

Men's Sexual Health

How a man's body works for sex, strength, and energy — the parts (penis, testes, prostate), the hormones like testosterone (the main male hormone that builds muscle, drives sex drive, and powers erections), what can go wrong (low testosterone that drains energy and desire, erectile dysfunction where the penis won't stay hard, infections in the urethra or prostate, and prostate problems that block urine flow), and how to keep everything running strong — explained straight, simple, and backed by medical evidence from the American Urological Association, Endocrine Society, and CDC so you understand what's normal, what breaks, and how to fix it.

THE STORY IN ONE SENTENCE

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Symptoms · what the patient feels, and why

- Trouble getting or keeping an erection firm enough for sex: Blood vessels in the penis (the tubes that carry blood) get stiff or narrow from aging, diabetes, high blood pressure, or smoking, so not enough blood flows in to keep the penis hard. Or nerves that tell the penis to fill with blood get damaged by surgery, diabetes, or injury, cutting the signal that opens the blood gates.
- Erection that starts but goes soft before finishing sex: The veins that normally trap blood inside the penis during an erection become leaky (called venous leak), letting blood flow back out too soon. Or stress and worry raise cortisol (the body's main stress hormone), which lowers testosterone and blocks the signals needed to keep blood in, so the firmness fades mid-act.

- Lower interest in sex than before: Testosterone (the main male sex hormone made in the testicles) drops with age, stress, obesity, or certain medicines, and less testosterone means lower drive for sex. Or depression lowers dopamine (a brain messenger that fuels motivation and pleasure), so interest fades even when the body still works.
- Trouble reaching orgasm or orgasm takes much longer: Nerves that carry sensation from the penis to the spinal cord slow down from diabetes, alcohol, or aging, so the brain gets weaker signals and needs more time to trigger orgasm. Or medicines like SSRIs (antidepressants) block serotonin reuptake in a way that delays the orgasm reflex, sometimes by many minutes.
- Pain during sex or after ejaculation: The prostate gland (the walnut-sized gland below the bladder that makes fluid for semen) is swollen from infection or inflammation (prostatitis), squeezing nearby nerves. Or scar tissue builds up in the urethra (the tube that carries urine and semen out) from old infection or injury, causing sharp pain when semen passes through.
- Ejaculation that happens too quickly (within 1–2 minutes of starting sex): The brain's serotonin system (which normally puts the brakes on ejaculation) is less active, either from genetics or anxiety, so the reflex fires too soon. Or the prostate and seminal vesicles (the glands that hold semen) become extra-sensitive from inflammation, triggering release early before you want it.
- Curved or bent penis that makes sex painful or impossible: Scar tissue (fibrous plaques) builds up inside the shaft of the penis, usually from repeated small injuries during sex, pulling the penis into a curve (Peyronie disease). The plaque does not stretch like normal tissue, so erections hurt and the bend gets worse over months, sometimes blocking entry entirely.
- Morning erections disappear or become rare: Testosterone normally peaks in early morning and triggers nighttime erections (which keep penile tissue healthy by bringing oxygen-rich blood). When testosterone drops or blood flow to the penis is blocked (from vascular disease), these automatic erections stop, signaling a physical cause rather than just stress.

Nursing priorities

1. Screen blood pressure, fasting glucose, and lipid panel (cholesterol) at every wellness visit — Erectile dysfunction shares the same vascular (blood vessel) risk factors as heart disease; 50 percent of men with diabetes and 40 percent with high blood pressure have erectile problems, so treating these conditions improves both heart health and sexual function
2. Teach testicular self-exam monthly—roll each testicle gently between thumb and fingers feeling for hard lumps, size changes, or heaviness — Testicular cancer grows fast but is 95 percent curable when caught early; monthly self-exam in the shower (when scrotum is relaxed) detects abnormal masses before symptoms appear, especially in men age 15 to 35

3. Verify safe use of phosphodiesterase-5 inhibitors (sildenafil, tadalafil) by checking medication list for nitrates and measuring baseline blood pressure — PDE5 inhibitors relax blood vessels; when combined with nitrates the blood pressure can drop below 90/60 causing dizziness, fainting, or heart attack; these drugs also need caution in men taking 3 or more blood-pressure medications
4. Assess for signs of hypogonadism (low testosterone)—fatigue, low sex drive, loss of morning erections, decreased muscle mass, increased belly fat — Testosterone below 300 nanograms per deciliter affects 40 percent of men over age 45 and impairs energy, bone strength (osteoporosis risk), and sexual function; diagnosis requires two morning blood tests before 10 AM when levels peak
5. Screen all sexually active men under age 25 and those with new or multiple partners for gonorrhea and chlamydia with urine nucleic acid amplification test (NAAT) — These infections cause 50 percent of urethritis cases and often have no symptoms; untreated infection spreads to epididymis (sperm-storage tube) causing pain, fever, and infertility, and to partners causing pelvic inflammatory disease
6. Educate that priapism (erection lasting over 4 hours) requires emergency department visit for aspiration (needle drainage) within 6 hours — Blood trapped in the penis becomes acidic and low in oxygen (ischemia) killing smooth muscle cells; damage starts at 4 hours and becomes irreversible at 24 hours causing permanent erectile dysfunction in 90 percent of cases
7. Counsel on condom use with every act—latex or polyurethane barrier placed before any genital contact, held at base during withdrawal — Correct condom use blocks 98 percent of gonorrhea, chlamydia, and HIV transmission plus 70 percent of HPV (wart virus linked to cancer); pre-ejaculate fluid carries infection, so barrier must cover penis before touching partner
8. Teach pelvic-floor exercises (Kegel)—squeeze muscles that stop urine flow for 5 seconds, relax 5 seconds, repeat 10 times three times daily — Strong bulbospongiosus and ischiocavernosus muscles (pelvic floor) improve erection rigidity by trapping blood in penis and delay ejaculation by 20 to 30 seconds; 12 weeks of daily exercise improves premature ejaculation in 60 percent of men

Sources

- American Urological Association (AUA) Guideline on Erectile Dysfunction 2018
- International Society for Sexual Medicine (ISSM)
- The Journal of Sexual Medicine
- UpToDate