07

UNDERSTANDING

Sexual issues following prostate cancer treatment

Information for men and their partners on possible sexual side effects of prostate cancer treatment and how to manage them.

Prostate Cancer Foundation of Australia

UNDERSTANDING

Sexual issues following prostate cancer treatment

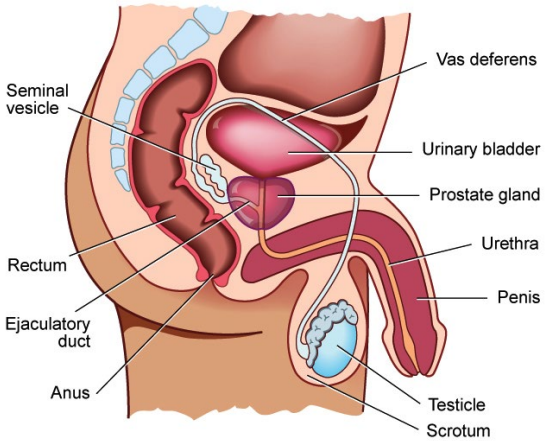
What is prostate cancer?

The prostate is a small gland located below the bladder and in front of the rectum in men. It surrounds the urethra, the passage that leads from the bladder, out through the penis through which urine and semen pass out of the body. The prostate gland is part of the male reproductive system (see diagram).

The prostate produces some of the fluid that makes up semen, which enriches and protects sperm. The prostate needs the male hormone testosterone to grow and develop. Testosterone is made by the testicles.

In an adult, the prostate gland is usually about the size of a walnut and it is normal for it to grow larger as men age. Sometimes this can cause problems, such as difficulty with passing urine.

The male reproductive system



Prostate cancer occurs when abnormal cells develop in the prostate. These cells have the potential to continue to multiply, and possibly spread beyond the prostate. Cancers that are confined to the prostate are called **localised** prostate cancer. If the cancer extends into the surrounding tissues near the prostate or into the pelvic lymph nodes, it is called **locally advanced** prostate cancer. Sometimes it can spread to other parts of the body including other organs, lymph nodes (outside of the pelvis) and bones. This is called **advanced** or **metastatic** prostate cancer. However, most prostate cancers grow very slowly and about 95% of men survive at least 5 years after diagnosis, particularly if diagnosed with localised prostate cancer.

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1. Introduction

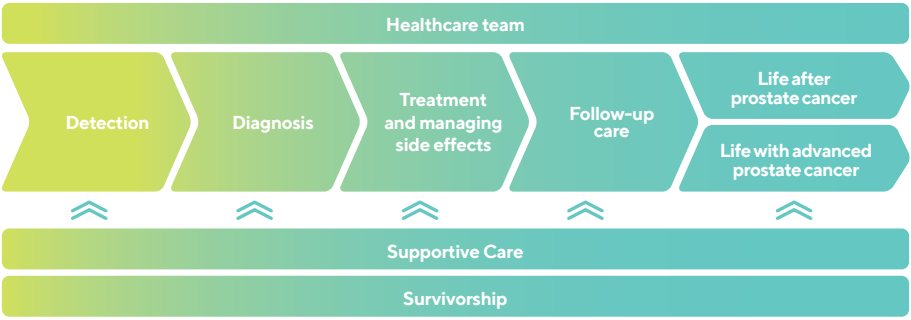
This book is for men who are about to receive or have received treatment for prostate cancer. It contains information to help you understand and manage sexual issues associated with your treatment. Your partner may also like to read this booklet as it is a couples' issue.

Your cancer experience

After being diagnosed with prostate cancer, it's common for you to see a number of health professionals with different expertise who work together in a healthcare team (sometimes called a multidisciplinary team). This team includes health professionals who are involved in diagnosing your cancer, treating your cancer, managing your symptoms and side effects, and assisting you with your feelings or concerns during your cancer experience.

The cancer experience is not the same for everybody, even for those with the same type of cancer. Depending on the grade (the cancer aggressiveness) and stage (the extent of spread) of your prostate cancer and any underlying medical conditions, your experience may be quite different to someone else's.

