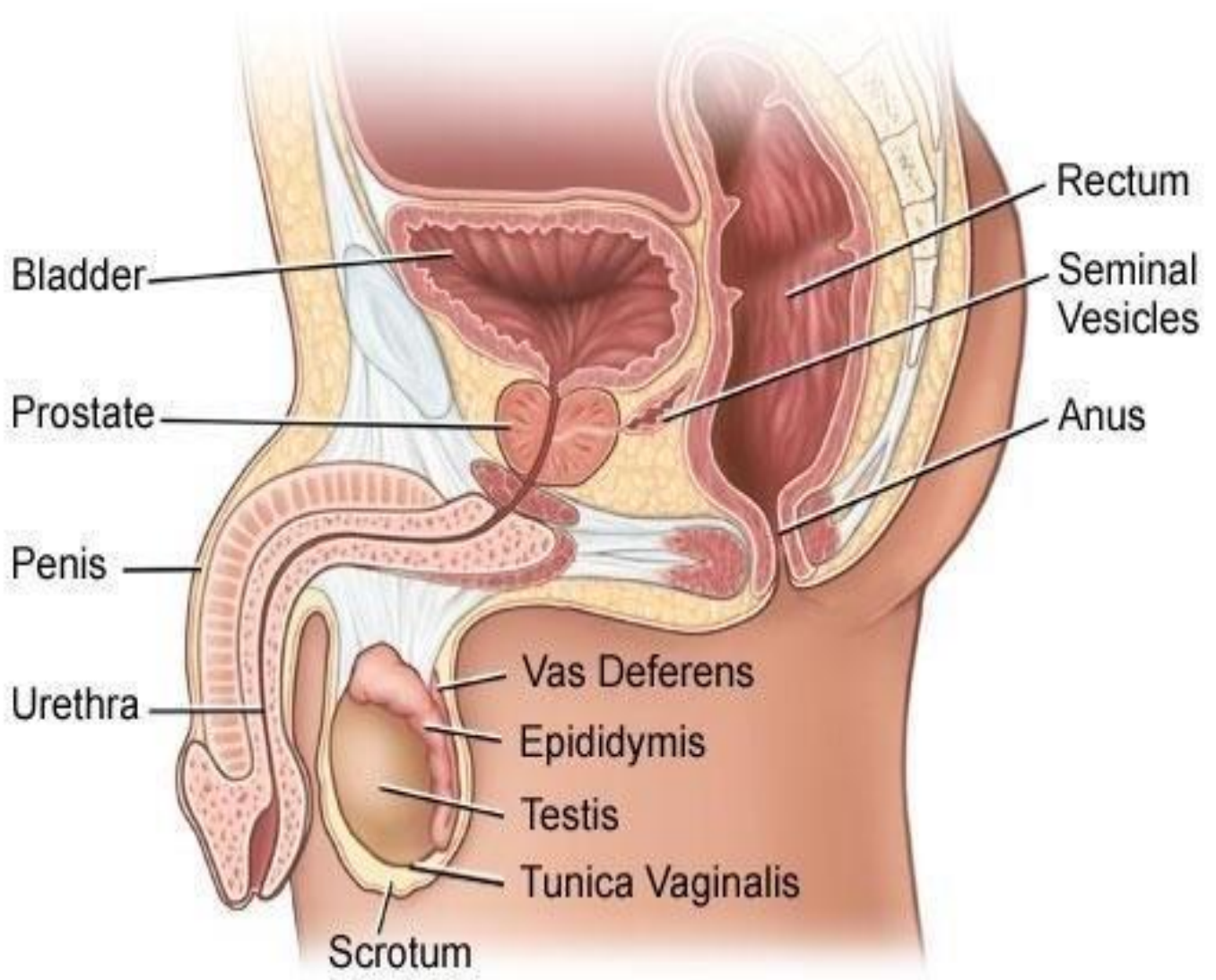


The Penis and Testes





The Penis

- Penises come in many shapes and sizes with differences in both length and width.
- The penis does not have a bone in it.
- The penis is not a muscle.
- The flaccid (soft) penis comes in many sizes, all sizes are common. Usually if a penis is small when it is flaccid it grows substantially when it becomes erect (hard), and when a penis is large when it is flaccid it does not grow much more when it becomes erect.
- Penis size is not related to height, weight, foot size, hand size, ethnicity etc.
- Most erect penises are between 5 and 6 inches long, however many are smaller and many are bigger.
- The function of the penis is more important than the size.
- Penis functions: urination, erection, penetration, ejaculation, reproduction and sensation.
- For many people penis size is **not** a factor in their sexual desire, arousal, satisfaction or pleasure.
- Being cold, nervous, tense or frightened can make a flaccid penis smaller.
- Being relaxed or warm can make a flaccid penis larger.
- Some penises curve up, down, left or right when they are erect. As long as this does not cause pain or discomfort it is normal.



