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**Sexuality and Spinal Cord Injury**

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*Information  
Guide for Men*



**BY  
THE SEXUAL HEALTH TEAM  
SIR GEORGE BEDBROOK  
SPINAL UNIT**

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## **INTRODUCTION**

This guide provides information on sexual issues for men who are spinal cord injured. We hope that this will assist in developing a better understanding of your sexuality.

The guide begins with a discussion of the physical changes that occur after a spinal cord injury, as well as addressing the issues of fertility. Importantly, there is a section on relationships, which addresses the needs of couples, and how to deal with the emotional, physical and sexual aspects of a spinal cord injury. Finally there is an explanation of the key aspects of safe sex, which is always important no matter what your age or disability.

It takes time to learn any new skill, and there will always be a period of adjustment for your body, as well as your attitudes and feelings. As you adjust, there will be a process of learning new techniques and developing new ways of becoming aroused and expressing yourself. As a consequence, you need time to learn and develop positive attitudes to new ways of expressing intimacy, sensuality and your sexuality.

This guide has been compiled by members of the Sexual Health Team of the Sir George Bedbrook Spinal Unit, to assist you in reaching your full sexual potential following a spinal cord injury.

Any enquiries to the Sexual Health Team can be made by ringing the Sir George Bedbrook Spinal Unit on 9382 7284.



## **PHYSICAL CHANGES AFTER SPINAL CORD INJURY**

Sexual arousal involves a combination of various sensations, which stimulate the senses (sight, sound, touch and smell). These can include certain perfumes, music, seeing something erotic or being touched. Erogenous zones are those spots which give sexual pleasure when touched and include not only the genital area but also the ears, neck, arms, face, chest and breasts etc. Exploring these areas with your partner can increase sexual pleasure and communication.

The body's response to sexual arousal includes changes in breathing, which becomes deeper/rapid; there is an increase in pulse rate, blood pressure and muscle tension; the face becomes flushed and the penis becomes erect.

After damage to the spinal cord some of these responses will remain the same, eg. a rise in blood pressure and pulse rate, and others may be lost. The ability to appreciate sensation in your genital area and other parts of the body will depend on the level and degree of spinal cord damage.

You may find it difficult to have or maintain an erection, and many men are unable to ejaculate. There is also a loss of muscular ability to move the hips and pelvis that may reduce the capacity to take an active role in sexual intercourse and other sexual activities.



## The Male Genitalia

This includes the penis, testes, scrotum, the vas deferens, seminal vesicle, urethra and prostate gland.

These all have a role in allowing a man to father a child as well as in sexual enjoyment.

**The Penis** – is the route for urine to pass out of the body as well as the method by which sperm is introduced into the vagina.

**The Scrotum** – is the sac which contains the testes. The scrotum is very sensitive for those with normal sensation and therefore gives protection to the testicles.

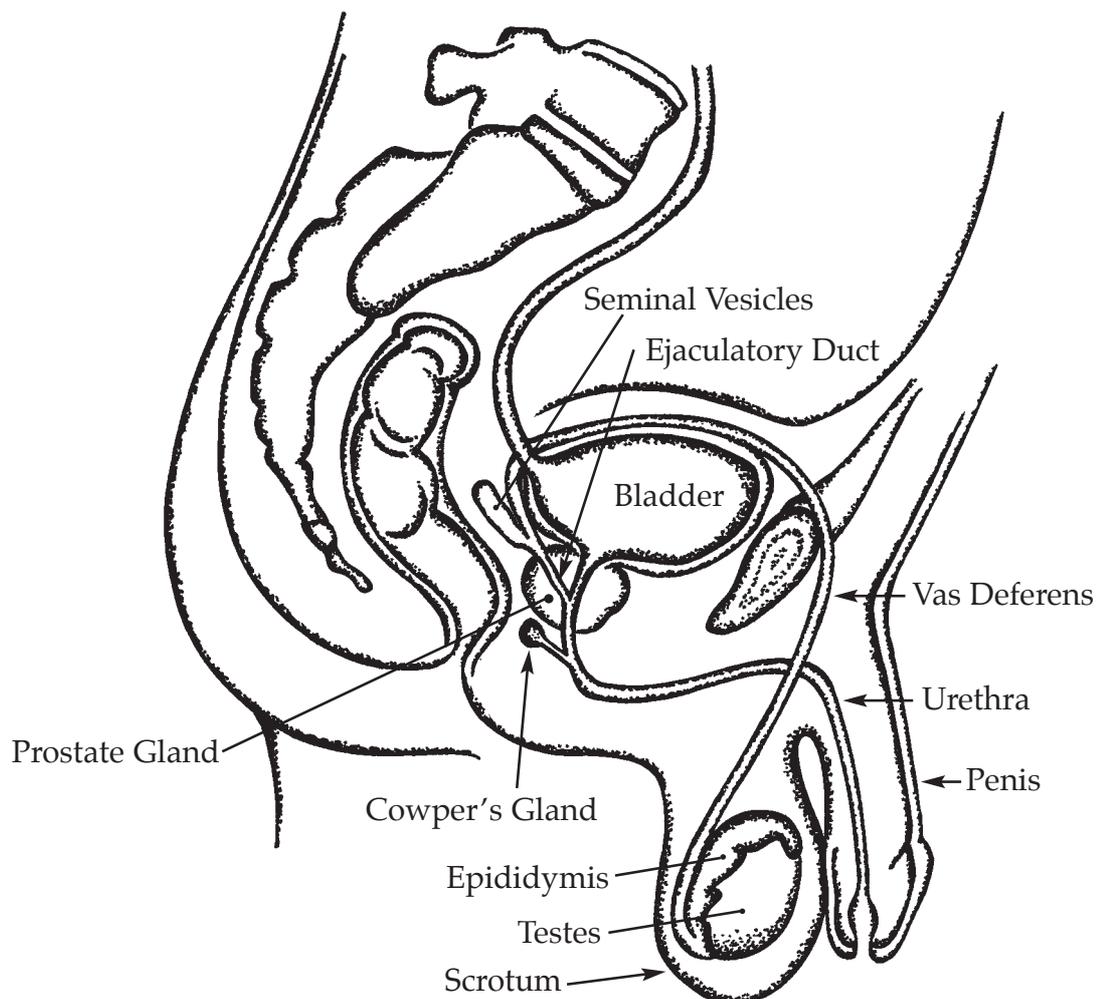
**The Testes** – these are two oval organs where sperm is produced.

