Delayed ejaculation, anejaculation, painful ejaculation and retrograde ejaculation

DISORDERS OF EJACULATION II:

Delayed Ejaculation (DE)

Definition: Delayed ejaculation is defined as a marked delay, infrequency or absence of ejaculation on 75–100% of occasions, persisting for at least 6 months and causing personal distress. However, while ejaculatory latency and control differentiate men with DE from those without ejaculatory disorders, bother/distress does not appear to be a key differentiating factor.
Similar to premature ejaculation, lifelong, acquired and situational DE are recognised. Men with lifelong DE are younger, report more severe DE symptoms, are less likely to have a medical condition or medication causing DE, and are more likely to masturbate to reduce anxiety or distress rather than for pleasure, compared with men with acquired DE. Evidence remains limited.

Pathophysiology and risk factors: DE may have psychological, organic or pharmacological causes. Organic factors include spinal cord lesions or iatrogenic penile nerve damage, while pharmacological causes include SSRIs, antihypertensives and antipsychotics. Reduced tactile sensitivity and tissue atrophy may also contribute.
Low testosterone is not consistently associated with ejaculation time. Idiosyncratic masturbation patterns and low desire for sexual stimuli are additional risk factors.
Aetiology includes ageing-related nerve degeneration, congenital and anatomical abnormalities, neurogenic conditions, infective/inflammatory diseases, endocrine disorders, medications, and psychological factors.

Investigation and treatment: Evaluation of DE requires a complete medical and sexual history and physical examination. Key aspects include ejaculatory latency, sensation and frequency, sexual practices, cultural background, sexual response cycle, partner involvement, and overall relationship satisfaction. The clinician should identify medical contributors, including hormonal status, anatomy and comorbidities.

Psychological aspects and intervention

Evidence on psychological treatment for DE is limited. Men with DE often show a high need for control and difficulty letting go during sexual activity, which may impair orgasm and ejaculation. Psychological interventions may include sexual education, increased genital stimulation, masturbatory retraining, anxiety reduction, and aligning sexual fantasies with arousal. Referral to a sexual therapist or psychologist is often appropriate.

Pharmacological and adjunctive treatments

Several pharmacological agents have been used for DE with variable and unproven efficacy. There are no EMA- or FDA-approved treatments for DE, and evidence is mainly based on non-randomised studies. Reported clinical success is around 40%, without proven superiority of any drug.
Penile vibratory stimulation (PVS) may be used as adjunct therapy, particularly in neurogenic DE, where combined approaches can improve ejaculation rates.

Anejaculation

Definition: Complete absence of antegrade or retrograde ejaculation due to failure of semen emission. Orgasmic sensation is usually preserved. It is always related to neurological dysfunction or drugs.

Pathophysiology: Shares similar aetiology to delayed and retrograde ejaculation.

Investigation and treatment:

- Penile vibratory stimulation (PVS) is first-line treatment, especially in spinal cord injury.
- If PVS fails → electro-ejaculation.
- Sperm retrieval techniques may be required for fertility.
- Prevention includes nerve-sparing or unilateral lymphadenectomy in selected surgeries.
- Drug therapy and psychosexual therapy are ineffective.

Painful ejaculation

Definition: Pain or discomfort during or after ejaculation, involving penis, scrotum or perineum.

Pathophysiology and risk factors: May be idiopathic or related to infection, inflammation, prostate disease, surgery, radiation, drugs, toxins or psychological factors.

Management:

- Treat the underlying cause if identified.
- Options include drug withdrawal, medical therapy, psychotherapy, or pelvic floor therapy.
- Surgery is not routinely recommended due to limited evidence.

Retrograde ejaculation

Definition: Partial or total absence of antegrade ejaculation due to backward flow of semen into the bladder. Orgasm may be normal or reduced.

Pathophysiology: Results from failure of bladder neck closure due to disruption of the sympathetic ejaculatory reflex.

Aetiology: Includes pharmacological, neurogenic, anatomical and endocrine causes.

Management:

Pharmacological:

- Sympathomimetics may restore antegrade ejaculation but have modest efficacy and diminishing effect over time.
- Combination therapy may be more effective than monotherapy.

Fertility management:

- Post-ejaculatory urine sperm retrieval,
- Hotchkiss (or modified) technique,
- Ejaculation on a full bladder,
- Assisted reproduction if required.