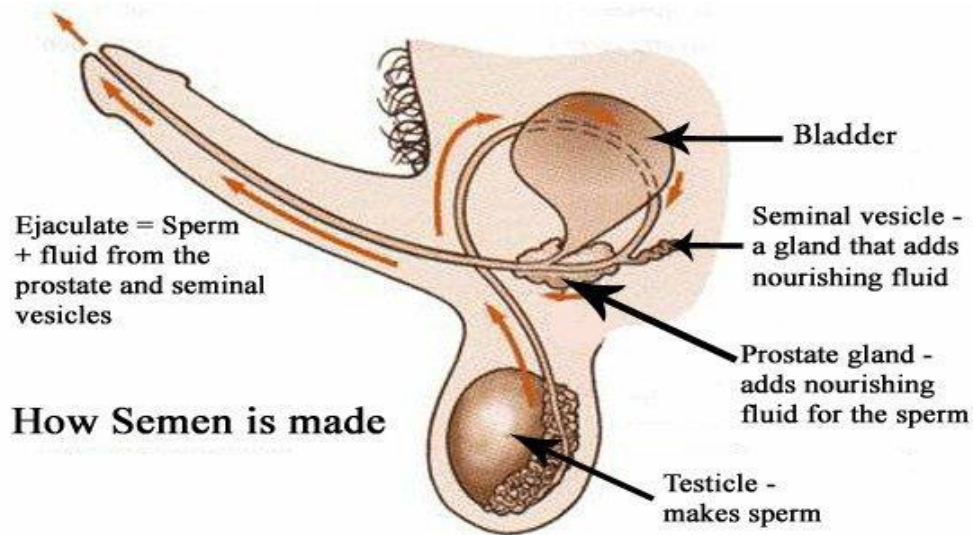
Erections and Ejaculation



- Urine, pre-ejaculate (pre-cum) and ejaculate come out of the urethra opening (the pee hole).
- Pre-ejaculate is a clear fluid that comes out of the penis when it first becomes erect. This fluid is slippery and can contain sperm and STIs. Its purpose is to lubricate the urethra, neutralize traces of acidic urine and flush residue.
- You cannot urinate and ejaculate at the same time.

- It can be difficult to urinate with an erection (this often happens in the morning with what some people call morning wood).
- You cannot ejaculate without an erection.
- Sometimes erections are really strong and hard and sometimes they are partial and softer.
- It is common and healthy to get multiple erections when you are sleeping – often 3 or 4 a night during REM sleep.
- It is possible to ejaculate when you are sleeping. You may have heard this called a “wet dream”. This is more common during puberty but can happen to adults as well, especially if you are not ejaculating regularly.
- The penis is made up of three cylinders – two corpora cavernosa and one corpus spongiosum. These cylinders fill with blood to cause an erection.
- After ejaculating the penis will need time to rest before it can become erect and/or ejaculate again. This is called the refractory period. How long the refractory period is will depend on things such as your age and health. It could be only minutes long, it could be an entire day.
- Most people ejaculate and orgasm at the same time, however it is possible to orgasm without ejaculating.
- Usually adults get erections because they become aroused or “turned on”, however an erection is a reflex that can happen without participation of the brain.
- Arousal and erection may happen due to your thoughts, your fantasies or what you see. For some people erections might not happen without physical contact of the penis or other body parts even if the brain is “turned on” or it could happen by physical contact alone without brain participation.





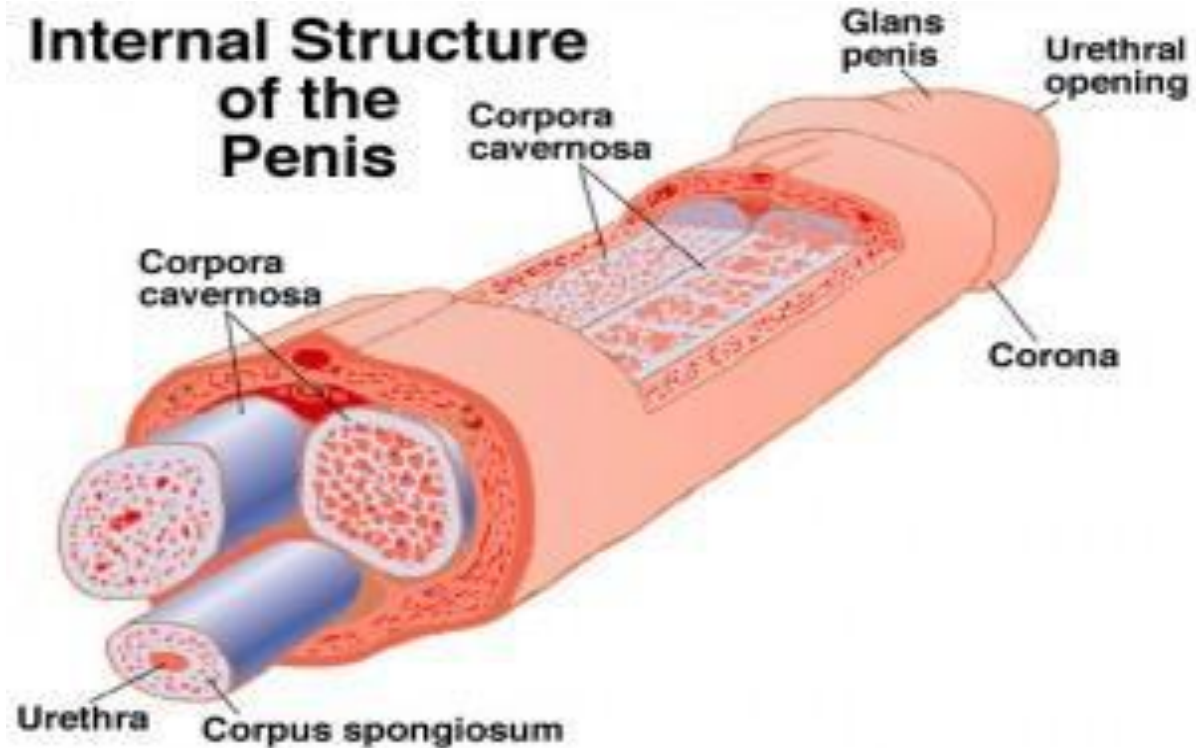
Ejaculation has 2 Stages:

Emission Stage: contractions of prostate gland, seminal vesicles and vas deferens causes fluids to build in the urethral bulb causing a feeling of "ejaculatory inevitability" (I'm going to cum). The internal sphincter of the bladder contracts preventing semen from entering and urine from getting out.

Expulsion stage: muscles at the base of the penis contract rhythmically, forcefully expelling semen. This is generally pleasurable and accompanied by orgasm. The force of the expulsion depends on things such as age and health. It is possible for ejaculate to travel as fast as 50 km per hour!

Retrograde Ejaculation

Retrograde ejaculation is when semen is expelled into the bladder during ejaculation instead of out the urethra opening. The sensation of orgasm is still felt. It is not dangerous to your health. The semen comes out upon urination. It can however cause fertility difficulties.



