

Sex, erectile dysfunction and prostate cancer



The information in this factsheet will help you understand more about erectile dysfunction and the sexual problems that can follow prostate cancer treatment. We also look at treatments available. We hope that it answers some questions and concerns you might have. For more information call the **National Cancer Helpline** on **1800 200 700** or visit **www.cancer.ie**

What is erectile dysfunction?

Erectile dysfunction is when a man cannot get or keep an erection strong enough for sex. It is not the same as loss of libido (desire for sex) or being unable to get an orgasm or ejaculate. Erectile dysfunction is also called ED or impotence.

Erectile dysfunction is a common problem with many causes, including treatments for prostate cancer. The condition can be temporary or permanent and can greatly affect a man's quality of life. Some men have difficulties getting erections before they have treatment for prostate cancer. This is because other health problems can cause erection problems too. Older men also tend to have more erection problems than younger men. Men who have difficulty getting erections before prostate cancer treatment are more likely to have erection problems afterwards. But that does not mean you have to put up with it. You can talk to your doctor about treatments at any time.

Sex and prostate cancer

Having prostate cancer can affect how well your body works in terms of getting an erection. This is explained in detail throughout this factsheet. But having a diagnosis of cancer can also make you feel anxious or down. This can make you feel differently about sex too.

Some men with prostate cancer feel that changes to their sex lives and their relationships are some of the biggest issues they face. Some find that these changes affect the way they feel about themselves as a man. Others accept the changes and do not feel the need to get treatment for erectile problems. There is no right or wrong way to react – just the way that feels right for you.

National Cancer Helpline **1800 200 700**

How do prostate cancer treatments affect sex?

Some prostate cancer treatments cause erectile dysfunction but have no effect on your interest in sex. Other treatments affect both erections and your desire for sex.

Surgery: During prostate cancer surgery, the bundles of nerves and blood vessels near your prostate may be removed or damaged. This often causes erectile dysfunction, which can be temporary or permanent. Sometimes it is possible for your doctor to 'spare' the nerves. This is called nerve-sparing surgery. This can improve your chance of getting your erections back after treatment, but there is no guarantee.

After prostate cancer surgery, you may find it is not possible to have a 'natural' erection without the help of medication or other treatments. It can take up to 2 years to find out if natural erections will return.

After a prostatectomy (removal of the prostate gland), no fluid will be ejaculated. This is because the glands that make semen are removed during the surgery. This is known as a 'dry orgasm' and you may find that the sensation of orgasm is different.

You may also notice that, over time, your penis appears shorter after prostate cancer surgery. Some small studies show that treatments for erectile dysfunction that encourage blood flow into your penis, such as the vacuum pump, may help to prevent this. For more information on vacuum pumps, see page 4.

Radiation: Men who have external beam radiotherapy or brachytherapy (internal radiotherapy) can develop erection problems. This is because of scarring to the bundles of nerves and blood vessels in the area. This may happen months or even years after treatment.

After radiotherapy, there is less semen produced during orgasm so the fluid ejaculated may be reduced or your orgasm may be dry. You may also find that ejaculation is uncomfortable for a while. This is because the tube that carries urine and semen (urethra) can become inflamed. This can happen soon after brachytherapy or during

and after external beam radiotherapy. This usually improves on its own with time.

Hormone therapy: Testosterone is the male hormone needed for getting an erection and is responsible for your sex drive. Hormone treatments for prostate cancer lower the level of testosterone in the body. Very often this causes a loss of erections and loss of libido (desire for sex).

Libido can come back once you stop taking hormone therapy, although it can take many months. Some men may be able to take intermittent hormone therapy to reduce the side-effects, such as loss of libido. This means that your doctor may stop your hormone therapy temporarily, once you have responded to treatment. Talk to your doctor if this is something you would like to consider.

What causes erectile dysfunction?

There are many causes of erectile dysfunction. Some men have more than one cause for their erection problems. In the previous section we looked at how prostate cancer treatments can cause erectile dysfunction. Other causes include:

Psychological causes

Emotional or psychological problems can cause or make erectile dysfunction worse. These include depression, marriage or relationship difficulties, worry about your diagnosis, work stresses and anxiety about sexual function.

Medicines and drugs

Treatment for illnesses other than prostate cancer can also cause erectile dysfunction as a side-effect. Drinking too much alcohol can cause erectile dysfunction too.

