The British Association of Urological Surgeons

Patients
I think I might have...

Premature Ejaculation

Quick Links

Pages in this section contain graphic images (including genitalia) that some may find upsetting.

What should I do if I have premature ejaculation?

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If your ejaculation is earlier than desired (before or soon after penetration) with minimal stimulation and you have little control over it, you should consider seeking further advice from your GP

What are the facts about premature ejaculation?

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- Premature ejaculation is usually lifelong (it often dates back to the first sexual experience);
- Rarely, premature ejaculation may develop in later life when it is often progressive;
- We do not know accurately how common it is but between 1 in 3 & 1 in 5 men (20-30%) are thought to have premature ejaculation;
- Less than a quarter of men with premature ejaculation actually seek medical advice for their condition; and
- Premature ejaculation is often associated with erectile dysfunction (impotence) and with rapid loss of erection after ejaculation.

What should I expect when I visit my GP?

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Your GP should work through a recommended scheme of assessment for men with troublesome premature ejaculation. This will normally include one or all of the following:

1. A full history
2. A physical examination
3. Additional tests

What could have caused my premature ejaculation?

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The cause of premature ejaculation is unknown; it appears unrelated to performance anxiety, hypersensitivity of the penis or nerve receptor sensitivity

Premature ejaculation may have a genetic tendency, running in some families. It is also associated with prostate inflammation (prostatitis), thyroid disorders, emotional disorders and previous traumatic sexual experiences.

What treatments are available?

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Psychosexual counselling may help men with less troublesome premature ejaculation but, in most men, the mainstay of long-term treatment is with drugs

Most patients can be managed in general practice without the need for urological referral. If you have troublesome erectile dysfuncton (impotence) as well, your GP may ask you to consult a urologist.

Drugs

Selective serotonin release inhibitors (SSRIs) are powerful antidepressants but they also have a beneficial effect on premature ejaculation. They are used as first-line treatment for this condition and their effectiveness is often maintained for several years.

> Dapoxetine (Priligy®, pictured) is the only SSRI licensed for use in premature ejaculation. It is normally available on the NHS but local prescribing rules may restrict its use: you should, therefore, check with your GP or urologist whether it is available in your area. Other SSRIs (e.g. paroxetine, fluoxetine, fluvoxamine, sertraline, clomipramine) can be used if necessary, but dapoxetine is the only drug which can be taken "on demand" (i.e. when needed)
>
> Common side-effects of SSRIs include fatigue, drowsiness, nausea, dry mouth, diarrhoea & excessive perspiration. These are often mild and usually settle after 2-3 weeks.

SSRIs are powerful drugs. You should only take them by getting a prescription from your GP & you should have a detailed discussion about the risks & benefits before starting treatment.

Other drugs which delay ejaculation (e.g. tramodol, terazosin, alfuzosin) have been used but their role is unclear and, at the moment, they are not recommended for clinical use in premature ejaculation.

Viagra®, Cialis® or Levitra® and self-administered penile injections have also been used to help premature ejaculation but their exact role is uncertain. They do, however, improve sexual confidence and reduce performance anxiety by producing better erections (if this is a problem).

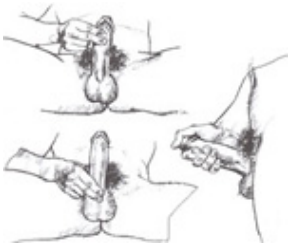
Download a lealfet about Viagra, Cialis or Levitra
Download a leaflet about penile injections

Topical treatment

Local anaesthetic cream (lignocaine + prilocaine or SS-cream), applied 20 - 60 minutes before intercourse, can be useful but may numb the vagina unless used with a condom. It can occasionally cause irritation of the penile skin.

"Long love" condoms, containing the local anaesthetic benzocaine, are also available commercially and have proved useful in some patients.

Psychosexual counselling



Behavioural strategies, listed below, are all effective:

- the "**stop-start**" technique (developed by Semans);
- the "**squeeze**" technique (pictured, developed by Masters & Johnson); and
- the **Kegel** technique (learning to control the ejaculatory muscles).

Although improvements are seen in 50-60% of patients, they are not always maintained in the long term. These techniques are best learned under the supervision of a psychosexual counsellor. They tend be used on their own in acquired premature ejaculation and when symptoms are mild. When problems are severe or lifelong, they are best used in conjunction with drugs.

More resources on Premature Ejaculation

Some/all of these resources are links to external sites, the content on which BAUS accepts no reponsibility for.

Net Doctor
Information about premature ejaculation from Dr David Delvin, an acknowledged expert

NHS Choices
General information about premature ejaculation

in sexual dysfunction