## MALE CONDOM

### DEFINITION
A male condom is a latex, polyurethane, polyisoprene or animal tissue sheath used to cover the penis and trap the ejaculate during intercourse. Condoms are available in different materials, styles, and sizes with or without spermicidal coating. The spermicidal coating does not increase protection against pregnancy or sexually transmitted infections. In typical use, the male condom has a first year failure rate of 18%, but if used correctly and consistently, the pregnancy rate is 2%. The latex male condom is the most effective method available to reduce the risk of sexually transmitted infections (STIs) in at-risk couples. It is thought that the polyurethane and polyisoprene condoms also provide the same level of protection against protozoan, bacterial and viral sexually transmitted infections. Condoms made of animal tissue (“natural” condoms) do not provide protection against viral STDs. Condom failure may be reduced by selecting the correct size and by using additional water-based external lubricant or spermicide vaginally or on the outside of the condom.

### SUBJECTIVE
**Must include:**
1. No history of allergy in patient or partner to any component of the condom (e.g., latex, polyurethane, polyisoprene or Nonoxynol-9).
2. Willingness of man to use condoms consistently.

**Must exclude:**
1. Erectile dysfunction.
2. Use of petroleum-based vaginal products (latex condoms only).
3. Personal history of high slippage or breakage rates, unless cause identified.

### OBJECTIVE
Not applicable.

### LABORATORY
Not applicable.

### ASSESSMENT
Candidate for condom use as primary and/or back-up contraceptive method and/or as method to reduce the risk of transmitting or acquiring sexually transmitted infections.

### PLAN
1. Determine size/shape of condoms and appropriate condom material needed.
2. Provide condoms and instructions on condom use.
3. Offer emergency contraception in advance of need (see *Emergency Contraception [EC]* protocol).
4. If man is unwilling to use male condoms for contraception, suggest couple consider another method.

### PATIENT EDUCATION
1. Advise patient that condoms are available OTC with various features and in different sizes.
   a. Latex condoms with reservoir tips are highly recommended (in absence of latex allergy).
   b. The spermicidal coating offered on some male condoms does not add any additional protection from pregnancy or STI. However, use of vaginal spermicides or water-based external lubricant may reduce condom failure.
   c. Polyurethane and polyisoprene condoms are not biodegradable but are preferred if either partner has a latex allergy or if woman is using a vaginal product with a petroleum base (e.g., antifungal or hormonal vaginal creams).
   d. Lamb cecum (AKA “skin”) condoms are rarely recommended. They should not be used by anyone at risk for STDs.
2. Instruct patient on proper storage and condom use:
   a. Avoid sunlight, heat, and humidity for storage of latex condoms.
   b. Open package carefully to avoid tearing condom.
   c. Place a new condom on penis before each sex act, before any genital contact and before entry into any orifice in partner’s body (mouth, vagina, or rectum).
   d. In a non-reservoir tip condom, instruct patient to leave a half inch space empty at end of
<table>
<thead>
<tr>
<th>PATIENT EDUCATION (Continued)</th>
<th>condom to capture the ejaculate.</th>
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<td>e.</td>
<td>Place new condom if oral or anal penetration occurs prior to vaginal penetration.</td>
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<td>f.</td>
<td>Lubricate outside of condom adequately with spermicide or water-soluble product (avoid petroleum-based lubricants or vaginal products with latex condom use).</td>
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<td>g.</td>
<td>Promptly after ejaculation, grasp the condom at its base, and hold it against the penis and withdraw the unit from the woman’s vagina.</td>
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<td>h.</td>
<td>Examine condom after its removal from the penis to look for evidence of breakage or spillage.</td>
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<td>i.</td>
<td>Advise patient to use two latex male condoms if patient or partner has any visible lesions or if infection is suspected and abstinence is not possible.</td>
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<td>j.</td>
<td>Advise patient to avoid placing lubricant inside the condom.</td>
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3. Instruct patient that if the condom breaks or spills or is not properly applied, the woman should immediately place spermicidal foam in her vagina and/or consider using emergency contraception (see "Emergency Contraception [EC] protocol").

4. Counsel patient that condoms must be placed on penis before any genital contact is allowed.

5. Advise patient the use of latex (and probably also polyurethane and polyisoprene) condoms can significantly reduce the risk of transmission/acquisition of STDs such as gonorrhea, chlamydia, herpes, HIV, HPV and syphilis, especially if they are used correctly and consistently, even though the condoms do not cover all areas at risk for infection or transmission.

6. Instruct patient not to use male condom with female condom.

REFER to MD/ER | Not applicable.

REFERENCES