Physical causes

Physical causes of erectile dysfunction include:

- **Reduced blood flow to the penis.** The arteries which take blood to the penis can become narrowed due to conditions such as diabetes, high blood pressure and high cholesterol. Smoking also causes the arteries to narrow.

- **Damage to the nerves going to the penis.** This can be caused by injury or surgery to the penis or the pelvis. Diseases such as multiple sclerosis and Parkinson's disease can also affect the nerves going to the penis.
- **Hormonal causes.** For example, low levels of testosterone or an overactive or underactive thyroid.

What are the treatments for ED?

Your doctor will advise you on the best treatment for you, depending on your medical history.

The treatment options for erectile dysfunction include:

- **Tablets**
- **Urethral pellets**
- **Penile injections**
- **Vacuum pump**
- **Penile implants**

Tablets

Sildenafil (Viagra®), tadalafil (Cialis®) and vardenafil (Levitra®) are tablets that can help men to get erections. Your doctor will tell you if you are suitable for this treatment. You need to have an interest in sex and need sexual stimulation for them to work. For this reason, they are less suitable if you are on hormone therapy and have a loss of interest in sex.

The tablets need to be taken at least 30 minutes to an hour before they start to work. Sildenafil and vardenafil stay in the body for up to four hours and can work within this time. Tadalafil can work for up to 36 hours and also comes in a dose you can take every day to provide continuous levels in your blood. Sildenafil may work better if you have not had a heavy meal before you take it. Tadalafil and vardenafil are not affected by food.

If the drugs do not work the first time, it is worth trying them at least four to eight times before deciding to try another. If one drug does not work for you, it is possible that another one will.

The tablets may cause mild side-effects such as headaches, flushing, dizziness, indigestion and muscle aches. They should not be taken unless prescribed by your doctor. Your doctor will decide the best dose for you and decrease or increase it as necessary.

Tablets are often used as a first treatment for erectile dysfunction after prostate cancer. However, it is quite common for them not to work on their own. Many men go on to use another treatment with more success.

Urethral pellets

A drug called alprostadil (MUSE®) is available as a pellet that you put into the opening or 'eye' of your penis. It is easier to put in if you pass urine just before using it. Once the pellet is in, it needs to be massaged into the penis to help it melt. Standing or walking around can help your erection develop better. You should get an erection within 5 to 15 minutes. Some men get some pain, redness or a burning sensation in the penis or testicles after using the pellets.

Penile injections

Injections into the penis such as alprostadil (Caverject®) can work well for men with erectile dysfunction. The drug causes the penis to fill with blood and you should get an erection within about 15 minutes. The erection lasts from 30 minutes to 2 hours.

A lot of men are horrified at the sound of penile injections but it is easier than it sounds. The needle used is very fine and the injection is given into the 'spongy' tissue on the side of the penis. Most men find the sensation just like a pinch or a sting.

The most common side-effect is pain in the penis and bruising at the injection site. The first dose is given by your doctor in the hospital so that they can see how well you respond and decide the best dose for you. Then you or your partner will be taught how to give the injection at home. You should not inject more than 2 or 3 times a week.

Vacuum pump

A plastic tube is placed over the penis and a pump is used to create a vacuum. This causes blood to flow into your penis, creating an erection. A rubber ring is then put around the base of your penis to hold the blood in the penis and keep the erection. The ring must be removed after no more than 30 minutes to allow the blood in your penis to circulate and prevent any swelling and damage.

This device is suitable for almost everyone. Some men prefer it because it avoids the use of drugs. Another advantage is that the cost of the pump is a once-off payment. You can also use the pump to make a partial erection strong enough for sex.

When using the pump you may notice that your erect penis feels cooler than normal and that the colour is darker. It will return to normal once the ring comes off. If you are taking blood thinning medication or you have blood clotting problems, you may not be suitable for the pump so talk to your doctor first.

Although most men find the vacuum pump effective, some men find it awkward to use. It can take some practice to get the technique just right for you. You can use the pump as often as you like. It can also be used together with tablets or alprostadil (Caverject®).

If you are using the pump to help regain erections after surgery (and not for intercourse), you should not use the constriction ring.

Using a vacuum pump

Hints & tips

- Putting water soluble jelly around the base of the penis can help to stop air seeping into the device. Use plenty of gel.
- You may need to try various sizes of constriction rings before you get the right one for you.
- Shaving the hair around the base of the penis can make it more comfortable to get the ring on and off and get the seal tight.

Ask your specialist nurse if there is a clinic to help you with your vacuum pump. You can also call the National Cancer Helpline on 1800 200 700 and speak in confidence with a specialist nurse. For information on how to get a pump, see page 7.

