PAINFUL EJACULATION

Odynorgasmia

A physical syndrome described by pain or burning sensation of the urethra or perineum during or following ejaculation.

larınd Diagnosis  ♂ Male

Related Diagnoses:

Ejaculatory disorders | Prostatitis

About Painful ejaculation

All of parts of body and functions connected to ejaculation are necessary and can cause painful ejaculation. There are testicles, ejaculatory ducts, seminal vesicles, prostate, bulbourethral glands, urethra, sympathetic nervous system, bulbospongiosus and pubococcygeus muscles and pudendal nerve. When there is any inflammation or an infection of these structures, it all can lead to painful ejaculation.

Men can feel pain or burning sensation when their ejaculate. Also this pain could be spread to the anus, testicles or genitals. Relationship problems may follow and men became more and more stressed and they can experience depression and anxiety.

Sever conditions which can cause painful ejaculation:

Prostatitis

Prostatitis (less commonly prostatosis) is inflammation of the prostate gland. Prostatitis is classified into acute, chronic, asymptomatic inflammatory
prostatitis, and chronic pelvic pain syndrome. Pain may radiate to the back and rectum, making sitting uncomfortable. Pain can be present in the perineum, testicles, tip of penis, pubic or bladder area. Dysuria, arthralgia, myalgia, unexplained fatigue, abdominal pain, constant burning pain in the penis, and frequency may all be present. Frequent urination and increased urgency may suggest interstitial cystitis (inflammation centred in bladder rather than prostate). Post-ejaculatory pain, mediated by nerves and muscles, is a hallmark of the condition.

**Orchitis**

Orchitis is inflammation of the testes. Orchitis can be related to epididymitis infection that has spread to the testicles (then called "epididymo-orchitis"), sometimes caused by the sexually transmitted diseases chlamydia and gonorrhea. It has also been reported in cases of males infected with brucellosis. Orchitis can also be seen during active mumps, particularly in adolescent boys.

**Epididymitis**

Epididymitis is a medical condition characterized by discomfort or pain of the epididymis, a curved structure at the back of the testicle in which sperm matures and is stored. The acute form usually develops over the course of several days, with pain and swelling frequently in only one testis, which will hang low in the scrotum. There will often be a recent history of dysuria or urethral discharge. Fever is also a common symptom. In the chronic version, the patient may have painful point tenderness but may or may not have an irregular epididymis upon palpation, though palpation may reveal an indurated epididymis.

**Nerve entrapment syndrome**

Nerve entrapment syndrome, or compression neuropathy, is a clinical condition caused by compression on a single nerve or nerve root. Its symptoms include pain, tingling, numbness and muscle weakness on the affected nerve’s dermatome (an area of skin that is mainly supplied by a single spinal nerve). Intrapelvic nerve entrapments are, therefore, entrapments of the intrapelvic portions of the nerves described in the previous sessions and will produce symptoms related to their dermatomes.

**Ejaculatory duct obstruction (EDO)**

Ejaculatory duct obstruction (EDO) is a congenital or acquired pathological condition which is characterized by the obstruction of one or both ejaculatory ducts. Thus, the efflux of (most constituents of) semen is not possible. It is a
cause of male infertility and/or pelvic pain. Ejaculatory duct obstruction must not be confused with an obstruction of the vas deferens. In addition, it is reported to be a cause for pelvic pain, especially shortly after ejaculation. In case of proven fertility but unresolved pelvic pain, even one or both partially obstructed ejaculatory ducts may be the origin of pelvic pain and oligospermia.

The first step in the treatment of painful ejaculation is the determination of the cause of the painful orgasm.

**Associated disease**

- urethritis
- prostatitis
- epididymitis
- orchitis
- prostate cancer
- post-vasectomy pain syndrome
- sexual transmitted diseases

**Complications**

- infertility

**Risk factors**

- vasectomy
- pelvic radiation
- use of antidepressants
- use of contraceptive creams

**Impact on fertility**

Every diseases which are connected to the painful ejaculation can make genital stimulation painful or uncomfortable. This can lead to avoidance from sex. Men which are not comfortable to speak about this problem can develop anxiety. Every man suffering from painful ejaculation should visit their doctor to be properly examine and to find out what causes his problem. When doctors heal the problem, pain will disappear. If the semen is not able to be ejaculate from man’s body, there are several methods of assisted reproduction. Usually, affected men have a normal production of spermatozoa in their testicles, so that after spermatozoa were harvested directly from the testes e.g. by TESE (Testicular Sperm Extraction), or the seminal vesicles (by needle aspiration) they and their partners are potentially
candidates for some treatment options of assisted reproduction e.g. in-vitro fertilisation. Most of the treatment (e.g. ovarian stimulation and transvaginal oocyte retrieval) is transferred to the female partner.

