JUSTIN HOUMAN MD
MEN'S HEALTH
TOWER UROLOGY

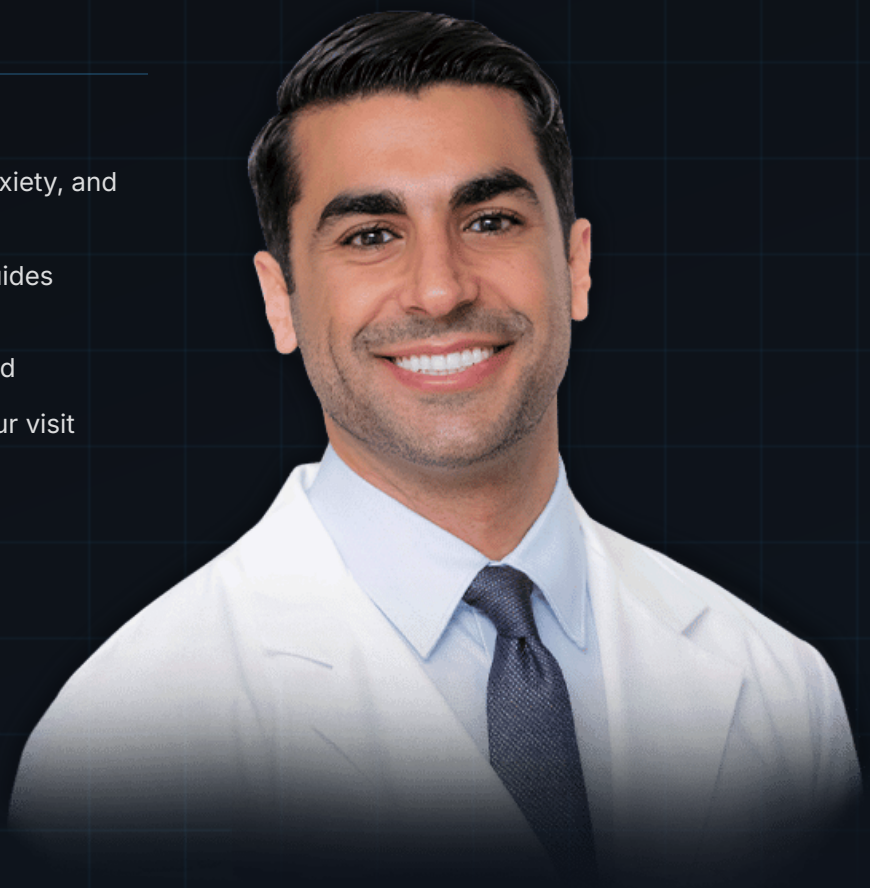
FREE GUIDE

PREMATURE EJACULATION

Premature ejaculation, explained.

I wouldn't necessarily try to aim for a particular amount of time. The key thing is, if you're satisfied and your partner is satisfied, then that's the goal.

- How long sex actually lasts, on average
- What's behind it: serotonin, sensitivity, anxiety, and ED
- Lifelong vs acquired, and why the type guides treatment
- The treatments, and how they're combined
- What to track, and what to ask, before your visit



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01 START HERE

How long does sex last, on average?

Believe it or not, about five and a half minutes.

There's been a study where couples in five countries timed their intercourse with a stopwatch, and the middle of the pack was about five and a half minutes. Younger guys lasted a little bit longer, older guys a little bit shorter, and the range was quite large.

What we see in movies, especially pornography, is guys going 30 minutes, 45 minutes, sometimes even an hour. That's not necessarily realistic.

> WHAT I TELL PATIENTS
>
> **I wouldn't necessarily try to aim for a particular amount of time, five and a half minutes, 30 minutes, whatever it is. The key thing is, if you're satisfied and your partner is satisfied, then that's the goal.**

02 WHAT COUNTS

When it's premature ejaculation.

Premature ejaculation is when ejaculation happens sooner than you or your partner would like, consistently enough to cause distress. It's generally defined as ejaculating within about a minute or two of penetration.

NORMAL

An occasional episode

Finishing early once in a while is normal, and not a concern on its own.

WORTH A VISIT

Nearly every time, with distress

When it happens nearly all the time and it's compromising your pleasure as well as your partner's, there are ways we can address that.

It's a legitimate medical issue, and real solutions are available. Many men assume nothing can be done, so they never bring it up.

03 TWO TYPES

Lifelong, or acquired.

Premature ejaculation generally takes one of two forms. Telling the two apart helps guide treatment, so it's one of the first things we figure out.

LIFELONG

From the beginning

Present from your earliest sexual experiences, and pretty consistent since then.