Your prostate cancer experience



As the diagram above shows, it can be useful to think of the cancer experience in different stages: detection, diagnosis, treatment, follow-up care and either life after cancer or life with advanced prostate cancer. Take each stage one at a time so that you can break down what might feel like an overwhelming situation into smaller, more manageable steps.

From the moment prostate cancer is detected, your healthcare team will focus on survivorship – every aspect of your health and wellbeing while you are living with cancer and beyond. Survivorship also includes your family and loved ones.

2. Understanding male sexual function

To fully understand how your prostate cancer or prostate cancer treatment may affect you, it is helpful to know about different parts of male sexual function.

Sexual desire – your sex drive or libido

The main driver of your sexual desire is the hormone testosterone. It is produced mainly in the testicles. When testosterone levels drop, your sex drive will go down. Testosterone levels can decrease with age or as a result of illness or treatment.

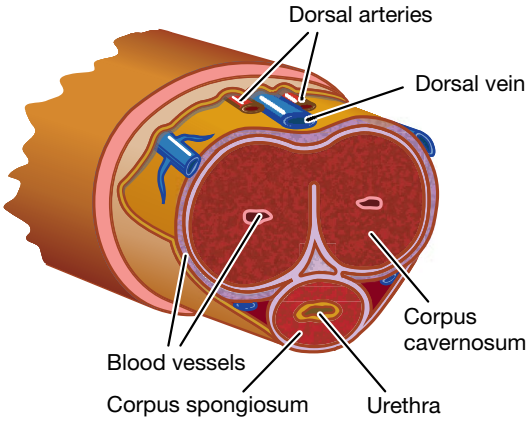
There are several other factors that can affect sexual desire including stress, anxiety, depression, relationship problems, erection problems, pain and some medications.

Erectile function – your ability to get and maintain an erection

When a man becomes sexually aroused, the brain sends messages down the spinal cord and through nerves located near the prostate. These messages tell the blood vessels to allow more blood into two spongy cylinders (corpus cavernosa) that run along each side of the penis. As these cylinders expand and fill with blood, an erection occurs. If this process is affected for any reason, it is called **erectile dysfunction**. This is when a man can't get or maintain an erection firm enough for sexual activity or penetration.

Sexual issues following prostate cancer treatment

Cross section of a penis



Orgasm and ejaculation

After continued sexual stimulation, men usually experience an orgasm. This is accompanied by rhythmic pelvic muscle contractions followed by ejaculation of semen. Semen is pushed through the urethra and out of the end of the penis. There is a valve at the opening of the bladder to stop semen from flowing back into the bladder. This valve also stops urine and semen passing down the urethra at the same time.

Note: Before ejaculation, sperm is mixed with fluid from the seminal vesicles and the prostate. Sperm and seminal fluid together make semen.

Resolution and refractory period – the time after orgasm

After orgasm and ejaculation, the erection subsides. The man then enters a recovery period, during which another erection or orgasm is not possible for a while. This resting time becomes longer with age. A young man may be able to regain an erection within several minutes. But for an older man, it may take hours to days before he can have another erection.

3. Sexual side effects and how to manage them

Erectile dysfunction

Any difficulties getting or maintaining an erection are called erectile dysfunction. Many factors can contribute to erectile dysfunction including:

- medical conditions such as diabetes, cardiovascular disease or high blood pressure
- lifestyle factors such as smoking, excessive alcohol, obesity, or limited exercise
- psychological or emotional issues such as stress, anxiety or depression and relationship problems
- treatment for prostate cancer.

Erectile dysfunction is a common side effect of prostate cancer treatments including surgery, radiation therapy and hormone therapy or androgen deprivation therapy (ADT).

Surgery and erectile dysfunction

It is common to lose the ability to have an erection after surgery, at least initially. Your ability to have an erection will depend on your surgery (whether the nerves that control erections were spared), how your erections functioned before surgery, other health conditions you may have, and what medications you may be on. It is normal to take 18 to 24 months for erections to improve.

