

Chronic Low Back Pain and How It May Affect Sexuality

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PATIENT education

The material provided in this package is for information only. You should not utilize the information as a substitute for medical advice. Always talk with your doctor about your health care and follow your doctor's advice.

Introduction

Chronic pain, particularly low back pain, can affect many parts of your life. Many patients tell us that pain affects their self-esteem, their relationships, and their ability to enjoy sex.

Because we realize that topics like sex sometimes are difficult for patients and nurses to talk about, we've developed this guide to help you identify the ways pain may affect you sexually and to provide recommendations to help you overcome any problems you may have. If you have questions after you read this guide, please ask your nurse for more information.

This guide begins with a review of some of the aspects of human sexuality. It also provides some suggestions for you to follow if you discover that pain has affected your sexual relationships. The guide ends with a set of diagrams of sexual positions that may prevent or decrease low back pain.

Aspects of Sexuality

Human sexuality has three aspects – sexual function, sexual self-concept, and sexual relationships. In some cases, pain may affect one or more of these areas. As you read this hand-out, please remember that everyone is different. Some of the sexual problems associated with pain may not be problems for you at all; others may be major concerns.

Sexual Function

Sexual function describes the way people express themselves sexually, in other words, how they make love. Experts tell us that pain can affect sexual function in two ways. First, chronic pain may hinder your ability to move freely, and thus, may limit the positions you can get into to have sex. Second, chronic pain may affect your ability to respond sexually.

Helen Kaplan, a physician who specializes in the treatment of sexual problems, divides the body's response during sex into three phases – desire, excitement, and orgasm. Each of these phases is controlled by a different part of the brain and spinal cord.

The section below outlines the phases to help you understand why chronic pain sometimes changes sex, and in turn, relationships.

- The **Desire Phase** begins in the “pleasure centers” of the brain and controls a person's sexual appetite or drive. Pain or even the fear of pain can decrease desire, making the person uninterested in sex. In some cases, however, having sex may actually help to relieve pain.
- The **Excitement Phase** is brought on by the swelling of the blood vessels in a man's penis and in a woman's labia, vagina, and clitoris. This swelling signals an increased blood flow and causes a man's penis to become erect and a woman's labia and vagina to swell and release lubricating fluids. These genital responses are accompanied by responses in other parts of the body as well.

Sometimes chronic pain may hinder or block sexual excitement, causing the man to have trouble getting an erection or a woman to secrete less lubricating fluid from the vagina. If a person becomes excited, but the sexual position or act causes pain, the excitement may be reverse, causing the man's penis to become limp or the woman's vagina to become dry.

- The **Orgasm Phase** describes a genital reflex controlled by the spinal cord, which causes the genital muscles to contract, involuntarily releasing sexual tension and swelling that build up during the excitement phase. This is called orgasm, “reaching climax,” or “coming.” In some cases, pain prevents people from reaching this phase.

*Sexual Self
Concept*

Sexual self concept describes what you think about sex and how you feel about having sex. For many people, sexual self concept grows from how they feel about themselves as men and women – whether they see themselves as masculine or feminine, whether they think or feel “sexy.” Sometimes chronic pain can alter the way you feel about yourself. It may cause you to have low self-esteem or to feel depressed; these feelings can interfere with your desire to have sex, resulting in increased depression. In fact, some people indicate that the reason they chose to have surgery is that they feel so bad about themselves that they will do anything to make it better.

*Sexual
Relationships*

The term sexual relationships refers to the type of relationships you are in and what you and your partner want from sex. Some people find that chronic pain strains their relationships with their sexual partners. Because they are in pain they may be moody, and as a result, not very attentive to their partners. This sometimes causes their partners to become impatient and feel differently toward them. Sometimes chronic pain requires partners change the sexual positions or acts they’ve grown accustomed to, in order to find a position that doesn’t cause pain. All of these things can alter the relationship.

■ What can you do about all this?

Discuss It

Begin by taking the time to think about how pain may have affected your “sex life.” You may notice some or all of the problems that this handout addresses. After you’ve thought it through, talk about it with your doctor or nurse and with your partner.

Because most people don’t have a lot of practice talking about sex, they feel embarrassed or ashamed. Take your time; don’t rush it, but do talk. Your doctor, nurse, or counselor is trained to help you understand what’s happening to you and what you can do about it. Your partner needs to hear how you feel and may even need to talk to you about how your pain affects his or her feelings.

*Try New
Positions¹*

Try some new positions or sex acts that don't cause you pain to see whether you and your partner like them. The following diagrams show you some different sexual positions with recommendations to prevent you from hurting your back. The positions will prevent back pain in either the man or the woman. Remember, new sexual positions sometimes change the way the body responds. Women, for example, may need to use some extra lubricant to prevent pain. A water-soluble jelly, like K-Y Jelly, is the best.