ACQUIRED

After a period of normal function

A new change in control. Often something else is going on as well, like erectile dysfunction, anxiety, a thyroid problem or prostate inflammation.

A NOTE ON NORMAL VARIATION

If it happens only once in a while, or only in certain situations, that can be normal variation. And if your timing is normal but you still feel a lack of control, that's worth talking about too. The goal is that you're satisfied and your partner is satisfied.

04 WHAT CAUSES IT

Usually a mix of things.

The exact cause isn't fully understood, but it usually reflects a mix of psychological and biological factors. They often work together, which is why treatment is frequently more than one thing.

1. **Serotonin.**
   Brain serotonin influences ejaculatory timing, and lower levels are associated with quicker ejaculation. Ejaculation is a reflex, and for some men it fires faster.
2. **Sensitivity.**
   Some men simply have greater penile sensitivity, which shortens the time to ejaculation.
3. **Anxiety and stress.**
   Performance anxiety, stress, and early sexual experiences can all contribute.
4. **Other conditions.**
   Prostate inflammation, a thyroid problem, or erectile dysfunction at the same time can play a role.

05 WHEN ED IS PART OF IT

Rushing before the erection goes.

Some men with erectile dysfunction rush to finish before they lose the erection. That can look a lot like premature ejaculation.

With a partner, there's a little bit more stress involved. The adrenaline kicks in, which decreases the amount of blood flow, and it becomes this downward cycle. Performance anxiety, especially in young guys, is a real thing. If you're experiencing erectile dysfunction in every context, by yourself or with a partner, a lot of times there's something deeper going on.

When erectile dysfunction is also present, we address it too. My erectile dysfunction guide goes through that side in detail: **go.houmanmd.com/ed-guide**.

06 WHAT TREATS IT

The treatments, and how they fit together.

Because the causes vary, the most effective plans often combine more than one approach. For many men, behavioral techniques plus a medication work best, tailored to what's causing it.

Treatment	What it is	Good to know
Behavioral techniques	The stop-start and squeeze methods. They help build control over time.	Often the foundation of treatment.
Topical anesthetics	Lidocaine or prilocaine sprays and creams that reduce sensitivity.	Applied before sex.
Oral medications	Certain antidepressants (SSRIs), and tramadol in select cases.	Used off-label in the U.S. See the next page.
Treating ED	When erectile dysfunction is also present, we treat it too.	Pills, and the rest of the ED options.
Counseling and sex therapy	Professional support when anxiety or relationship factors contribute.	Highly effective in the right situation.
Pelvic floor exercises	Strengthening these muscles.	Can improve control for some men. Not if you have pelvic floor pain.

07 A CLOSER LOOK

Building control.

The stop-start method

As you feel climax approaching, pause stimulation until the urge passes, then start again. Repeated over time, it trains you to recognize that point and stay below it.

The squeeze technique

As you get close, gently squeeze the head of the penis for a few seconds until the urge fades, then continue. It works on the same idea as stop-start.

Numbing sprays and creams

Lidocaine or prilocaine reduces sensitivity to help delay ejaculation. Too much can numb more than you want, so the amount and timing matter, and we go through that together.

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08 MEDICATION

What to know about SSRIs.

Certain antidepressants, SSRIs, are commonly used to delay ejaculation. In the U.S. they're prescribed off-label for this, which I explain as part of the treatment discussion. One thing to know going in: SSRIs can worsen libido, and they can worsen erectile function. Tramadol is another option in select cases.

PELVIC FLOOR EXERCISES, WITH ONE CAUTION

Strengthening the pelvic floor can improve ejaculatory control for some men. But if you're experiencing any pelvic floor pain, no Kegels. Pain like that is a muscle spasm or muscle tightness in your pelvic floor, and Kegel exercises can only make that worse.

WATCH ME EXPLAIN IT

How SSRIs are used for premature ejaculation

Scan with your phone camera, or **tap here** to watch on YouTube.

09 BEFORE YOUR VISIT

Track it before your visit.

In the days before your appointment, make a few private notes. They help us figure out which type you have, quickly.

- [ ] **Roughly how long intercourse lasts,** from penetration. A rough estimate is fine.
- [ ] **How much control you feel,** and whether you can tell when it's coming.
- [ ] **Whether it happens every time,** or only sometimes, or only with a new partner.
- [ ] **When it started:** from your first experiences, or after a period of normal function.
- [ ] **Your erections:** any trouble getting or keeping one, with a partner or on your own.
- [ ] **Medications and supplements** you take, and any urinary or prostate symptoms.

Sometimes patients send these in beforehand, along with any labs they've had.