**The Vas Deferens** – is the tube that transports the sperm to the urethra.

**The Seminal Vesicle** – this produces part of the semen where the sperm is stored before ejaculation.

**The Prostate Gland** – provides the bulk of the fluid to transport the sperm at ejaculation (see illustration).

**The Urethra** – is the tube through which the urine passes from the bladder, through the penis, and out of the body (see picture).



## MALE REPRODUCTIVE ORGANS

## Male Sexual Response

Many men, due to age, stress, medical problems and spinal cord injury, can experience sexual difficulties. These difficulties can impact on all aspects of a man's sexuality.

The male response involves the classic sexual response cycle of desire (libido), arousal (erection) and climax (orgasm and ejaculation). Of these, arousal and climax are the two areas that are affected by spinal cord damage.

**Desire** or as it is generally called 'libido' is the innate sense, awareness, or interest in anything sexual. It is reflected in the willingness to fantasise, to be 'turned on' by books or videos and/or the wish to make love to your partner.

Most sexual activity is healthy and normal. Some people may wish to explore greater sexual variety, which in itself may be normal but may lead to difficulties in some aspects of your life. If this is a concern or distressing to you or your partner, then consult a member of the Sexual Health Team at the Spinal Unit.

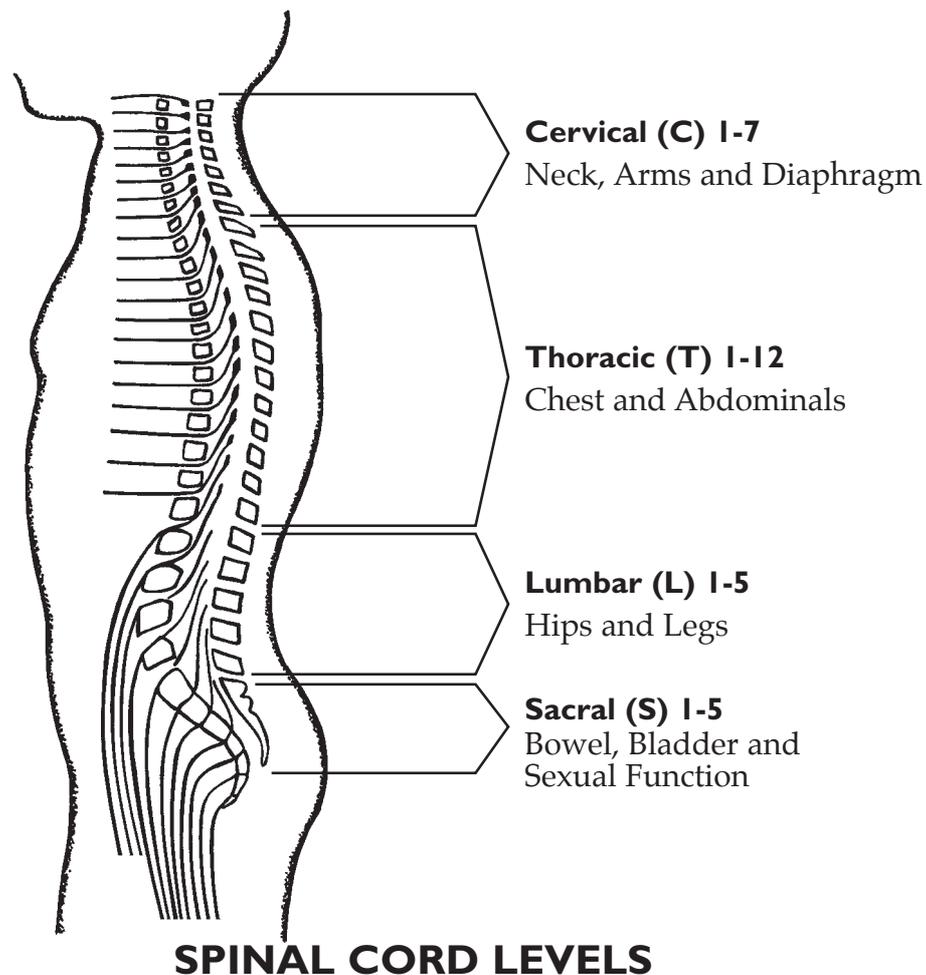
**Arousal** for many men is often the first response in the sexual response cycle but it can often be secondary. Some men notice that they have an aroused physical state (not just an erection, but at times e.g. body tingles, increased heart rate etc) before they realise they are sexually aroused. Some men find that they feel highly aroused in their head and nothing seems to be happening in their body – no erection, no increase in heart rate, etc. Both these processes are part of arousal.

**Erection** is the stiffening of the penis when blood floods into it. This is controlled by lumbar and sacral nerves. The stimulation for this can be psychogenic or reflex/physical.

Psychogenic stimulation involves erotic thoughts, fantasies or pictures and requires an intact nerve pathway from the brain to the lower spinal cord. Those with spinal cord damage below vertebra T12-L1 are more likely to experience psychogenic erections and not the reflex type.

Reflex erection is the result of stimulation of the pelvic/genital region by direct touch and even a full bladder or bowel, but it is often not a long lasting erection. Men with a complete injury at T12-L1 and above are more likely to have reflex type erections, but incomplete spinal damage may mean some experience the psychogenic type also.