Radiation therapy and erectile dysfunction

Unlike surgery, radiation therapy doesn't usually have immediate effects on your erections. If you do develop erectile problems, these may develop around 6 to 18 months after treatment and get worse over the following years. This is due to progressive damage to the blood vessels and nerves to the penis from the radiation. If you are on hormone therapy as well, this will affect your ability to have an erection.

Hormone therapy and erectile dysfunction

Hormone therapy works by reducing the hormone testosterone. Testosterone is a male sex hormone produced by the testicles and is vital for male reproduction and sexual function. The loss of testosterone may affect your ability to get and maintain an erection, as well as your interest in sex (sex drive or libido).

Other factors can contribute to erectile dysfunction

Your age and how well your erections were working before treatment can affect how well your erectile function returns after treatment for prostate cancer. It also depends on what type of prostate cancer you have and the type of treatment you receive.

For example, younger men who have no difficulty with erections before treatment may be more likely to recover their erections compared to older men who are already experiencing erection problems.

If you are already experiencing erection problems due to other health conditions, such as cardiovascular disease, these problems are likely to get worse or you may lose your erectile function altogether after prostate cancer treatment.

Approximately 1 in every 3 men over the age of 40 experiences some degree of erectile dysfunction, with problems increasing with age.

It is useful to know that changes to erectile function may well have occurred anyway at some point, without a prostate cancer diagnosis or treatment.

How is erectile dysfunction treated?

There is a range of medical treatments for erectile dysfunction. These may include medications, vacuum erection devices, penile injections or penile implants. Your healthcare team can discuss these options with you.

It is important to note that returning to good sexual function might not mean having an erection firm enough for penetration. Instead, you may prefer to think that a positive recovery of sexual health is regaining intimacy with your partner. It may also be helpful to explore other sexual activities that aren't focused on having an erection.

If your treatment for sexual problems is causing you concern, talk to your healthcare team.

Lifestyle changes

Making sure you are healthy physically is the first step to achieving erections. Getting enough exercise, eating healthily and looking after conditions like high cholesterol and type 2 diabetes can help. See page 14.

Focusing on rebuilding intimacy with your partner is also an essential part of treatment for prostate cancer. See page 16.

Oral medications

Tablets: Medications including sildenafil (Viagra), avanafil (Spedra), vardenafil (Levitra) and tadalafil (Cialis) may help you to achieve an erection by increasing blood flow to the penis following sexual stimulation or sexual arousal.

These medications must only be used with a doctor's prescription and under medical supervision. It is not safe to take these medications if you are on nitrates for chest pain (angina). Discuss your medical conditions and current medications with your doctor.

How quickly the medication works and how long it lasts will depend on your individual situation, which medication you are taking and the dose of the medication. You should trial the medication several times before deciding on the success of this treatment option.

In the early phases of your recovery, these medications may not be enough to achieve an erection. However, your response may improve as you keep using them. If the tablets are not effective, your doctor may suggest a different method for achieving erections.

It is important to keep the blood flowing to the penis as this helps to keep the erectile tissues healthy. From time to time, you can retry the tablets and switch back to them when they are working.

Penile injection medication: These medications are injected into the penis when you want to have an erection. They can be very effective. You don't need to be sexually stimulated first. Erections can occur within 10 minutes after the injection and generally last for 30 to 60 minutes.

You can be taught to inject yourself; however, the technique does need practice and it's recommended that you are trained by a healthcare team member who specialises in this area. The treatment will only work effectively if you use the correct dose of the medication that works for you and the correct injection technique.

Seek urgent medical help if your erection won't subside

Medications used to treat erectile dysfunction can sometimes cause priapism. This is an erection that lasts longer than 2 hours and won't subside.

Priapism is a medical emergency as it can damage the penis. If you have an erection that lasts for more than 2 hours, follow the instructions given to you by the healthcare professional who trained you in penile injections, or go to the nearest emergency department.

Devices

Vacuum erection device: This can be used if you are unable to achieve or sustain an erection. It may also be suggested to help maintain the length of your penis.