10 THE FIRST VISIT

What happens when you come see me.

1. **A history.**
   Your sexual and medical history: everything in the notes above, plus how it's affecting you and your partner.
2. **A physical exam.**
   To look for anything that could be contributing.
3. **Labs, when appropriate.**
   Hormone testing, or other studies, to rule out contributing conditions like a thyroid problem.

11 START FROM HOME

A video visit is a discreet way to start.

Telehealth is how a lot of my patients actually start. The first visit is a video call from home. We go through your symptoms, your history, and any labs you've had, and figure out the next steps from there.

12 QUESTIONS TO ASK

Five questions to ask any doctor.

Ask these, so you get a real answer.

1. **What type do I have, lifelong or acquired?**
   The type helps guide treatment, and acquired PE often has something else behind it.
2. **Could erectile dysfunction be part of this?**
   Rushing to finish before the erection goes can look just like premature ejaculation. If ED is there, it gets treated too.
3. **Should my thyroid, prostate or hormones be checked?**
   Prostate inflammation and thyroid problems can both play a role in acquired PE.
4. **If you prescribe a medication, is it off-label, and what are the side effects?**
   SSRIs are prescribed off-label for this in the U.S., and they can worsen libido and erectile function. You should hear that up front.
5. **Can I start with a video visit?**
   Telehealth is how a lot of my patients actually start. Many times an exam needs to be done in person before figuring out the next steps, but the first conversation can happen from home.

13 PUTTING IT TOGETHER

The path, from first visit to better control.

STEP 1
Track it
A few private notes before the visit.

STEP 2
Visit, in person or by video
History, exam, and labs when appropriate.

STEP 3
Find the type
Lifelong or acquired, and whether ED is part of it.

STEP 4
A combined plan
Techniques plus medication, tailored to the cause.

ABOUT WHO WROTE THIS

I'm Dr. Justin Houman.

I'm a board-certified men's health urologist and assistant professor of urology at Cedars-Sinai Medical Center in Los Angeles. I practice at Tower Urology.

When I was in residency, very few urologists specialized in men's health. Men's health is really three buckets: sexual health, fertility health and hormonal health. These are the things that bring men to the doctor for the first time. Men won't tell you when they have high blood pressure, but they'll tell you when they can't get an erection.

A typical urology visit is no more than ten minutes. Patients are meant to be pushed through, not dug into to figure out what is actually going on. My practice is different. I like to figure out what the cause is, so it has better long-term outcomes. Being at Tower Urology at Cedars-Sinai, I have the background of an academic medical center, but with my own practice inside it I'm not on a corporate clock.

TRAINING
Fellowship-trained microsurgeon
Board-certified urologist with fellowship training in male reproductive medicine and microsurgery.

VOLUME
1,000+ varicocelectomies, 800+ implants
Microsurgery for fertility, pain and sexual health is a big part of my practice.

RECOGNITION
Super Doctors® Rising Stars℠
Selected for inclusion in 2027 Southern California Super Doctors® Rising Stars℠, Urology.

DESIGNATIONS
Centers of Excellence
Endo Xiaflex Center of Excellence (Peyronie's) and Boston Scientific AMS 700 Center of Excellence (penile implants).

VISITS IN PERSON OR BY VIDEO

You don't have to live in Los Angeles.

Telehealth is how a lot of my patients actually start. The first visit for a lot of patients, especially patients who are outside of Los Angeles, is a video call from home. We go through your symptoms, your history, and any labs or imaging you've had. Sometimes patients send those in beforehand. A lot of patients come to me for second opinions on results from other urologists, and we figure out what's missing, what hasn't been done. Many times an exam needs to be done in person before figuring out the next steps.

YOUR NEXT STEP

There are ways we can address it.

If you feel like premature ejaculation is compromising your pleasure as well as your partner's, there are ways we can address that. The most effective plans often combine more than one approach, tailored to what's causing it.

REQUEST A VISIT

Book online

Scan, or tap here.
houmanmd.com/contact

CALL MY OFFICE

310-854-7822

Monday to Friday, 8:30am to 5pm
Tower Urology at Cedars-Sinai

Not in Los Angeles? If distance is what's stopping you from coming to see me, a video visit is a great alternative.

BEFORE YOU BOOK

I see patients Wednesday through Friday, and new-patient openings are limited each week.

One practical note so there are no surprises: I'm in-network with Medicare. Other insurance is out-of-network, and my office provides a superbill you can submit to your plan for reimbursement. My team will walk you through costs before you book anything.

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This guide is for education only and is not medical advice. Reading it does not create a doctor-patient relationship. Every patient is different; talk with a qualified physician before making medical decisions.