**Prevention**

The pain is very often caused by inflammation. Proper hygiene and prevention against sexually transmitted diseases is very important to avoid it.

**Symptoms**

Men have pain while they ejaculating, sometimes they can feel the ejaculate come through their urethra. This pain can also spread to the surrounding area such as anus, perineum and scrotum.

**Therapies**

**Self therapy**

There is no self or alternative therapy for this condition.

**Conventional medicine**

**Pharmacotherapy**

After define causes painful experience, access to the treatment of painful emission of semen (odynorgasmia), then depending on its cause.

**Antidepressants**
Odynorgasmia may also be a side effect of some antidepressants. In this cases, reducing the dose (s guidance of a physician), or changing medication can help reduce discomfort after ejaculation.

**Nonsteroidal anti-inflammatory drugs**

Nonsteroidal anti-inflammatory drugs, also called nonsteroidal anti-inflammatory agents (NSAIDs)/analgesics (NSAIAs) or nonsteroidal anti-inflammatory medicines (NSAIMs), are a drug class that groups together drugs that provide analgesic (pain-killing) and antipyretic (fever-reducing) effects, and, in higher doses, anti-inflammatory effects. Nonsteroidal anti-inflammatory drugs are widely used in the world for their antinociceptive, anti-inflammatory, and antipyretic effects in many diseases, including prostate cancer and prostatic disease and inflammation of men’s genitourinary system.

**Surgical therapy**

In case of ejaculatory duct obstruction, there are surgical methods, which can help to relieve pain.

**Transurethral resection of the ejaculatory ducts (TURED).**

A method to treat ejaculatory duct obstruction is transurethral resection of the ejaculatory ducts (TURED). This operative procedure is relatively invasive, has some severe complications, and has led to natural pregnancies of their partners in approximately 20% of affected men. A disadvantage is the destruction of the valves at the openings of the ejaculatory ducts into the urethra such that urine may flow backwards into the seminal vesicles. Another, experimental approach is the recanalization of the ejaculatory ducts by transrectal or transurethral inserted balloon catheter. Though much less invasive and preserving the anatomy of the ejaculatory ducts, this procedure is probably not completely free of complications either and success rates are unknown. There is a clinical study currently ongoing to examine the success rate of recanalization of the ejaculatory ducts by means of balloon dilation.

**Assisted reproduction**

If conservative medical treatments fail to achieve a full term pregnancy, the physician may suggest the patient undergo in vitro fertilization (IVF). IVF and ART (Assisted reproduction technology) generally start
with stimulating the ovaries to increase egg production. Most fertility medications are agents that stimulate the development of follicles in the ovary. Examples are gonadotropins and gonadotropin releasing hormone. After stimulation, the physician surgically extracts one or more eggs from the ovary, and unites them with sperm in a laboratory setting, with the intent of producing one or more embryos. Fertilization takes place outside the body, and the fertilized egg is reinserted into the woman’s reproductive tract, in a procedure called embryo transfer.

Intracytoplasmic sperm injection (ICSI) is beneficial in the case of male factor infertility where sperm counts are very low or failed fertilization occurred with previous IVF attempt(s). The ICSI procedure involves a single sperm carefully injected into the center of an egg using a microneedle. With ICSI, only one sperm per egg is needed. Without ICSI, you need between 50,000 and 100,000.

Two techniques that enable to some extent the selection of physiologically normal spermatozoa have recently been developed. One of these is termed intracytoplasmic morphology-selected sperm injection (IMSI). Here, spermatozoa are selected for ICSI and analysed digitally prior to the microinjection procedure in order to deselect morphologically abnormal spermatozoa. With this technique, abnormalities not visible in standard ICSI procedures have been observed. IMSI increases the pregnancy rate during ICSI cycles, and some data suggests that the level of pregnancy termination is also decreased. A second technique recently introduced to assisted reproduction is that of sperm selection with hyaluronic acid (HA), e.g. PICSI. In this technique, mature sperm with HA receptors are distinguished from immature and abnormal sperm since these do not express such receptors.