Pleasurable Sex

- Just because you have a penis does not mean that you want to have sex anytime, anyplace with anyone. The media often depicts people with a penis in this manner and it can place a great amount of pressure on a person.
- Having a penis also does not mean you know how to pleasure a partner or automatically know what your partner wants and likes in bed.
- Pornography sometimes puts pressure on people to look and act in certain ways. It is often unrealistic.
- Communication is an important factor in any sexual relationship and can lead to pleasure and satisfaction by all involved.
- Consent is a must for a sexual relationship.

- The anus has many nerve endings and some people, regardless of their sexual orientation, find anal touching and/or anal sex pleasurable.
- Some people find stimulation of the prostate gland to be pleasurable. To stimulate the prostate a finger or two must be inserted into the anus.
- For anal play use lots of lube and start small, possibly a finger.
- Never touch a mouth, vagina or vulva with something that has touched the anus before thoroughly cleaning it first.
- A large penis is not necessary for pleasurable sex. A pleasurable sex life is dependent on such things as:
 - your ability to communicate with your partner(s) and make them feel good both mentally and physically
 - how comfortable you are with your partner(s)
 - how secure you are with your body
 - sexual activities other than penetrative sex such as hand sex, oral sex, touching and kissing
- Everyone is unique in what and who turns them on.
- Some people are attracted to people of the same sex, some people are attracted to people of the opposite sex and some people are attracted to people for who they are or what they look like regardless of their sex.
- Sexual orientation can be fluid throughout life and is defined by the person. Assumptions should not be made about another person's orientation.

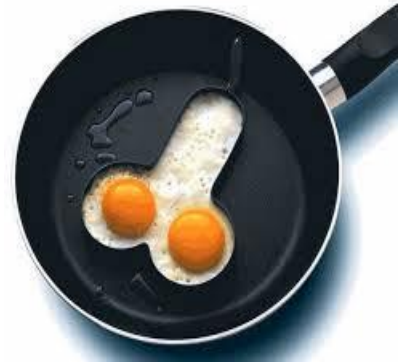


Arriving too Quickly, Lasting Longer

Many people with a penis have, or will at some point, ejaculate before they want to. This is common. It can be caused by being over stimulated, excited, anxious, or nervous. Many people also have unrealistic expectations about how long they are supposed to last before ejaculating. Most people will ejaculate within 4-8 minutes, this may be shorter if you are younger and longer if you are older. Talk to

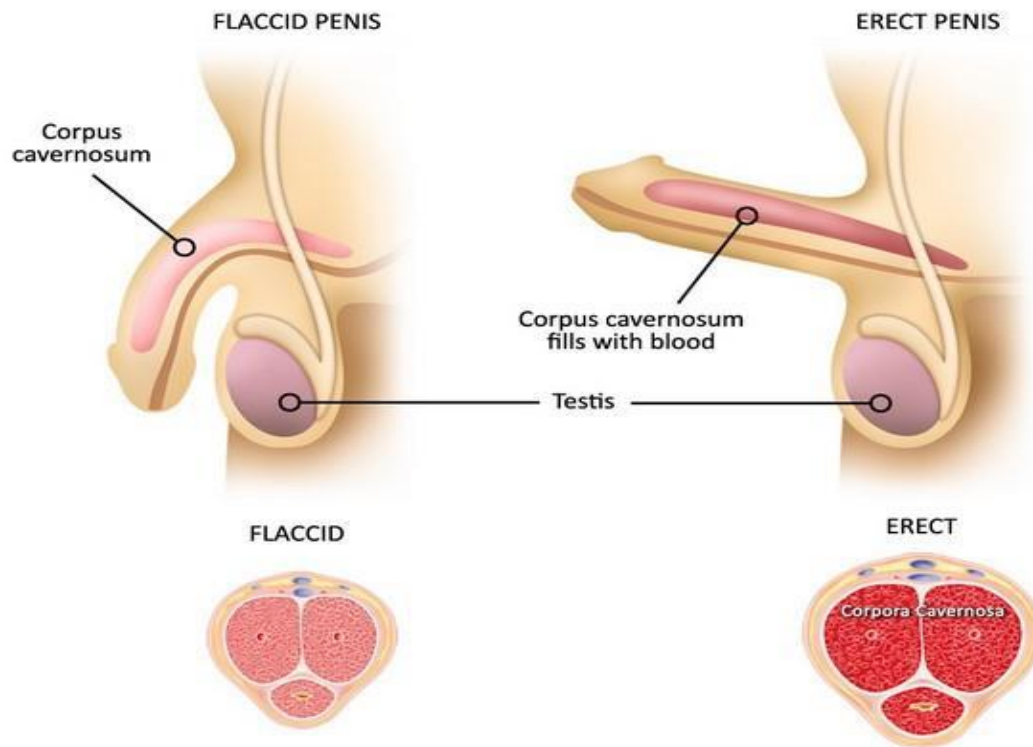
your partner if you are unhappy with your lasting time. They may be satisfied with it. Often people put too much pressure on themselves. Some ideas to help you last longer:

- Try wearing a thicker latex condom to reduce sensation, instead of a regular or thin condom.
- Think about something else for a short time that does not turn you on.
- Talk to your partner about it. Together you can find ways to pace yourself while having sex or use techniques such as the stop-start technique where you stop right before orgasm for 30-60 seconds, then restart.
- Try again. Give yourself some time and then go for round two. You can always concentrate on pleasuring your partner(s) while you wait.
- Masturbate before you have sex.
- Try a different sexual position.



Getting and/or Maintaining an Erection

Most people with a penis have worried about getting and/or maintaining an erection and most people with a penis experience problems getting and/or maintaining an erection at some point in their life. Chances are it is temporary. It is usually caused by stress, fear, fatigue, and/or anxiety. Some people also worry so much about getting and maintaining an erection that they cannot get one. It can also be caused by medications you are taking, your weight and/or health concerns you may have such as an illness or disability. Smoking cigarettes, drinking alcohol, or doing recreational drugs could also be the cause. Communicating with your partner and enjoying other aspects of sex, not involving penile penetration, can help. It is also helpful not to masturbate before sexual activity.



