Sexuality and Intimacy After a Spinal Cord Injury

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Introductions

Where We Work?

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Why This Topic?

It needs more attention! It’s not taboo.

Disclaimers

1. This presentation includes intimate topics, forward terminology, and open-minded discussions.

2. We are aware that the topic of sexuality covers a vast spectrum of items including gender-identity and the LGBT community, however; due to time constraints, we will be breaking it into male/female anatomical differences.

Objectives

- Understand the vital role of occupational therapists in relation to sexuality after a spinal cord injury
- Understand knowledge of reproductive health, intimacy vs. sexuality, positioning, and adaptive equipment used in intercourse after a spinal cord injury
- Leave with easily-accessible references/learning styles that can be used for educating patients in any setting about sexuality after a spinal cord injury
- How to comfortably approach the topic with patients of different learning styles

What is “Sexuality”?

- Webster definition:
  - The condition of having sex
  - Sexual activity
  - Expression of sexual receptivity or interest especially when excessive
- Wikipedia: “Human sexuality is the way people experience and express themselves sexually. This involves biological, erotic, physical, emotional, social, or spiritual feelings and behaviors.”
- “hugging, kissing, relationships, self image, relationship patterns, intercourse, desire”
- “Sexuality is much more than just gender or the act of sex. People show their sexuality in many ways, such as the way they present themselves in interactions with other, clothing, body image, hobbies, and interests, and grooming habits.”

OT's Role in Sexuality

- This is a topic that can be missed, avoided, or overlooked. It is a part of ADLS! The OTPF says so! It is just as important as dressing, grooming, bathing, toileting, etc.

Sexual activity	Engaging in activities that result in sexual satisfaction and/or meet relational or reproductive needs

- Bring up the topic, educate, provide resources, discuss limitations, provide adaptive techniques, discuss psychosocial adjustment (self-image, change of roles), and encourage physical strengthening to endure sexual activity.

OT's Role in Sexuality

- Complete activities that can be transferred into self-esteem elevation (primping) and increased
feeling of sexual attractiveness.
- ADLS
- Exercise
- Communication/Experimentation: Assist in the development of new level of communication that will be required between two people for intimacy or sexual acts.

SCI Demographics

- Mean age at injury is currently 42.7 years
- Males make up 80.6% of all injuries
- Education: at lease 60% were high school graduate
- Length of stay in rehabilitation settings have decreased from 95 in 1970s to 35 days currently.
- Marital Status

Single	Married	Divorced	Separated	Widowed	Significant Other
50.8%	32.7%	9.4%	3.3%	2.6%	0.4%

https://www.nscisc.uab.edu/Public/2017%20Annual%20Report%20-%20Complete%20Public%20Version.pdf

Male Differences in Activity

- Erections can be different
  - Psychogenic (T11-L2 innervation)
    - Stimulated by thoughts/images/fantasies
    - Requires intact neurologic pathways to the brain
    - Typically SCI below the T12 level
  - Reflexogenic (S2-S4 innervation)
    - Sacral arc reflex
    - Stimulated externally by tactile input
    - Masturbation, rubbing inside of thigh, cathing, even stretching tight hamstrings
    - Typically SCI above T12 level of injury

Male Differences in Activity

- Ejaculation
  - Semen emission: T11-L2 innervation
  - Ejaculation propulsion: S2-S4 innervation
    - Propulsion of semen out through penis
  - Retrograde ejaculation
    - semen enters the bladder
    - Sphincter does not close off at base of bladder
    - Semen in urine is not harmful

Male Differences in Activity

- Erectile Dysfunction is common
    - Non invasive solutions: oral medications, vacuum pumps, penis rings, sex toys
    - Invasive solutions: penile injections, penile prostheses, transurethral therapy

    - **Caution**: do not restrict circulation for more than 30 minutes at a time with the use of penile rings

Male Differences in Activity

- Orgasms can be different
  - May manifest physically as muscle contractions/spasms/flushing above the injury site.
  - May be more of a psychological experience than a physical experience

