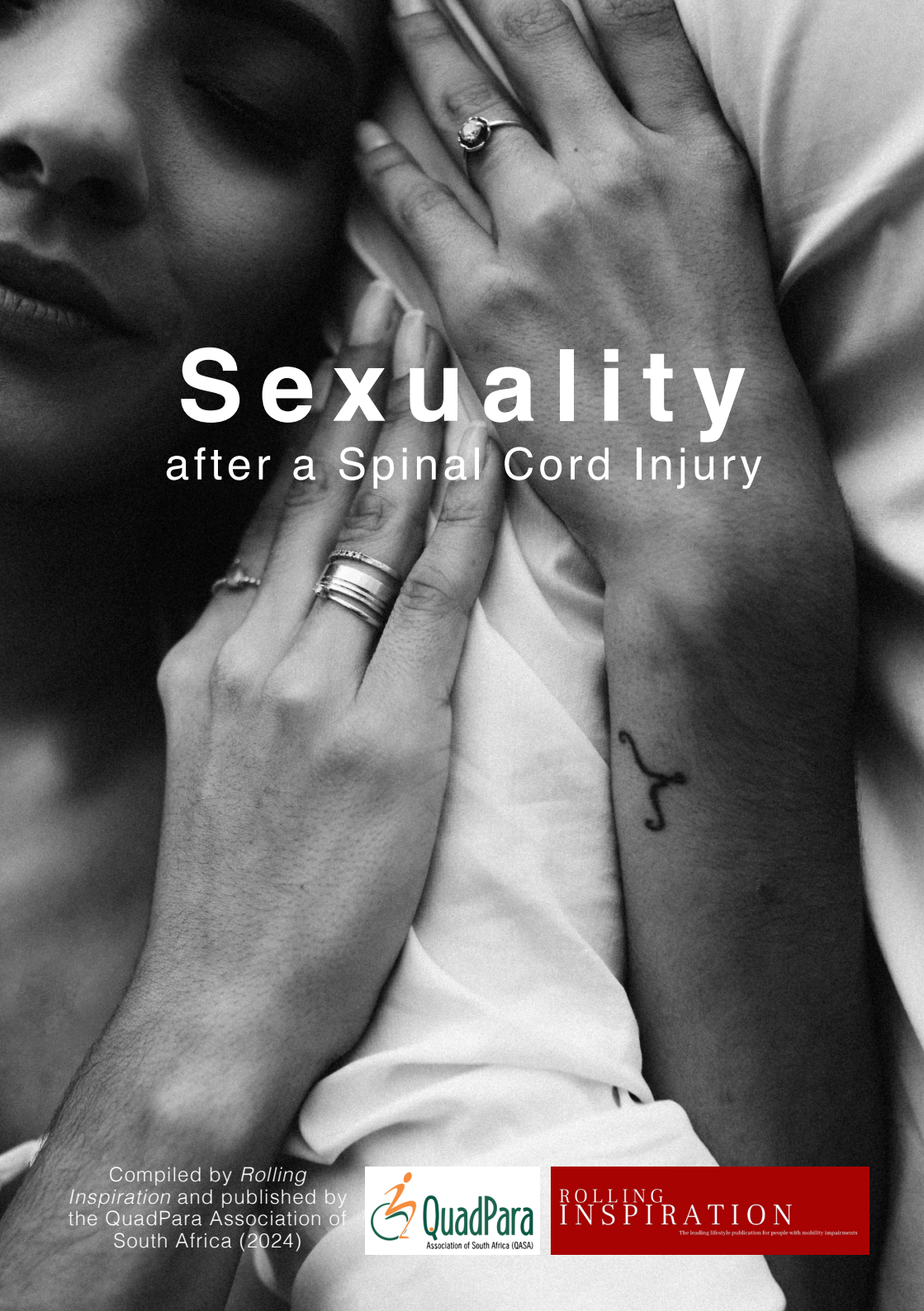




Sexuality

after a Spinal Cord Injury

Compiled by *Rolling Inspiration* and published by
the QuadPara Association of
South Africa (2024)



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This publication is compiled by *Rolling Inspiration* and published by the QuadPara Association of South Africa (QASA) in partnership with Charis Psychological Services.

Please consult your doctor for any information pertaining to physiological sexual function.

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We have numerous practices across Gauteng and are here to help.

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Foreword

Sexuality is a fundamental aspect of human identity, and experiencing changes in sexual function due to a spinal cord injury (SCI) can be challenging and sometimes overwhelming. However, it's crucial to recognise that these changes do not diminish your ability for intimacy, pleasure, and connection. Instead, it calls for a shift in perspective and a deeper understanding of your body and its capabilities.

This booklet serves as a roadmap to reclaiming and embracing your sexual wellness as we discover the intricate landscape of sexual health post-SCI together. In the sections that follow, we delve into the various dimensions of intimacy and pleasure, addressing both the physiological and emotional aspects of sexual wellness.

Each section is meticulously crafted to provide accurate information, practical insights, and valuable tips to empower you on your journey

toward sexual fulfilment and well-being. Additionally, we answer frequently asked questions, ensuring that no topic goes unexplored and no concern goes unanswered.

It's important to approach sexuality with openness, curiosity, and compassion, both for yourself and for others. By embracing your unique journey and the support available to you, you can cultivate a fulfilling and satisfying sexual life, regardless of the challenges presented by SCI.

I commend you for taking this step towards understanding and nurturing your sexual health. May this booklet serve as a guiding light, offering knowledge, support, and encouragement as you navigate the intricacies of sexuality with resilience and grace.

