

SCI PHYSICIAN RESOURCE- SEXUAL HEALTH

Goal:

Sexual functioning is an important part of overall well being, although after SCI it may be quite a different process it can be satisfying.

Assessment:

- previous sexual history (inc. STIs; orientation; preventative (i.e. paps) etc)
- anxieties regarding current sexual abilities
- what function do they currently have; what aids or modifications are made
- do they suffer from Autonomic Dysreflexia which could be worsened by sex (condition of unopposed sympathetic hyperactivity which can lead to serious health risks (seizure, stroke, death) occurring in those with lesions at T6 or above)
- Discuss the potential for discovering and developing new areas of the body that may stimulate sexual arousal (erogenous zones) and lead to sexual pleasure and possible orgasm.

Preventative Screening:

As per general population (*however not often done*)

- STI screening prn
- cervical (pap)
- Breast
- Testicular
- Prostate

Testosterone- consider bioavailable testosterone

Treatment of Dysfunction:

- provide resources for sex education, counseling, and sex therapy when indicated.
- recommend to patient that they expand their sexual repertoire (may need aids; different techniques; positions)

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ED

PDE5 inhibitors can be successful (most successful in men can get reflex erections)

Intracavernosal injections can be successful in those who don't respond to PDE5 inhibitors

Vacuum devices

MUSE (Male Urethral Suppository for Erection) ineffective in SCI

FEMALE

External devices available to enhance genital arousal and orgasm

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