- Fertility can be different
  - Determined by level of injury
  - Ability to ejaculate does not ensure volume or quality of sperm necessary to fertilize an egg
  - Specialized services offer partner insemination

Female Differences in Activity

- Uterus – T11-L2 innervation
- Vulva and vaginal – S2-S4 innervation
- Menstruation can be different
  - Amenorrhea may occur due to the physical and psychological stress that an SCI causes
  - It may take approximately 4 months-1 year for it to return
  - If it does not return, hormone therapy is required to jump start it
  - Using tampons can trigger an AD reaction if level is above T6
- Lubrication can be different
  - Decrease or loss of lubrication requires buying OTC agents or discussing hormone therapy

Female Differences in Activity

- Contraception
  - Hormonal IUD
  - Copper IUD
  - Diaphragm
  - Implant
  - The birth control pill

Reproductive Health

- Women with SCI's still remain able to become pregnant ! However, there are some complications to consider:
  - More difficult transfers d/t weight gain and making forward leaning less safe
  - UTI Risk (Reaching for hygiene and catheterization with increased abdominal girth)
  - AD Risk d/t noxious stimuli in T6 or above injury

Reproductive Health Continued

- Bladder/Bowel Management Problems (pressure of baby on bladder/bowels/needing to change frequency or time of day of B & B programs)
- Pressure ulcers with added weight of pregnancy
- Puts pressure on spinal hardware/can breakdown hardware
- Episiotomy wound care/health

Universal Experiences in Sexual Activity

- Orgasm: Tingling, internal feeling, psychological experience, sensory stimulation, fantasy. Manifest as muscle contractions/spasms, flushing above the injury site.

- Respiration: C-levels may not have the capacity/confidence to deal with higher respiration rates involved in sexual activity. Anxiety/stress. Slowly/gently involved.

Universal Experiences in Sexual Activity Continued

- Pain: It is possible to begin with less exerting sexual acts to avoid pain reactions. Can plan ahead when pain medicine is scheduled. Be in touch with what is typical pain and what is sex-related pain.
- Autonomic Dysreflexia: Due to noxious stimuli below the level of injury
- Skin: increased risk for pressure sore d/t friction or lack of change of positions

Communication and Exploration

- Sex will NOT be the same as it was before, but CAN be just as enjoyable
- If a patient is married or has a partner
  - Open communication
  - Self exploration
  - Couples exploration for alternative erogenous zones or discovering reflexes
  - Increasing intimate atmosphere: music, candles/lighting, sex toys, lingerie, swings, positioning devices
  - Separating caregiver experiences/duties from intimate experiences
- If single
  - Self exploration
  - Open communication with sexual partners
  - Safe sex

Self-esteem/self-image

- What makes you feel good about yourself or sexy?
- What can you do to increase your self image
  - Internally: Being able to accept your new image and life style, exploring yourself, focusing on the positive, open communication
  - Externally: Lingerie, makeup, successful positioning, staying fit/active

Bowel and Bladder

- S2-S4 innervation
- B & B accidents can hinder intimacy
- Keeping up with bowel/bladder accidents ensures that skin integrity remains intact and allows the person to endure friction/moisture without immediate skin breakdown
- What type of bladder management? Suprapubic catheter? Indwelling? How does this affect self-image?
    - This can affect positioning depending on if needing to avoid catheter
    - Removing entire foley, could be costly, usually only one a month provided by insurance

Bowel/Bladder Recomendations

- Empty bladder prior to intercourse
- Working around timing of programs rather than prioritizing spontaneity.
- Well-planned programs may allow for wearing undergarments other than adult briefs that add to higher self-esteem.
- Foley/indwelling catheters can be removed

Sexual Recommendations

- Skin integrity
  - be aware of activities that cause skin friction or prolonged positions, and of current skin irritation, breakdown and pressure sores in order to prevent further damage.
- Altered sensation
  - Caution is recommended with the insertion of sexual aids into a body orifice that has diminished feeling. Mechanical sexual aids that increase in temperature with use or devices that constrict the genitalia should also be used with caution.
- Lubrication, communication, B/B, stimulation, positioning

Positioning

- **One Partner on Top:**
  - Experiment with both the ‘top’ partner and the ‘bottom’ partner assisting in sexual movement (thrusting or otherwise).
  - For the ‘bottom’ partner, use pillows behind the lower back and/or knees for support.
  - Using a wedge pillow under the ‘bottom’ partner’s knees can help alleviate spasm, reduce lower back pain and offer easier access to genitals.