All those with spinal cord damage having problems achieving an erection should ask their spinal consultant to refer them to the spinal Sexual Health Clinic where specialist advice is available.



**Orgasm** is a complex sensation. It is the mind's interpretation of the release of sexual energy. There is a sense of release and relaxation combined with the physical sensations experienced when deep pelvic muscle contractions occur during ejaculation. For those without sensation in the genital area, orgasm is still possible. However it is certainly different and many men with Spinal Cord Injury describe it as a warm sensation throughout their body, an intense physical and emotional release of sexual energy. Such an orgasmic feeling may be experienced by stimulation of alternative erogenous zones.

Orgasm is often thought of as ejaculation, however, ejaculation is possible without the associated release of sexual energy and relaxation. Also, the emotional and physical release of sexual energy is possible without ejaculation. Rethinking sexual pleasure, including what orgasm is, can be a very important part of relearning about your sexuality. Experimentation, creativity and play will assist you to find what is pleasurable.

**Ejaculation** involves the coordination of internal and external emissions.

**Internal emission** – This occurs when the seminal vesicles contract to push semen containing sperm into the urethra which mixes with other fluid expelled by the prostate gland as it contracts. This is controlled by the nervous system at the T10-L1 spinal levels, and sensory stimulation through the S2-4 nerves.

**Ejaculation/external emission** – This involves contraction of the muscles around the urethra which propels the semen out of the urethra. The nerves that control this are the same as those controlling bowel and bladder function, S2-4. This is coordinated with the internal emission controlled by T10-L1, which closes the bladder neck to stop the semen entering the bladder.

Following spinal cord damage, this coordination is often lost and there can be 'retrograde ejaculation' when the semen enters the bladder through the open bladder neck.

Those men with spinal cord damage who wish to father children, please see the section on fertility (Page 14).

## **Special Concerns**

You may feel hesitant about discussing the following problems with your partner, however, these issues are part of who you are and who you want to be with.

### **Bladder & Bowel**

The neurological reflex which is activated by sexual activity is the same one that controls bladder and bowel function, so some planning is required if problems of incontinence are to be avoided.