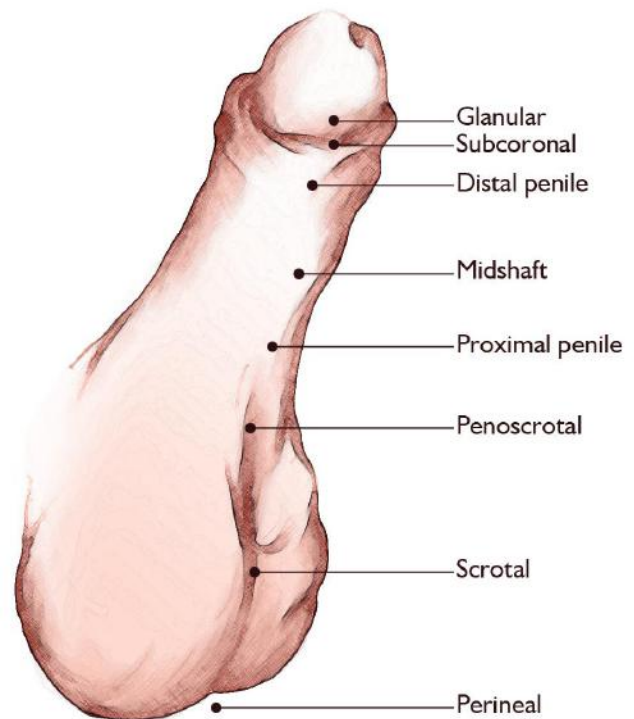
What is Priapism?

Priapism is an erection that lasts for more than 4 hours that is not brought on by sexual arousal. This occurs when mechanisms that drain the blood from the penis are damaged and blood cannot leave the penis, depriving penile tissues of oxygen leading to tissue deterioration which can lead to permanent damage. Medical intervention is required to drain the blood.

If you have an erection for more than 4 hours go to the Emergency Room. You may feel weak and dizzy or you may faint. The blood that is in your penis is needed elsewhere in your body in order for you to function properly. Some causes of Priapism are: diseases that affect circulation, diabetes, leukemia, drugs such as Viagra and Cialis, penile injections, intravenous drug use using the veins in the penis and injury to the perineum. Drugs such as Viagra and Cialis, that help to get and maintain an erection, should be prescribed to you by your health care provider and taken as prescribed.

What is Hypospadias?

Hypospadias is an uncommonly placed urethra opening on the penis. It can be anywhere along the underside of the penis, on the scrotum or on the perineum. It may be difficult to urinate standing up, but it is possible to sit down to urinate. It can also cause fertility difficulties.



Testes

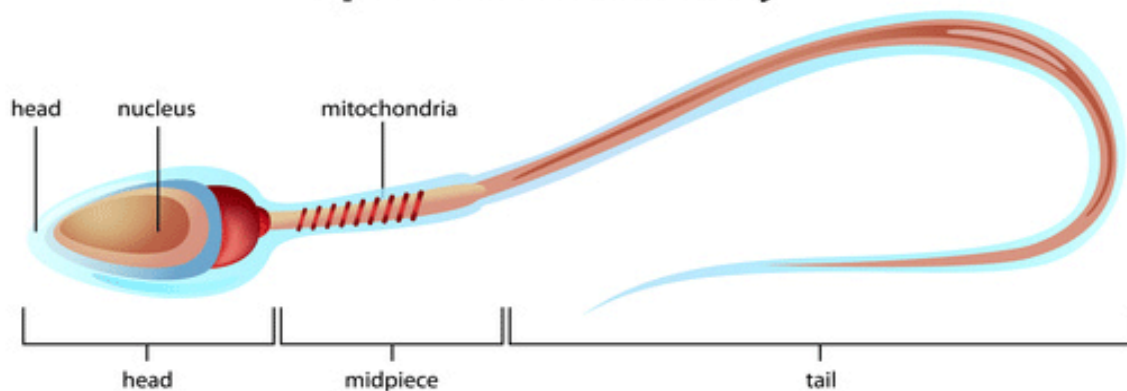
Testicle – singular

Testes – plural

- Each testicle is contained within the scrotal sac (the scrotum).
- The scrotum is a stretchy piece of skin and can be wrinkly or smooth.
- The scrotum is often thinly covered in pubic hair. The area above the penis is often covered in pubic hair. Pubic hair can also grow on the base of the penis and on the shaft.
- One testicle may hang lower than the other.
- One testicle may be larger than the other.
- The testes produce testosterone after puberty.
- The testes produce sperm after puberty.
- Testes do not shrink and grow, they are actually moving in and out of the body ensuring they remain at a certain temperature. This happens without you thinking about it.
- Sperm production is optimal at 3 degrees cooler than body temperature.
- When testes are cold they move into the body to keep warm.

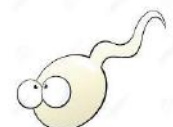
- When testes are warm or hot they hang as low as the scrotal sac will allow to release extra heat.
- The spermatic cord suspends each testicle in the scrotum and contains the vas deferens, blood vessels, nerves and cremaster muscle.
- The cremaster muscle (a small tube like muscle) moves each testicle up and down.

Sperm Cell Anatomy



Sperm

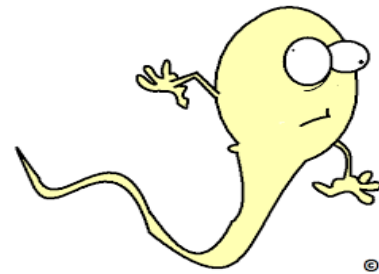
- Sperm cells are produced during a process called spermatogenesis in the testes.
- Sperm are formed in the seminiferous tubules in the testes at an average of 1,500 per second (750 each testicle)
- Sperm continue to mature in the epididymis and are stored here until they are ejaculated.
- Sperm can live for weeks or months in their host body. If they are not released during an ejaculation within a certain period of time, they are reabsorbed into the body.
- It takes approximately 72 days for sperm to form and mature.
- The average ejaculation contains about one teaspoon of semen, which contains approximately 200 – 500 million sperm.
- Sperm are the smallest cell in the body.