With warm regards,
Dr Danie Breedt

Psychologist and Managing Director
of Charis Psychological Services



About Danie Breedt

Dr Danie Breedt is a passionate scholar-practitioner in the field of psychology. He divides his time between training, research and clinical practice. Danie works from an integrative interactional approach in psychotherapy, dealing with a wide range of emotional difficulties and sexual rehabilitation for patients with disabilities. He is the co-owner of Charis Psychological Services, a psychology practice that specialises in physical rehabilitation across South Africa.

A Sexual Roadmap

Embarking on the journey of intimate relationships after spinal cord injury (SCI) requires a thorough understanding of the physical aspects and anatomy related to sex. We'll explore the intricacies of sexual anatomy, the impact of SCI on various functions, and how individuals can navigate this terrain to cultivate fulfilling and satisfying intimate lives.

UNDERSTANDING SEXUAL ANATOMY

To navigate the landscape of sexual pleasure after a SCI, it's crucial to have a clear understanding of sexual anatomy. While the specifics can vary based on individual experiences, a basic knowledge of key structures can be empowering.

The spinal cord plays a central role in transmitting signals between the brain and the rest of the body, including the genital region. In the context of sexual function, messages related to arousal, sensation, and response pass through the spinal cord. The level and extent of SCI can impact these pathways, influencing various aspects of sexual function.

For both men and women, the genital region is a focal point of sexual anatomy. In men, the penis and testicles are key structures, while in women, the clitoris, vulva, and vagina play central roles. Understanding how these structures function and

respond to stimulation is essential for individuals with a SCI as they navigate their sexual journey.

IMPACT OF SCI ON SEXUAL FUNCTION **ERECTILE FUNCTION**

For men with a SCI, issues related to erectile function may arise. The severity of the injury often determines the extent of erectile challenges. Understanding the various options available can empower individuals to make informed decisions about their sexual health.

CHANGES IN SENSATION

SCI can lead to changes in sensation, affecting the ability to perceive touch, temperature, and pressure. It's crucial to explore the areas of heightened sensitivity and share with partners what feels pleasurable. Experimenting with different forms of stimulation and focusing on the connection between partners can contribute to a more satisfying intimate experience.

DECREASED LUBRICATION

SCI can disrupt the autonomic nervous system, which regulates functions like vaginal lubrication. As a result, women with a SCI may experience decreased natural lubrication, making sexual activity potentially less comfortable. The use of artificial lubricants can be helpful in addressing this issue.

AUTONOMIC DYSREFLEXIA

WHAT IT IS

Autonomic Dysreflexia (AD) is a potentially life threatening spike in blood pressure that can lead to seizure, stroke or death. Symptoms include a blood pressure reading over 200/120 mmHg, intense headache, profuse sweating, hot flushes, goose-bumps, and stuffiness of the nose.

CAUSES OF AD

There are many causes to AD, including:

- Tight clothing or stockings,
- Blocked or twisted catheter,
- Urinary tract infection (UTI),
- Infected sores, burn wounds or ulcers,
- Infected or inflamed testicles (epididymitis),
- Pressing on or pinching

- the testicles,
- Menstruation, pregnancy, labour and delivery,
- Infection of the vagina or uterus, and
- Excessive use of a vibrator during or after orgasm.

WHAT CAN BE DONE?

Your doctor can prescribe 20 to 40 mg of Nifedipine to be taken 45 minutes before ejaculation or orgasm. Sitting the person up and dangling their legs over the bedside also helps.

NAVIGATING THE SEXUAL ROADMAP **COMMUNICATION**

Open communication with partners is fundamental in navigating the sexual roadmap after SCI. Discussing desires, concerns, and preferences

Fold first before cutting out.

2nd Fold

1st Fold

1st Fold

2nd Fold

AUTONOMIC DYSREFLEXIA (Medical Emergency Card)		 Association of South Africa (SASA)	
Autonomic Dysreflexia (AD) results from a sudden rise in blood pressure in an individual with a spinal cord injury (SCI), with a neurological level of T6 or above. The cause of AD is a pain stimulus below the level of injury, resulting in an unopposed sympathetic system discharge. Raising the blood pressure 20-40mm Hg systolic above the person's normal baseline blood pressure, may trigger the symptoms of AD.		If any symptoms of AD appear, ensure the following: • Keep the person in a 90° upright position. • Check there is free urinary drainage. • Check for distended bowel. • Check for ingrowing toenails and skin sores. • Assess for other possible noxious stimuli. • Hypertension should be treated medically if it persists with prescribed Nifedipine.	
Symptoms of Autonomic Dysreflexia • Increased blood pressure • Severe headache • Flushing & sweating above the level of the SCI • Bradycardia • Anxiety • Cardiac irregularities • Bronchospasm or respiratory distress • Goose bumps on skin above the level of the SCI If left untreated, this condition can result in seizure, retinal hemorrhage, stroke or in extreme cases, death.		Card Holder's Medical Information Name: Baseline Blood Pressure: Level of Injury: Emergency Contact: Relationship: Phone Number: 0860ROLLING	

creates a supportive environment where both individuals feel understood and valued. Partners can explore new ways of intimacy together, fostering a deeper connection.