Be aware of what and how much you are drinking, cut back 3-4 hours prior to sexual activity and empty your bladder just beforehand. Talk to your partner about the possibility of 'wetting' them or yourself and put an incontinence sheet or some old towels under the sheet. **DO NOT FALL ASLEEP ON WET SHEETS.**

Men with an indwelling catheter can either remove it (as long as it can be reinserted following intercourse) or fold it back along the penis and hold it in place with a condom. Men who wear 'condom' drainage (external catheter/adhesive uridome) can remove it or disconnect from the bag and apply a regular condom over the top.

Bowel accidents are also a possibility. If you have a reflex type bowel and are in a regular routine, there is less likelihood of 'accidents' occurring. Those with a flaccid bowel may experience some leakage, so emptying the bowel by straining or a 'manual' an hour or so prior to sexual activity can assist in preventing leakage. If you are concerned, discuss this with your partner and use protection on the bed.

### **Hygiene**

The genital area should be washed thoroughly after removing an indwelling catheter or 'condom' drainage, as there can be a build up of bacteria under the urinary sheath.

### **Spasm**

Involuntary muscle spasms can interfere or assist with movement and positions during sexual activity. If they interfere, which may be the case with hip adductor spasm (the muscles which bring the legs together), then you may need to use methods to reduce them which may include a warm shower (if you are cold), medications (ask your doctor) or passive movements (physiotherapist can advise). If spasms assist then use them to your advantage if possible.

## **Positions**

Use your imagination to explore what is practical for you within the limits of comfort. Always be aware to prevent skin damage due to pressure or friction. Pillows and other aids for positioning may be used as well.

## **Autonomic Dysreflexia**

For those with spinal damage at T6 and above, sexual activity, especially ejaculation, may trigger an episode of autonomic dysreflexia. If you start experiencing the symptoms (see your dysreflexia card), stop activity, sit upright and treat as advised. You may need to check your bladder is empty. If symptoms persist, seek medical attention.

## **Medications**

Some medications can affect sexual desire and erectile function. If you are concerned please discuss with your Spinal Cord Injury consultant.



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## **SEXUAL RESPONSE IN MEN WITH SPINAL CORD INJURY**

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The disruption of the spinal cord means that the nerve function controlling sexual expression can produce various difficulties in the ability to respond, show arousal and achieve a sexual climax. When confronted with not being able to perform sexually, there can be a further loss of sexual desire and loss of self confidence. This can create a range of emotions such as anger, sadness and even a sense of isolation.

### **Mechanism of Sexual Dysfunction**

In the chapter on physical changes after spinal cord injury we have described some of the changes that occur. But at this point, it is probably worthwhile describing how the integrated nervous system controls the ability to express oneself sexually. As you may know, the brain is the largest sexual organ and the control centre that produces the intense desire to be sexual. Having done so, the brain then allows the individual to respond to sexual stimuli with arousal. A healthy lifestyle can also influence this process.

In spinal cord injury the nerves that control all these complex sexual functions (depending on the degree of and the level of the injury) can be disturbed. Sexual function can be partially or completely lost. A thorough assessment is required in order to evaluate what functional ability remains, and how medications and other treatments can improve it.

### **Male Sexual Function**

If damage occurs above T12-L1 it will often leave the lower sacral control centres intact and allow reflex erections to occur. Even though the person may have lost sensation to the pelvic and lower limb region, the body in those regions still “feels” and particularly if the sensation is in the genital region, will respond with an erection. Often these erections are strong enough for sexual intercourse, but for many men they are not strong enough and further assistance is needed in order to allow sexual intercourse or some other sexual activities to take place.

If the injury is below T12-L1 then these reflex erections may be lost, but psychogenic ones (since the nerves that control fantasy erections come out from the spinal cord above T12-L1) may still be present. Again these erections may need to be enhanced in order to have sexual intercourse. However you do not need an erection to be intimate and enjoy sexual and emotional pleasure.

The nerves which control the sexual climax also come out at the higher level (usually around T10 to L1) and therefore a high spinal cord injury tends to damage the ejaculatory process more so than below T12-L1. Of course if the injury is incomplete other aspects of function can be retained.

Over 50% of spinal cord injured men report the ability to achieve erections.

However, only about half of these resulted in successful intercourse. It is important to remember that sexual responsiveness, arousal and pleasure are a complex interplay of physical, mental and emotional aspects. Even though an erection may allow intercourse, if you are not sexually turned on, pleasure will be restricted. The figures on ejaculation are of concern for many men, with usually less than 20% of men being able to ejaculate.

It should be remembered that you require a healthy body to have good sexual function, as well as keep the body hormones in balance. One of the problems for men with spinal cord injury is that as they age, testicular functions tend to decline more rapidly than they would otherwise. This is due to more frequent genito-urinary tract infections, which can affect the testes, resulting in impaired sperm and hormone production. It is also believed that because men with spinal cord injury sit for long periods of time the testes are exposed to high body temperatures which further aggravates the problem.