Positioning

- **Chair/Wheelchair**:
  - Removable armrests and removable lateral supports can increase the options for sex in a wheelchair.
  - The ‘top’ partner can sit on the ‘bottom’ partner’s lap face-to-face, facing away, or facing to the side for penetration or other play.
  - The person in the wheelchair can also be penetrated or receive oral sex by moving their buttocks to the edge of their chair and having their partner kneel or sit in front of them.
  - In wheelchairs without removable arms, try having the ‘top’ partner sit on the ‘bottom’ partner’s lap, facing away, using the armrests for support.
  - Couples can also choose to transfer into a chair with no armrests to increase ease of positioning.

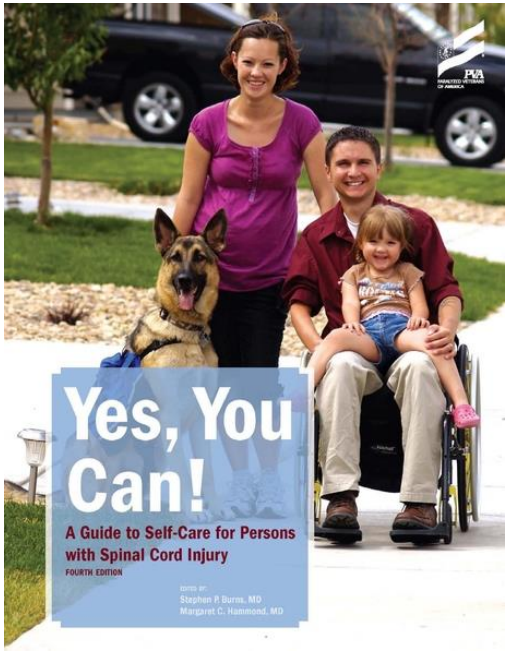
Positioning

- **SIDELYING**:
  - In a ‘spoon’ position, one partner lies in front of the other, both facing the same direction, on their sides. This position can be useful for people who wear catheters and have a leg bag.
  - A cushion between a person’s legs can ease hip discomfort and facilitate penetration or sexual acts from behind.
  - Side positions facing each other can allow both partners to be involved in the thrusting of penetration or sexual act.
  - Alternatively, one person can lie on their side with the other partner penetrating from behind with their body positioned at a 90-degree angle (this reduces the need for upward thrusting).

