

An alternative approach to ejaculatio precox

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Premature ejaculation has an important place among various sexual dysfunctions. Severity of the dysfunction may be variable even rendering penetration impossible in most severe cases. 28 patients still suffering premature ejaculation after various unsuccessful treatments were taught to place a constricting elastic band to the base of the penis after full erection. During intercourse, even after ejaculation, erection is sustained for some time and this allows the couple continue sexual activity. After a follow up period of three months 4 patients gave up because of the discomfort they felt due to sustained erection after ejaculation. In 10 patient's erection could be postponed for sufficient period so these patients no more needed any intervention. The other 14 patient reported that although ejaculation still occurred precociously, it was worth using the constrictor band in order. Being easily applicable and without side effects, this method may be suggested as well as other methods in the treatment of premature ejaculation. [Turk J Med Res 1994; 12(6): 264-266]

Key Words: Ejaculatio precox, Elastic band

There is no exact reports in common, about the identification, classification and the therapy of ejaculatio precox which is one of the most important sexual dysfunctions. Master and Johnson have defined ejaculation for a sufficient length of time during intravaginal containment in order to satisfy the male's partner at least 50 percent of the time (2). Also, it is reported that ejaculation should occur in 2-5 minutes after the penetration of the penis into the vagina (1).

Various treatment techniques, such as sex therapy, application of local anesthetic ointments of penil skin, avoiding sexual thoughts during intercourse, start-stop technique and squeezing maneuver are used to cure ejaculatio precox.

However, most of the treatments are difficult and unsuccessful. In severe cases, even penetration is impossible. In some cases, after various unsuccessful treatments, the method of placing a constricting elastic band to the base of the penis to sustain the erection rather than to elongate the ejaculation period, was used.

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MATERIALS AND METHODS

28 male patients suffering from ejaculatio precox, after various unsuccessful treatments, were accepted for this therapy. After case histories, physical examinations and laboratory research, the ejaculatio precox was studied in three different categories, according to the complaints of the patients:

1. Slight type of ejaculatio precox: Vaginal penetration time is 1 to 2 minutes, but the patient personally finds it unsatisfactory.
2. Mild type of ejaculatio precox: Vaginal penetration time is less than 1 minute.
3. Severe type of ejaculatio precox: Ejaculation occurs just before or just after the penetration.

The patients were taught to place proper constricting elastic band which is used in Erec Aid device just after the full erection and go on their sexual intercourse even after ejaculation. During intercourse, even after ejaculation, erection is sustained for some time and this allows the couple continue sexual activity. The patients were taught that this band had no direct effect on the prolongation of the ejaculation period.

RESULTS

The patients were controlled in every 15 days. After a follow up period of three months the results were evaluated in general. 4 patients gave up the treatment

Table 1. Classification of the patients and the results in summary

Degree of the ejac. precox	Num.ol pts.	Results
Slight	8	4 pt. complete healing 2 pt. sufficient erc. time with band 2 pt. left the therapy
Mild	16	4 pt. complete healing 10 pt. sufficient erc. time with band 2 pt. left the therapy
Severe	4	2 pt. complete healing 2 pt. sufficient erc. time with band

because of the discomfort they felt due to sustained erection after ejaculation. In 10 patient's erection could be postponed for sufficient period so these patients no more needed any intervention. The other 14 patient reported that although there was no change in the period of ejaculation they went on using the constrictor band for behalf of their partners.

At the beginning, all patients said it was not a good sensation to gon on coitus with the sustained erection after ejaculation. But this sensation decreased In 10-15 seconds without causing any problem in all patients, except 4 who left the therapy (Table 1).

DISCUSSION

Definition and classification of ejaculatio precox mainly depends on the patient's subjective conception and explanations and change from one patient to another. No one can exactly agree on the ideal period of time for vaginal penetration. Although one minute vaginal penetrations is sufficient for one couple, it may not be satisfactory for another couple. But, if it causes problem, it has to be cured.