## **Difficulties in Having Sexual Intercourse**

Due to your physical disability, your body will often not respond to commands, and you may find it much more difficult to take the physical initiative in sexual activities. The 'on-top' position often becomes impossible and the 'partner on top' position is often the more frequent pattern, whether in bed, or under the shower on a chair. The lack of sensation in the genital region can also be off-putting. It is possible to become more aware of your erogenous zones and use those where you still have feeling to enhance the state of sexual arousal. Fundamental to this is the ability to communicate with your partner your needs, wishes, wants and desires. For many men this can be a difficult task. There is more explicit literature, which discusses sexual technique and positions in more detail (see Educational Resources page 20). One's sexual experiences can be varied and interesting with effort, play and imagination. Experimenting assists in relearning about one's body and aids in discussing likes and dislikes with a partner.

Some people find all this exhausting and as a result sexual intercourse may be less frequent. However, there are many enjoyable alternatives to be explored such as touching, massaging and exploring other sexual activities by the use of your mouth, hands or special aids.

## **Treatment of Sexual Dysfunctions and Difficulties**

Before treatment is considered, a thorough assessment is necessary to make sure there are no other factors which can impair the sexual response mechanism. This is to ensure the recommended treatment is appropriate and safe for the individual. There are many types of sexual dysfunctions and difficulties for men generally, such as:

- Not being able to gain an erection.
- Not being able to maintain an erection.
- Pain associated with intercourse.

- Pain associated with orgasm.
- A low level of sexual desire.
- Too high a level of sexual desire.
- Problems becoming sexually aroused.
- Sexual fantasies of concern.
- Difficulties with sexual communication.
- Sexual frustration.

Many of these issues can be discussed with the Sexual Health Doctor/Sexual Health Team Member who can if necessary refer you to an appropriate Sexual Health Counsellor.

## **Treatments for Erectile Dysfunction**

### **ORAL - VIAGRA (Sildenafil)**

The management of male erectile dysfunction has been revolutionised by the use of Viagra. Fortunately this is usually a very satisfactory treatment for men with spinal cord injury, allowing erectile function to be enhanced. In most circumstances it is usually the best treatment but if Viagra does not assist you there are other methods of assistance.

It is important to take Viagra thirty (30) minutes to one hour before sexual activity begins; and on an empty stomach, as some foods, particularly those with a high fat content, may interfere with it's (Viagra) absorption. Viagra doesn't automatically produce an erection, so make sure you are relaxed and sexually stimulated to enhance it's effectiveness.

#### **For Best Results**

- Make sure you are not mentally and physically tired.
- Have not taken illegal drugs or drunk excessive amounts of alcohol

## **CAUTION**

**Some drugs interact with Viagra. So consult your doctor before using.**

### **Injectibles - Prostaglandin (caverjet)**

A more traditional form of treatment is intracavernosal injection. This utilises a substance called Prostaglandin (Caverjet) which can be injected into the penile shaft erectile tissue using a very fine needle and syringe. Although this technique may seem to be a little painful, once it is seen and tried most men find that it is not difficult and can easily adapt to it. A number of men with spinal cord injury lack sensation in the area which makes it easier to carry out the process. The injection may be more difficult for men with tetraplegia as there is the need for good arm and hand function for the injection process. The aim is to try and allow the individual to manage their own process of achieving erections.