Penile implants (surgery)

Penile implants can be an option for men who have had erectile dysfunction for at least a year and tried all other methods. The implant consists of a pair of tubes attached to a reservoir and a pump. This is placed inside your body during an operation. By pressing on the pump, the fluid in the reservoir moves into the cylinders to form an erection or rigid penis. Most men and their partners are very satisfied with these devices. Side-effects include infection and pain. Rarely, the device stops working properly.

Getting the best from treatment

Hints & tips

- Don't expect too much the first few times you use a treatment. This can put you under pressure and make it difficult for you to relax.
- Talk to your partner. A sense of working together and helping each other can ease tensions.
- Don't give up hope. It can take time to find the right treatment for you.
- Don't be afraid to go back to your doctor to say that a treatment has not worked for you.

When can I start treatment for ED?

You can try treatments at any time. For example, you don't have to wait to see if your erections return naturally after surgery. If you have been without erections for a long time, it may be more difficult to get erections again.

After surgery

It is possible to start treatment for erection problems in the early weeks after surgery. For example, you can take tablets or use the vacuum pump or a combination of both. The idea is that you encourage blood flow to the penis to make sure that the tissue you need for erections is kept healthy. You may hear this called penile rehabilitation. It is not yet clear whether tablets or the vacuum pump is best for penile rehabilitation, or how successful penile rehabilitation can be. But you should talk to your doctor about it.

A vacuum pump may also reduce the chance that your penis will shorten after surgery. It does this by increasing blood flow to the penis and reducing loss of elasticity in the tissues. If you plan to use the vacuum pump in the early months after surgery, do check with your urologist first.

After radiation treatment

After radiation treatment, your doctor may advise you to start using treatment for erectile dysfunction to keep as much erection function as possible. Your radiation therapist, urologist or GP can give you more advice.

Erectile dysfunction caused by radiotherapy and brachytherapy often starts some time after treatment. If you start to notice a change in your erections, talk to your doctor about starting treatment at any time.

Don't suffer in silence. Many men have taken action to treat erectile dysfunction and you can too. Talk to your doctor about treatment options for you.

After brachytherapy you should follow the advice from your treatment centre about the use of condoms in case of seed displacement.

The impact of erectile dysfunction and prostate cancer

There are many things which can affect how you feel about sex. For example, the worry of being told you have cancer can have an effect on your desire for sex (libido) and how you feel about yourself. For some men, worrying about whether or not you can get an erection can make you avoid or feel less interested in sex. Weight gain, tiredness and anxiety can also affect your interest in sex.

Prostate cancer and erectile dysfunction can affect your confidence and self-esteem. Some men feel less masculine as it changes how they see themselves as a man. If you feel like this, you may find that talking to your partner helps. Explain how you feel, and tell your partner why you feel that way. Find out how your partner feels too. This can help to make sure neither of you feels rejected by the change in your physical relationship.

It is important to remember that there are other ways of maintaining a close physical relationship. For example, cuddling and kissing can help to keep the intimacy in your relationship. Sexual relationships are built on many things, such as love, trust, common experiences and open communication.

Getting help and support

If you find talking about sex with your partner difficult, you may find it helpful to see a psychosexual counsellor. This type of counselling focuses on improving the sexual relations of couples having problems with physical intimacy, sexual dysfunction, low libido and other sexual issues. Call the National Cancer Helpline on 1800 200 700 for a list of psychosexual counsellors. Your doctor may also have a list of services available. For more resources on keeping intimacy with your partner, see the back page of this factsheet.

Changes to your sexual nature can have an effect on your mood. For example, you may feel angry or frustrated by these changes. There are things you can do to help with these feelings. If you are finding it hard to cope, talk to your GP, hospital doctor or nurse. It can take time to come to terms with a cancer diagnosis and the side-effects of prostate cancer treatment.

Getting support or advice can help to stop these feelings building up too much. You may find it useful to get in touch with a cancer support centre, or counselling can also help you to deal with your feelings. For more information on cancer support centres and counselling, call the National Cancer Helpline on 1800 200 700 or visit www.cancer.ie

Many men find that keeping active can help to lift their mood. It can also help to focus on hobbies and other things you enjoy.

Intimacy



- Try to stay close to your partner – talking can help.
- There are many ways of keeping intimacy in a relationship.
- Being patient and resourceful can help you to adjust to sexual changes after prostate cancer treatment.