A vacuum erection device is a clear cylinder that is placed over the penis and then sealed off. A vacuum is created by a pump-like action that draws blood into the penis and creates an erection. If you want to use it for sexual intercourse, you will need to apply a penile ring. Penile rings are made of rubber and are placed onto the base of your penis close to your pubic bone. They enable you to maintain the erection by preventing blood from flowing away out of the penis. You should remove the ring after 30 minutes as there is a risk of damage to the penis if it's left on for longer.

Ask your healthcare team member who specialises in erectile dysfunction where you can purchase these devices and how to use them correctly and safely. Perfecting the technique can take some time, practice and patience.

Surgical devices (penile implants/prostheses): A penile prosthesis can be offered when other options have not been successful. This option involves surgery. Healthcare team members who specialise in erectile dysfunction can provide you with further information on the range of different prostheses available and whether they are suitable for you.

One such device is a three-piece inflatable penile implant. Two fluid-filled cylinders are implanted inside the penis. A small pump is placed inside the scrotum, and a reservoir of saline is placed in the lower abdomen. When you want an erection, you pump the fluid from the reservoir into the cylinders. Afterwards, you release a valve to drain the fluid back into the reservoir.

There are other devices that provide a mechanical erection but work differently. Ask your healthcare team for advice.

Penile rehabilitation – following radical prostatectomy

Penile rehabilitation is the use of a medication and/or a medical device to encourage blood flow to the spongy cylinders in the penis. This improves oxygen supply to the tissues of the penis. The aim is to try to prevent permanent damage to the tissues and potentially improve the return of erectile function following treatment. Evidence suggests better results if you start a rehabilitation program early after surgery.

Programs for penile rehabilitation can include:

- the use of tablet medications either before or after treatment
- penile injection medication
- vacuum erection devices, or
- different combinations of the above.

The program consists of a plan to achieve a certain number of erections each week.

Like all treatment plans, a penile rehabilitation program will be based on your individual needs and situation and will vary from doctor to doctor. Ask your healthcare team before treatment whether a penile rehabilitation program is an option for you. A referral or recommendation to a specialist in this area can be arranged through your healthcare team.

Infertility

All treatments for prostate cancer can affect your fertility. If fertility is important to you, ask to be referred to a service that provides fertility-preserving options such as sperm-banking before you start treatment. That way, fathering a child using your stored sperm may be possible in the future.

Ask your doctor, a member of your healthcare team or a fertility counsellor about changes to your fertility and ways of managing these changes.

Managing the cost of treatment

Medicare and private health funds may cover some of the costs of diagnosis and treatment of erectile dysfunction. Ask your doctor and insurance provider what is covered and what you will need to pay for.

Orgasm and ejaculation changes

Dry orgasm

Prostate cancer treatments can affect orgasm and ejaculation. Different treatments will have different side effects.

Prostate cancer surgery removes the seminal vesicles along with the prostate. This means that men will not produce or ejaculate semen at orgasm. However, they will still feel the sensations of orgasm.

Radiation therapy can also affect ejaculation. Over time, the volume of semen can decrease for some men, and may eventually result in no semen at orgasm (called a 'dry' orgasm). Other men may experience minimal or no change in ejaculation.

Men report different experiences with dry orgasm. Some describe a more intense orgasm, while others feel their orgasms are less intense and pleasurable. If this side effect bothers you, talk to a member of your healthcare team.

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Leaking urine at orgasm

Surgery can cause some men to leak urine at orgasm. This is called climacturia. Emptying your bladder before sex may help reduce the chances of this happening. If this is a worry for you or your partner, ask your doctor, a member of your healthcare team or a Prostate Cancer Specialist Nurse for advice.

Painful orgasm

Some men who have surgery or radiation therapy experience pain at orgasm. This usually settles after a few orgasms. If you experience ongoing pain, talk to a member of your healthcare team.

Retrograde ejaculation

Retrograde ejaculation is when semen goes into the bladder during ejaculation instead of coming out of the penis. The semen is then passed out with urine the next time you go to the toilet. It can give your urine a cloudy appearance, but this is harmless. This side effect can occur in men who undergo a surgical procedure called transurethral resection of the prostate (TURP). The procedure involves cutting away some of the tissue from inside the prostate while leaving the outside of the gland in place.

