

Ejaculation, orgasm or curvature? Naming exactly what changed

Releasing semen, reaching orgasm and the shape of the erect penis are separate functions, and “sex isn’t working” can mean a problem with any of them. Describing exactly what changed, when it began, whether there is pain or a firm area and what goal matters most to you lets treatment target the function you want to protect or restore.

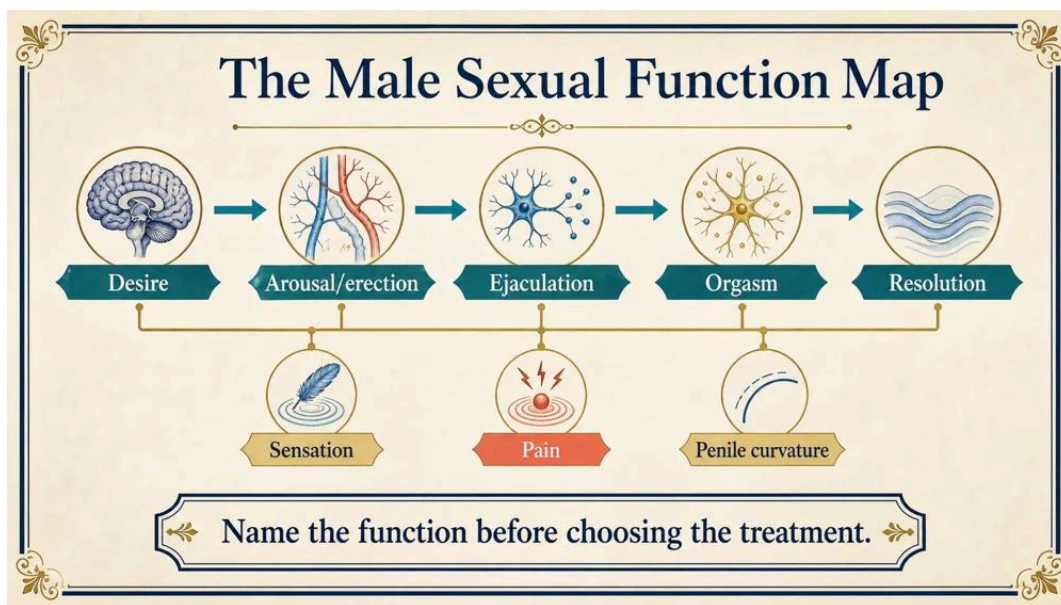


Figure 26.1. The Male Sexual Function Map. Desire, erection, ejaculation, orgasm, sensation, and penile shape are separate clinical domains that can affect one another.

Key points

- Climaxing too quickly, taking too long, orgasm without semen and a bending erection are four different problems, not versions of ED.
- A change in one sexual function does not always mean a problem in the others.
- The goal may be fertility, comfort, pleasure, dryness or restoring semen release, and each leads to a different plan.
- Medication and surgery timelines often solve part of the puzzle.
- Curvature is judged by function, including pain, instability and whether penetration is possible, not by angle alone.
- A new painful bend needs assessment; supplements should not delay it.

Get prompt care if you notice

- Penile injury with a pop, bruising, swelling, deformity and rapid loss of erection (possible fracture)
- An erection lasting four hours or longer, whether or not it is painful
- A new painful bend in the penis (needs assessment)

Questions to ask your urologist

- Which part of my sexual function has actually changed?
- Could a medication or a past procedure explain it?
- Is my curvature still active or stable, and how does that change my options?
- What do these changes mean for fertility, separately from pleasure?
- Which goal should treatment aim for, for me and my partner?

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