

Sexuality & Sexual Functioning After Spinal Cord Injury

December 2015

www.msktc.org/sci/factsheets

SCI Fact Sheet

It is natural to have questions about relationships, sex, and having children after spinal cord injury. This fact sheet will help you better understand your body and answer some common questions after injury.

What is sexuality?

Your sexuality is what guides your natural desire to bond with others through love, affection, and intimacy. Here are a few ways you might express your sexuality.

- **Emotional connections**—feeling close to someone
- **Physical contact**—acts of touching such as holding hands, hugging, kissing, cuddling, and sexual activity.
- **Sexual identity**—how you think and feel about yourself and your desires for the opposite sex, same sex, or both.
- **Gender identity**—the gender you feel you are “inside” (your body may or may not match the gender you feel you are).

How does spinal cord injury impact sexuality?

Loss of muscle movement, sense of touch, and sexual reflexes often occurs after spinal cord injury (SCI). How this loss effects arousal, orgasm, and fertility depends on your level of injury and whether your injury is complete or incomplete.

- To learn more on the nervous system and about complete and incomplete injuries, please see [“Understanding Spinal Cord Injury: Part 1—The Body Before and After Injury”](http://www.msktc.org/lib/docs/Factsheets/SCI_Understand_Spin_Crd_Inj_Prt1.pdf) at http://www.msktc.org/lib/docs/Factsheets/SCI_Understand_Spin_Crd_Inj_Prt1.pdf.

You may not have a strong desire for sex when first injured, but your desire will likely increase over time as you learn to manage self-care and understand your body after injury. If not, talk to your doctor. It is possible your medications are interfering with sexual desire. Changing medications may help.

SCI may also impact how you think and feel about yourself. Some people may not feel desirable after SCI. However, loss of movement or sensation does not change the fact that you are a desirable sexual being. You are more likely to feel desirable and want to fully express your sexuality if you understand your body and feel comfortable with yourself and your personal identity. This fact sheet will help you.

Is dating different after injury?

Here are a few ways dating is usually the same as before your injury.

- You increase your opportunities to meet people by making yourself available to meet them. This might be online dating or getting out and meeting people.
- You have to ask for a date to know if he or she will go out on a date with you.
- It is just as important after injury as it was before your injury to practice safe sex to prevent pregnancy and contracting sexually transmitted infections/diseases.

Here are a few ways dating may be different.

- You will probably be asked about your injury and how you manage daily activities. Be ready to respond in a way that is comfortable for you.
- You may need to balance your dating schedule with a caregiver’s schedule.
- You may be living with a family member or someone else after your injury. If so, you may need to talk with them about setting up guidelines for bringing a date home, privacy, and personal space.

The contents of this fact sheet are based on research evidence and/or professional consensus and has been reviewed and approved by an editorial team of experts from [the Spinal Cord Injury Model Systems, which is sponsored by the National Institute on Disability, Independent Living, and Rehabilitation Research](http://www.msktc.org/sci/model-system-centers) (See <http://www.msktc.org/sci/model-system-centers> for more information).



Understanding Sexual Arousal

What is sexual arousal?

Sexual arousal is the body's response to your desire for sex. This includes an increase in heart rate, blood pressure, and breathing rate, and can include an increase in blood flow to the genitals to ready your body for sex.

- Women have an increase in vaginal lubrication to ready the vagina for easier, safer penetration.
- Men get an erection.

People without SCI are usually aroused through two pathways.

- **Reflex pathway**—Arousal that occurs in response to sensual touching.
- **Psychogenic pathway**—Arousal that occurs from psychological sexual sensations such as sexual thoughts, sights, smells, or sounds that turn you on sexually.

Sexual arousal after injury

One or both of your pathways for arousal may be blocked.