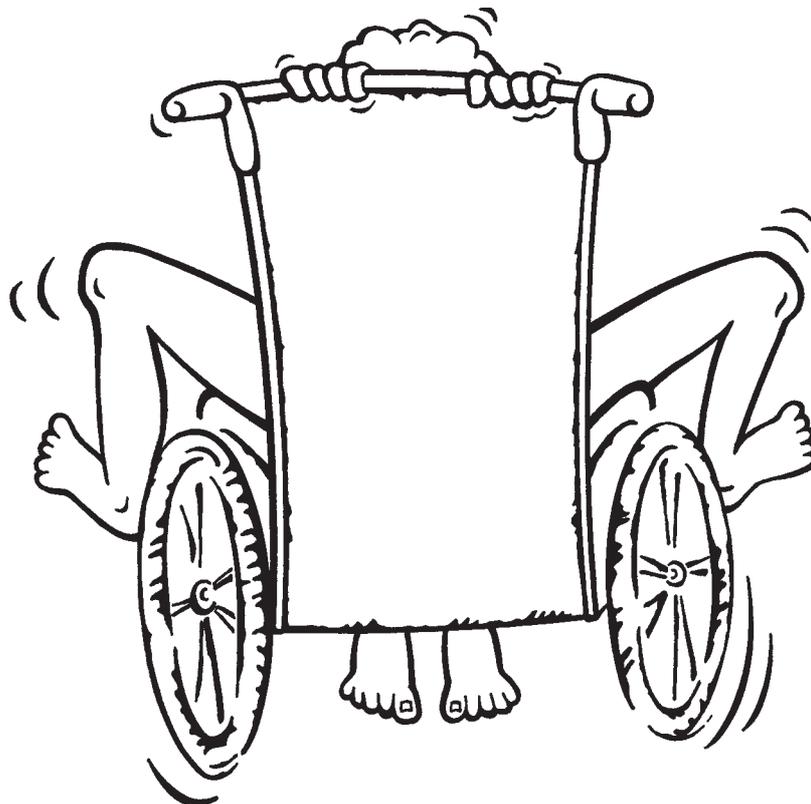
## Other Methods

Some men find that penis rings and vacuum erection devices can also be used. There is also surgery where devices are implanted into the penile shaft to simulate an erection. These are of varying cost, and could be considered if other treatments are not effective.

### Ejaculation

At the present time there are few medications or treatments which allow any improvement in ejaculation. Vibration devices which are available from sex shop outlets can sometimes make a difference, but these should be used cautiously by individuals who have the potential to experience autonomic dysreflexia.

Occasionally premature ejaculation may occur and this is better controlled by sexual techniques and medications.



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## RELATIONSHIPS, SEXUALITY & SPINAL CORD INJURY

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Whether you are starting a new relationship after your injury, continuing an ongoing one, or on your own, the following ideas may be helpful to you.

Your spinal cord injury may challenge, in complex ways, your self-identity, your sexuality and your relationships. Sexuality is a very important part of each person's being. It is part of how we express ourselves and how we relate and communicate.

Communication is important in all aspects of relationships, including sexual relationships. The expression of tenderness, love, concern, warmth, honesty and openness towards another person depends on how you think and value yourself. How you see yourself and the changes that have occurred to your body can affect how you communicate and express your sexuality.

As part of your recovery after a spinal cord injury, you may discover your sexuality is limited by your own personal ideas and beliefs. For example, some people believe that you must have penile / vaginal intercourse to truly have sex. You may enjoy finding out that other forms of expression using different parts of your body, such as your mouth or different positions, may provide more expression for your sexual creativity. This may involve engaging in other activities, such as oral sex, or using aids / sexual devices that you may not have felt comfortable with before.

Communication with your partner can assist you to overcome some of these issues.

### What Can You Do?

- Challenge the myths and beliefs you have about yourself now that you are in a wheelchair, eg. "No-one will find me attractive in a wheelchair".
- Be open. Be prepared to experiment sensually and sexually. Read and learn more about sexuality and spinal cord injury and get new ideas on sexual positions.
- Endeavour to maintain your self esteem, sexual identity and self respect. Talk to a counsellor and/or to other people with spinal cord injuries about how to remain sexually confident.
- Remember to plan your intimate, sensual and sexual experiences and talk with a partner about using new and creative ideas. It's difficult, but try to acknowledge your lack of genital sensation, and realise that this isn't the end but only the continuation of exploring your sexuality and pleasure in new and creative ways.
- Take care and ENJOY!

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## **FERTILITY IN MEN WITH SPINAL CORD INJURY**

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Spinal cord injury may influence fertility in a number of different ways and tends to affect the fertility of men more than women. However using modern technology, it is possible to overcome most of the causes of infertility which are related to spinal cord injury, so reproduction is not a difficult problem.

### **Overcoming Infertility in Men with Spinal Injury**

As noted earlier, men with spinal cord injuries may have difficulties with both erection and ejaculation. The majority of erectile problems can be overcome using a variety of treatments, but infertility due to the inability to ejaculate, needs specialised treatment.

In the past, semen has been obtained using a technique known as electro-ejaculation, but this is an unpleasant experience for many men. Today, small numbers of sperm can be obtained by simple aspiration of the vas deferens (in the groin). Usually, sufficient sperm can be obtained for simple insemination and a technique known as In-vitro Fertilisation (IVF) is used to achieve pregnancies.

In some men the vas deferens and also the ducts that drain sperm from the testes can become blocked due to infection. In this situation, sperm can almost always be obtained by aspiration from the testes. Sperm from the testes are as easy to use for fertilisation techniques as those obtained from the vas deferens.

The testes can become damaged in the incident that caused the spinal cord injury. If this should have happened (and in our experience this is a very rare occurrence), there may be some difficulty in finding sperm for use in an IVF program.

