



TEXAS UROLOGY PREMATURE EJACULATION

Premature ejaculation is a problem which plagues up to 36 million men if it is defined as ejaculation within five minutes. However, it is important to recognize that premature ejaculation is a subjective diagnosis and totally depends on the satisfaction of the partners.

Incorrectly, the following were listed as possible causes of premature ejaculation:

1. Men are too excited to focus on the bodily sensations.
2. Some men's first experience with intercourse was in a tense situation where hurrying was beneficial, like in a car, and they learned a bad habit.
3. Being so concerned about performance that they don't pay attention to their own sensations.
4. Guilt about enjoying sex or pleasure of any kind
5. Worrying about maintaining their erections
6. Unresolved relationship issues
7. General life stress

Through the years many physical causes were possibly linked to premature ejaculation. However, there are very few medical reasons that have been documented as causing premature ejaculation.

In the early 1990's, information was presented at the International Society for Impotence Research that indicated that the pelvic muscles, specifically the muscles that surround the penis, are in a hyperactive state in men with premature ejaculation. Furthermore, it is known that during the ejaculation process there is increased activity of these same muscle groups. Therefore, men with premature ejaculation have hyperactive muscles that are already on their way toward the threshold to producing ejaculations. Over the past few years that we have been evaluating and treating men with impotence and premature ejaculation (in excess of 20,000 men), we have noticed that men with premature ejaculation have increased sensitivity to vibration in the penis when compared to men without premature ejaculation. I therefore hypothesize that premature ejaculation, at least in some men, may be due to a combination of hypersensitivity of the penis and hyperspasticity of the pelvic muscles.

Here is a list of treatments that have NOT been shown to be beneficial:

1. Long-term psychoanalysis
2. Getting drunk
3. Using one or more condoms
4. Concentrating on something other than sex while having intercourse, like one's bank balance, for example.
5. Biting one's cheek as a distraction
6. Frequent masturbation
7. Using various creams that numb or anesthetize the penis
8. Testosterone injection
9. Tranquilizers

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FAX 214-513-2059

Masters and Johnson in the 60's popularized the stop/start and squeeze techniques. In some cases this has been associated with delayed ejaculation. Dr. Helen Kaplan described in her book, Premature Ejaculation (which is available in our office) certain exercises that she claimed when performed and practiced regularly prolonged in at least 70-80% of men the time to ejaculation. Unfortunately, it has been our experience that few men and their partners are motivated to perform the exercises as necessary to obtain beneficial results. For a period of time we attempted to use biofeedback (where control of the bodily functions are mastered) through the use of rectal plug and home teaching monitor. We were able to obtain excellent results with this technique, although our patients were reluctant to stimulate themselves with something in the rectum (certainly no surprise).

Currently our approach to premature ejaculation consists of a history, physical examination specifically geared towards neurological problems and the amount of sensitivity of the penis. Rarely have we found a physical abnormality with the exception of hypersensitivity of the penis as previously mentioned.

There have been reports in the urology literature of successful treatment of premature ejaculation through the use of low dose antidepressants including Anafranil, Prozac, and Zoloft. One of the known side effects of these medications when used for depression is significantly delayed ejaculation. In the studies, extremely low doses of the antidepressant medication have prolonged ejaculation by at least 5-10 minutes with very few side effects. Currently this is the most popular treatment alternative selected by our patients. The medication is given approximately four hours before intercourse and will result in a significant delay of ejaculation. Few patients have described any side effects with this treatment. On certain occasions, the medication is given on a daily basis. It should be pointed out that this medication is not approved by the FDA for treatment of premature ejaculation. We have found that combining the medication with the exercises in Dr, Kaplan's book potentially can result in a man obtaining control over his ejaculation time.

Although premature ejaculation is a common and frustrating problem, we at Texas Urology are prepared and willing to be of whatever assistance we can for you and your partner. Frequently, marital and relationship issues may be an underlying cause of premature ejaculation. These difference should be addressed in order to improve the success of the therapy.