- Most people with SCI can be aroused by sensual touching. Try stimulating your body in sexual ways to find out if you become aroused. Does masturbation feel good? Does oral sex? You might also enjoy touching in areas like your neck, ears, nipples, and inner thighs.
- Some people with SCI, mainly those with an incomplete injury, may be aroused by psychological sexual sensations.
 - The more sensation you have in the area between your belly button and front pant pocket areas (upper outer thigh), the more likely you are to be aroused in your genitals by sexual thoughts, sights, smells, or sounds.

What can I do if I cannot get aroused after injury?

Talk to your doctor. Changing your medications may help with the problem. Often times, spasticity medications, pain medications, or antidepressants are contributing factors. If not, here are other actions that might help address the problem.

- Women—having your partner perform oral sex 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 you take a medication like sildenafil, tadalafil or vardenafil. If cannot, talk to your health professional about other options, which might include a constricting ring, vacuum suction device, injection of medications into the penis, or a surgically implanted penile prosthesis.

Understanding Orgasm and SCI

What is orgasm?

An orgasm is a reflex response of the nervous system that feels good and relaxes you.

Orgasm after injury

Most people with SCI can still have orgasms. Here are some important facts to know.

- Stimulation to the genitals is usually a good way to achieve orgasm.
- Sensual touching in the area where your sensation changes (at your injury level) may help to achieve orgasm.
- Achieving an orgasm generally takes longer and may feel “different” than it did before your injury.
- Women—using a vibrator is helpful for achieving an orgasm.
- Men—often have orgasms where the semen goes back into the bladder instead of coming out through the penis (also known as retrograde ejaculation).
- Orgasms are often followed by a decrease in spasticity.

What can I do if I cannot have an orgasm after injury?

Remember, sexual activity can be great fun with or without orgasm, but here are some potential options.

- It is important that you and your partner not give up too soon. Sometimes it just takes time and practice.



- Try masturbating with or without a vibrator.
 - If your injury is at or above T6, you should be careful and watch out for headaches and other signs and symptom of Autonomic Dysreflexia (AD). If that happens, stop activity, check your blood pressure, and ask your doctor to review your medications to see if they can be adjusted. For more information about AD, please read “Autonomic Dysreflexia” (Coming Soon).
- Talk to your doctor about using medical devices.
 - Men—a high amplitude vibrator held against the head of the penis may stimulate ejaculation.
 - Women—a gentle suction device can help increase the ability of the clitoris to respond so you can achieve orgasm.

Understanding Fertility and SCI

What is fertility?

Women become pregnant when sperm, which is in semen, fertilizes an egg.

Can I have children after injury?

Yes! You decide to have children in much the same way as anyone else. You consider the demands and challenges of parenting and how you might manage them. Here are other facts to consider when deciding whether or not you want to have children.

- Men and women of all levels of injury have had children after their injury. You can too if you choose.
- The positive aspects of parenting usually outweigh the difficulties.
- <http://www.lookingglass.org/> and <http://www.disabledparents.net/> are good online resources for people with SCI who are or want to be parents.
- You need to practice safe sex if you want to prevent pregnancy
 - Condoms are considered the best choice for both men and women with SCI.
 - Women—talk to your doctor if you are interested in birth control options other than condoms.
 - Intrauterine devices and diaphragms are generally not ideal if you have problems with sensation and insertion.
 - The pill is not usually recommended because it increases your risk for developing a blood clot (deep vein thrombosis).

Do women have problems getting pregnant after injury?

There is usually a brief pause in your period when you are first injured. You can naturally become pregnant, carry, and deliver a baby once your period returns. Contact your doctor if your period does not return with a few months after injury.

You are at higher risk for common secondary complications of SCI during pregnancy, but you can prevent problems or manage problems if they develop. It is best that you have an obstetrician who understands, or is willing to learn, the facts about pregnancy, labor and delivery for women with SCI.

- For more information on pregnancy, labor and delivery, please read “[Pregnancy and Women with Spinal Cord Injury](http://www.msctc.org/sci/factsheets/Pregnancy)” at <http://www.msctc.org/sci/factsheets/Pregnancy>.