Discoloured semen

If you have had brachytherapy (a type of radiation therapy treatment that involves implanting radioactive material into the prostate), your semen may be discoloured or blood-stained for the first few weeks after the procedure. This is due to bruising or bleeding from the prostate caused by the treatment. It can also happen if you are having external beam radiotherapy and having fiducial marker seeds inserted. This usually clears up on its own with time. If it doesn't, or the bleeding gets worse, talk to a member of your healthcare team.

Talk with a health professional such as a psychologist or sex therapist/counsellor who can give you strategies to help you manage your feelings about any changes to your experience of orgasm.

Change in penis length

A possible side effect of surgery is a reduced length of the penis, while erect and/or flaccid (soft). On average the penis is about 1.2cm shorter. This may be due to scar tissue and/or poor functioning of the nerves or blood supply. Penile rehabilitation can help by improving erections and bringing more blood and oxygen to the erectile tissues to keep them healthy.

Talk to your doctor about a penile rehabilitation plan. You can also talk to a psychologist or sex therapist to help you manage your feelings about changes to the appearance of your penis.

Reduced sex drive (low libido)

A reduced sex drive or libido is a common symptom and may be caused by many factors such as tiredness, stress and family issues. It may also be caused by your treatments.

Hormone therapy lowers testosterone levels in your body. This may decrease your desire for sex. You may also have other physical side effects of hormone therapy that can impact how you feel about yourself sexually and affect your libido. These include loss of muscle, weight gain, hot flushes and growth in breast tissue.

4. Looking after yourself

Sexuality and psychological wellbeing

Sex is often thought of as a physical activity, whereas sexuality is more about how you see yourself and feel about yourself in a sexual way.

As a man, the physical side effects of treatment can be a challenge for you in a variety of ways. You may feel that your masculinity, self-identity and sense of sexuality change if you lose your erections and sexual desire. You might not be feeling your best emotionally as you try to cope with your cancer diagnosis, or you may be dealing with fatigue or low mood as a result of treatment. This may affect your wellbeing, feelings of self-worth, and your relationships.

We often have our own ways of managing difficult situations such as:

- talking through problems with a partner or good friend
- seeking information and advice from trusted sources
- focusing on keeping well
- working towards and balanced view of the situation.

These strategies can be helpful, but sometimes you and your partner might need additional support. Talk to your GP or a member of your healthcare team, who can refer you to the right person to help you. You could join one of our support groups, our online community or read our resources at **pcfa.org.au**

Physical activity and exercise

Physical activity is very important for maintaining and improving your physical and psychological health. It is important to do some physical activity most days, if not every day.

Targeted exercises can help slow the progression of your prostate cancer and reduce the side effects of treatments such as hormone therapy and chemotherapy. It can also help you tolerate treatments. Exercise can improve your quality of life and help with anxiety and depression.

The most effective forms of exercise are:

- cardiorespiratory exercise such as fast walking, jogging, cycling and swimming
- resistance training exercises such as lifting weights, stair climbing and high intensity resistance workouts.

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Diet and nutrition

A healthy, balanced diet can improve your strength, vitality and wellbeing, help you manage your cancer experience, and improve your outcomes from treatment.

For the best diet:

- eat plenty of fruit and vegetables, wholegrain foods and lean meat, fish, poultry and low-fat dairy
- avoid animal fats, processed meals, biscuits, cakes and pies, salt and added sugars
- drink plenty of water
- limit alcohol
- stop smoking.

Information on wellbeing, diet and exercise can be found in *Understanding health and wellbeing with prostate cancer* downloadable at **pcfa.org.au**

5. Intimacy and relationships

Your sexual relationships are individual and private. Some men with prostate cancer are in a committed long-term relationship, some are single with no regular sexual partner, others may be embarking on a new relationship, and others have a number of sexual partners. For some, sexual activity isn't important, while for others the ability to have an erection is very important. Both you and your partner need to discuss what is important to each of you.

