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ORIGINAL ARTICLE

Effects of Post-TURP Orgasm Disorder and Sexual Satisfaction in Men

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Abstract

Objective: This study investigated the effects of Transurethral Resection of the Prostate (TURP) on orgasmic functions and sexual satisfaction in men with benign prostatic hyperplasia (BPH).

Material and Methods: Fifty sexually active male patients who underwent bipolar TURP for BPH between March 2021 and March 2023 were included. Patients completed a questionnaire before the procedure and again 3 months later.

Results: 2% of patients reported being unable to have an orgasm. 24% experienced a decrease in orgasm intensity. 14% developed pain during orgasm (disorgasmia), which was not present pre-procedure. 28% experienced urinary incontinence during orgasm (climacturia), with 4% constantly and 24% occasionally. Dry ejaculation increased from 10% pre-procedure to 48% post-procedure.

Conclusion: All four parameters (presence of orgasm, disorgasmia, climacturia, and dry ejaculation) showed statistically significant changes ($p < 0.005$). The study highlights that TURP for BPH leads to significant changes in orgasmic functions, underscoring the importance of informing patients about these potential complications to their sexual health and quality of life.

Keywords: post-TURP, orgasm disorder, sexual satisfaction

INTRODUCTION

Benign prostatic hyperplasia (BPH) and sexual dysfunctions are common in men as they age (1). Many studies have found a relationship between BPH and sexual dysfunction (2). While existing reports typically focus on erectile dysfunction, orgasmic changes are also observed after prostatectomy, and studies in this area are limited (3). Changes in orgasm, particularly its absence, are associated with significant decreases in emotional and physical satisfaction, which can lead to sexual avoidance and relationship discord.

The effects of TURP, the most common surgical treatment for BPH, on sexual function are not clear (4). This study aimed to investigate the frequency and extent of orgasmic dysfunction in men undergoing prostatectomy for BPH.

MATERIALS AND METHODS

Our study included 50 sexually active male patients who underwent bipolar Transurethral Resection of the Prostate (TURP) for BPH between March

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2021 and March 2023. This study was approved by the Ethics Committee for non-Interventional Research of T.C. Uşak University (Approval Number: 10.04.2025/603-603-01). Patients were asked to complete a pre-prepared questionnaire before the procedure and again 3 months later.

The questionnaire items are shown in Table 1.

Table 1. The questionnaire items

Presence and adequacy of erection
Presence of orgasm and orgasmic satisfaction
Presence of pain during orgasm
Presence of urinary incontinence during orgasm
Presence of ejaculation

Inclusion and exclusion criteria were also considered, such as comorbid diseases, no prior urological surgery, no repeat prostatectomy, no history of erectile dysfunction treatment, a stable partner, and no use of pharmacological agents that affect ejaculation. All patients underwent a physical examination, medical history review, uroflowmetry, urinalysis, prostate-specific antigen, and serum biochemistry analysis.

For data analysis, SPSS 16.0 for Windows was used. The Kolmogorov-Smirnov test was applied for normality, and the non-parametric Wilcoxon Test was used to compare pre- and post-operative data ($p < 0.05$ was considered statistically significant). A power and reliability analysis determined that data from 42 patients were required, and approximately 50 patients were included in the study, taking into account data deficiency and exclusion criteria.

RESULTS

The average age of the patients was 66.4 ± 4.2 years, and the average prostate volume was 72.4 ± 7.8 cc. Demographic data are summarized in Table 2.

Before TURP, all patients reported being able to have an orgasm. After the procedure, two patients (4%) reported being unable to have an orgasm at all, while 36 patients (72%) reported no change. A decrease in orgasm intensity was found in 12 patients (24%).

While no patients experienced pain during orgasm (disorgasmia) before the procedure, disorgasmia was detected in 7 patients (14%) after the procedure. In all patients with pain, the pain was in the penis and perineal area.

Urinary incontinence during orgasm (climacturia) was not present in any patient before the procedure but was observed constantly in 2 patients (4%) and occasionally in 12 patients (24%) after the procedure.

Dry ejaculation was observed in 5 patients (10%) before the procedure, while it was detected in 24 patients (48%) after the procedure.

A statistically significant change was found in all four parameters examined. These data are summarized in Table 3.

Table 2. Demographic data of study

Age: 66.4 ± 4.2
Prostate Volume: 72.4 ± 7.8
Hypertension: 15 (30%)
Diabetes Mellitus: 8 (16%)
Smoking: 26 (52%)
Hyperlipidemia: 4 (8%)

Table 3. Pre -TURP and Post-TURP Orgasm Disorder statistical results

	Pre-TURP	**Post-TURP (3 months)**	**p-value**
Presence of Orgasm	50 (%100)	36 (%72)	<0,005
Disorgasmia	0 (%0)	7 (%14)	<0,005
Climacturia	0 (%0)	14 (%28)	<0,005
Dry Ejaculation	5 (%10)	24 (%48)	<0,005

DISCUSSION

Sexual dysfunctions such as decreased orgasm intensity, lack of orgasm, and pain during orgasm can lead to psychological distress, resulting in a reduced quality of life, loss of self-esteem and self-confidence, and relationship discord (5). To date, orgasmic dysfunction in this population has received very little attention from clinicians and researchers. Orgasm is defined as physiological changes and pleasure that occur simultaneously with ejaculation in men (6). Sexual function is important for a person's quality of life, and the consistency, quality, and satisfaction of orgasm are associated with marital satisfaction, stability, and happiness (7).

One study reported that 23% of patients surgically treated for BPH experienced disorgasmia after surgery (8). Another study stated that 36% of patients with BPH described their orgasmic sensation as 'different' after prostatectomy (9). The true rates of orgasm-related urinary incontinence, also known as climacturia, are currently not fully known, but a literature review found a prevalence ranging from 20% to 93% after radical prostatectomy (10). Ejaculatory dysfunction after TURP can occur in up to 65% of cases, with retrograde ejaculation appearing in up to 50% (11,12).

CONCLUSION

This study aimed to determine the effects of TURP on orgasmic functions. Our findings show that patients undergoing TURP for BPH experience significant changes in orgasmic functions, including the inability to have an orgasm, decreased orgasm intensity, disorgasmia, climacturia, and dry ejaculation.

These results emphasize the importance of informing patients about these potential complications that affect their sexual health and quality of life when planning BPH treatment.

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