Control of ejaculation is an acquired skill, being minimal at the onset of sexual activity. With sexual experience, most men develop the ability to achieve adequate vaginal penetration and intercourse before ejaculation (3).

Classic premature ejaculation occurs with emission end ejaculation accompanied by loss of erection before or immediately after vaginal penetration. Milder degrees of this phenomenon are frequently the subject of patient concern and present as complaints of inadequate intravaginal duration prior to ejaculation.

In premature ejaculation, the male has a low threshold of sensitivity, so that orgasm is reached quickly. This may be due to early patterns of masturbation or sexual activity that established a low excitability threshold for the ejaculatory reflex (4).

The most effective treatment is aimed at raising the excitability threshold by employing a "start/stop" intervention (5). With either masturbation or foreplay, the penis is stimulated until the man feels sensation of

"ejaculatory inevitability". Stimulation is then discontinued until the sensation subside. This procedure is repeated until penile stimulation can be tolerated for longer periods of time without ejaculation.

Master and Johnson expanding the original "start/stop" technique, attempted to increase the pre-ejaculatory period. They did this by focusing the attention of the patient on the sensate feedback immediately prior to ejaculation and using this a point at which to cease activity or incorporate the "squeeze technique" of penile compression (2).

There are many other methods of therapy besides above mentioned techniques, but none of them is always successful in solving the problem completely. In some cases, by the time, anxiety of performance develops and this causes psychogenic impotence.

There is no erection problem in ejaculatio precox patients. The constrictor band placed to the base of the penis maintain the penile erection by preventing the venous return. With the constrictor band, the longer vaginal penetration time relieves the anxiety of the patient and the partner is satisfied.

We thought that subsiding the anxiety and psychological factors and teaching the control of the ejaculation are the main reasons for complete healing with adequate erection time.

The important part of the technique is to select the suitable constrictor elastic band for the patient (6). Insufficient squeezing of the band won't be able to sustain of the erection after ejaculation. Too tight band may cause pain after the intercourse and anesthesia or hipoesthesia on the penile skin for some time. Another important part of the technique is timing-of placing of the band. The band must be placed just after the rigid erection. If the band is placed before the rigid erection, adequate constriction will not occur.

Replacement of the band does not need any instrumentation such as "stay erect" device or/and lubrication.

Being easily applicable and without side effects, this method may be suggested as well as other methods in the treatment of premature ejaculation.

Prematüre ejakülasyon tedavisinde alternatif bir yaklaşım

Seksüel disfonksiyonlar arasında prematüre ejakülasyonun önemli bir yeri vardır. Disfonksiyonun derecesi değişik olmakla birlikte ciddi vakalarda penetrasyon dahi olmayabilir. Çeşitli tedavilerden fayda görmemiş prematüre ejakülasyondan şikayetçi 28 hastaya tam ereksiyon oluştuktan sonra penis bazallerine konstriktör elastik bir bant yerleştirilmesi öğretildi. Böylece koit sırasında

ejakulasyon olsa dahi ereksiyonun bir müddet daha sürmesi sağlanarak çiftin seksüel aktiviteye devam etmesi sağlandı. Üç aylık bir takib süresinden sonra 4 hasta ejakulasyondan sonra ereksiyonun devam etmesinin oluşturduğu rahatsızlıktan dolayı tedaviyi bıraktı. 10 hasta ejakulasyonlarını yeterli süre geciktirebilmeyi başardı ve band kullanmalarına gerek kalmadı. Diğer 14 hasta ejakulasyonları takib süresince prematüre kalmaya devam etti, ancak buna rağmen konstriktör bandı kullanmaya değer buldular. Kolay uygulanabilmesi, yan etkisinin olmaması nedeniyle bu metodu prematüre ejakulasyonun diğer tedavileri yanında kullanmayı önermekteyiz.

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