A good place to start is to think and talk about what your normal sex life is and how your treatment may affect it.

After prostate cancer treatment, it is likely you will renegotiate your sex life. That means you may find penetration is less important and focus more on different ways to give and receive sexual pleasure or build intimacy with your partner. Many people find this type of sex even more fulfilling and enjoyable than the sex they had before.

Talking openly to your partner and involving them in treatment decisions will help you both build realistic expectations. Couples who can talk honestly about sex report better sexual experiences after treatment.

Build intimacy first

It is a good idea to focus on your relationship and building intimacy first, rather than thinking about just the sexual act. Some ways you can build intimacy with your partner include:

- spending time together
- focusing on the relationship as a whole rather than having sex
- going on a date
- buying each other gifts
- doing activities together.

Take things slowly

You don't have to have sex right away. Start slowly by cuddling or massaging each other the first few times. Be patient and understand that it might take time for you and your partner to regain intimacy.

You can also give and receive sexual pleasure from:

- different erogenous zones (such as the breasts, ears or thighs)
- oral sex
- sexual aids (such as a vibrator)
- erotic images and stories
- sexual fantasies
- mutual masturbation.

If you don't have a partner

You may want to resume your sex life on a solo basis if you don't have a regular sexual partner. This is to be expected as the normal expression of your sexual feelings.

Starting a new relationship

If you meet someone new after prostate cancer treatment, communication is key. You can tell them how the cancer has affected you physically and emotionally. Taking it slowly and building intimacy are important when you have a new partner.

It can be difficult to discuss these changes with someone new. Take your time and tell them when you feel ready. You don't have to tell them everything at once.

If you are an LGBTIQA+ person

For LGBTIQA+ people impacted by prostate cancer, sexual issues caused by treatment can affect your relationships and mental and emotional health. The prostate itself, and surrounding area, is an erogenous zone. Surgery to remove the prostate can therefore change your experience of anal sex. Surgery and other treatments can also cause erectile dysfunction, reduced penis length, and dry orgasm.

The good news is that research has found people who are LGBTQIA+ are able to successfully engage in sex and intimacy after cancer, and specialised support is available if you need it.

Open discussion with sexual partners is important. You might also like to seek support from a sexual therapist. For counselling and referral, reach out to QLife, a service tailored to members of the LGBTIQA+ community. Visit **qlife.org.au** or call **1800 184 527**. You can also find more information in *Understanding prostate cancer for LGBTIQA+ people*, accessible at **pcfa.org.au**

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Ask for help

Discussing your sex life with your healthcare team might seem difficult, but it's important to get all the facts before treatment.

That's because treatment for erectile dysfunction gets better results if you start it as soon as possible following treatment.

You will also need to discuss with your healthcare team when it's safe for you to start having sex again, based on your individual situation.

Questions you can ask your healthcare team include:

- How will my treatment affect my sex life?
- How will my treatment affect my fertility?
- What should I do if I would like to plan a family following treatment?
- What can I do before treatment to minimise any side effects on my sex life?
- What can be done after treatment to manage any side effects on my sex life?
- Are there any other men I can speak to about their experience with prostate cancer?

Seeking support and advice from men who are in similar situations to you can be valuable in coping with side effects. Prostate cancer support groups are located all around Australia.

Your GP can help you and those close to you manage your physical and emotional health needs throughout the cancer experience, including help with sexual issues.

You can also talk to a:

- cancer care coordinator
- psychologist
- nurse
- social worker
- sexual health physician
- sex counsellor
- physiotherapist
- specialist psychosexual service.

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7. Glossary

Brachytherapy – A type of radiation therapy treatment. It involves implanting radioactive material into the prostate.

Chemotherapy – The use of medications to kill or slow the growth of cancer cells.

Dietitian – A health professional who specialises in human nutrition.

Erectile dysfunction – Inability to achieve or maintain an erection firm enough for penetration. This is also known as impotence.

Fertility – Ability to have children.

General Practitioner (GP) – A family doctor. Your GP is the first person you see if you're sick. They can refer you to other medical specialists.

