Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · MEN'S HEALTH

Premature ejaculation

the most common male sexual difficulty, and among the most treatable

Premature ejaculation affects a large minority of men at some point and is the commonest male sexual complaint. It is also the one most likely to go unmentioned, and the one where the gap between how treatable it is and how many men are treated is widest.

Arrange assessment rather than self-treating if there is

- a **sudden change** in a man who previously had no difficulty
- PE alongside **erectile dysfunction** — the order of treatment matters
- **pain on ejaculation**, or blood in the semen
- significant **relationship distress, low mood or anxiety**
- symptoms alongside **urinary problems or pelvic pain**

Acquired PE — a change from a previously normal pattern — more often has an identifiable and treatable cause, including thyroid disease, prostatitis and erectile dysfunction. If you are struggling with your mood, Samaritans are free on 116 123 at any hour.

What counts

Clinically, PE means ejaculation occurring sooner than desired, usually within about a minute of penetration for lifelong PE or a marked reduction from previous timing for acquired PE, with an inability to delay it and resulting distress. **All three parts matter** — particularly the distress. If it does not trouble you or your partner, it does not require treatment.

- **Lifelong PE** — present since first sexual experiences. More likely to have a neurobiological basis, and responds well to medication.
- **Acquired PE** — developing after a period of normal function. More likely to have a specific cause worth finding.
- **Variable** — occasional early ejaculation, which is normal and not a disorder.

Causes worth excluding

- **Erectile dysfunction** — men who fear losing an erection often rush, producing secondary PE. **Treat the ED first**; the PE frequently resolves with it.
- **Prostatitis or chronic pelvic pain**
- **An overactive thyroid** — a simple blood test
- **Performance anxiety**, relationship difficulty, or a long gap without sex
- Alcohol and recreational drug use, and withdrawal from certain medicines

Behavioural techniques

These work, they are free, and they are more durable than medication because they build actual control. They need practice over weeks, ideally with a partner.

1. **Stop-start.** Stimulate to just before the point of no return, stop completely until the sensation subsides, then resume. Repeat three times before allowing ejaculation.
2. **The squeeze technique.** As above, but firm pressure applied just below the head of the penis for several seconds to reduce arousal.
3. **Pelvic floor training.** Strengthening the pelvic floor has good trial evidence in PE, and a physiotherapist can teach it properly — most men do it wrong unsupervised.
4. **Reduce the pressure.** Sensate focus exercises, which remove intercourse from the equation for a period, break the anxiety cycle that maintains the problem.
5. **Practise alone first**, then with a partner, building tolerance gradually.

Medication and topical treatment

- **Topical anaesthetic sprays or creams** applied 10 to 15 minutes beforehand reduce sensitivity. Use a condom or wash it off before intercourse to avoid numbing your partner.
- **Dapoxetine** is licensed specifically for PE and taken on demand, one to three hours before sex.
- **Daily SSRIs** are used off-label and are highly effective, delaying ejaculation substantially. They take one to two weeks to work.
- **Where ED coexists**, a PDE5 inhibitor may be used, often alongside.
- Thicker condoms help some men. Combining medication with behavioural work gives the best long-term results.

Talk to your partner

Men frequently conceal this, avoid sex, and let a partner conclude they are no longer attracted to them — which causes far more relationship damage than the problem itself. Partners are usually more concerned about the withdrawal than the timing. Involving them in treatment substantially improves outcomes.

Why come to us. This is straightforward to treat and very rarely raised. We offer discreet men's health appointments seven days a week, with no referral needed and online booking if you would rather not discuss it at reception. We assess and treat the causes underneath — erectile dysfunction, prostatitis, thyroid function, all testable here — rather than simply handing over a spray, and we offer psychosexual consultation and pelvic floor physiotherapy alongside.

Discreet, effective, seven days a week

Book online without discussing it at reception. No referral needed.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Premature Ejaculation** · **Men's Health Clinic** · **Erectile Dysfunction** · **Psychosexual Consultation** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS, NICE CKS and British Society for Sexual Medicine guidance on premature ejaculation. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.