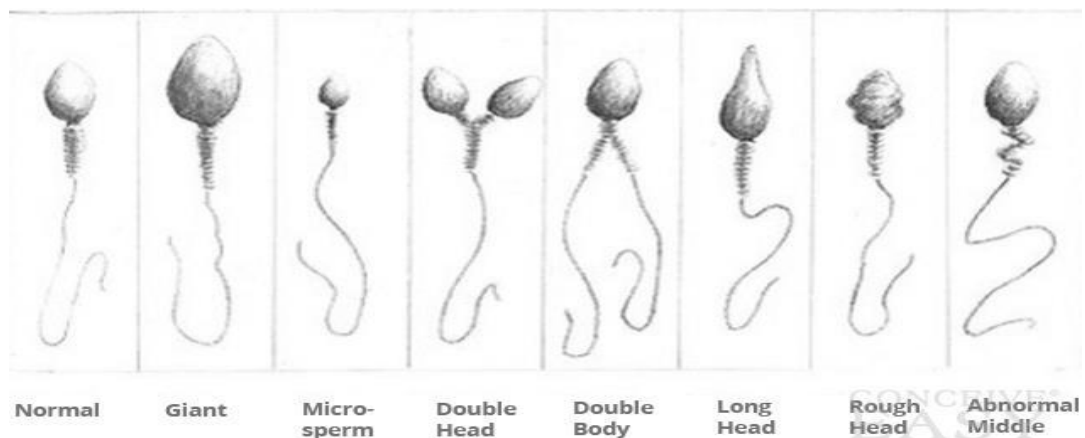
- Each sperm contain 23 chromosomes, including the sex chromosome which is either an X or Y and determines the sex of the fetus.
- Because sperm are so tiny, they account for only 1% of the volume of semen. The rest is fluid from the Cowper's gland, seminal vesicles and prostate gland.

Semen is made up of:

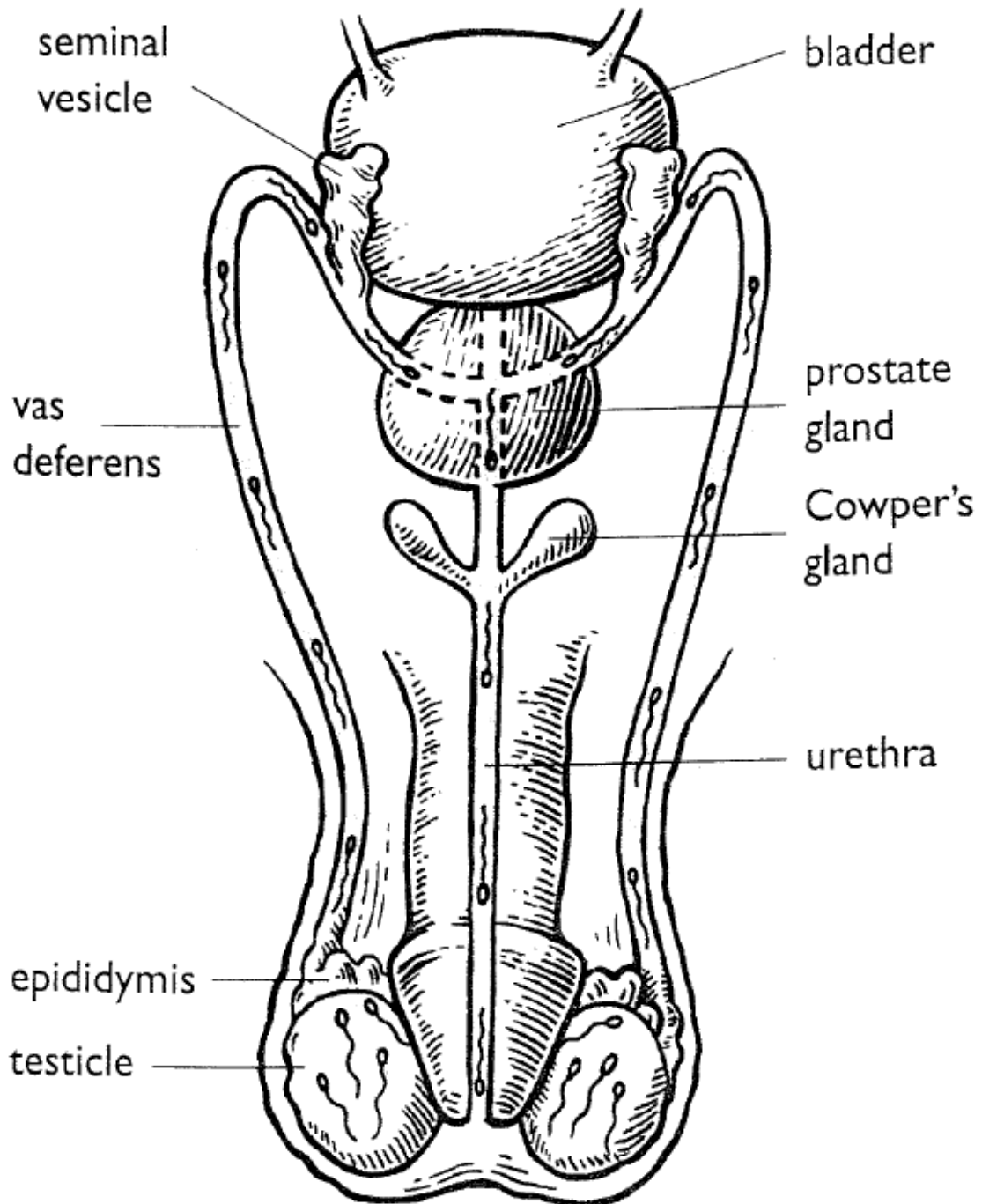
- 1% sperm
- 1% Cowper's fluid
- 29% prostate fluid
- 69% seminal vesicle fluid



- The average time a sperm survives in the uterus and fallopian tubes is 3 – 5 days, although they could live for up to 7 days. They do not live anywhere else this long.
- Sperm die quickly within the acidic environment of the vagina.
- Sperm die when they are dry outside of the body.
- People do not run out of sperm. Masturbation and sex do not use it up. Testicles keeps producing sperm as long as at least one testicle is functioning.
- Some people think that the semen of a vegetarian tastes better than the semen of a person who eats meat.
- Not all sperm are created equal. Sperm that are not normal (see below) do not have good mobility and cannot fertilize an egg.



