TRANSIENT ERECTILE AND EJACULATORY DIFFICULTIES IN PARTNERS OF INFERTILE WOMEN - A MANIFESTATION DURING INFERTILITY EVALUATION AND ASSISTED CONCEPTION TREATMENT

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BACKGROUND:

Semen collection for analysis, processing for intrauterine insemination (IUI) and timed intercourse as a form of assisted conception treatment are important procedures in the management of infertility.

Semen collection in these circumstances is by masturbation.

Inability to masturbate may be due to difficulty in achieving erection and or ejaculation occurring for the first time due to psychological affectation secondary to various factors.

OBJECTIVE: This study determined the reasons associated with procedure- related difficulties in erection and or ejaculation in men with no previous experience/ history of such .

METHOD: A cross-sectional study of male partners of women attending infertility clinic at a tertiary teaching hospital and a private infertility clinic in Northwest Nigeria.

RESULTS: Of 66 clients studied, 48 (72.2%) experienced absence of erection while 18(27.3%) experienced erection but no ejaculation.

These difficulties occurred during timed intercourse procedure in 35(53%) clients, collection of semen for analysis in 24(36.3%) clients and during collection of semen for processing and IUI in 7(10.6%)clients.

In 18 clients with ejaculatory difficulty, erection was optimal in 11(61.1%%) and suboptimal in the remaining 7(69.4%). Reasons for erectile/ejaculatory difficulty included issues/concerns with masturbation process itself(95.8%) in the semen collection for analysis group.

anxiety(94.3%) in the timed intercourse group.

combination of anxiety, issues/concerns with masturbation and unfamiliar setting for semen collection(100%) in the IUI group

PROCEDURE	ERRECTILE DIFFICULTY N=48 (%)	EJACULATORY DIFFICULTY N=18 (%)
TIMED INTERCOURSE	24(50)	11(61.1)
SEMEN ANALYSIS	19(39.6)	5(27.8)
INTRAUTERINE INSEMINATION	5(10.4)	2(11.1)

CONCLUSION:

- Transient distortion in the natural process of erection and ejaculation during infertility management could predispose to first time incidence of erectile and ejaculatory difficulties.
- Individualized counselling and psychotherapy should be routinely offered.
- Use of non spermicidal containing condom for semen collection could be made more accessible in instances where its use need be.