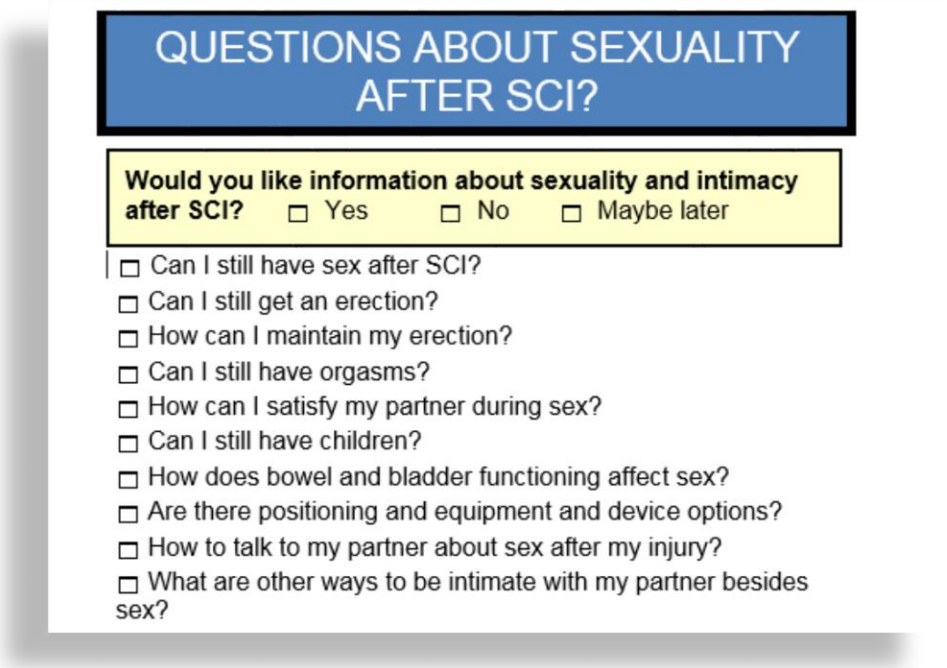
How We Address Sexuality at SRH

- Case Management Intake
- Yes You Can – resourse provided by Paralyzed veterans of america
- Personalized Cards
- Role of Neuropsychology
- Peer mentors

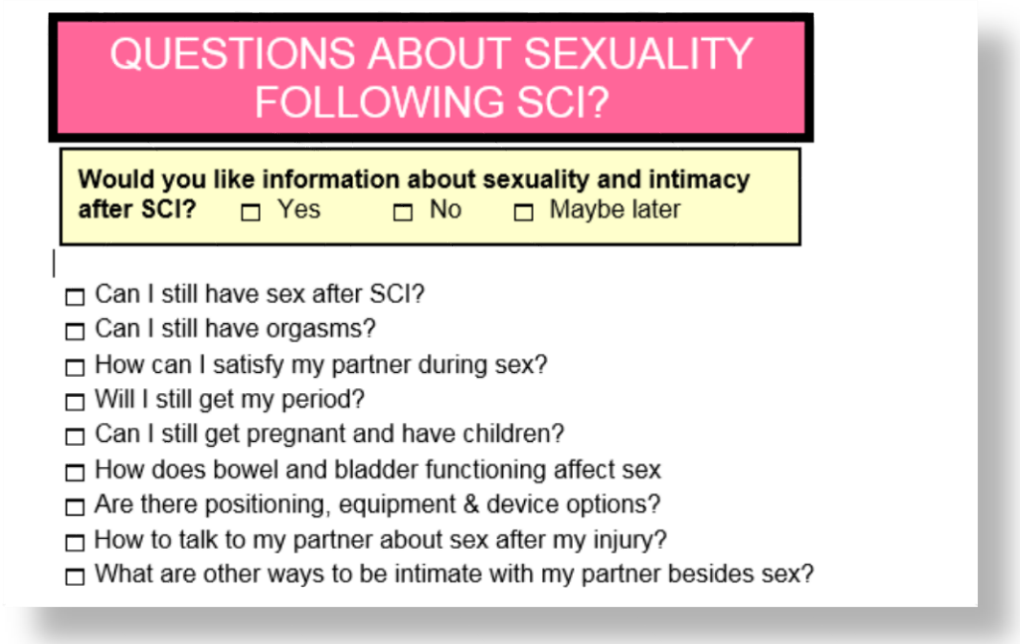
- *Is the patient READY?