Men who ejaculate no sperm, because of blocked tubes in their testes, or because of a genetic condition that prevents their sperm being released, require some form of surgical sperm retrieval to enable ICSI to take place. Epididymal sperm obtained by microsurgical aspiration (MESA) or percutaneous sperm aspiration (PESA) and testicular sperm obtained by surgical excision (TESE) or percutaneous aspiration (TESA) are used in ICSI treatment. Alternatively, the retrieved sperm can be cryopreserved for use in future sperm injection attempts. If all efforts to extract vital sperm cells fails, then donated ones may be recommended.

Find more about related issues
**Diagnoses**

**Ejaculatory disorders**
A class of sexual disorders defined as the subjective lack of normal ejaculation.
Learn more at: [www.fertilypedia.org/therapy/diag/ejaculatory-disorders](http://www.fertilypedia.org/therapy/diag/ejaculatory-disorders)

**Prostatitis**
An inflammation of the prostate gland.
Learn more at: [www.fertilypedia.org/therapy/diag/prostatitis](http://www.fertilypedia.org/therapy/diag/prostatitis)

**Organs**

**Epididymis**
The epididymis is a tube that connects a testicle to a vas deferens in the male reproductive system.
Learn more at: [www.fertilypedia.org/edu/organs/epididymis](http://www.fertilypedia.org/edu/organs/epididymis)

**Male urethra**
A tube that connects the urinary bladder to the urinary meatus for the removal of fluids from the body.
Learn more at: [www.fertilypedia.org/edu/organs/male-urethra](http://www.fertilypedia.org/edu/organs/male-urethra)

**Penis**
External male sex organ that additionally serves as the urinal duct.
Learn more at: [www.fertilypedia.org/edu/organs/penis](http://www.fertilypedia.org/edu/organs/penis)

**Prostate**
A walnut-sized structure that is located below the urinary bladder in front of the rectum.
Learn more at: [www.fertilypedia.org/edu/organs/prostate](http://www.fertilypedia.org/edu/organs/prostate)

**Scrotum**
Scrotum is an anatomical male reproductive structure that consists of a suspended sack of skin and smooth dual-chamber muscle located under the penis.
Learn more at: [www.fertilypedia.org/edu/organs/scrotum](http://www.fertilypedia.org/edu/organs/scrotum)

**Testes**
Male gonads which produce both sperm and androgens, such as testosterone, and are active throughout the reproductive lifespan of the male.
Learn more at: [www.fertilypedia.org/edu/organs/testes](http://www.fertilypedia.org/edu/organs/testes)
**Vas deferens**
The duct in the testicle that carries semen from the epididymis to the ejaculatory duct. Learn more at: [www.fertilitypedia.org/edu/organs/vas-deferens](http://www.fertilitypedia.org/edu/organs/vas-deferens)

**Symptoms**

**Painful sexual intercourse**
The painful feelings during sexual intercourse. Learn more at: [www.fertilitypedia.org/edu/symptoms/painful-sexual-intercourse](http://www.fertilitypedia.org/edu/symptoms/painful-sexual-intercourse)

**Sexual frustration**
A frustration caused by a discrepancy between a person's desired and achieved sexual activity. Learn more at: [www.fertilitypedia.org/edu/symptoms/sexual-frustration](http://www.fertilitypedia.org/edu/symptoms/sexual-frustration)

**Therapies**

**Egg donation**
Process by which a woman donates eggs for purposes of assisted reproduction or biomedical research. Learn more at: [www.fertilitypedia.org/edu/therapies/egg-donation](http://www.fertilitypedia.org/edu/therapies/egg-donation)

**Sperm donation**
The procedure in which a man (sperm donor) provides his sperm for fertility treatment. Learn more at: [www.fertilitypedia.org/edu/therapies/sperm-donation](http://www.fertilitypedia.org/edu/therapies/sperm-donation)

**Standard IVF**
A process in which an egg is fertilised by sperm outside the body: in vitro. Own or donated gametes may be used. Learn more at: [www.fertilitypedia.org/edu/therapies/standard-ivf](http://www.fertilitypedia.org/edu/therapies/standard-ivf)

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