

Mens Sexual Health STI Prevention and Prep

A plain-English guide for you and your family

WHAT IS HAPPENING

Healthy sexual function is a team effort. You need blood vessels that can fill the penis with blood fast, nerves from your lower spine that send the 'go' signals, testosterone (the main male hormone made in your testicles) to fuel sex drive and keep bones and muscles strong, and your brain's limbic system (the part that handles emotion, pleasure, and reward) to get aroused in the first place. When any piece breaks — an infection you catch through sex (a sexually transmitted infection, or STI), clogged arteries from diabetes or smoking, low testosterone, anxiety, depression, relationship stress, or side effects from medicines — sexual health falls apart. Most men do not bring this up unless the doctor asks directly, because it feels private or embarrassing. That silence is dangerous. Prevention works and is simple: condoms block most germs, vaccines stop HPV (the virus that causes genital warts and several cancers) and hepatitis B, and a daily pill called PrEP (pre-exposure prevention (prophylaxis)) can prevent HIV if you are at higher risk. If you do not catch and treat STIs early, the infection does not stay quiet. Gonorrhea and chlamydia spread silently to your partner's uterus and fallopian tubes, causing pelvic inflammatory disease (PID — a serious infection in the female organs) and scarring that blocks future pregnancy. A baby born through an infected birth canal can get bacteria in the eyes that cause blindness within days if not treated. Syphilis hides in your body for years after the first sore heals, then can attack your aorta (the body's biggest artery coming out of the heart), your brain, and your eyes decades later. HIV without treatment slowly destroys your immune system until infections you would normally fight off easily take over and kill you — that is AIDS. Chest pain in a man under 50 might be heart disease, and often the first clue is erectile dysfunction (trouble getting or keeping an erection hard enough for sex), because the same artery damage that blocks blood flow to the penis also blocks blood flow to the heart. Low testosterone left untreated quietly weakens your bones and raises the risk of fractures that can shorten your life. None of this is random. Each complication traces back to one upstream break — an infection, a hormone imbalance, or artery damage — that no one caught early because no one asked and you did not know to speak up.

What you might feel

- Discharge from the penis (clear, white, yellow, or green)
- Burning or pain when you pee
- Sores, blisters, or ulcers on or around the penis, scrotum, or anus
- Itching or tingling around the genitals or anus
- Swollen, tender lymph nodes in the groin
- Pain or swelling in one or both testicles
- Rectal pain, discharge, or bleeding
- Fever, body aches, or flu-like feeling
- No symptoms at all

Call the doctor right away if...

- Sores or ulcers on the genitals—may be syphilis (a single painless firm sore) or herpes (grouped painful blisters). Both need immediate testing and treatment to stop spread, prevent complications, and protect partners.
- Swollen, painful testicle—signals epididymitis, meaning infection has climbed into the reproductive tubes. Without fast antibiotic treatment, scarring can block sperm flow and threaten fertility.
- Fever plus genital symptoms—means the infection may be spreading into the bloodstream or deeper organs (disseminated gonorrhea, secondary syphilis, or acute HIV). Requires urgent evaluation and antibiotics.
- Severe belly pain in a partner—if a female partner develops pelvic or lower belly pain, it may be pelvic inflammatory disease (PID) from gonorrhea or chlamydia you passed on. She needs urgent care, and you need testing and treatment to stop further transmission.
- Acute HIV infection signs (fever, rash, swollen glands, sore throat within 2–4 weeks of exposure)—early antiretroviral treatment started during this window dramatically lowers the amount of virus in the body and improves long-term health.

What the care team will do

- Screen for HIV, syphilis (a bacterial infection spread by sex), hepatitis B, and hepatitis C with blood tests before starting PrEP (pre-exposure prevention (prophylaxis), medicine to prevent HIV)
- Check kidney function with creatinine (a waste product the kidneys filter) and calculate eGFR (estimated glomerular filtration rate, how well kidneys clean blood) before tenofovir and every 3 to 6 months during use

- Give ceftriaxone 500 mg as an intramuscular injection (shot into muscle) in the upper outer buttock or thigh, not the arm, for gonorrhea (a bacterial STI)
- Teach the patient to take doxycycline with a full glass of water while sitting or standing up and to wait 30 minutes before lying down
- Ask about all current medicines, vitamins, and supplements before starting PrEP or doxycycline because of drug interactions (when one medicine changes how another works)
- Schedule HIV testing every 3 months for anyone taking daily tenofovir-emtricitabine PrEP or before each cabotegravir injection
- Provide written instructions for partner notification and expedited partner therapy (giving medicine to sex partners without them seeing a doctor) where state law allows
- Teach condom use, safer sex practices, and that PrEP prevents HIV but does not stop other STIs like gonorrhea, chlamydia, or syphilis

Medicines you may be given — and why

Ceftriaxone (injection)

Ceftriaxone kills gonorrhea bacteria by punching holes in their cell walls so they burst and die. It stops the bacteria from building the strong outer shell they need to survive.

Doxycycline (pill)

Doxycycline stops chlamydia and some other bacteria from making the proteins they need to grow and multiply. Without those proteins, the bacteria can't reproduce and eventually die off.

Tenofovir disoproxil fumarate + emtricitabine (TDF/FTC, brand name Truvada) - daily pill

TDF/FTC gives your cells fake building blocks that HIV tries to use to copy itself. When the virus grabs these fakes, it can't finish building new virus particles, so HIV can't take root in your body even if you are exposed.

Cabotegravir long-acting injectable (brand name Apretude) - every-8-weeks shot

Cabotegravir blocks the enzyme (integrase) that HIV uses to glue its genetic code into your cell's DNA. Without that step, the virus can't hide inside your cells or make new copies, so even if you are exposed, HIV can't establish an infection.

Doxycycline post-exposure prevention (prophylaxis) (doxyPEP) - single dose within 72 hours after sex

DoxyPEP works the same way as treatment doxycycline—it stops bacteria from making proteins—but you take it as a single 200 mg dose within 72 hours (ideally within 24 hours) after condomless sex to kill chlamydia or syphilis bacteria before they can cause infection.

Sildenafil (Viagra), tadalafil (Cialis), vardenafil (Levitra), avanafil (Stendra) - PDE5 inhibitors

PDE5 inhibitors help you get and keep an erection by blocking an enzyme (PDE5) that normally breaks down a chemical messenger (cGMP) in the penis. With more cGMP around, the smooth muscle in penile blood vessels stays relaxed, blood flows in easily, and the erection lasts longer.

Expedited partner therapy (EPT) - giving your partner antibiotics without an exam

EPT means your doctor gives you a prescription or medication packet to deliver to your sexual partner so they can be treated for chlamydia or gonorrhea without coming in for a visit. This stops the infection from bouncing back and forth (re-infection) and protects the partner's health.

Where this information comes from

- CDC Sexually Transmitted Infections Treatment Guidelines 2021
- U.S. Public Health Service PrEP Clinical Practice Guideline 2021
- WHO Guidelines on HIV Pre-Exposure Prophylaxis 2022
- IDSA Clinical Practice Guidelines

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