



## URINARY AND SEXUAL PROBLEMS as a RESULT of PELVIC TRAUMA

Information about your procedure from  
The British Association of Urological Surgeons (BAUS)

The urinary tract in men consists of the kidneys, bladder, urethra (water-pipe) and prostate gland; the penis and testicles are known as the genitalia. In women, the urinary tract consists of the kidneys, bladder and a shorter urethra.

This leaflet aims to outline how these problems happen, what the symptoms are and what treatment is available so that you know how to access treatment for these conditions.



<http://rb.gy/rl4ku>

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### KEY POINTS

If you sustain a pelvic fracture, you have a 30% (3 out of 10) chance of also having an injury to the urinary tract or genitalia. This may cause one or more of the following:

- **Urethral stricture** (narrowing of the urethra due to scar tissue formation)
- **Urinary symptoms or incontinence** (involuntary leakage of urine)
- **Erectile dysfunction** (impotence) or ejaculation problems in men
- **Fertility problems** in men
- **Reduced arousal, desire and orgasm** in both women and men.

### Urethral strictures

If your urethra has been injured at the time of pelvic trauma, you will have had a catheter (drainage tube) put into your bladder when you were first admitted.

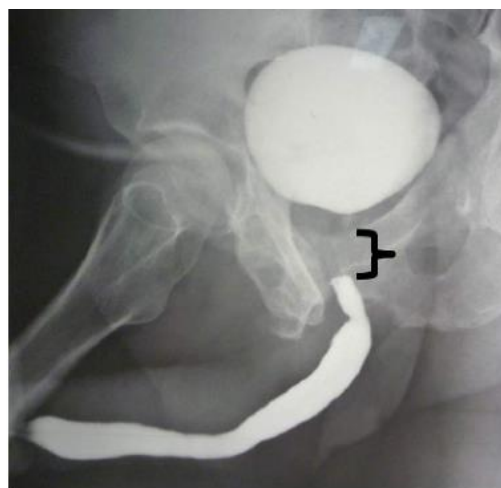
This could be in your lower abdomen (in the tummy just below the belly button) or through the urethra (water pipe) itself. However, scar tissue can

form in the urethra causing a narrowing or blockage (a stricture, pictured right), even with a catheter in place.

This can make it difficult (or even impossible) for you to pass urine when the catheter is removed. It may happen soon after the injury, but can take a while to develop.

Signs that you may be developing a stricture include:

- a reduced urinary flow,
- infections in your urine,
- blood in your urine,
- changes in how often you pass urine (urinary frequency) or
- difficulty in holding your urine (urinary urgency).



If you do get these symptoms, you will need referral to a urologist; this can be arranged by your GP or local trauma team.

If you cannot pass urine after the injury, it is likely that you will need surgery to remove scar tissue and reconstruct the urethra. This operation is called a **urethroplasty** and is performed only by specialists in urethral surgery. It is usually done after the scarring process has settled, about 12 weeks after the injury. The surgery will allow you to pass urine normally again.

## Urinary symptoms and incontinence

If you have an injury to the bladder or to the nerves supplying it, you may develop urinary symptoms such as:

- frequency (passing urine more often),
- urgency (inability to hold your urine for very long),
- incontinence (leakage of urine).

These symptoms often respond well to drug treatment but the tablets may need to be taken for a prolonged period of time.

When there has been an injury to both the urethral sphincter (the muscle valve which keeps you dry) and the bladder neck, you may leak urine when

coughing, sneezing or straining (stress incontinence). There is a range of treatments available for this problem, including drugs and surgery.

## **Erectile dysfunction & ejaculatory problems**

Erectile dysfunction (ED), or impotence, is the inability to develop or keep an erection sufficient for penetrative sexual intercourse.

Following fractures of the pelvis, the nerves and blood vessels supplying the penis can be damaged; this can cause difficulties with erections as well as other sexual problems. You are more likely to develop erectile dysfunction (impotence) after a pelvic fracture if your urethra has been injured; the risk can be up to 40% (four out of 10).

Erectile dysfunction is treatable in most patients.

Treatment can involve tablets, injectable medications, devices to help with erections and, in some cases, surgery. Your GP may be able to start treatment, but other options will require a Urologist or clinic specialising in **Andrology** or **Men's Health**.

A leaflet on the treatment of erectile dysfunction is available elsewhere on this website [by clicking here](#).

## **Fertility problems in men**

You may experience pain, reduced semen volume or loss of ejaculation after a pelvic fracture, as a result of nerve damage or scar tissue formation. This does not mean that there has been damage to sperm production. These problems, however, can be more difficult to treat than erectile dysfunction.

If your ability to ejaculate fails to recover, and you want to have children, sperm can be retrieved from your testicles to use in assisted conception.

Very rarely, there may be an injury to the vas (the tube carrying sperm from the testicles). If this causes a blockage to sperm transport, the blockage can be bypassed or sperm taken directly from the testicles (sperm retrieval) for fertility treatment.

If the testicles have been damaged or lost as a result of the injury, this may affect the production of certain hormones; hormone replacement, using medications, may be needed in some patients. If a testicle has actually been removed, a silicone prosthesis (implant) can be considered to restore the cosmetic appearance of the scrotum.

## Disorders of arousal, desire and orgasm

Approximately 40% (4 out of 10) of patients will have problems with sexual arousal, desire or orgasm after a pelvic fracture.

There are many possible causes, including:

- anatomical changes (due both to the injury itself & to scar tissue formation)
- pain
- nerve-related changes
- associated urinary problems
- psychological reaction (e.g. post-traumatic stress disorder)

The situation may also be made worse by a period of abstinence from sexual activity during your recovery.

Treatment will depend on the exact nature of the problem. It may involve expert help and advice, chronic pain medication, psychological medication or psychosexual counselling.

You can find further information about psychosexual counselling by accessing the [British Association of Sexual and Relationship Therapy](#) or [Relate](#).

## Assessing treatment for sexual dysfunction

At each [Major Trauma Centre in the UK](#), the orthopaedic team has close links with urologists familiar with genito-urinary injuries. This means that, if you have sustained a bladder or urethral injury, you can be referred quickly to the appropriate urological centre.

Sexual problems tend to appear after you have been discharged and have recovered from the initial injury. Each Major Trauma Centre has links to a sexual medicine or andrology service. If you are experiencing sexual problems, you can ask your GP or the trauma team for a specialist referral.

## Further information

This leaflet links to the joint BAUS & British Orthopaedic Association guideline on the [Audit Standards for the Management of Urological Trauma](#) (contained within the [NICE Guidelines for Complex Fractures](#)).

## **DISCLAIMER**

Whilst we have made every effort to give accurate information, there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

**PLEASE NOTE:** the staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.