhibitors.
  If cannot, other options may use.

WHAT CAN BE DONE IF NOT HAVING ORGASM

- Most people with SCI can still have orgasms.
- Sensual touching may help to achieve orgasm & followed by a decrease in spasticity.
- Generally, takes longer & may feel "different" than it did before injury
- Women—Vibrator is helpful for achieving an orgasm.
- Men—often have orgasms with retrograde ejaculation.
- Remember, sexual activity can be great fun with or without orgasm.
- It is important that person and partner should not give up too soon. Sometimes it just takes time and practice.

DOES MASTURBATION FEEL GOOD?

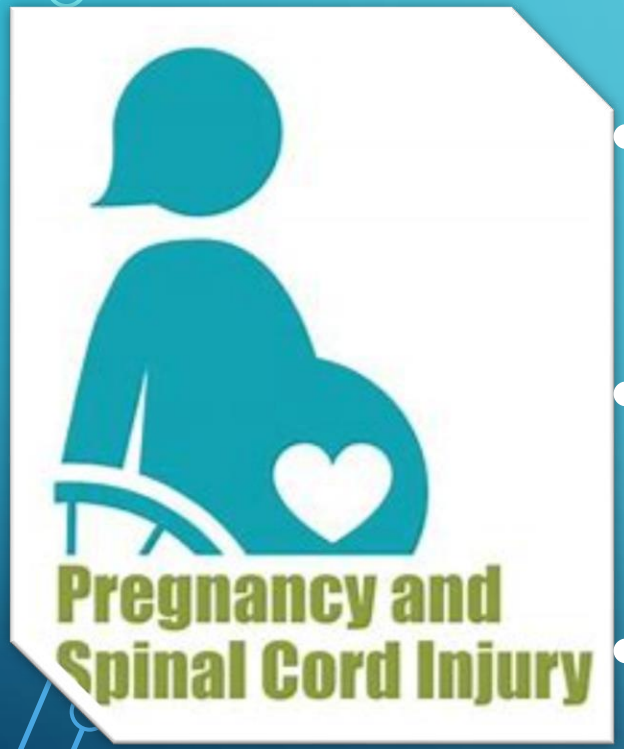
- Mainly those with an incomplete injury, may be aroused by psychological sexual sensations.
- Women: a gentle suction device can help increase the ability of the clitoris to respond to achieve orgasm.
- Men : High amplitude vibrator held against glans may stimulate ejaculation.

- Vibratory stimulation may cause Autonomic Dysreflexia if your injury level is T6 or above. Watch out for headaches and other signs and stop activity, check blood pressure, and ask doctor to review medications.

CAN THEY HAVE CHILDREN AFTER INJURY

- Yes! Men and women of all levels of injury should decide to have children in much the same way as anyone else.
- Consider the demands & challenges of parenting & how to manage them.
- The positive aspects of parenting usually outweigh the difficulties.
- They need to practice safe sex if want to prevent pregnancy.
- Condoms are considered the best choice for both men and women.
- Women—IUCD and diaphragms are generally not ideal if have problems with sensation and insertion.
- The pill is not usually recommended because it increases risk for developing a blood clot (DVT).

DO WOMEN HAVE PROBLEMS GETTING PREGNANT AFTER INJURY



- There is usually a brief pause in period when first injured.
- Can naturally become pregnant, carry, and deliver a baby once period returns.
- Higher risk for common secondary complications, but can prevent or mange problems if they develop.
- It is best if they have an obstetrician who understands, or is willing to learn, the facts about pregnancy and delivery for women with SCI.

DO MEN HAVE PROBLEMS GETTING THEIR PARTNER PREGNANT AFTER INJURY

- Some men with SCI can get their partners pregnant through sexual intercourse, but many men cannot.
- May be unable to ejaculate into the vagina during intercourse.
- In-Home Insemination—collect by vibrator, drawn into a syringe and slowly injected.
- Retrograde ejaculation may be treated with medications.
- Procedure: electroejaculation, IUI & IVF.

