

Patient information

Premature Ejaculation

Urology Department

Premature ejaculation means that you ejaculate (come) sooner than you or your partner would like during sexual intercourse. It may be due to physical or psychological causes. There are a variety of treatments available.

What is premature ejaculation (PE)?

There is no medical standard for how long it should take a man to ejaculate (come). Premature ejaculation can be described as ejaculation that occurs before both partners wish in the majority of sexual encounters, causing distress for one or both partners. The problem can occur in all sexual situations, including masturbation, or may only occur during sexual encounters with another person.

What is ejaculation?

Ejaculation is the 'emission' of semen, containing sperm, from the penis through the same opening that you pass urine from. Ejaculation happens when you are sexually excited enough for some muscles at the base of the penis to contract hard which causes semen to spurt or dribble out. Most boys and men have between three and fifteen of these contractions each one lasting about a second, with the first three being the biggest.

It is accompanied by very pleasurable feelings called an orgasm. Most men produce about a teaspoon of semen each time but only one sperm is needed to fertilise an egg. Some boys or men can ejaculate several times a day, others can do it less often, this is quite normal.

How common is premature ejaculation?

Premature ejaculation is the most common male sexual function problem. Premature ejaculation affects males only and can occur at any age from puberty. The condition is most common between the ages of 18 and 30. It is estimated that premature ejaculation affects from between 30–70% of men during their lifetime. Premature ejaculation can occur at any time but is most common early in a relationship when anxiety may be highest.

What causes premature ejaculation?

There are a variety of theories as to the cause of premature ejaculation.

Recent research suggests that some men may have a physiological predisposition in the nervous system to ejaculate quickly. In other words, premature ejaculation may be due to an abnormality of the nervous system.

There is some evidence that this abnormality may be partly genetic, and fathers who have premature ejaculation may be more likely to have sons that have the same problem.

Traditionally, men with premature ejaculation were felt to be unable to recognise what therapists call the "point of inevitability". This is the point at which the man can sense that ejaculation is imminent and when even a cessation (stopping) of all sexual activity would fail to prevent it. It may be thought of as the point of no return. Men who don't suffer from premature ejaculation are able to recognise this sensation and either stop or change stimulation until the urgency has subsided, so delaying ejaculation.

Most commonly, men who suffer from PE will have had it throughout their sexual life and won't ever have noticed this "point of inevitability". There are a number of reasons why this might have happened. It may be that at first, sex was always rushed or was associated with feelings of guilt or anxiety.

Sometimes men become quick ejaculators because of partner pressure to "get it over and done with". Whatever the original cause, the body gets used to responding quickly and rapid ejaculation becomes the norm.

In some men, premature ejaculation is a secondary problem related to erectile dysfunction (impotence). Men who are anxious about obtaining or maintaining their erection during sexual intercourse may form a pattern of rushing to ejaculate, because they are worried that their erection may not last long enough.

Ejaculation may be quicker in times of stress or ill health arising from any cause.

What tests do I need?

The diagnosis of premature ejaculation will be made based on a detailed interview about your sexual history. The doctor may ask you a number of very personal questions and may want to include your partner in the interview. The doctor will examine you thoroughly. In most cases no tests are needed. If you are experiencing erectile dysfunction (impotence) as well as premature ejaculation the doctor may wish to check some blood tests.

What are the treatment options?

Behavioural Treatments

If you accept the cause of premature ejaculation as being due to an inability to recognise and control the point of ejaculatory inevitability (the point of no return) then what is required to treat the problem is to learn or train oneself to recognise and control it.

The stop-start technique

The first step may be to initially avoid full intercourse. Discuss with your partner the need to undergo a period of training. You should still enjoy time together but should plan to avoid intercourse until the period of training is complete. You will need to set aside time to practice this technique and you should only proceed to the next step when you are confident at the step you are on. The length of time it will take to complete the training will vary from person to person.

You will need to carry out sessions of masturbation, alone and when not expecting to be disturbed. During these sessions, concentrate on the pleasurable sensations in the genital area and try and identify the point of ejaculatory inevitability (point of no return).

The aim is to stop just before you reach this point and wait for the feeling of being close to ejaculation to subside. Once you no longer feel that ejaculation is very close you should start again.

You should not wait long enough for the erection to subside, just until the feeling passes. In this way you should aim to practise stop-start three times and then continue to ejaculation on the fourth time.

Going too far (failing to stop before ejaculation) should not be seen as a failure. It is a way to accurately learn to identify the point of ejaculatory inevitability and will help to improve your ability to stop before that point on the next session.

You should aim to practice these sessions two to three times a week. Once you are comfortable stopping, attempt to increase the number of stop-start episodes per session. You will begin to experience improved control.

When you are able to improve control so that masturbation can last for several (seven to ten) minutes, you can then continue the sessions using a lotion such as baby oil on your hand. This increases the sensation. You are likely to find that ejaculation is a little quicker using lubrication. With practice you will be able to achieve a reasonable degree of control again.

