

# Information for men on sexual wellbeing after pelvic cancer treatment

3 What you should know

A photograph showing an elderly man with white hair, wearing a light-colored short-sleeved shirt, smiling broadly. He is seated and appears to be in a conversation with a healthcare professional whose back is to the camera. The scene is set in what looks like a clinical or office environment. The entire image is overlaid with a semi-transparent blue filter.



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## About this information booklet

This information booklet on sexual wellbeing is for men who have been treated for pelvic cancers such as:

- Prostate cancer
- Bladder cancer
- Bowel, Rectal and Anal cancer
- Testicular cancer
- Penile cancer

Having cancer can affect your relationships with your family, friends and colleagues. You and your family need time to adjust. People deal with cancer in different ways, for example, by being overly positive or negative, playing down fears, worrying or keeping a distance. It may be helpful to discuss these feelings and concerns with your partner and seek support.

One area of life that might change after cancer treatment is the ability to have or enjoy sex.

This is sometimes referred to as male sexual dysfunction. The cause may be physical or emotional. There are many ways to explore and express your sexuality and an erect penis is not needed for a satisfactory, engaging, exciting and enjoyable sex life.

Some men say they are not prepared for the sexual changes caused by cancer treatment. Others say that they now avoid all forms of intimacy, including hugs, kisses and sharing feelings, in fear that it may lead to sex. Some men worry that they will never be able to have an intimate relationship again, or they feel less sexual because they feel less attractive. It is important to remember that sex is a journey which can begin with desire and arousal before there is any physical contact.

We hope the information in this booklet will help you discuss any changes in your sexual function. We also hope you will feel more comfortable when talking to your healthcare team and your partner about these changes.

## The male pelvis

The male pelvis is the lower portion of the trunk of your body. It contains the pelvic bones, bladder, rectum, and reproductive organs (Figure 1).

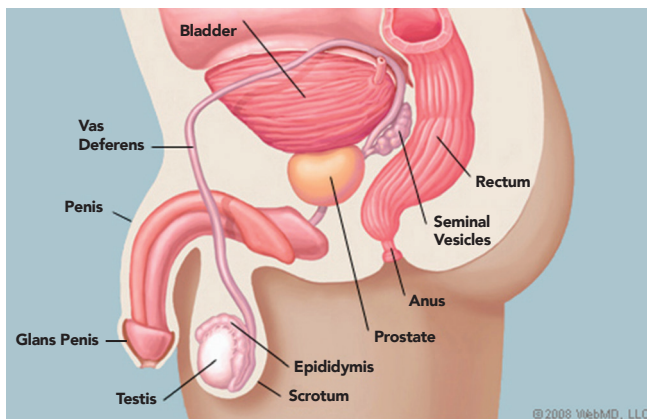


Figure 1. Diagram of the male pelvis, courtesy of WebMD

- The prostate is a walnut-sized gland between the bladder and penis
- The urethra runs through the centre of the prostate from the bladder to the penis, letting urine flow out of the body

- The Glans penis is the rounded head (or tip) of the penis. Located in the middle of the glans penis is the opening of the urethra
- The bladder is a sac that stores urine and is located in the pelvis, just behind the pubic bone
- Testicles are two small egg shaped glands that sit behind the penis in a pouch of skin known as the scrotum
- The seminal vesicles make and secrete semen
- The vas deferens is the duct that transports the sperm from the epididymis to the penis
- The colon and rectum are called the large intestine/large bowel
- The rectum is the lower part of the large intestine/large bowel which ends in the anus.

## Sexual function in men

There are four components to sexual function:

- Libido - sexual desire produced by a combination of biological, personal and relationship factors
- Erection - an enlarged and rigid penis
- Ejaculation - when sperm travels out of the penis
- Orgasm - the climax of sexual excitement.

## What can affect sexual wellbeing besides cancer treatment?

Problems with sexual function may be a common complaint in men over 40 years of age, and increase as you get older. It is also common for sexual issues to develop during and after cancer treatment.

Many things have an impact on sexual wellbeing apart from having cancer. The following is a list of some of them:

- growing older
- diabetes
- some medications, for example, some blood pressure or depression tablets
- smoking
- alcohol
- recreational drugs
- emotional or mental distress
- stress or tiredness
- too little or too much exercise
- a feeling of dissatisfaction with a relationship.