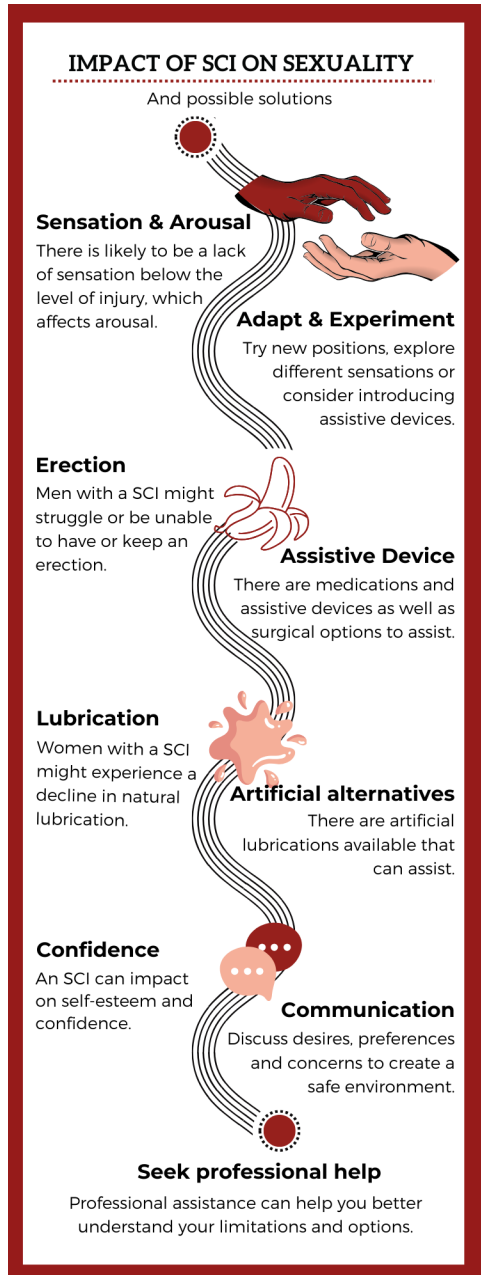
EXPERIMENTATION

Experimentation and adaptation are key elements in navigating the terrain of sexual pleasure post-SCI. Trying different positions, incorporating assistive devices, and exploring sensory stimulation can lead to the discovery of what works best for individuals and their partners. A willingness to be creative and adaptable contributes to a more fulfilling sexual experience.

PROFESSIONAL GUIDANCE

Professional guidance from healthcare providers, sexologists, and therapists can provide valuable insights and support. They can offer information about adaptive strategies, address physical and psychological concerns, and guide individuals on their journey to sexual fulfilment.

Navigating the sexual roadmap after a SCI is a journey of empowerment through knowledge and communication. Understanding sexual anatomy, acknowledging the impact of SCI on various functions, and embracing adaptation and experimentation contribute to a fulfilling and satisfying intimate life. By fostering open communication, seeking professional guidance, and approaching intimacy with curiosity and creativity, individuals with SCI can navigate this terrain with confidence and reclaim their sexual wellbeing. 



Unlocking Pleasure

A SCI can undoubtedly present unique challenges, but it's essential to recognise that pleasure and intimacy doesn't have to be lost.

For individuals navigating life after SCI, the landscape of sexual pleasure may undergo changes, but it is by no means diminished. The key to unlocking pleasure lies in a holistic approach that considers physical, emotional, and psychological wellbeing.

REDEFINING INTIMACY COMMUNICATION

Open and honest communication is the cornerstone of any successful intimate relationship, and this holds especially true for individuals with a SCI. Talking openly about desires, boundaries, and preferences creates a foundation for mutual understanding and respect.

Partners can explore new ways to connect emotionally and physically, fostering a deeper sense of intimacy.

EXPLORING NEW AVENUES

Creativity becomes a powerful ally in the pursuit of sexual pleasure after a SCI. Trying different positions, utilising assistive devices, and experimenting with sensory stimulation can open up new possibilities. The key is to approach intimacy with an open mind and a willingness to explore together.

ADAPTING TO CHANGES ROLE OF ADAPTATION

Adapting to changes in the body and finding new ways to experience pleasure is a common journey for individuals with a SCI.

Rather than focusing on what may seem challenging, and embracing adaptability can lead to the discovery of unique and fulfilling forms of intimacy. It's a process that requires patience, self-exploration, and a supportive partner.

SENSATION

The level of sensation after a SCI varies from person to person. Some may retain certain sensations, while others may experience diminished sensitivity. Understanding and exploring areas of heightened sensitivity can enhance sexual experiences.

Patience, communication, and a willingness to discover what feels pleasurable are crucial aspects of this exploration.

PROFESSIONAL GUIDANCE

Seeking guidance from healthcare professionals, sexologists, and therapists can be instrumental in navigating the journey to sexual pleasure after SCI.

Their expertise contributes to a comprehensive approach that considers both the individual's

wellbeing and the dynamics of their intimate relationships.

BREAKING DOWN STIGMAS

It's important to challenge societal stigmas surrounding sexuality and disability. The belief that individuals with a SCI can't experience pleasure perpetuates harmful stereotypes. By openly discussing and celebrating sexual pleasure after SCI, we contribute to a more inclusive and understanding society.

EMBRACING POSITIVE SELF-IMAGE

Developing a positive sexual self-image is an essential aspect of reclaiming pleasure after a SCI. This involves accepting the changes in one's body, acknowledging personal desires, and fostering self-love. Confidence in one's sexual self can positively influence intimate relationships and contribute to a more satisfying and fulfilling sex life.

Sexual pleasure after a SCI is a journey of exploration, adaptation, and embracing new possibilities. By prioritising communication, adapting to changes, seeking professional support, and challenging societal stigmas, individuals with a SCI can cultivate fulfilling and rewarding intimate lives.

Remember, pleasure is a personal and evolving experience, and each person's journey is unique. With the right mindset and support, individuals can embark on a path to rediscovering and enhancing their sexual pleasure after a SCI. 

REDEFINE INTIMACY

Tips for unlocking pleasure after SCI

Communication

Open and honest communication is the cornerstone of any successful intimate relationship.



Experiment

Trying different positions, using assistive devices, and experimenting with sensory stimulation can open new possibilities.



Adaptations

Rather than focusing on what may seem challenging, and embracing adaptability can lead to the discovery of unique and fulfilling forms of intimacy.