Once you are confident at performing stop-start with lubrication, you can move on to using the same technique with your partner. You need to agree beforehand a signal to tell your partner when a stop is necessary. Start with your partner with an unlubricated hand and progress to a lubricated hand. At each stage continue to focus on the sensations you are experiencing and on using the stop-start technique.

When you are confident in using the technique with manual stimulation consider moving towards entering your partner. Initially try entering your partner but without movement. It is better to use a female superior position (woman on top) as ejaculation is generally quicker in the traditional missionary position. Again, make sure that you have agreed with your partner a signal that means that you need to stop. Finally, progress to penetrative intercourse but still using the stop-start technique.

The squeeze technique

This technique was pioneered by Masters and Johnson in 1970. Despite what people think, this is not a simple technique to apply correctly. It is very anatomically specific and if incorrectly used (which is easy to do) it can cause discomfort and can therefore be ineffective. In the same way as the stop-start technique the aim is to help you to successfully gauge your sexual response and determine the amount of stimulation you require to orgasm.

This technique is most commonly used by a couple. But can be done alone by masturbation if there is no partner or your partner is not willing to participate.

You need to be in a relaxed, distraction free environment where you are not likely to be disturbed. Kiss and caress until your penis becomes erect. The partner then takes your penis in their hand and begins stroking it. You should concentrate on your feelings of arousal, to increase your sexual awareness. (Do not try to think of other things in an attempt to distract yourself from ejaculation).

When you feel you are about to ejaculate, signal to your partner. The partner immediately stops stimulating and applies firm but gentle pressure around the penis where the glans (head) meets the shaft. The pressure is applied 10-20 seconds. The partner then lets go, and you should wait without doing anything for about 30 seconds. Aim for the procedure to be repeated several times before ejaculation is allowed to occur.

As in the stop-start technique there is a steady progression of practicing this technique manually to motionless intercourse and finally to intercourse. For this technique to be successful both partners must be keen to co-operate (which isn't always the case).

The Masters and Johnson grip really needs to be demonstrated to you personally by an expert. But basically, it involves the partner placing her hand so that her thumb is on one side of the man's erect penis (the nearer side to her - when she is facing him, while her index and middle fingers are on the other side. The index finger is just above the ridge of the glans (the 'head' or 'fireman's helmet') while the middle finger is just below the ridge.

Psychotherapy

This approach, also known as counselling or talk therapy, involves talking about your relationships and experiences with a mental health professional. These talk sessions can help you reduce performance anxiety or find effective ways of coping with stress and solving problems. For many couples affected by premature ejaculation, talking with a therapist together may produce the good results.

Non Behavioural Treatments

Topical anaesthetic creams

Topical anaesthetic creams containing lidocaine or prilocaine dull the sensation on the penis to help delay ejaculation. Applied a short time before intercourse, these creams are wiped off when your penis has lost enough sensation to help you delay ejaculation. In general start by leaving the cream on for five minutes and then double the length of time it is left for until a maximum of one hour.

Some men using topical anaesthetic creams report reduced sexual pleasure because of lessened sensitivity. Although the cream is wiped off before intercourse, in some studies female partners reported that it also reduced their genital sensitivity and sexual pleasure. Using a condom can help with this but there is a chance that the local anaesthetic may damage the condom and reduce its efficacy as a contraceptive device. In rare cases lidocaine or prilocaine can cause an allergic reaction.

Condoms

Condoms may reduce sensation in some men. Some men even try using two condoms at a time. This treatment is ineffective in many men. Some makes of condom have local anaesthetic cream or jelly in them. This means the local anaesthetic will not spread to the partner.

Oral Treatments

In recent years, it has also proved possible to treat PE with antidepressant drugs. These may either be taken as a daily dose or just taken a few hours before intercourse.

This treatment arose because delaying ejaculation is a well recognised side effect of certain antidepressants. For most men, that side-effect is unwanted, but for men with premature ejaculation, it's desirable.

Antidepressants that are commonly used for this purpose include paroxetine, clomipramine, fluoxetine and sertraline. These are powerful drugs that last a long time in the body, and have a considerable list of potential side-effects. You will need to have a full discussion with your Doctor before you start one of these drugs.

In many countries, antidepressants are now sold illegally in bars and on the street as 'last-longer pills', with amitriptyline the most commonly available.

We really do not recommend buying antidepressants in this casual fashion. They have serious potential side effects and can be life threatening if taken to excess.

Treatment of the underlying cause

If there is a problem with maintaining the erection as well as a premature ejaculation then looking at methods to improve the erection may improve the PE.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

For general queries telephone the Urology Centre on

Tel: 0151 282 6799/6789

Text phone number: 18001 0151 282 6799/6789

For clinical questions specific to your case, telephone the secretary of your Urology Consultant.

**Sexual Dysfunction Association
Windmill Place Business Centre,
2-4 Windmill Lane,
Southall,
Middlesex, UB2 4NJ
Helpline: 0870 7743571
Web: www.sda.uk.net**

Offers information and support for those who suffer from erectile dysfunction. They also provide information on female sexual dysfunction, Peyronies disease and Premature and delayed ejaculation.

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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