

TIME

Personal Time

YOUR HEALTH

Sex and the Serious Cyclist

Can prolonged bicycling put enough pressure on a man's anatomy to cause impotence? **By Christine Gorman**

LET'S CALL HIM JOE. LIKE A lot of kids, he learned to ride a bike when he was 5 or 6. By his 20s, Joe was cycling 10 or more hours a week. He noticed an uncomfortable numbness in his genital area from time to time, particularly after long rides. But Joe didn't think much of it until he started having trouble maintaining an erection. A trip to the urologist's office confirmed that Joe's impotence was primarily a physical problem—not enough blood was flowing into his penis. Could years of bike riding somehow be to blame?

Absolutely, says Joe's physician, Dr. Irwin Goldstein, a professor of urology and gynecology at the Boston University School of Medicine. Since 1997, Goldstein has been warning cyclists that hours of sitting on a bike saddle can create enough pressure on the perineum, the area between the anus and the pubic bone, to permanently damage the artery that supplies blood to the penis. On the basis of a study of several thousand men in a Boston riding club, Goldstein believes that as many as 4% of male cyclists have problems with impotence due to cycling.

Further evidence of a possible link is reported this week in the *Journal of Andrology*. The admittedly small study examined 17 police officers on bike patrol and compared the pressure on various parts of their saddles with the number and duration of their erections during sleep. Those who cycled the most and were subjected to

the greatest perineal pressure had the fewest and shortest erections. "The bicycle seat nose appears to be the biggest problem," says the study's lead author, Steven Schrader, a reproductive physiologist at the National Institute for Oc-

EASIER RIDERS



▲ **The EasySeat**, from Hobson, eliminates the nose and has two pads to relieve pressure



▲ **The Seat**, from Ergo, also has no nose; the single pad supports the sit bones



▲ **The Milano**, from Specialized, features a split-seat design to restore blood flow

cupational Safety and Health.

But before you attempt to choose between your bike and your love life, keep in mind that the evidence is still preliminary. "I think it's a legiti-

mate question," says Dr. Martin Resnick, chair of the department of urology at Case Western Reserve University in Cleveland, Ohio. "But more data need to be presented." There may also be other factors, such as the fit of the bike and your own individual anatomy and riding style.

Even if bike seats do cause problems, the solution is not necessarily clear. Goldstein is adamant that the saddle nose should be eliminated. And yet, says Dr. Roger Minkow, a physician who designs bike seats and other accessories for a living, that would make controlling a bicycle more difficult. The nose, by giving you something to shift your body weight against, actually helps you steer.

Minkow's solution: a split-seat design that he says reduces perineal pressure enough to restore blood flow.

In the meantime, it won't hurt to check out the new ergonomic seats. Also, make sure your bike fits your torso. Leaning over all the time increases the pressure on your perineum. (Women have perineum too, and some female cyclists have reported genitourinary problems.) Remember to lift yourself off the seat now and again to take the pressure off the perineum. Or try switching to a recumbent bike. Whatever you do, don't dismiss genital numbness. Your body could be trying to tell you something important. ■

Find more info about impotence at www.medlineplus.gov