Sensations

Understanding and exploring areas of heightened sensitivity can enhance sexual experiences.

Professional Guidance

Seeking guidance from healthcare professionals, sexologists, and therapists can be instrumental.



Breaking down stigmas

By openly discussing and celebrating sexual pleasure after SCI, we contribute to a more inclusive and understanding society.



Positive self-image

Developing a positive sexual self-image involves accepting the changes in one's body, acknowledging personal desires, and fostering self-love.



Female Arousal

Women with a SCI can still enjoy sex, experience an orgasm and fall pregnant after their injury. While there might be a lack of sensation in certain areas, or the body might react differently to stimulation, it is still possible to have a fulfilling sexual life.

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Women with a SCI can still enjoy sex, experience an orgasm and fall pregnant.

MENSTRUATION AND FERTILITY

Women with a SCI may experience an interruption of their menstrual cycle for up to six months after their initial injury. When it returns, it may change in duration and intensity. If your hand function has been affected, you might need to switch from tampons or a cup to pads or period underwear.

AROUSAL

The vagus nerve (not part of the spinal cord and therefore unaffected by SCI) conveys the orgasmic messages between the brain and the genitals. Stimulation of the ears,

neck, breasts or mind (through fantasising) can provide orgasms.

External genitals (such as the clitoris) will lack sensation after a SCI and natural lubrication of the vulva and vagina is lost. Good water-based lubricants can be used during penetrative sex to minimise the risk of injury.

There is usually sensation at the g-spot (about two thirds of a finger into the vagina on the side nearest the belly button) and the A-spot (on the upper wall).

Studies have shown that the opening of the cervix (deep inside the vagina) is a major area of sexual arousal in women with a SCI.

GETTING INTIMATE

It is necessary to take some precaution when getting intimate with your partner. It is important to prevent pressure sores or skin damage from friction and pressure. When searching for a comfortable position, be careful to cause muscle or ligament damage. Pillows and other soft items can help with positioning yourself comfortably.

Consider your bowel and bladder routine to ensure it doesn't clash with any intended sexual activity. Your bladder should be emptied and incontinence products strapped or taped out of the way. 

Erections After SCI

For individuals with a SCI, the topic of erections can be a source of curiosity, concern, and sometimes misconception. Erections are a complex physiological process involving a combination of psychological, neurological, vascular, and hormonal factors. In a typical scenario, sexual arousal triggers the release of neurotransmitters that relax the smooth muscles in the penis, allowing blood to flow into the erectile tissues, resulting in an erection.

SCIs can disrupt the intricate network of nerves responsible for transmitting signals related to sexual function. The severity and location of the injury often determine the extent to which erections may be affected. It's essential to recognise that the impact varies widely among individuals, and not everyone with a SCI experiences the same challenges.

ERECTILE DYSFUNCTION (ED)

ED is a common concern for men with SCIs. The interruption of nerve pathways can interfere with the signals that trigger the relaxation of smooth muscles in the penis. As a result, achieving or maintaining an erection may be challenging. However, it's crucial to emphasise that ED after a SCI is not universal, and many individuals find ways to manage or overcome these challenges.

PSYCHOSOCIAL FACTORS

In addition to the physical aspects, psychosocial factors play a significant role in erectile function. Anxiety, depression, and changes in body image can impact sexual confidence and contribute to difficulties in achieving or sustaining erections. Addressing both the physical and psychological aspects is key to supporting overall sexual wellbeing.

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The impact varies widely among individuals, and not everyone with a SCI experiences the same challenges.

NAVIGATING ERECTION CHALLENGES **COMMUNICATION IS KEY**

Open communication with partners about changes in erectile function is essential. Discussing desires, concerns, and exploring new ways to experience intimacy can strengthen emotional bonds and foster a supportive environment. Partners can play a crucial role in creating a comfortable space for

individuals with a SCI to express their needs and desires.

ADAPTIVE STRATEGIES

Various adaptive strategies exist to address erection challenges after a SCI:

Medications

Phosphodiesterase type 5 (PDE5) inhibitors, such as sildenafil (Viagra), tadalafil (Cialis), and vardenafil (Levitra), are commonly prescribed to enhance blood flow to the penis and facilitate erections.

These will have differing durations, efficacy and side effects. They take about 30 minutes to work. Avoid alcohol and wait two hours after eating before taking the medication for the best results. Stimulation of the penis is still required. Engaging in foreplay and “sexy thoughts” can also assist.

Vacuum Erection Devices (VEDs)

These devices create a vacuum around the penis, drawing blood into the erectile tissues. This is done in mere minutes. A constriction ring is then placed at the base of the penis to maintain the erection while still allowing ejaculation during orgasm.

A condom can be fitted like normal. The ring can be used for 30 minutes without creating a pressure sore. For continued intercourse remove the ring, wait a few minutes and repeat the process.

Be sure to clean the pump before and after use. Using a water-based lubricant on the silicon ring to

make cleaning easier, and prevent damage to the ring. Avoid using the device if there are open sores, ulcers, cuts or skin lesions; if there is an indwelling catheter in place; or a major deformity of the penis such as Peyronie's Disease.

Intraurethral Suppositories and Injections

Medications can be inserted into the urethra or injected directly into the penis to stimulate blood flow. An injection will usually produce an erection within 10 to 20 minutes, which will last for about an hour or two.

Self-injecting may be difficult for a quadriplegic. A partner might need to learn how to give the injection. Options include the use of a “pen” such as those used by diabetics.

The medication should be used exactly as prescribed. The correct dosage should be determined by your doctor. Using too much will cause a prolonged erection, called a priapism, which can damage the penis.

