

History:

- medical/surgical: *Physical aspects:* apart from attempting to describe the type of problem experienced (and this may be highly embarrassing but is essential), you need to tell the doctor about any physical problems you have or have had in the past (including trauma/surgery, especially spinal and pelvic). In a complex case (which arachnoiditis usually is) there may be a need for interdisciplinary involvement with doctors from various departments working together: e.g. neurology, gynaecology, urology. The urologist is more likely to be the one initially involved with male impotence, whereas the gynaecologist may well be the first port of call in hormonal problems.

- sexual

- Psychological aspects: Often a consultation with both partners may be of considerable benefit, but initially, the patient may wish to attend alone in order to discuss matters which may seem 'unmentionable' in front of the partner.

Sometimes a loss of an active sex life may be a bone of contention between partners, lack of interest being interpreted as loss of affection. In addition, there may be complex psychological factors involved, including guilt (the patient feels guilty about a declining/absent sex life; the partner feels guilty about asking for sex, about causing discomfort, or about feeling angry and frustrated if sexual activity has declined or ceased). There may be anger, and often a deep sadness in both parties about an aspect of their life together that no longer unites them; in some sad cases, this broken link contributes to a full-blown break-up of the relationship. In order to avoid this, it is essential to maintain contact, even if physical is impossible, at least verbally: otherwise a rift may widen and widen until it reaches the point of no return and is never healed.

Examination:

Exclusion or elucidation of physical conditions will be necessary. These include spinal/neurological/vascular/hormonal disorders.

- Genitourinary (penis, scrotum, rectal; vaginal)
- Vascular (peripheral pulse)
- Neurological
- Endocrine

Tests: there are no definitive tests for female sexual dysfunction.

- In men, serum testosterone/prolactin may be assessed.

In USA, there is an inexpensive, non-invasive home monitoring diagnostic system (NEVA) to assess erectile dysfunction.