

Sexual function as a vital sign: when a change is worth raising

Sexual function is not a traditional vital sign, but a meaningful change from your own baseline can reveal shifts in vascular, metabolic, hormonal, neurologic, medication-related, sleep or emotional health. What a change means depends on its context, so the most useful question is what else changed at the same time.

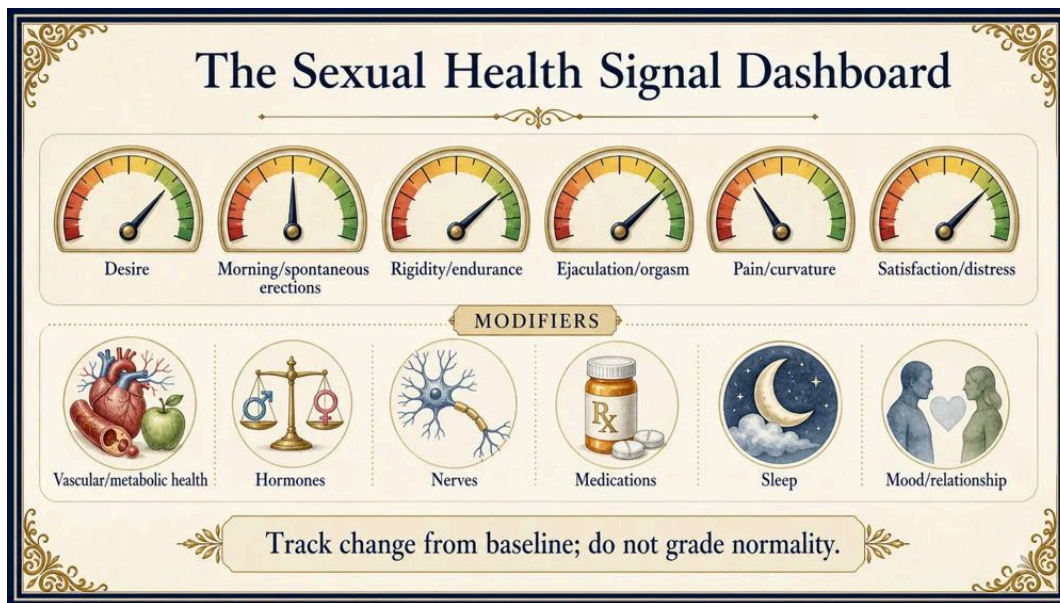


Figure 40.1. The Sexual Health Signal Dashboard. Sexual changes can help find broader health patterns when they are interpreted without shame or overdiagnosis. The gauges illustrate domains to discuss; they are not a validated score or normal range.

Key points

- Sexual function reflects many body systems; it is not a measure of your worth or of your relationship.
- What matters is change from your own baseline, not meeting a frequency or performance standard.
- Desire, arousal, erection, lubrication, ejaculation, orgasm, pain, curvature, sensation and satisfaction are separate domains.
- One disappointing encounter differs from a progressive decline across months and settings.
- Recording function before surgery or cancer treatment makes later change measurable.
- A good clinician asks without assuming a partner, orientation or type of sexual activity.

Get prompt care if you notice

- A new sexual change together with chest pressure on exertion (needs a broader, more urgent review)
- A new sexual change with uncontrolled diabetes or a new neurologic symptom

Questions to ask your urologist

- Which part of my sexual function has changed, and since when?
- What else changed in my health, medications or sleep around the same time?
- Which whole-body risks deserve evaluation because of this change?
- Should we record my current function before my planned surgery or treatment?
- How can we treat the change itself while investigating what it may signal?

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