Hormone – A substance that affects how your body works. Some hormones control growth, others control reproduction.

Hormone therapy – Treatment with drugs that minimises the effect of testosterone in the body. This is also known as androgen deprivation therapy (ADT).

PBS – A government scheme that subsidises the cost of medications for Australians.

Physiotherapist – An allied health professional who specialises in movement and function of the body and advises on resuming normal physical activities.

Priapism – an erection that lasts longer than 2 hours and does not go down.

Prostate Cancer Specialist Nurse – An experienced registered nurse who has received additional training to make them an expert nurse in prostate cancer care.

Psychologist – A health professional who provides emotional, spiritual and social support.

Quality of life – A person's overall appraisal of their situation and wellbeing – whether they have symptoms and side effects, how well they can function, and their social interactions and relationships.

Radical prostatectomy – An operation to remove the prostate gland and seminal vesicles.

Radiation therapy (radiotherapy) – The use of radiation, usually X-rays or gamma rays, to kill cancer cells or injure them so they cannot grow or multiply.

Radiation oncologist – A doctor who specialises in treating cancer using radiation therapy.

Social worker – A trained professional can help you face challenges and make sure you are treated fairly.

Support group - A group of people who provide emotional caring and concern, practical help, information, guidance, feedback and validation of the individual's stressful experiences and coping choices.

Supportive care - Improving quality of life for people with cancer from different perspectives, including physical, social, emotional, financial and spiritual.

Survivorship - The health and life of a person beyond diagnosis and treatment for cancer. Survivorship issues may include follow-up care, late effects of treatment, secondary cancers, and quality of life factors

Urethra - The tube that carries urine and semen out through the penis and to the outside of the body.

Urologist - A surgeon who treats people with problems involving the urinary system, including the kidney, bladder, prostate and reproductive organs.

Notes

You may wish to use this note section to record your progress or questions you may have about your symptoms following treatment.

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PROSTATE CANCER FOUNDATION OF AUSTRALIA (PCFA)

We are Australia's leading community-based organisation for prostate cancer research, awareness, and support. As the nation's predominant charity fund for Australian - based prostate cancer research, we exist to protect the health of existing and future generations of men in Australia and to improve quality of life for Australian men and families impacted by prostate cancer.

Our vision is a future where no man dies of prostate cancer and Australian men and their families get the support they need.

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For a full list of contributors and reviewers, please visit the PCFA website: **pcfa.org.au**

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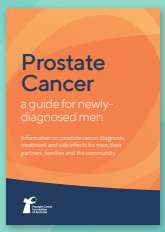

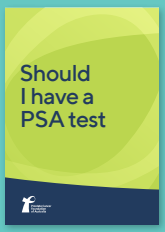

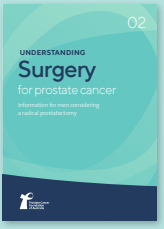

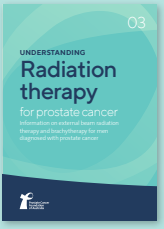

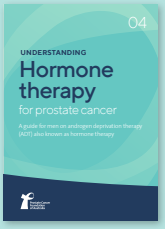

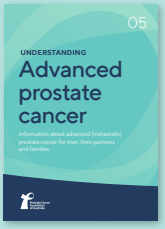

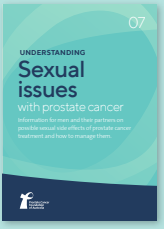

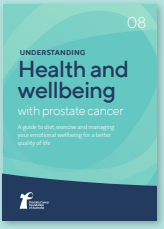

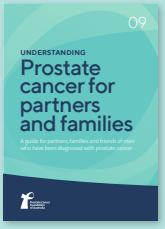

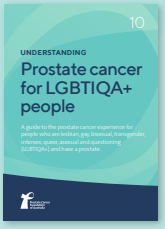

If you would like further information, please contact **PCFA** on **1800 22 00 99** or email **enquiries@pcfa.org.au**

Prostate Cancer Foundation of Australia