The medication must be stored in a fridge and does not travel easily. Once mixed, it has a shelf life of two to three weeks. Penile injections should be restricted to once every few days as there is a risk of scarring and muscle damage from injecting in the same place too many times.

Penile Implants

Surgical options include inflatable

or semi-rigid penile implants, providing a more permanent solution for men who do not respond to other treatments. The device enables an erection by placing fluid into the system causing the prosthesis to fill out and provide the penis with a usable erection. Penile implants often create pressure areas as a result of prolonged seating and can damage the penis forever.

PSYCHOLOGICAL SUPPORT

Seeking support from mental health professionals or sex therapists can be invaluable. Addressing psychological factors, such as anxiety or depression, can contribute to a more positive mindset and enhance overall sexual wellbeing.

Navigating erections after a SCI is a journey that requires patience, communication, and a willingness to explore new avenues of intimacy. By understanding the mechanics of erections, acknowledging the impact of a SCI, and embracing adaptive strategies, individuals can work towards reclaiming a satisfying and fulfilling sexual life.

Erections after a SCI are a nuanced aspect of sexual health that can be managed and navigated with the right knowledge and support. By fostering open communication, exploring adaptive strategies, and addressing both physical and psychological aspects, individuals with a SCI can embrace the possibilities of a fulfilling and satisfying intimate life. 

STAYING ERECT

Strategies to help achieve and sustain an erection

Communication

Partners can play a crucial role in creating a comfortable space to express needs and desires.



Medications

Phosphodiesterase type 5 (PDE5) inhibitors are commonly prescribed to enhance blood flow to the penis and facilitate erections.



Vacuum

The device creates a vacuum around the penis to draw blood into the erectile tissues.

A constriction ring is then placed at the base to maintain the erection.



Suppositories and injections

Medications can be inserted into the urethra or injected directly into the penis to stimulate blood flow.



Implants

Surgical options include inflatable or semi-rigid penile implants, providing a more permanent solution.



Psychological support

Anxiety, depression, and changes in body image can impact sexual confidence and contribute to difficulties in achieving or sustaining erections. Addressing psychological factors can enhance overall sexual wellbeing.



Fertility and Pregnancy

Embarking on the path to parenthood involves understanding the unique challenges and considerations that come with this journey.

FERTILITY CONSIDERATIONS AFTER A SCI

IMPACT ON REPRODUCTIVE FUNCTION

A SCI can influence reproductive function in both men and women. For men, changes may include alterations in sperm production, ejaculation, and erectile function. Sitting for extended periods can increase the temperature of the scrotum to where sperm becomes infertile. Ejaculation might reduce to a dribble. This combination might impact on sperm quality and fertility. In women, fertility may be affected by disruptions in hormonal regulation and ovulatory processes. It's crucial to recognise that the impact varies widely based on the level and severity of the injury. Although the mechanisms around conception are affected, by and large, most people are still able to conceive after a SCI.

CONSULTATION WITH REPRODUCTIVE SPECIALISTS

Seeking guidance from reproductive specialists early in the process can answer some of the questions aspiring parents with a SCI have. Experts can conduct thorough assessments, provide insights and offer tailored advice on available options.

PREGNANCY CONSIDERATIONS

Pregnancy after a SCI is generally considered safe, but certain factors need careful consideration. The level and extent of the injury, overall health, and any pre-existing medical conditions should be discussed with healthcare providers. Regular check-ups and consultations throughout the pregnancy are crucial to ensure the wellbeing of both the parent and the developing baby. Practical considerations, such as wheelchair accessibility and adaptive equipment, should be addressed during pregnancy. Healthcare providers, physical and occupational therapists can offer valuable guidance on adapting spaces and routines to accommodate the unique needs of a parent with a SCI. Professionals with specialised knowledge about SCI will be able to explain and navigate the impacts that a SCI has on pregnancy and visa versa.

FERTILITY OPTIONS AFTER SCI ASSISTED REPRODUCTIVE TECHNOLOGIES (ART)

Individuals with a SCI who face fertility challenges have various options:

- **In Vitro Fertilization (IVF):** Eggs and sperm are combined outside the body, and the resulting embryos are implanted in the uterus.
- **Intracytoplasmic Sperm Injection (ICSI):** A single sperm is injected directly into an egg to

facilitate fertilisation.

- **Sperm Retrieval Techniques:** For men with a SCI who are experiencing challenges with sperm production or ejaculation, techniques like sperm aspiration or testicular sperm extraction can be explored.

ADOPTION AND SURROGACY

For those who may not be able to (or prefer not to) conceive biologically, adoption and surrogacy provide alternative paths to parenthood. These offer unique and fulfilling journeys to building a family and can be particularly rewarding.

NURTURING A SUPPORTIVE ENVIRONMENT

Building a supportive environment for parenthood begins with open communication between partners. Discussing desires, concerns, and expectations related to pregnancy and parenting fosters a strong emotional foundation. The emotional aspects of pursuing parenthood after a SCI can be challenging. Seeking support from mental health professionals, or support groups can provide individuals and couples with valuable tools to navigate this journey, and address any emotional or psychological challenges that may arise.

Fertility and parenthood after a SCI are nuanced aspects that require careful consideration. Parenthood after SCI is not only achievable but also an opportunity for personal growth, resilience, and the creation of a loving family. 

FERTILITY FACTS

To help you understand fertility and pregnancy after a spinal cord injury.



Parenthood is possible

Although the mechanisms are affected, most people are still able to conceive after a spinal cord injury.



Consult the experts

Regular check-ups are crucial to ensure the wellbeing of both the parent and baby.

Seeking guidance from reproductive specialists early in the process could answer your questions.



Consider the hardware

Practical considerations, such as wheelchair accessibility and adaptive equipment, may need to be addressed during pregnancy.