Information for partners

Relationship and sexual changes may affect partners of prostate cancer patients too.

Having a partner who has been diagnosed with cancer can make you worried and anxious. If your partner's sex drive changes after prostate cancer, you may feel less desirable or even less loved than before. You may feel guilty because you still have sexual feelings or you may feel a sense of loss for the old ways of being a couple together.

Some men distance themselves from sex because they find it easier to cope that way. This does not

For partners



- Talking to your partner about any changes may help them and you.
- Be patient with your partner and make sure he knows that you understand the cause of the changes in your sexual relationship. This can help to take the strain off the relationship.
- Some men may need some encouragement and support to help them to seek treatment for erectile dysfunction as they can feel embarrassed.

mean they no longer care. It is simply their way of coping with the changes. Talking about sex can be difficult even for couples who have known each other for a long time. You may wish to have counselling to help with sexual or relationship difficulties following prostate cancer. You may also want to get some support, just for you.

If your partner is taking treatment for erectile dysfunction, your support can be important in helping him to stick with the treatment and not lose enthusiasm.

Erectile dysfunction can put a strain on your relationship. For example, you may be having arguments that you would not otherwise have. This can take time to overcome. If you have not had sex for some time, it might take a bit of work to get back the trusting and loving feelings you used to share. For more resources on keeping intimacy in your relationship, see the back of this factsheet.

Will treatment for erectile dysfunction affect my prostate cancer treatment?

It is safe to take the treatments described in this factsheet while having radiotherapy, hormone treatment and after surgery for prostate cancer. It will not affect the outcome of your treatment.

Some couples worry that sex after cancer can cause the cancer to be passed from person to person. This is not the case.

Fertility

If you are concerned about fertility (being able to father a child) you should talk to your doctor about this before you start treatment for prostate cancer.

Lifestyle changes

If you have erectile dysfunction, you should also think about lifestyle changes. Being overweight, smoking and drinking too much alcohol can all affect erectile function. Keeping physically active may also be helpful.

Financial issues

Tablets are available on the medical card and Drugs Payment Scheme but are restricted to one per week. If you are concerned about financial issues as a result of a cancer diagnosis, call the National Cancer Helpline on 1800 200 700.

Vacuum pump suppliers

You can ask your pharmacist to order a vacuum pump for you or you can buy one over the phone or online.

iMEDicare

[Provide advice. Pump available in 5 sizing options.]

Website: www.iMEDicare.eu

Telephone: +44 208 207 5627

Email: contact@imedicare.co.uk

JS Dobbs & Co Ltd

[Healthcare suppliers]

Baldoyle Industrial Estate,

Dublin 13

Website: www.jsdobbs.ie

Telephone: 01 839 1071

Email: sales@jsdobbs.ie

Useful organisations and websites

Prostate Cancer UK

www.prostatecanceruk.org

ACCORD

[Catholic Marriage Care Service]

Tel: 01 505 3112

Website: www.accord.ie

Relationships Ireland

LoCall: 1890 380 380

Website: www.relationshipsireland.com

Irish Cancer Society booklets and factsheets

Understanding Early Prostate Cancer

Understanding Prostate Cancer beyond the Prostate Gland

Reducing your Risk of Leg Lymphoedema

Urinary Symptoms, Catheters and Prostate Cancer Treatment

Other books

Intimacy with Impotence: The Couple's Guide to Better Sex after Prostate Disease.

[A book written by a couple who have been through prostate cancer]

Ralph and Barbara Alterowitz

Da Capo Lifelong Books, 2004

ISBN 0738207896



For more information on sex, erectile dysfunction and prostate cancer or for confidential advice from our cancer nurse specialists, call the **National Cancer Helpline** on **Freefone**

1800 200 700

(Monday–Thursday, 9am–7pm,
Friday 9am–5pm) or email
helpline@irishcancer.ie



Irish Cancer Society
43/45 Northumberland Road, Dublin 4

T: 01 231 0500

F: 01 231 0555

E: helpline@irishcancer.ie

W: www.cancer.ie



Published by the Irish Cancer Society.
© Irish Cancer Society 2010, revised 2014
Next revision: 2016

All rights reserved. No part of this publication may be reproduced or transmitted, in any form or by any means, electronic or mechanical, including photocopying, recording or any information storage and retrieval system, without permission in writing from the Irish Cancer Society.

Products, brand names or services that appear in this factsheet are for example only. The Irish Cancer Society does not endorse any specific product, brand or service.