Path of the Sperm



*Sperm are significantly smaller than they appear in diagram.



How to Keep your **Penis** and **Testes** Healthy & Happy

Do	Do Not
<p>Wear clean underwear that is comfortable and gives you the support you desire. Or try going commando!</p>	<p>Do not hold your pee – pee if you have to pee (and pull back your foreskin if you have one).</p>
<p>Wash under your foreskin if you are not circumcised to prevent the build-up of smegma.</p>	<p>Do not be afraid to ask questions about your penis and testes; it is a good thing to know and understand your body.</p>
<p>Clean your penis & scrotum regularly with mild unscented soap and warm water.</p>	<p>Do not be afraid to seek information or talk to others about your penis and testes.</p>
<p>Ask your Health Care Provider about prostate exams.</p>	<p>Do not be afraid to masturbate. Do not share sex toys.</p>
<p>Have safer sex. Try lubricated condoms to protect your penis. Use lubrication as needed to reduce friction and irritation.</p>	<p>Do not have sex in the sand, dirt or submerged in water as it can cause irritation and infection.</p>
<p>Have regular STI and HIV testing if you are sexually active.</p>	<p>Do not kick or hit another person in the testes – and NO wedgies!</p>

Do	Do Not
<p>Have regular check-ups and see a health care provider immediately if you have lumps, bumps, discharge, swelling or pain.</p>	<p>Tight clothing can cut off blood circulation to your penis and testes, prevent good air circulation and hinder sperm production – make sure yours aren't too tight.</p>
<p>Be careful when trimming, shaving or removing pubic hair – the skin on your penis & scrotum is sensitive.</p>	<p>Do not skimp on protection, wear protective gear (jocks and cups) when playing sports.</p>
<p>Conduct monthly testicular self-exams starting in puberty.</p>	<p>Do not share unwashed towels, washcloths, underwear or bathing suits.</p>
<p>Be careful when zipping up your pants – you don't want anything to get caught!</p>	<p>Do not spray colognes or perfumes on your penis or scrotum – if they smell, wash them.</p>
<p>Talk to a Health Care Provide if you have problems getting and/or maintaining an erection on a regular basis.</p>	<p>Avoid perfumed soaps, bleach and fabric softener. Chemicals can be harmful to your penis and scrotum, use as few as possible.</p>
<p>Explore, look at, and touch your penis and testes often so you will notice how and when they change.</p>	<p>Do not worry about the size of your penis – it is how you treat your partners and self that counts!</p>

Love ♥ your Penis and Testes.

Circumcision

- Circumcision is a surgical procedure performed on some penises (usually in infancy) to remove the foreskin from the penis.
- The foreskin is a double-layered fold of smooth muscle tissue, blood vessels, neurons, skin, and mucous membrane that covers and protects the glans of the penis (head of the penis) and the urethra opening when the penis is not erect.
- According to the World Health Organization approximately 30% of penises are circumcised worldwide. This rate is declining.
- In Canada 32% of penises are circumcised.
- Some cultures circumcise children on the brink of puberty as a ritual into adulthood.
- Circumcision is usually performed for cultural, social or religious reasons – not medical or hygienic reasons.
- Some people circumcise their infants because the father is circumcised thinking they should look the same.
- Circumcision has no effect on penis size or functioning if performed properly and without complications.
- Some research says circumcision affects the sensitivity of the penis, some research says it does not.
- Uncircumcised people should gently pull back the foreskin when they bathe to wash the foreskin and tip of the penis. If they do not do this, smegma can build up under the foreskin.

What is Smegma?

- A buildup of skin cells, skin oils, bacteria and moisture.
- It is a pasty white colour and cottage cheese looking.
- It can be foul smelling.

- Circumcision is no longer covered by OHIP for infants, children or adults, unless there is a medical reason for the procedure. Therefore you must pay out of pocket for the procedure.
- The cost for an infant to be circumcised can be anywhere from \$150 - \$350. This cost varies from physician to physician and may be dependent upon the age of the infant.
- A medical reason for penile circumcision in adulthood is phimosis.

What is Phimosis?

- Phimosis is a condition of the penis where the foreskin cannot be fully pulled back (retracted) over the head of the penis. This would not be a reason for an infant to be circumcised as the foreskin does not pull back in infancy.
- Circumcisions in children and adults may have more complications than in infants, and general anesthetic may be necessary.
- At birth, the inner layer of the foreskin is sealed to the head of the penis. This seal forms early in fetal development and provides a protective cocoon for the delicate developing glans.
- The foreskin is usually non-retractable in infancy and early childhood.
- Medical associations advise not to retract the foreskin of an infant, in order to prevent scarring. Some argue that non-retractability may be considered normal for males up to and including adolescence.
- "After reviewing the scientific evidence for and against circumcision, the Canadian Pediatric Society does not recommend routine circumcision for newborn boys. Many pediatricians no longer perform circumcisions." Canadian Pediatric Society (www.caringforkids.cps.ca).

Uncircumcised penis



Circumcised penis



Peyronie's Disease

Peyronie's Disease is an inflammatory condition of the penis characterized by the formation of scar tissue resulting in the curvature of erections. The penis is not curved when it is flaccid, only when it is erect. It could curve up, down, left or right. In its early stages the penis may be tender or painful. Sometimes a lump can be felt on the shaft or base of the penis. Pain may be felt with erections.

It is believed that Peyronie's Disease is caused by injury, or micro-injury, to the penis. There is evidence that suggests that some individuals may also have a genetic predisposition to Peyronie's Disease. The curve may heal on its own, however in some cases treatment with medication or surgery is necessary.