Assisted Reproductive Technologies (ART)

In Vitro Fertilization

Eggs and sperm are combined outside the body, and the resulting embryos are implanted in the uterus.

Intracytoplasmic Sperm Injection

A single sperm is injected directly into an egg to fertilise.



Sperm Retrieval Techniques

For men with SCI, techniques like sperm aspiration or testicular sperm extraction are available.

Adoption

For those who may not be able to (or prefer not to) conceive biologically, adoption and surrogacy provide alternative paths to parenthood.

Mental Health

Mental health professionals or support groups can help address any emotional or psychological challenges.



Sexual Wellness

Navigating intimacy and maintaining a satisfying sex life after a SCI requires creativity, adaptability, and open communication. SCIs often necessitate a re-evaluation of traditional sexual practices, which requires couples to explore new ways of connecting physically and emotionally. By embracing adaptability and a willingness to experiment, individuals with a SCI can discover a range of options that cater to their unique needs.

POSITIONING FOR COMFORT AND PLEASURE

Exploring different positions allows individuals with a SCI and their partners to find what works best for them. Experimenting with variations in angles, support, and body positioning can enhance comfort and accessibility. It's important to communicate openly about preferences and comfort levels to create a positive and enjoyable experience. Utilising pillows and supportive cushions can provide added comfort and help maintain desired positions. These accessories can be strategically placed to offer support to specific body parts, facilitating a more relaxed and enjoyable experience.

Investing in adjustable beds or furniture can significantly enhance the range of sexual positions available. These adaptations allow for easy adjustments to achieve optimal

comfort and accessibility, catering to the specific needs of individuals with a SCI and their partners.

ASSISTIVE DEVICES VIBRATORS AND SENSORY STIMULATION DEVICES

Incorporating vibrators and sensory stimulation devices can enhance sexual experiences by providing additional pleasure and excitement. These devices can be particularly beneficial for individuals with a SCI who may experience changes in sensation, offering a new dimension to intimacy.

LUBRICANTS AND MOISTURISERS

Changes in sensation and potential issues with natural lubrication can be addressed with the use of lubricants and moisturisers. Choosing products that are compatible with individual preferences and sensitivities can contribute to a more comfortable and enjoyable experience.

SEX SWINGS AND SLINGS

Sex swings and slings can be valuable tools for couples looking to explore new positions and enhance intimacy. These devices provide support and facilitate movement, allowing for a broader range of movement and subsequent sexual experiences.

COMMUNICATION DEVICES

For individuals with limited mobility, communication, devices

play a crucial role in expressing desires and preferences. Clear communication is key to ensuring both partners feel understood and engaged in the experience.

SEXUAL HEALTH

When engaging in sexual activity, there is always the risk of sexually transmitted disease including HIV/Aids, and pregnancy. There are several options available to prevent pregnancy, but male and female condoms are the only protection against sexually transmitted disease. Sexual partners are encouraged to get themselves tested before engaging in sexual activity, and regularly thereafter.

PROFESSIONAL GUIDANCE

Consulting with healthcare professionals, such as occupational therapists who specialise in individuals with a SCI, can provide valuable insights and personalised guidance. These experts can offer tailored recommendations based on an individual's specific needs and circumstances.

COMMUNICATE, COMMUNICATE, COMMUNICATE

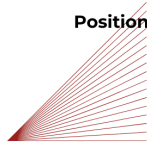
There is one concept that warrants highlighting as a golden thread throughout. The one theme that holds everything else together is communication. Sexuality, and all the aspects related to it, are in essence a form of self-expression. In order to regain meaningful sexual experiences we have to communicate our needs to our partners. We have to communicate our concerns

TIPS FOR FULFILLING SEX LIFE

From positioning to assistive devices

Positions, angles and support

Explore different body positioning, variations in angles and support to enhance pleasure, comfort and accessibility.



Pillows and supportive cushions

Use pillows and supportive cushions for added comfort and to help maintain desired positions.



Adjustable furniture

Invest in adjustable beds or furniture to enhance the range of sexual positions available.



Vibrators and sensory stimulation

Incorporating vibrators and sensory stimulation devices can enhance sexual experiences by providing additional pleasure and excitement.



Lubricants and moisturisers

Lubricants and moisturisers that are compatible with individual preferences and sensitivities can contribute to a more comfortable and enjoyable experience.



Swings and slings

Sex swings and slings provide support and facilitate movement, allowing for a broader range of movement and subsequent sexual experiences.

and uncertainties to professionals that can give us sound input. We have to explore how our body “communicates” differently in relation to arousal and sexual stimulation. You cannot over-communicate. 

Debunking Myths

Having with a SCI can bring about various challenges. Misconceptions about sexuality often contribute to anxiety and uncertainty that can inhibit satisfying intimate experiences. Here are a few common myths about sexuality and SCI, as well as the reality.

THE BRAIN AS THE ULTIMATE SEXUAL ORGAN

Misconception: After a SCI, I won't be able to have sex.

Reality: False. The most crucial sexual organ is the brain. The way a person engages in sex may change post-SCI. Creativity and playfulness become essential. The ability to explore new avenues and communicate openly about desires can lead to satisfying and rewarding sexual experiences. The impact of SCI on sexual function depends on the injury's location and the presence of sensation, but it is possible to find ways to adapt and enjoy fulfilling sexual lives.

MEETING PARTNER'S NEEDS

Misconception: I won't be able to satisfy my partner's sexual needs.

Reality: False. Open communication is key. Discussing each other's desires fosters a deeper understanding of what brings pleasure. An empowering way to approach sexual desire is to focus on what you have left (e.g. sensation and mobility) after your SCI rather than what you have lost.

