

Sex and the Male Ostomate Fact Sheet

– Page 1 of 2 –

Making Love

1. Ostomy Management

Good ostomy management is the key to establish confidence during lovemaking. The pouching system should be free of odor and leakage. Pouches should be emptied prior to lovemaking and some ostomates may wish to avoid eating or drinking anything that may give trouble. Consider opaque pouches and/or pouch covers to enhance intimacy.

2. Positions

If the pouch or other stoma covering seems to be in the way during intercourse, experiment with different positions.

3. Preparation

In addition to good ostomy management, preparation for sex is the same as it is for the non-ostomate: cleanliness, appealing nightclothes, privacy and a loving attractive manner.

Psychological Problems Following Surgery

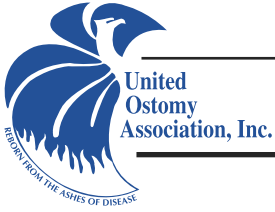
Many sex problems that male ostomates experience after surgery may stem from psychological factors. It is often difficult to determine the difference between psychological and physical factors. If sexual difficulty should be experienced, careful consideration of any psychological issues may help resolve the cause. Most of the following concerns apply primarily to the immediate post-operative period.

1. Serious anxiety or fear about one's ability to perform sexually, the attractiveness of his altered body, the possibility of odor, and the security of his pouch or other stoma covering.
2. Failure because of attempting intercourse before strength returns following the operation.
3. Depression which many patients suffer following major surgery.
4. Medication, sedative or other.

It is important that the new male ostomate and his partner understand that impotence is not unusual and is usually temporary because of the foregoing reasons. A cooperative partner is one who takes the ostomy for granted with warmth, tenderness, and patience and engages in activities that provide both with maximum enjoyment. In some cases this may require that previous sex patterns may need to be changed. Any changes should be pleasing and acceptable to both lovers.

The presence of a stoma on the abdomen is quite a change in one's anatomy and can make the ostomate self-conscious and may pose a psychological barrier in sexual relations. There should be some communication with one's partner that intercourse will not harm it.

The ostomate should be relaxed and unworried. This may be difficult the first time, but subsequent encounters are likely to become easier. If the partner expresses concern about hurting the stoma or dislodging the pouch, one should not misinterpret it as rejection.



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– Page 2 of 2 –

Sexual Difficulty

1. It is important that the male and his mate understand that failure to achieve and/or sustain an erection can happen, but in most cases the condition is temporary and potency will return in a few months. Be patient, do not panic.
2. This does not mean that the couple should avoid making love. There is much more to sex than erections and orgasm. Love play, or pleasuring each other, is delightful.
3. There are many ways a man can satisfy his partner sexually up to and including orgasm. There is masturbation, manual stimulation, oral-genital sex, stuffing the flaccid penis into the vagina and moving the pubis without thrusting.
4. Uninhibited communication between both partners is the key to finding the best technique.

Organic Problems Following Surgery

The nature and extent of ostomy surgery in some instances may cause sexual impairment of a physical or organic nature. This is because of the location of the prostate glands and the nerves serving them in the case of urostomy surgery. When the rectum is removed in ileostomy or colostomy surgery, it is because of the location of the nerve system serving the genitals.

The types of sexual impairment that may result from removal of the bladder or the rectum are:

1. Impotence. Inability to achieve and/or sustain an erection.
2. Orgasmic dysfunction. Inability to have an orgasm or the lessening of the quality and intensity of orgasm.
3. Ejaculatory incompetence. Inability to ejaculate.
4. Sterility. Inability to produce sperm for impregnation of the female.

Seek Professional Advice

Medical professionals should address any sexual difficulty, first with the ostomy surgeon and/or the WOC(ET) or ostomy nurse. Referral may be made to a urologist, therapist or counselor, and they may recommend new advances in medical and surgical interventions.

Note: More detailed information can be found in *Intimacy, Sexuality and an Ostomy*, a publication of the United Ostomy Association. Contact the UOA at 1-800-826-0826.