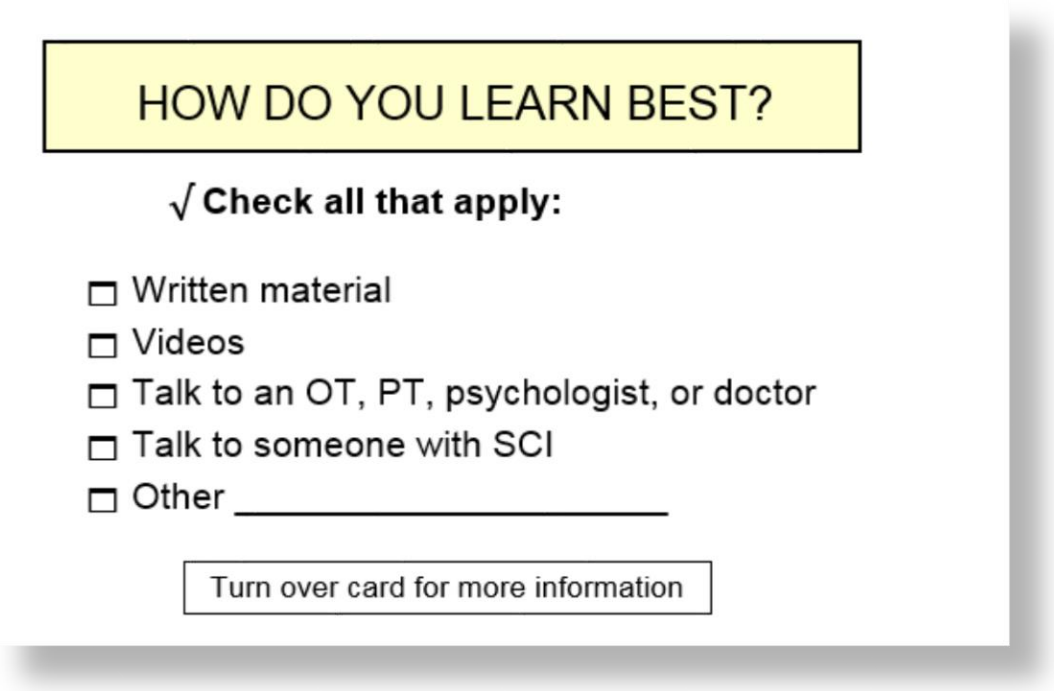
Sexuality Cards



Sexuality Cards



Sexuality Cards



Resources

- Regain That Feeling: Secrets to Sexual Self-Discovery: People Living With Spinal Cord Injuries Share Profound Insights Into Sex, Pleasure, Relationships, Orgasm, and the Importance of Connectedness (2015); by Mitchell Tepper PhD; Paperback $12.95

- Is Fred Dead? A Manual on Sexuality for Men with Spinal Cord Injuries (2004); by Robert W. Baer; Paperback $16.00

- Guide to Getting It On (2017, 9th Edition); by Paul Joannides; Paperback $15.00

- pleasureABLE: Sexual Device Manual for Persons with Disabilities; by A. Krassioukov, E. MacHattie, K. Naphtali, C. Miller & S. Elliottt.
  - FREE at http://www.dhrn.ca/files/sexualhealthmanual_lowres_2010_0208.pdf

Resources

- Christopher and Dana Reeve Foundation; Sexual Health for Men https://www.christopherreeve.org/living-with-paralysis/health/sexual-health/sexual-health-for-men
- Sexual Health for Women https://www.christopherreeve.org/living-with-paralysis/health/sexual-health/sexual-health-for-women
- Video Series: “Sex on Wheels”
- Webcast: “Dr. Dan on Intimacy”
- Sexuality and Reproductive Health in Adults with Spinal Cord Injury: What You Should Know
- A guide for People with Spinal Cord Injury
- Clinical Practice Guidelines Supported by the
- Paralyzed Veterans of America

References

- Burns S, Hammond M (2009) Yes You Can: A guide to self – care for persons with spinal cord injury. Paralyzed Veterans of America (pp 41-48)

- Derry F, Hultling C, Seftel AD, Sipski ML (2002) Efficacy and safety of sildenafil citrate (viagra) in men with erectile dysfunction and spinal cord injury: a review. Urology, Sep; 60 (2 Suppl 2): 49 – 57
- Fisher TL, Laud PW, Byfield TT, Hayat MJ, Fielder IG (2002) Sexual health after spinal cord injury: a longitudinal study. Archives of Physical Medicine and Rehabilitation, Aug; 83 (8):1043-51
- Sexuality. (2018). In *Merriam-Webster's dictionary* (11th ed.). Springfield, MA: https://www.merriam-webster.com/dictionary/sexuality
- Somers, Martha F (1992) Spinal Cord Injury: Functional Rehabilitation (pp 275 – 295). Appleton & Lange

Q & A

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