There are partners of individuals with a SCI who report that, post-injury, sex can be more fulfilling. The focus should be on mutual satisfaction, with an emphasis on understanding and adapting to each other's personal preferences to create richer and more gratifying sexual experiences.

FEAR OF RELATIONSHIP STRAIN

Misconception: My partner will leave me because I can't satisfy his/her needs sexually.

Reality: False. Sexuality is just one aspect of a person. A relationship encompasses numerous factors such as emotional connection, spiritual beliefs, hobbies, and personal interests. While sexual fulfilment is important, it's not the sole ingredient of a "successful" relationship. Prioritising mutual satisfaction and addressing various needs contribute to a healthy and enduring connection.

Focusing solely on the sexual aspect can lead to a limited view of a relationship and potential dissatisfaction if other dimensions are neglected. Although it is common to focus on an area in a relationship that we feel is lacking, paradoxically, if you prioritise intimacy, open communication and emotional connection the physical aspects tend to resolve itself.

FERTILITY CONCERNS

Misconception: I can't have children because of the SCI.

Reality: False. Fertility is a complex matter, and a SCI doesn't automatically exclude parenthood. Both men and women with a SCI may still be able to conceive. The injury itself doesn't cause infertility, and with the right guidance from a sexologist or medical professional, individuals can explore parenthood options that align with their goals through a tailored option.

EMBRACING DIVERSITY IN EXPERIENCES

It's essential to acknowledge the diversity of experiences within the SCI community. While some may encounter challenges, others find growth, intimacy, and deeper connections post-injury. Understanding that there are adaptive strategies and resources available can empower individuals to navigate changes and embrace their sexuality in new ways.

CONCLUSION

Debunking these misconceptions is vital for individuals with SCIs to lead fulfilling and satisfying lives. By recognising the importance of communication, adaptability, and seeking professional guidance, those affected by a SCI can cultivate healthy relationships and maintain a positive and inclusive view of their sexual wellbeing. Remember, sexuality is a multifaceted aspect of life, and with the right support, individuals can thrive in their intimate relationships after a SCI. 

MYTHS VS TRUTHS

About sexuality with a spinal cord injury

MYTH

After a spinal cord injury, I won't be able to have sex.

TRUTH

By exploring new avenues and communicating openly about desires, you have satisfying and rewarding sexual experiences.

TRUTH

There are partners who report that post-injury sex can be more fulfilling. Discussing each other's desires fosters a deeper understanding of what brings pleasure.

MYTH

I won't be able to satisfy my partner's sexual needs.

MYTH

My partner will leave me because I can't satisfy their needs sexually.

TRUTH

Sexuality is just one aspect of a person. While sexual fulfilment is important, it's not the sole ingredient of a "successful" relationship.

TRUTH

Fertility is a complex matter, and having a spinal cord injury doesn't automatically exclude parenthood. Consult with a sexologist and medical professional to explore options.

MYTH

I can't have children because of the spinal cord injury.

Frequently Asked Questions

Here follows some of the frequently asked question that people with SCI might have:

How much sexual function will return after my spinal injury?

This depends on the extent and severity of your injury. As the initial spinal shock dissipates, a slight improvement in motor and sensory function usually occurs. With physiotherapy and occupational therapy, further gains could be made. A number of interventions are available to assist the sexual rehabilitation process.

Is it okay to use a vibrator or dildo for stimulation?

Of course, but insert these into body cavities with reduced or no sensation cautiously as injury can occur. Use a condom over the device and liberal quantities of water-based lubricants.

Women can use vibrators or dildos to locate their G or A-spot, and to explore sensations around the mouth of the cervix at the deepest point of the vaginal sheath. If your hand function is limited, ask your partner to do this for you.

Vigorous use of a vibrator or sex toy could set off an Autonomic Dysreflexia response in patients with cervical injuries. If symptoms occur stop using the device immediately.

Will I have a mishap during sexual intercourse?

You can help reduce that possibility by voiding the bowels and limiting fluid intake prior to intimacy, but you should still keep a towel, sanitary pad and urinal ready nearby just in case the need arises.

By explaining to your partner how the SCI has affected your bowel and bladder functions, and that accidental leakage can sometimes occur, they will have more understanding and acceptance when it does happen.

An open and honest discussion of all possible mishaps with your partner will usually help to dispel a lot of their anxiety, resistance and tension around the subject. If there is an incident, humour and a quick clean up is all that is needed before carrying on.

What if I have spasms during intercourse?

Spasms can usually be brought under control by applying pressure to the area in spasm or by medication. It is important to share this information with your partner and to explain to them that you have little or no control over the spasms when they occur.

Some people with a SCI have spasms during intercourse or orgasm. This is not altogether bad, and if both

parties are aware of the possibility of spasms, then the occurrence of a spasm can be used to enhance sexual activity instead of being an impediment.

How do I have sex with a catheter?

Foley and condom catheters can be removed for intercourse and replaced again afterwards. Sometimes, especially with a new sexual partner, you may want to remove an indwelling catheter when the partner is not present as some persons find the tubes and bags off-putting.

A lot of undue stress and pressure could be avoided by educating and explaining to your partner the reason for catheterising and the method required.

Men capable of achieving and maintaining an erection can fold the catheter tube back along the length of the erect penis and secure it by applying a condom in the normal way. An indwelling catheter is usually needed because of the extent of your paralysis or because of limited hand function, which makes it difficult or impossible to self-catheterise.

You may want to change to supra catheterisation. This is a reversible process performed by a urologist or doctor that involves a small incision under anaesthetic and insertion of a short catheter tube through the pubic area into the bladder. This process leaves the penis free to perform sexual function.

Supra pubic catheterisation reduces the risk of infection considerably and, if the bladder allows, can be fitted with a drain tap that eliminates the need for a leg bag.