Think of the recommendations under each position as a way of enhancing sex by preventing pain, rather than rules that interfere with spontaneous sex. Some people say reading and following these recommendations together refreshes their sex life, and is fun.

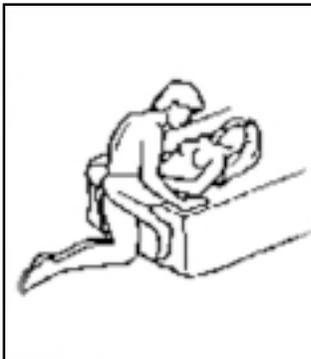


Figure 1

The woman's knees should be higher than the hips. Pillows can be placed on the floor for her to put her feet on. The man may want pillows under his knees. The man needs to be careful not to sway his lower back. If the man cannot get down on his knees, this position can also be used with the woman lying on a table, and the man standing.



Figure 2

The woman should avoid bending to sway her back or putting too much weight on her arms. Keeping her knees forward will allow for greater pelvic movement without straining the back. The man needs to keep his knees and hips bent. He may need a pillow under his buttocks.

¹Adapted from Frederick, et.al., 1980.

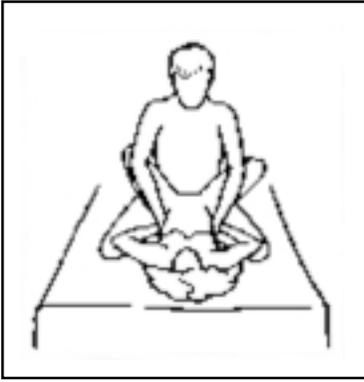


Figure 3

The woman may be more comfortable with a pillow under her hips. Both the man and woman need to keep their knees bent to avoid back strain.



Figure 4

Both the man and woman need to slightly flex or bend the leg at the hip, and avoid twisting.

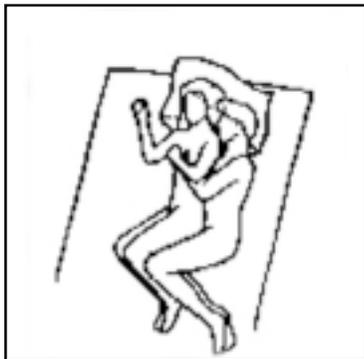


Figure 5

To achieve vaginal penetration the woman may need to bend more forward at the hips than this diagram shows. The man may need to be farther below her buttocks and not hold the woman as closely as the diagram shows to avoid swayback.

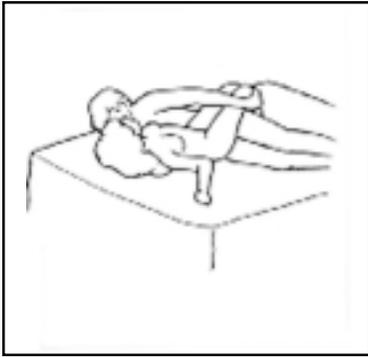


Figure 6

The woman may need to place a pillow under her hips and place her right leg between the man's legs. She also needs to be sure her left hip is flat on the bed to avoid twisting. The man needs to keep his knees and hips slightly bent. He also needs to place a pillow under his head, and may be more comfortable with a small pillow under his right side at waist level.



Figure 7

Both the man and woman should keep their knees above the hips. Both the man and woman may want to put their feet up on pillows. A small rocking chair without armrests can also be used. In order to avoid swaying the back, pelvic motion should be at the knees and hips.



Figure 8

Notice the man has pillows under his knees and supporting his back. The woman also needs to avoid swayback and twisting.

Plan for Sex

Plan for sex at a time when you feel the best, and when you're having the least pain. Use relaxation techniques, music, and massage to help you relax and get "in the mood." Most of all, be willing to give and take with your partner.

*Treat Yourself
Special*

Do things for yourself that make you feel like you are attractive and sexy. Some people like to get dressed up and go out before making love. Others find that a romantic evening at home helps. Still others buy sexy nightgowns or pajamas.

Communicate

Spend time touching, kissing, and hugging before sex, after sex, and even when you don't have sex. This helps you and your partner feel loved and appreciated, and it probably will increase your desire for sex. Tell or show your partner what kind of touching feels good to you, and listen to your partner's needs too.

We hope that this information is helpful to you. If you have questions, please feel free to ask.

References

1. Frederick, Barbara B., et. Al. (1980). Body mechanics: instructional manual. A guide for therapists. Lynwood, WA: Banfac Enterprises.

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