

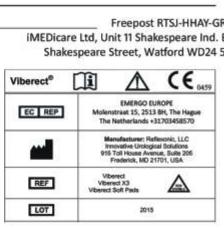
Viberect X3 £249\* (Excludes VAT) + £8 P&P one year warranty 100% refund within 60 days

A word of caution: We recommend that you consult your Spinal Unit or GP before using Viberect if your spinal injury is at the T6 level or above. There is a small risk of developing an episode of Autonomic Dysreflexia (a rapid increase in blood pressure, due to excessive activation of the autonomic nervous system. This is associated with the intense penile vibration required to elicit a sexual response at these levels of injury. Consult your physician or local Spinal Injury Unit for advice or information or web-site: www.iMEDicare.co.uk. \*Please complete VAT exemption form if applicable: Ejaculatory Dysfunction and Schedule II medical condition (eg. SCI or MS) required.

Please make cheques payable to iMEDicare Ltd

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# The Concept of Penile Vibratory Stimulation

While maintaining a healthy sex life is important to many people, the ability to ejaculate is decreased after spinal cord injury. This is the primary cause of infertility in spinal cord injured men. The use of the vibration concept has proven effective in the treatment of infertility.

Designed to enable ejaculation in men with Spinal Injuries or Multiple Sclerosis. Its unique capability is that frequency and amplitude of vibration can be adjusted to suit the individual. Although the technique is often performed initially in a clinical setting, it can also be performed in your home.



## Ejaculation rates of better than 80%

By applying adequate vibration power to the frenulum of the penis, penile vibratory stimulation will induce normal antegrade ejaculation in more than 80% of spinal cord injured men with lesions above the T10 cord level (1,2,3). UK survey results indicate that of the 70% of partners who gave birth, 85% had conceived at home using manual insemination techniques.

## The Medical Explanation: How does it work?

To induce ejaculation by Penile Vibratory Stimulation (PVS) requires an intact ejaculatory reflex arc to provide transmission of afferent stimuli from the penis to the sacral, lumbar and lower thoracic segments of the spinal cord, and efferent stimuli from these segments to the ejaculatory organs. The above mentioned spinal cord segments will respond to PVS even when isolated from the Brain (1). Through scientific research it was discovered that a certain level of intensity optimized successful ejaculation in 80% of the Spinally Cord Injured men tested. Since the Viberect X3® has adjustable frequency levels (amplitude fixed at 3mm) you can individualise the settings to give you the best results (Dorsal / Ventral Pads can operate together or uni-laterally).

# **Sperm Quantity and Quality**

Another problem for spinal cord injured men

who want children is a decrease in the quality and quantity of sperm. PVS combined with today's assisted reproduction techniques improves prospects for SCI men and their partners. (4,5)

#### **Patient Preferred**

Spinal cord injured men who have used Viberect prefer PVS to other methods (6). Moreover, it is the only method that may be performed at home to achieve ejaculation – and in some cases – use self-insemination techniques for the partner to become pregnant (5,7).

Viberect also has benefits beyond fertility. The ability to ejaculate on demand is perhaps one of the most fundamental parts of male behaviour. It can also add a missing dimension to a sexual relationship with 85% of men reporting an improvement in self-image and feeling more relaxed. Even in the absence of sensation – the ability to ejaculate on demand is clearly important at a psychological and physiological level.

## **Bladder Management**

Recent clinical reports have demonstrated that PVS (often known as TMNS – Transcutaneous Mechanical Nerve Stimulation) can reduce urinary bladder dysfunction (detrusor hyper-reflexia), decrease intra-bladder (intra-vesical) pressure and also increase bladder capacity following TMNS and ejaculation (8). The reported effect on urinary bladder reflex activity may have future implications in the management of incontinence and in SCI men at risk for upper urinary tract deterioration due to high storage pressure in the filling phase (9).

## Spasticity

Following ejaculation many SCI men report that their spasticity is reduced considerably. However, this is anecdotal evidence only. There are only few reports in the medical literature concerning spasticity reduction following TMNS induced ejaculation (10). However, still unpublished data from a study including 23 SCI men at the University of Copenhagen show a significant acute reduction of leg spasticity following TMNS and ejaculation determined by the Ashworth scale.

#### For more information

See our Web page on www.imedicare.co.uk, call our help-line number on 01923 23 7795, for a free home demonstration and clinician guide or see your local hospital spinal injuries or fertility centre specialist. For references, and further information please email: contact@imedicare.co.uk

### **Penile Vibratory Stimulation**

IS

Home Use

Hand-held

Non-invasive

Scientifically and Clinically proven

Over 80% Success Rate