Women can have intercourse with an indwelling catheter in place as the opening of the vagina should not be obstructed. To prevent mishaps or discomfort, it helps to tape the catheter tube out of the way against the abdomen with surgical tape or plaster. The tape can be removed again after intimacy.

Remember to reinsert or replace the catheter to its normal functional state as a twisted catheter tube can cause Autonomic Dysreflexia.

Can I use any lubrication for sexual intercourse?

Yes! Water-based lubricants are recommended. As an added bonus, water-based lubricants can easily be cleaned by just rinsing in water.

DO NOT use oil-based lubricants as these can cause irritation, infection, and silicon or latex rubber (used in condoms) breakdown.

When using a vibrator or dildo it is a good idea to put a condom on the device while it is being used. Afterwards the condom can be removed and the device remains clean and is unaffected by lubricants or possible infective body fluids.

How can I be aroused if I do not feel my penis/vagina?

It might require some

experimentation with new sensations, positions, imagination or assistive devices, but you are able to experience arousal. Memory can also be powerful in arousal.

Watch your partner as they explore your body and remember what it used to feel like being touched or caressed there. Fantasising can play an important role in redefining your sexuality.

Ask your partner to say what they are feeling as they explore areas of your body where you have no sensation. Prompt them with requests and suggestions. Ask them to place areas of their body they want stimulated within reach of your mouth and tongue.

How must my partner transfer me to bed for intercourse?

During your rehabilitation, you should be taught how to transfer from your wheelchair to a motor vehicle or a bed. The process during intimacy remains the same! You need to instruct or guide your partner though, as they need to find out how best to facilitate the process.

If you are a male, and you have an adventurous partner, it is quite possible to have intercourse while seated in your wheelchair. Remove, or fold away, the armrests and make sure the wheelchair brakes are on.

Your partner can then sit on your lap either facing you or with their back turned to you.

When will I get my period again?

One out of two women stop menstruating after a SCI for up to about six months. When menstruation resumes it could be different in duration and intensity.

It is important to note that ovulation is not interrupted. You are still fertile and can fall pregnant even without your menstruation being present.

Can I still have children?

It is possible to have children, although in some cases, it might be necessary to seek medical assistance or consider adoption.

Do I still need an annual check up at the gynaecologist?

Yes! Your SCI does not decrease your chances of health problems. Pelvic and breast examinations should continue even if you no longer have sensation in these areas.

It is a good idea to ask your regular physician to recommend a gynaecologist in your area who specialises in, or is familiar with, SCI.

What do I do if my partner feels like my nurse now?

If at all possible, try to get another person to assist as your caregiver. This will allow your spouse to retain their role as partner, friend and lover while getting used to your physical changes at their own pace.

How do I know that I am turned on if I don't get an erection?

Arousal mostly starts in the brain! There are many signs in your body

that indicate arousal. Usually, your heart rate will increase, you'll breathe heavy and experience heightened sensitivity. It can help you to focus on the entire body and discovering new areas of sensation that indicate you are aroused.

Will my partner leave me for someone else?

Be open, honest and forthright about your fears and concerns with your partner. Be bold and ask them what they want from you sexually.

You may be surprised to find out that their definition of intimacy centre around mutual respect, trust and love. Rediscover and redefine your intimacy by spending more time together, cuddling, kissing and caressing.

I use a constricting ring on my erection. Is this dangerous?

Constricting rings prevent blood from draining out of the penis and should be removed after 30 minutes as serious cell and tissue damage can result. As you have no sensation, a visual check is required to ensure that the ring size is correct.

If ejaculate spurts from the penis when the ring is removed it is too tight and this is dangerous. A tighter ring does not mean a bigger or stronger erection! Pubic hair should be shaved off for an airtight seal and the foreskin pulled back before the vacuum pump is positioned.

Can I have an orgasm when I have no sensation in my penis?

Your age, the level and extent of your injury will determine whether you can still experience a physical orgasm after your injury.

You may find that, even if you experience an orgasm, you may have little or no ejaculation of sperm. With no feeling in the penis you will not experience the physical ejaculation. The emotional components of the orgasm remain intact and can be just as rewarding and fulfilling.

A heightened sensitivity often becomes apparent just above the paralysis line during orgasm. It could be experienced as a tingling skin sensation, hot flushes or goose bumps under your arm. The sensation may only be felt on the side of the neck or behind the ears. Breathing becomes more rapid and heart rate increases. Become attuned to these new experiences and make your partner aware too. This is part of your redefinition of intimacy!

I don't have orgasms anymore, is it still necessary to have my prostate checked for abnormalities?

Certainly! Even if you have no orgasms it is vital to have regular check-ups of your prostate and testes.

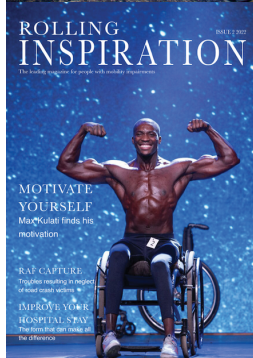
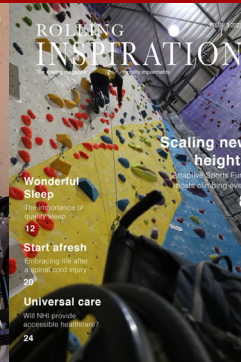
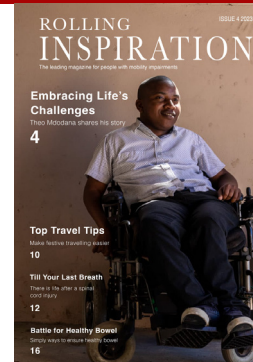
It is even more important for you as you may not be aware of a swelling, possible tumours or pain in these areas because of your lack of sensation. 

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