When to see a Health Care Provider

Make an appointment with a health care provider if:

- You find any lumps or bumps in or on your penis, testicles or groin
- You notice any skin sores or rashes in the genital area
- A sore appears and then goes away
- You notice swelling or changes in your genitals

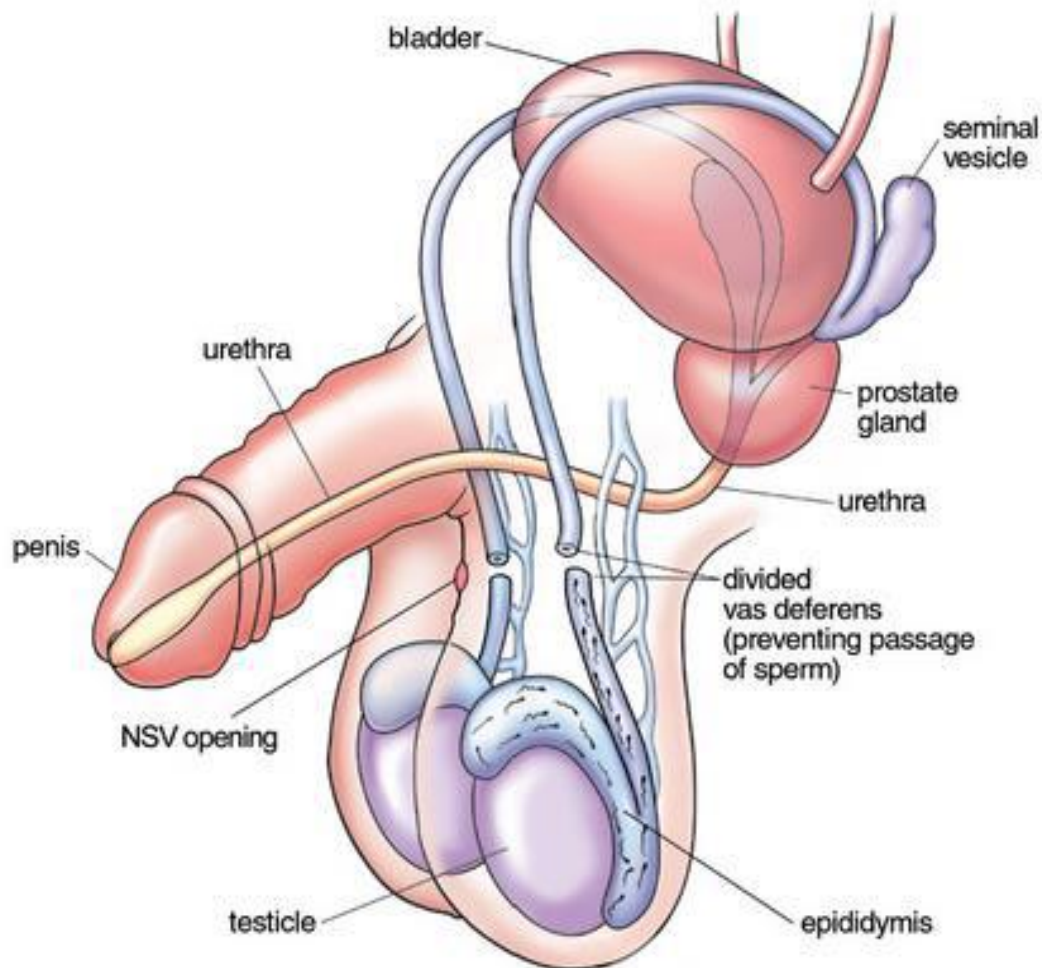
- You experience burning or pain during urination or defecation (peeing and pooing)
 - You notice puss or discharge coming out of the penis (discharge can be watery, thick, clear, white, yellowish or greenish)
 - Testicles ache or feel sore or painful
 - The head of the penis is sore and the skin cracks
 - You experience pain during or after intercourse
-

If you are sexually active, get tested for Sexually Transmitted Infections (STIs) and HIV regularly. Testing includes blood work and peeing in a cup. If you engage in anal or oral sex, anal and throat swabs should also be conducted.

Vasectomy

A vasectomy is considered a permanent form of birth control but is not 100% effective. However, according to The Society for Obstetricians and Gynaecologists of Canada, it is 99.9% effective. This surgery is paid for by OHIP in Ontario, however a reversal is not covered by OHIP and can be difficult and expensive. There is also no guarantee that a reversal will be successful.

A vasectomy is usually performed in a physician's office. Each vas deferens (the tubes that carry sperm from the testicles to the penis) are cut, cauterized or clipped to prevent sperm from being released from the testicles. To do this the physician will freeze the area and make a small incision on both sides of the scrotum.



Vasectomy continued...

Ejaculation will still happen the same as usual after the procedure (it will look, smell, taste, and feel the same), even without sperm in the semen. Sperm is so small it only accounts for 1% of the volume in ejaculate. The small incisions are closed with dissolving stitches or skin stitches. It will only take a few weeks for these incisions to heal completely.

The freezing from the local anaesthetic will wear off in a few hours. You can expect some scrotal (the sac that carries your testicles) discomfort. This may last a few days and can usually be controlled

with mild painkillers. You may feel more comfortable with snug underwear. Swelling is also common and can be controlled with ice packs (or frozen peas) to the scrotum for 15-20 minutes, three to four times per day. There are no significant long term side effects.

Limit your physical activity to light work around the house for two to three days. Avoid strenuous physical activity, heavy lifting or exercise for one week. You can shower after 24 hours. Sexual activity can be resumed in one week. **However, you will remain fertile for several weeks after your vasectomy due to sperm in the remaining tubes.** Use another form of birth control, such as a condom, until you are advised by your physician that your semen is sperm free. Regular ejaculation will help to clean out the tubes. Between 8 – 12 weeks after your vasectomy you will be asked to produce a semen sample by masturbation for laboratory analysis to check your sperm count. A vasectomy does not protect against STI transmission.