Sperm obtained through these methods can be stored frozen. Usually one small procedure of this sort will generate enough sperm for repeated IVF treatments. As there are many issues involved in sperm collection, consultation with your spinal fertility specialist is recommended during your rehabilitation.

It is frequently believed that in men with spinal cord injury, fertility and in particular sperm production declines with time. There is in fact no evidence that spinal cord injury itself has this effect upon sperm production. However, if during your original accident testicular injury has occurred then sperm production may well decline over the next few months. There is however no evidence that immediate post-injury sperm collection is necessary.

## SAFE SEX AFTER SPINAL CORD INJURY

Keeping sexually healthy is very important and the following are some of the ways of achieving this:

### Communication

Talk to your partner before sex about your health concerns and sexual health history and also encourage your partner to do likewise ('concern' does not mean that you distrust your partner but that you are responsible for your own health). Partners need to care about each other and to be interested in one another's pleasure, comfort and health.

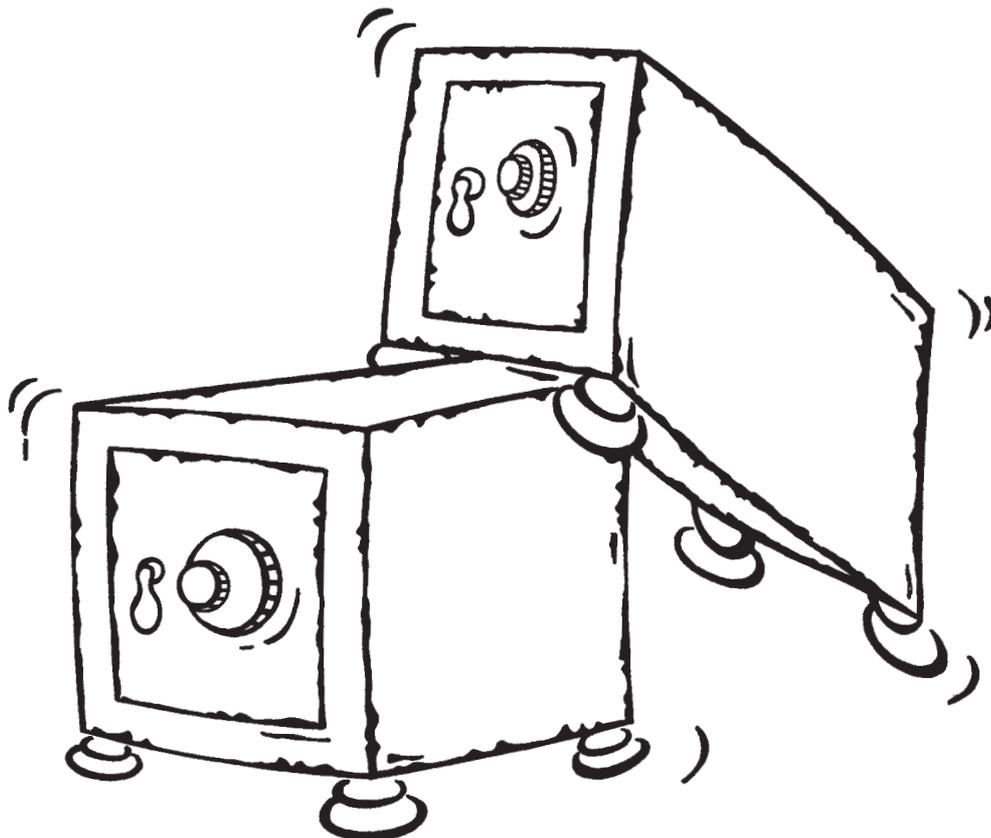
### Stay in Charge

Be aware that alcohol and some other drugs tend to weaken good judgement and may jeopardise self-control.

### Condoms and Sexual Aids

Condoms correctly applied still offer the best protection against sexually transmitted infections (STI's). **However, avoid having sex with someone with a known infection.**

It is unwise to share sexual aids such as vibrators, and these should be washed and cleaned after each use.



Men and women with spinal cord injury who are sexually active remain as vulnerable as the general community to sexually transmitted infections. It is important that you recognise and prevent the spread of diseases.

These are the most common:

## **Viral Sexually Transmitted Infections**

### **Genital Herpes**

These are small blisters and sores on the genital area. Avoid all contact, manual touching or intercourse while the sores are present. Condoms are not 100% safe against catching genital herpes, as they only protect the area of the skin that they cover.

### **Genital Warts**

Human papillomavirus (or genital warts) are said to infect up to 40% of the population and some are considered to be harmful, apart from the fact that they can spread to your partner. They may go away by themselves. Some types of warts, however, have a strong association with cancer and should be treated. Also, they may grow and block the urethra in males, or grow on the cervix in females. After treatment, a condom will protect against further infection.