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.
- Sperm may be unable to swim to fertilize the egg (also known as poor sperm motility).

Urologists who are experienced in SCI can offer treatment options.

- In-Home Insemination—if a high amplitude vibrator can stimulate ejaculation, the semen can be collected in a clean cup. The semen can be drawn from the cup into a syringe. The syringe can be inserted into your partner’s vagina, and the semen is slowly injected.
 - Retrograde ejaculation may be treated with medications.
 - Vibratory stimulation may cause Autonomic Dysreflexia if your injury level is T6 or above.
- Medically assisted procedures—doctors may use methods such as electroejaculation, intrauterine insemination, or in vitro fertilization.

How can I help my partner adjust to changes with my body after injury?

Here are some tips for both you *and* your partner.

- Understand your body. This fact sheet is only a starting point to begin to understand how your body might change after injury. Your body is unique, so your issues are unique, too. It can take time to understand how your body works and manage problem issues.
- Take the time to figure out what each of you finds pleasing and exciting. What you did before your injury may work for you. If not, you and your partner can be creative and open to exploring new ways to find sexual satisfaction.
- Have fun. 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. Below are some helpful suggestions:
 - **Know what you want to communicate.** This involves self-awareness and possibly self-exploration to get a clear sense of what you want or need sexually.
 - **Communicate your needs to each other.** Talking about sex can be difficult, so you will want to communicate in a way that makes both you and your partner feel comfortable. Some couples find it helpful to write down their needs. The goal is to talk about any issues or concerns and work together to solve problems and resolve concerns.
 - **Listen to each other.** Healthy communication requires give and take. Listen and be open to your partner's response, just as you would like your partner to do for you. Listening to your partner can help resolve issues in a way that satisfies both partners. This includes paying attention to body language.
 - **Be flexible.** Couples commonly need time to get comfortable with each other. You will likely experience a few setbacks. For example, there may be issues with bowel, bladder, and spasticity. However, you and your partner should be able to manage issues as you continue to communicate, listen, and remain flexible.

How do I keep the romance alive if my partner is also my caregiver?

Do everything you can to keep the role of the caregiver separate from that of a romantic partner. This will better allow you to enjoy each other when you are feeling romantic. Here are some tips.

- Be as independent as possible. Learn to do as much as you can with your self-care and other daily living activities. This will limit the amount of help you need from a caregiver.
- 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 you to avoid confusing and blurring the two roles.
- Hire a personal care attendant (PCA) to take on some caregiving tasks if you can. You may qualify for programs that can help if you cannot pay for one. Some agencies that you might contact are your state's Vocational Rehabilitation Services, your local Independent Living Center, or the Department of Veteran's Affairs if you are a veteran.

Who can I talk to if I have problems or questions?

Most problems have a solution, and professionals who know about sexuality *and* issues of SCI are your best option to find solutions. They can provide you with accurate information, treat you with respect, and ensure confidentiality answering your questions.

- Talk to a doctor or nurse about medical needs.
- An occupational therapist or physical therapist can be helpful in suggesting equipment needs.
- An experienced counselor, psychologist, social worker, or sex therapist can usually help individuals and couples work through relationship problems and identify other helpful resources.

Authorship

Sexuality & Sexual Functioning After Spinal Cord Injury was developed by Marcalee Alexander, M.D., Trisha Hicks, MSW, LSW, M.Ed., Mindy Aisen, M.D., and Phil Klebine, M.A., in collaboration with the SCI Model Systems Knowledge Translation Center.

Disclaimer: This information is not meant to replace the advice of a medical professional. You should consult your health care provider regarding specific medical concerns or treatment. The contents of this fact sheet were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90DP0012). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this fact sheet do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.

Copyright © 2015 Model Systems Knowledge Translation Center (MSKTC). May be reproduced and distributed freely with appropriate attribution