A vasectomy is much less invasive than tubal ligations performed on the fallopian tubes. There are fewer complications and fewer side effects. This is because the fallopian tubes are located within the abdominal cavity and therefore require surgery using general anesthesia to make incisions in the abdomen. A vasectomy is also more effective than tubal ligation which is 99.5% effective and increases the risk of an ectopic pregnancy occurring.

Blue Balls

Blue Balls is a slang term for an uncomfortable or achy feeling in the testes. The testes do not actually turn blue. This can occur when a person has an erection but does not ejaculate. This does not occur every time there is an erection without ejaculation. Although it may be uncomfortable, it usually goes away quickly and is not harmful. If you do not like the discomfort –



masturbate! Blue balls are not a reason to have sex, to make someone feel guilty about not having sex or to pressure someone into having sex.

Prostate Cancer

Prostate cancer is one of the most common cancers in North America. The older you are the more likely you are to be diagnosed with this cancer, especially if someone blood related to you has been diagnosed. The signs and symptoms of prostate cancer are: a need to urinate frequently (especially at night), difficulty starting urination or stopping urination, weak or interrupted flow of urine, painful or burning urination, difficulty getting or keeping an erection, painful ejaculation, blood in urine or ejaculate and frequent pain or stiffness in the lower back or thighs. If you have any of these signs and symptoms it does not mean you have prostate cancer, but you should contact your health care provider. If you have questions about prostate exams you should ask your health care provider.

Testicular Cancer

Testicular cancer is common in young people aged 15-34. Signs and symptoms include: a hard painless lump like a pea on the testicle, a change in the size, shape or tenderness of the testicle or scrotum, swelling or pain in the testicle, dull ache or heaviness in the lower stomach, unusual backache that does not go away, unexplained weight loss and soreness or sudden unexplained growth of the chest. However, some people get testicular cancer and do not have any of these signs or symptoms. If you have any of these signs or symptoms it does not mean you have testicular cancer but you should contact a health care provider.

Testicular Self-Exam

Testicular self-examinations are recommended to become familiar with how your testes and scrotum feel. If you are familiar with your body you are more likely to detect any changes. Self-exams should be conducted once a month after or during a hot shower or bath so the testicles are relaxed. According to Testicular Cancer Canada (testicularcancer.ca) you should:

1. Stand in front of a mirror and look for any swelling on the skin of the scrotum (it can't hurt to check out the penis as well).
2. Hold your scrotum in your hands and feel the size and weight of each testicle. It is common for one testicle to be slightly larger or hang lower than the other.
3. Feel each testicle and roll it between your thumb and finger. It should feel smooth. It is normal to feel a soft, tender tube towards the back of each testicle. You should not feel any pain when checking your testicles.
4. Once familiar with how your testicles feel, keep an eye out for any changes. If you detect a change see your health care provider as soon as possible. Early detection can make a positive difference in the treatment of the cancer.



Benefits of:

Solo Sex, Masturbation, Touching Yourself, Jacking Off

- It's pleasurable, fun and relaxing
- It helps you get to sleep if you are suffering from insomnia or can make you feel energized and focused
- No need to worry about getting it up, keeping it up, or coming too quickly.
- It allows you to find out what you like sexually so that you can better share your needs with a partner
- It allows you to get to know your body
- Great exercise
- It is always available when sexual tensions need releasing
- It allows you to have as much gratification as you want, when you want it, and at your speed
- It takes the pressure off your partner if you have one, as they are not the only source of your orgasms
- It is the one form of sex with no risk of disease, infection, or pregnancy
- There is no relationship to worry about
- It fits in with your life – you say when, you say where, you say how much
- It often results in more powerful and longer orgasms than other forms of sex
- It allows you to fantasize and act as you want - please yourself not your partner - you can be completely selfish
- No partner/audience (usually) means you can be less inhibited in your use of toys and any other item you may personally find erotic
- You can grunt, scream, yell and moan completely uninhibited
- It's free



If you do not want to masturbate this is fine as well, it's your choice!

Condom Use

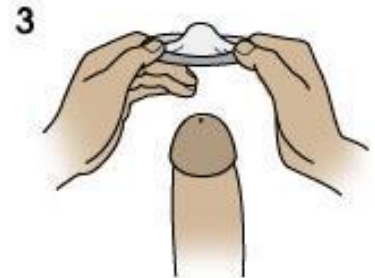


The best way to learn how to use a condom is practise. Try masturbating with a condom on. The best way to find a condom that you like, and fits you properly, is to try them. Some condoms fit more snug than others. It is important the condom is not too tight or it will be uncomfortable and could break. It is important the condom is not too loose or it could slip off. A few condom tips:

- Make sure condoms are stored in a cool dry place, out of direct sunlight or florescent lighting.
- Check the expiry date.
- Do the "puff test" making sure there is air in the package and therefore no holes in the condom.
- Push the condom aside and carefully open the package – DO NOT use your teeth.
- Figure out which way the condom rolls – if you put the condom on the wrong way, throw it out and start over with a new condom. Pre-ejaculate (pre-cum) will be on the condom and can contain sperm and STIs.
- For added pleasure add a small drop of water based lube inside the condom.
- Pinch the tip of the condom – you need to leave room for the ejaculate.
- Roll the condom all the way to the base of the penis.
- If the condom is not lubricated, or you would like extra lube, add water based lubrication to the outside of the condom or onto the vagina or anus.
- When withdrawing the penis hold onto the base of the penis and the condom so the condom does not get left behind.
- Tie the end of the condom in a knot and throw it in the garbage. DO NOT flush the condom down the toilet. Condoms can clog the toilet or unexpectedly float back up in the toilet.



Steps to putting on a condom



This is a cartoon penis.



I hope you are not offended.

Now he has sunglasses.



(This may be offensive.)

For more information contact:

Stacey Jacobs, MSc

Community Sexual Health Education Manager

SHORE Centre

Sexual Health Options, Resources & Education

235 King Street East, Suite 130
Kitchener, ON N2G 4N5

Email: education@shorecentre.ca

Website: shorecentre.ca

Phone: 519 743 9360



SHORE CENTRE

SEXUAL HEALTH • OPTIONS • RESOURCES • EDUCATION