



Delayed Ejaculation

This fact sheet will look at the less common ejaculatory disturbances of delayed ejaculation, retrograde ejaculation and anejaculation. There is a separate fact sheet for premature ejaculation.

It seems to take me a long time to ejaculate even though I am aroused, what's the matter with me, whose fault is it?

The problem that you describe of delayed ejaculation isn't anyone's fault. There could be a number of explanations for this although it is quite uncommon. Ejaculation is impaired and the man finds great difficulty reaching orgasm even though he wants to and is getting sufficient stimulation for this to occur. The causes may be physical or psychological.

Physical causes could include, diabetes mellitus, prostatic disease and drug therapy especially some antidepressants and beta-blockers. Psychological causes are the most likely cause if you are not affected by any of the above conditions. Sometimes men have subconsciously conditioned themselves to respond in a certain way or manner and ejaculation can only be achieved under repetition of these circumstances.

Sometimes ejaculation can only occur with masturbation and yet not during sexual intercourse, this is called situational delayed ejaculation and is exactly that, i.e. ejaculation is delayed only in some circumstances and not in others, an example of this could be anxiety with a new partner. During masturbation you are responding to self-stimulation and this is often less anxious for the man, therefore ejaculation seems easier to achieve. The severity of the problem is variable; some men are unable to experience ejaculation intravaginally under any circumstances and often some men find it difficult to show emotion at all.

Treatment for these men will often involve psychosexual therapy from specialist practitioners. The aim of treatment is to relearn how to overcome the inhibitory behavior that has been learned. This specialist help may not be available on the NHS, but your GP may be able to put you in contact with one of the specialist organisations that deal with this problem, or you can obtain their details from the Impotence Association.

Retrograde Ejaculation

I have the sensation of ejaculation, but there doesn't seem to be any fluid, why is this?

Retrograde ejaculation is the medical term for the condition described above. There are many reasons why you may fail to see any fluid (semen) after orgasm. If this happens, you may also have noticed when you first urinate after intercourse the urine appears cloudy. This is because the semen is being expelled from the testicles, but instead of it being propelled by rhythmic contractions out of the urethra it is traveling backwards and into the bladder through the bladder neck. The most common reason for this is surgery to the prostate, or bladder neck. Many men who have undergone prostatectomy have experienced this. There are other reasons for this to happen and they include disruption of the nerve supply if there has been a spinal cord injury, diabetes mellitus, multiple sclerosis and some prescription medications particularly tablets for blood pressure control. The sensation of orgasm and ejaculation may also be reduced. Treatment for this condition would only be considered if fertility was an issue.

Anejaculation

I don't seem to ejaculate at all, why is this?

The condition you describe is called anejaculation; although it is relatively uncommon new cases are reported annually. Anejaculation can result from spinal cord injury, major lymph node surgery, diabetes mellitus or multiple sclerosis. It can also be a result of a psychological problem. The classic cause of anejaculation is disruption of the nerve supply that may be caused by traumatic injuries. Treatment of anejaculation is only indicated to restore fertility. If medical therapy fails the only mechanism for inducing ejaculation may be with electro-ejaculation. Using a rectal probe and pulsed electrical current ejaculation can occur in up to 75% of patients using this method. Vibratory stimulation has also been used successfully to induce ejaculation in patients with spinal cord injury.

Helpline: 0870 7743571

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