

The Effect of Pelvic Floor Muscle Training on Male Sexual Function: A Small, Randomized Controlled Trial

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Introduction

The pelvic floor/perineal muscles are vital for penile rigidity and erectile durability, which demand intra-corporal hypertension enabled by compression of the crura via contractions of these muscles. Despite the well-documented role of the pelvic floor muscles in the erectile process, clinical research is limited on role of structured pelvic floor training in improving sexual function in men with ED or healthy men without sexual dysfunction to improve sexual performance.



Pelvic floor/perineal muscles

Aims and Objectives

To obtain subjective and objective metrics on the effect of structured pelvic floor muscle training on sexual function in men with mild ED and no ED (IIEF >20). The study used the Pelvic RX (Private Gym), FDA registered interactive pelvic exercise program.

Methods

26 participants were randomized into the intervention group and 4 men into the control group. Basic Training is a 4 week program of progressively more difficult "Kegel" exercises. After completion of Basic Training, the 4-week Complete Training program was pursued, which provided resistance equipment. Objective Metrics included anal manometry (muscle strength) and goniometry to measure penile-pubic angles before and after completing each module. Subjective measures included Erectile Domain of the IIEF-6. Study subjects obtained erection by manual stimulation and the erectile angle was measured against the vertical with the pelvic floor muscles relaxed and with the pelvic floor muscles contracted. Additionally, the length of time that the maximal angle could be maintained was recorded. A control group underwent the metrics every four weeks but did not use the PFMT program.



Conclusions

Structured pelvic floor training was found to enhance sexual performance in men with mild ED and no ED. The resistance program accelerated the results beyond the non-resistance program. Multi-center randomized prospective trials are necessary to further authenticate these findings, especially in men with moderate to severe ED and in men after prostate surgery.

Results

All men in the intervention group showed improved muscle strength with one-second, three-second and ten-second contractions as determined by anal manometry. At 3 months, these men showed improvement of 65%, 69%, and 71%, respectively, compared to baseline. The control group failed to improve. Penile-pubic angle at full erectile rigidity with a maximum PFM contraction increased, as did the duration of hold. The IIEF-6 at trial end documented the percentage of men in the intervention group who had increases in erectile strength (68%), intensity of orgasm (68%), ejaculatory control (32%), force of ejaculation (48%), sexual confidence (80%) and sexual pleasure (72%). The corresponding control group results were 33%, 33%, 0%, 0%, 0% and 25% respectively. No complaints were reported and all subjects found the program beneficial.