## How pelvic cancer treatments affect sexual wellbeing

You may have many treatments for your cancer. Treatment is defined for the type of cancer you have. Sexual side effects may occur after cancer treatments including:

<b>Treatment type:</b>	<b>Table no:</b>	<b>Page no:</b>
Surgery	Table 1	8-12
Radiotherapy	Table 2	13-15
Hormonal therapy	Table 3	16
Chemotherapy	Table 4	17

## How pelvic surgical treatments affects sexual wellbeing

**Table 1. Surgery**

Type of Surgery	Sexual symptoms
<b>Radical Prostatectomy</b> (Prostate Cancer Surgery)	Prostate cancer surgery may damage nerves, blood vessels and muscles that can have an impact on ability to get or keep a good erection. Urinary control (continence) can also be affected. The removal of the seminal vesicles and the prostate means there is no semen at orgasm (climax). Some men find their penis is shorter and sometimes men can develop a bend in their erect penis after their surgery.

Type of Surgery	Sexual symptoms
<p data-bbox="111 244 342 346"><b>Radical Cystectomy</b></p> <p data-bbox="111 375 270 532">(Bladder Cancer Surgery)</p>	<p data-bbox="425 244 914 612">In the majority of cases, the prostate is removed as part of bladder cancer surgery. Therefore, all the symptoms mentioned above in the prostate section are relevant.</p> <p data-bbox="425 652 899 1137">In addition, men may have a stoma/bag on their abdomen to collect urine. This may cause embarrassment and avoidance of sexual activity. It can also require careful attention during sex to ensure there is no leakage.</p>

Type of Surgery	Sexual symptoms
<b>Abdomino-perineal Resection/ Low Anterior Resection</b> (Bowel Cancer Surgery)	Surgery that involves the lower part of the bowel may cause damage to nearby nerves which can also lead to problems getting and keeping erections hard enough for sexual activity. Sometimes orgasm (climax) is difficult to reach and sometimes ejaculation is affected by the surgery.

Type of Surgery	Sexual symptoms
<b>Orchidectomy</b> (Testicular Cancer Surgery)	<p>Generally, provided the remaining testicle is healthy, the removal of one testicle does not impair a man's ability to have a normal sex life or to have children. Sometimes a man can be embarrassed or sensitive about the loss of a testicle in which case a prosthetic (false) testicle can usually be placed.</p>

Type of Surgery	Sexual symptoms
<p><b>Partial or total penectomy</b> (Penile Cancer Surgery)</p>	<p>Removal of the head of the penis or part of the penis usually does not affect the ability to have an erection. The sensitivity of the penis can be reduced particularly if a skin graft is used but this may improve over time. A man may be embarrassed or fearful of having sex or using their penis sexually after these surgeries as it looks different.</p> <p>Removal of the entire penis will make sex with the penis impossible but penis reconstruction operations may be an option.</p>

## How pelvic radiation therapy affects sexual wellbeing

Prostate, bladder, and bowel, (rectal, anal) cancer may be treated with radiation to the pelvis. Radiation may affect the nerves that control your ability to have an erection. The higher the amount of radiation and the wider the section of the pelvis treated, the greater the chance of an erection problem later.

**Table 2. Radiotherapy**

Type of Radiotherapy	Sexual symptoms
<b>Brachytherapy</b> (Prostate Cancer)	Brachytherapy involves placing tiny radioactive seeds into your prostate under a general anaesthetic. This procedure is called an implant. The seeds will stay in your prostate and give out radiation to treat your cancer for about one year.

<b>Type of Radiotherapy</b>	<b>Sexual symptoms</b>
	<p>It is safe to have sex and sleep in the same bed as your partner after treatment. For a few months, when having sex you should wear a condom.</p> <p>You may find it difficult to get an erection. You may also notice a change in your semen. You may have less semen or you may notice some blood in your semen after sex.</p> <p>Brachytherapy may cause temporary urinary symptoms or inflammation of the back passage.</p>

<b>Type of Radiotherapy</b>	<b>Sexual symptoms</b>
<b>External Beam Radiotherapy</b> (Prostate Cancer)	<p>Problems getting or maintaining an erection as radiotherapy may damage nerves and blood vessels needed for an erection.</p> <p>You may also notice a change in your semen. You may have less semen or you may notice some blood in your semen after sex.</p> <p>Erectile dysfunction may develop gradually for up to two years after radiotherapy.</p>

## How hormone therapy affects your sexual wellbeing

**Table 3. Hormone Therapy**

Hormone Therapy	Sexual symptoms
<b>Hormone therapy or Androgen Deprivation therapy (ADT) or Bilateral Orchiectomy</b> (Prostate Cancer)	<p>Testosterone is the main male hormone, and may fuel prostate cancer cell growth.</p> <p>Hormone therapy (ADT) or bilateral orchiectomy reduces testosterone level. Most prostate cancer cells respond to this treatment.</p> <p>You may have less or no sexual desire. You may find it difficult getting or maintaining an erection and may notice shortening of your penis and reduction in the size of your testicles.</p>

