Understanding sexual function and reproductive health is an important factor for improving overall well-being and quality of life after paralysis. While the range of sexual options may be different, sexual satisfaction is possible no matter the level or completeness of your injury. To better understand your options and clear up misconceptions, it is best to address the sometimes challenging physical, emotional, and psychological issues around the topic.

**Q: How does SCI affect sexual function for men?**
A: Like the challenges to other bodily functions at or below the level of the injury, a spinal cord injury may affect your ability to get an erection and ejaculate. Both require a high degree of coordination and interaction between nerves, the penis and the brain. There may also be a direct and indirect impact from the emotional and psychological adjustments associated with sexuality. A holistic approach should be taken that includes the range of factors that influence one’s sexual life and satisfaction...

**Q: How does upper motor neuron impact sexual function versus lower motor neuron?**
A: While each person’s function is unique, most experience changes depending on the level and severity of the injury. Orgasm is a distinct neurological event that is controlled at the S3-5 level. If messages from the brain are unable to reach this spinal cord segment, penile response may be limited. Reflexogenic erections from touch are possible in most men with complete upper motor neuron (T11 and above) injuries. However, since arousing thoughts, sights or sounds from the brain cannot get through the damaged spinal cord, psychogenic erections and the ability to ejaculate are not usually possible. For men with complete lower motor neuron (T12 and lower) injuries, psychogenic erections may be possible but reflexogenic erections and ejaculation are usually not. It is important to remember that other arousal sensations above the level of the injury are unaffected.

**Q: What type of sexual aides help with sexual activities?**
A: Sexual pleasure is individual so be open to exploring different options as sexual aides. While emotional intimacy and mental arousal can enhance sexual satisfaction, you can talk with your doctor about other interventions that may be possible. Nonmedical approaches and devices, such as vacuum pumps, penile rings and vibrators, should...
be tried before medications or invasive treatments. (Caution should be used with penile rings as leaving them on too long can cause problems.) Erectile dysfunction (ED) drugs can improve the quality of erections and satisfaction with sex life, yet autonomic dysreflexia (AD) risks and potential side effects should be considered. Surgical implantation is often the last treatment option for ED because it requires a permanent penile device.

Q: How do I manage AD with sex?
A: For individuals with spinal cord injuries at the level of T6 or above, sexual activity, especially orgasm or ejaculation, can trigger autonomic dysreflexia (AD). While emerging scientific research suggests that mild to moderate signs of AD are not necessarily medically dangerous, it is important to remain watchful for flushing in the face, headaches, nasal congestion, changes in vision and other signs of AD. Before having sex for the first time after injury, be sure to talk to your healthcare team about the risks, management and treatment of AD. Stop activity immediately and sit up for treatment at AD onset during sexual activity. Consult with your physician about the increased risk and alternate treatment for AD if you are taking erectile dysfunction (ED) drugs. The standard medication for AD can’t be used with ED drugs. Also note that priapism (prolonged erection of the penis) is a risk while taking ED drugs and if your erection lasts longer than four hours you will need to go to the emergency room.

Q: I was a virgin when I became injured, how should I handle that?
A: Your sexuality is an important part of who you are. Don’t be afraid to speak with someone trained in understanding sexual function with SCI about how to remove the hurdles to having a positive sexual experience. You may want to speak with your urologist or a peer mentor who lives with SCI about what to expect during your first sexual experience with a SCI. Check to see if your rehabilitation center offers a class or educational materials on sexuality. Self-exploration can be a first step in getting comfortable with your new sexual abilities and will help you guide a partner when the time is right to lose your virginity. You may find the book Is Fred Dead?: A Manual on Sexuality for Men with Spinal Cord Injuries to be informative.

Q: Can I father children after SCI?
A: Becoming a parent after paralysis is possible regardless of the level of injury. While the number of sperm that a man produces does not decrease, the movement of the sperm can be affected by an inability to ejaculate,
slower sperm mobility or retrograde ejaculation (with sperm traveling into the bladder). A number of options are available to overcome these challenges including in-home insemination procedures and medically assisted fertilization. Ask your urologist if sperm banking to secure parenthood in the future is an appropriate choice for you and your partner.

RESOURCES FOR SEXUALITY AND FERTILITY
If you are looking for more information or have a specific question, our information specialists are available business weekdays, Monday through Friday, toll-free at 800-539-7309 from 9am to 5pm ET or reach out to the following organizations:

Sexual and Reproductive Health After Paralysis booklet
From the Christopher & Dana Reeve Foundation.

Sexual Health Resources
CraigHospital.org/resources/sexual-function-for-men-after-a-spinal-cord-injury
From Craig Hospital.

Sexuality and Sexual Functioning After Spinal Cord Injury
MSKTC.org/lib/docs/Factsheets/SCI_Sexuality.pdf

Sexuality After SCI
www.SexualitySCI.org
From Mount Sinai Hospital.

Intimacy After Stroke
https://www.Stroke.org/redefining-sexuality

Sex and Relationship Facilitation Project for People with Disabilities
www.groups.yahoo.com/group/SARFP
Private Yahoo email forum.

Pleasurable Sexual Device Manual for People with Disabilities
Sexual device manual for persons with disabilities.

Sexuality and Reproductive Health Following Spinal Cord Injury

Sexuality After Spinal Cord Injury: Creating A Lasting, Transformative Resource
www.NewMobility.com/2019/02/sexuality-after-spinal-cord-injury
Article. New Mobility Magazine.

Sex Toy Roundup
www.NewMobility.com/2018/02/adaptive-sex-toys/
Article. New Mobility Magazine.

Intimacy After Injury
SEXUALITY AND FERTILITY FOR MEN

Article. Bard Care

Videos:

Sexability
SCI.Washington.edu/info/forums/reports/sexability.asp
Streaming video (62 minutes).

Conversations from the Bedroom: Sex after Spinal Cord Injury
SCI.Washington.edu/info/forums/reports/sex_sci_2011.asp
Streaming video (74 minutes).

Empowering Women with Spinal Cord Injury
www.Shepherd.org/more/resources-patients/women-sci-resource-videos
Video series from Shepherd Center.

Secondary Conditions of Spinal Cord Injury
Health Education Video Series
www.UAB.edu/medicine/sci/uab-scims-information/secondary-conditions-of-sci-health-education-video-series
Includes 59-minute video “Sexuality & Sexual Function”.

Dr. Mitchell Tepper’s videos
Vimeo.com/drmitchellttepper/videos
Dr. Tepper is an expert in the field of sex and disability.

The information contained in this message is presented for the purpose of educating and informing you about paralysis and its effects. Nothing contained in this message should be construed nor is intended to be used for medical diagnosis or treatment. It should not be used in place of the advice of your physician or other qualified health care provider. Should you have any health care related questions, please call or see your physician or other qualified health care provider promptly. Always consult with your physician or other qualified health care provider before embarking on a new treatment, diet or fitness program. You should never disregard medical advice or delay in seeking it because of something you have read in this message.

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