HOW CAN THEY HELP PARTNER TO ADJUST WITH BODY AFTER INJURY

- Understand body first, its unique, so issues are unique, too.
- It can take time to understand how body works & manage problems.
- They should take time to figure out what each of them finds pleasing and exciting.
- What they did before injury may work for them. If not, person or partner can be creative and open to exploring new ways to find sexual satisfaction.
- Using humor and being playful are keys to having a more interesting, enjoyable and mutually pleasurable experience.

- Keep an open mind along with an honest and open line of communication.
- This involves self-awareness and possibly self-exploration to get a clear sense of what needed sexually.
- They may likely experience a few setbacks like issues with bowel, bladder, and spasticity.
- Communicate & listen to each other, talking or writing or any way & be flexible.
- The goal is to talk about any issues or concerns and work together to solve problems and resolve concerns.

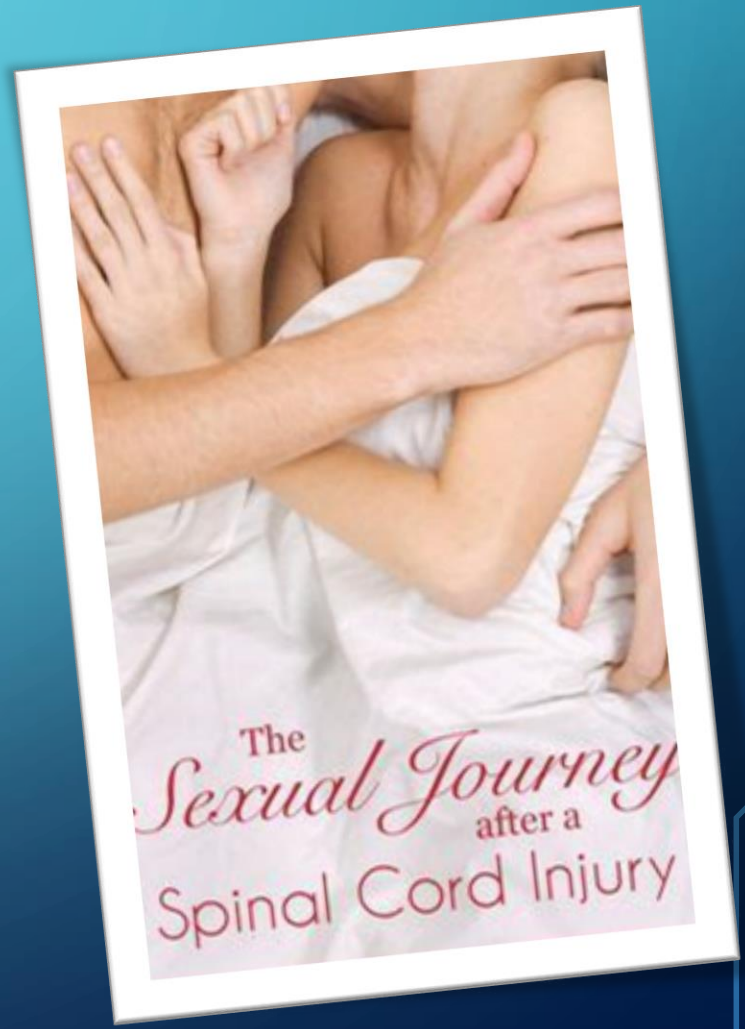
HOW TO KEEP THE ROMANCE ALIVE IF PARTNER IS ALSO CAREGIVER

- Do everything to keep the role of the caregiver separate from that of a romantic partner.
- Be as independent as possible.
- Have set times when caregiving tasks are needed and set other times, like a date night, when there is romance without caregiving.

- Keeping these roles separate will help to avoid confusing and blurring the two roles.

ROMANCE WHEN YOU'RE THE PARTNER OF AN SCI SURVIVOR

- Resentment is almost inevitable, particularly in the early days.
- Taking the partner on a special outing.
- Complimenting him or her every day—
  but not for achievements related to the SCI.
- Telling the partner how attractive they are.
- Surprising partner with a gift or outing.
- Communicate, Communicate, Communicate
- Key to long-term relationships and romance



JOURNEY AFTER SUCCESSFUL REJUVENATION

THANK YOU !