



## | RYGG MÄRGS | SKADA

<http://www.ryggmargsskada.se>

The following text is a selection from the website.

**Author:** Axel Brattberg, Doctor, specialist in neurology and rehabilitation medicine, authorized clinical sexologist NACS (Nordic Association for Clinical Sexology)



**Translation:** funded by Allmänna Arvsfonden & project RG Integration.

<http://www.rgintegration.se/en/>

## Spinalis®

The website [Ryggmargsskada.se](http://www.ryggmargsskada.se) is made by Spinalis.

The Spinalis Foundation is a charitable foundation with the mission to promote research and develop treatments for people with SCI.

<https://www.spinalis.se>

## Sexuality

All persons with a spinal cord injury have their sexual functions impacted to some degree. The location and degree of injury, whether it is complete or incomplete, determines the manner and extent to which sexual functions change or disappear. Since each spinal cord injury is unique, sexual changes are also different and can only be predicted in general terms.

### SEXUALITY AFTER A SPINAL CORD INJURY

A change in or complete loss of sensitivity in the genitals is the earliest and most easily recognized sexual symptom perceived by a person with a spinal cord injury. Based on this, they can gradually increase their understanding of the functions that have disappeared, which ones remain, and how the remaining functions may be used. One important factor is that sexual desire is intact in the vast majority of persons with a spinal cord injury, who are sexual individuals in the same way as before. On the other hand, there have been more or less dramatic changes in sexual ability, as well as the options for sexual expression.

High and low spinal injuries are different from a sexual point of view because the different sexual abilities are controlled from the different levels of spinal cord. For more detailed information about how desire and sexual subfunctions are organised in the nervous system, see the text boxes.

**In the case of high, complete spinal cord injuries,** communication between the brain, the mental aspect of sexuality, and the genital organs is interrupted. Mental sexual stimulation, desire and arousal therefore cannot result in stimulation of the genital organs.

However, the reflexes of the genitals, i.e., involuntary reactions, are preserved in the part of the spinal cord below the injury, and act as reflexes when the initial spinal shock has subsided. In addition, because the reflexes cannot be inhibited from the brain level, they are often remarkably easy to trigger and can react to a variety of mechanical stimuli that have no sexual content, such as catheterisation. This can be embarrassing for people with a spinal cord injury, as well as for the above-mentioned healthcare professionals



## | RYGG MÄRGS | SKADA

<http://www.ryggmargsskada.se>

The following text is a selection from the website.

**Author:** Axel Brattberg, doctor, specialist in neurology and rehabilitation medicine, authorized clinical sexologist NACS (Nordic Association for Clinical Sexology)



**Translation:** funded by Allmänna Arvsfonden & project RG Integration.

<http://www.rgintegration.se/en/>

## Spinalis®

The website [Ryggmargsskada.se](http://www.ryggmargsskada.se) is made by Spinalis.

The Spinalis Foundation is a charitable foundation with the mission to promote research and develop treatments for people with SCI.

<https://www.spinalis.se>

and other individuals around the person. This applies to men, where the erection is evident in a much more tangible way than the blood filling of vulva's swelling tissue and the lubrication in women. Lubrication means the clear, slippery secretions that are secreted by glands near the vaginal opening and the liquid from the vaginal wall, which together make the woman "wet".

From a sexual point of view, the fact that erection and self-lubrication are actually possible is a good thing, even if the person may not feel this way. Since the sexual organs can continue to be functional, they can also be used for sexual interaction, such as sexual intercourse. This can be very important for the person with a spinal cord injury, and also for a partner who does not have a spinal cord injury.

**In people with an incomplete spinal cord injury**, sexual communication in the nervous system is preserved to varying degrees, which makes it more difficult to predict which sexual functions remain intact. You have to try things out.

A person with a spinal cord injury, who has a changed – reduced or completely absent – feeling of what is going on below the injury level, can compensate for this by, e.g., feeling their or their partner's genitals with their fingers, if they have the sufficient sensory and motor skills for it, or seeing the genitals in action, and thereby generating sexual arousal at a mental level and having a sexual interaction from it. Many men also describe the intrinsic value of a powerful erection as an expression of masculinity in general.

The fact that the connection between the brain and the genitals is broken consequently means that stimulation of the genitals (especially without aids) usually cannot lead to orgasm. For orgasm, the sensations produced by sexual stimulation must reach the brain, which the damage to the spinal cord prevents. On the other hand, it may be possible to develop a sexual aspect in those areas of skin that have adequate sensitivity above the level of the injury, and thereby develop new areas that can be stimulated to orgasm. If the level of the injury is such that the nipples have maintained their sensitivity, these are particularly suitable for this type of development. The area of the skin at the level where the damage begins often develops a unique sensitivity over time and is sometimes also "trainable".



## | RYGG MÄRGS | SKADA

<http://www.ryggmargsskada.se>

The following text is a selection from the website.

**Author:** Axel Brattberg, doctor, specialist in neurology and rehabilitation medicine, authorized clinical sexologist NACS (Nordic Association for Clinical Sexology)



**Translation:** funded by Allmänna Arvsfonden & project RG Integration.

<http://www.rgintegration.se/en/>

## Spinalis®

**The website [Ryggmargsskada.se](http://www.ryggmargsskada.se) is made by Spinalis.**

The Spinalis Foundation is a charitable foundation with the mission to promote research and develop treatments for people with SCI.

<https://www.spinalis.se>

In addition, it is usually not possible to achieve ejaculation in men by stimulating the genitals in the form of intercourse or masturbation without assistance, since sexual stimulation from the brain does not reach the genitals. This is necessary for the intensity of the stimulation to be sufficient to produce orgasm.

For women with spinal cord injuries, deep vaginal stimulation, especially against the front wall of the vagina and uterus, may lead to orgasm, despite total loss of sensitivity in the outer parts of the genital organs, in some cases. Studies suggest that neurological communication then occurs via the vagus nerves, which form a direct connection between the brain and several internal organs and lies completely outside of the spinal cord.