### **Hepatitis**

There are several types of hepatitis: A,B,C,D, and E.

Hepatitis B is the most common, spread mostly by semen, vaginal secretions and blood products.

Hepatitis results in inflammation of the liver and if not treated properly, can cause permanent liver damage or even death. A blood test will confirm the diagnosis.

### **Human Immunodeficiency Virus (HIV)**

This virus is transmitted most commonly by sexual intercourse (more prevalent by anal intercourse) or by sharing needles in intravenous drug use. HIV may go on to develop as AIDS. The virus stays in the body forever, and as yet there is no known cure. For more comprehensive information, contact the Western Australian AIDS Council's AIDS & HIV Information line on 13 1025.

## **Non-Viral Sexually Transmitted Infections**

### **Candidiasis (Thrush)**

This is a normal organism living on the skin and inside the body, which causes problems only when there is an over-growth of this yeast fungus.

It can be transmitted through intercourse.

### **Chlamydia**

Spread only by intercourse. If not treated by antibiotics, this common infection can cause sterility in women.

### **Gonorrhoea**

Some people may not know that they have the infection, so any discharge or pain when urinating should be checked by a doctor and treated before infection of the tubes causes sterility.

### **Non Specific Urethritis**

This is simply an inflammation of the urethra, which is treated with antibiotics when the organism has been identified.

### **Syphilis**

Syphilis is transmitted through sexual intercourse. If the sores of the person with syphilis are rubbed against the other person, the infection can enter the body through any tiny skin break. Treatment with antibiotics is essential.

There are many other STI's, all of which require investigation and medical treatment.

For more information, please refer to the resource section of the guide (page 18).



## **WESTERN AUSTRALIAN COMMUNITY RESOURCES**

### **SEXUAL HEALTH CLINICS**

General Information .....	1300 135 030
Royal Perth Hospital .....	9224 2178
Fremantle Hospital .....	9431 2149

### **FAMILY PLANNING WA (FPWA)** (formerly Family Planning Association)

70 Roe Street Perth .....	9227 6177
<a href="http://www.fpwa-health.org.au">www.fpwa-health.org.au</a>	

**Quarry Street (Rear) Fremantle (for under 25s)** 9430 4544

### **Sexual Health Helpline**

– Metro.....	9227 6178
– Country (Freecall) .....	1800 198 205

**People 1st Programme (PIP)**..... 9227 6414  
(For people of all ages with an intellectual disability)

**Roe St Centre for Human Relationships**..... 9228 3693  
(Counselling for individual, couples & families)

### **SEXUALITY, EDUCATION, COUNSELLING & CONSULTANCY AGENCY (SECCA)**..... 9420 7226

This agency has a large range of books, videos and courses

[www.cygnus.uwa.edu.au/~secca](http://www.cygnus.uwa.edu.au/~secca)

email: [secca@cygnus.uwa.edu.au](mailto:secca@cygnus.uwa.edu.au)

### **GAY & LESBIAN COUNSELLING SERVICE**

**OF WA (INC)**..... 9420 7201

[www.glcs.org.au](http://www.glcs.org.au)

email: [admin@glcs.org.au](mailto:admin@glcs.org.au)

### **AIDS/HIV – Information & Advice (Health Department)**

Communicable Disease Control Branch .....

[www.health.wa.gov.au](http://www.health.wa.gov.au) (see Public Health)

Aids Council of WA (Inc) ..... 9482 0000  
www.waaid.asn.au  
email: waac@waaid.asn.au

**ADULT BOOKSHOPS/SHOPS**

'Barbarellas' Bookshops Head Office ..... 9227 6777  
www.adultshop.com.au  
email: inquiries@barbarellas.com

'Vibrations' ..... 9242 4501

'Club X' ..... 9325 3815  
www.clubx.com.au

**PHOENIX (Sex Industry Workers Group) ..... 9328 1387**



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## EDUCATIONAL RESOURCES

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### Reading

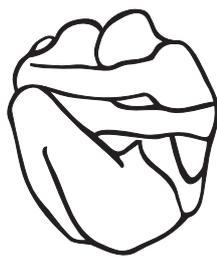
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### On Line Resources

- [www.sexualhealth.com/](http://www.sexualhealth.com/) A sexual health information site from the USA for people with disability.
- [www.spinalcord.uab.edu/](http://www.spinalcord.uab.edu/) Established by the Spinal Cord Injury Information Network, USA. (click on the 'psychosocial' topic section to find sexuality issues).
- [www.adultshop.com.au](http://www.adultshop.com.au) On line adult book/video shop.



**SIR GEORGE BEDBROOK  
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SEXUAL HEALTH TEAM**

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