## Table 4. Chemotherapy treatments

Chemotherapy Treatment	Sexual symptoms
<b>Pelvic Cancer</b> (Bowel, Rectal, Anal and Testicular)	<p>Some men will have chemotherapy as part of their pelvic cancer treatment.</p> <p>Chemotherapy can have a wide variety of side effects on overall wellbeing. It can affect libido and sexual function. Please speak to your healthcare team who will explain specific side effects of your treatment.</p>

## Treatments options that can help you have an erection

There are several options listed below to help you have an erection.

You may have to try several different options to see what suits you.

Please speak to your healthcare team about your options as all these treatments need their guidance.

**Table 5. Treatment**

**Oral  
drugs/  
tablets**

Sildenafil (Viagra), Vardenafil (Levitra), Tadalafil (Cialis), and Avanafil (Sepdra) are drugs that come in a pill form and are used to treat erectile dysfunction. These drugs are available on prescription only.

<b>Penile injections</b>	Alprostadil (Caverject or Viridal Duo) injection. This procedure may be taught in your urology/ radiation oncology clinic. Often partners will learn how to give the injection as well.
<b>Vacuum Pump</b>	It can take practice to learn how to use a vacuum pump and achieve a good erection. This procedure may be taught in your urology/ radiation oncology clinic or you may be referred on for further education to another clinic.
<b>Penile pellets</b>	Alprostadil (MUSE) penile pellets. This procedure is taught in your urology/radiation oncology clinic. Please speak to your healthcare team.

<b>Penis Implants</b>	Please speak to your surgeon to see if this procedure may be suitable for you. A brochure on this surgery is available from your healthcare team.
<b>Penile Urethral Cream</b>	Alprostadil (Vitaros) this is a relatively new treatment in Ireland. Please speak to your healthcare team.

## Frequently asked questions

### What feelings may I experience?

You may feel happy that you have successfully completed your cancer treatment; however it is also normal to feel anxious. This new stage of living with or beyond cancer is an opportunity to increase your general health and wellbeing. If you feel your mood is low on an ongoing basis, please contact your GP.

## **What is erectile dysfunction?**

When you have trouble getting or keeping an erection firm enough for sexual activity, this condition is called erectile dysfunction.

## **What sexual problems may I experience as a result of my pelvic cancer treatment?**

Cancer and its treatment may change you and your sexual response. Hormone levels or the nerves/blood vessels supplying the genital area may have been affected, causing physical problems such as erectile dysfunction.

## **How to talk to my partner about sexual problems?**

Talking to each other is important for a healthy sex life in any relationship. In particular, sharing cancer-related concerns may help worries and boost emotional intimacy and trust. You may not even be aware that you are not taking an interest

in sex or being as intimate as you were before. If you have a partner, this can be confusing for them and it may make them feel uncertain about how to react.

You may worry that others will avoid or reject you when they see how your body and your responses may have changed. You may not be able to imagine yourself in a sexual situation again. But you can help yourself by talking to your partner or healthcare team.

## Create physical and emotional intimacy for yourself and your partner:

- Spend time talking and actively listening to help maintain emotional intimacy
- Even if you're in a long-term partnership, don't assume you know what your partner is thinking
- Ask your partner to talk with you about their feelings
- Pick a good time to talk – a time when you can give your full attention to your partner
- Offer comfort and reassurance through holding hands, hugging and or massage.

## What can I do to help myself?

Remember that sex is a journey which can begin with desire and arousal before there is any physical contact whatsoever. It progresses through sensual touching, kissing and onto sexual touching and foreplay.

**Table 6: What can I do to help myself?**

1.	Be physically active for at least 30 minutes a day. This can stimulate sexual desire by increasing energy and lifting your mood
2.	Eat a healthy diet
3.	Stop smoking
4.	Reduce alcohol consumption
5.	Talk to your partner about how you are feeling as this can help. Let them know why you don't want sex but reassure them that you love them. Most partners will be happy to do things at your pace
6.	Show affection by touching, hugging, massaging, talking and holding hands with your partner

7. Be intimate at the time of day best for you (for example, in the morning when you feel refreshed) and have shorter lovemaking sessions
8. Try different ways of getting aroused: shower together, have a weekend away, whatever makes you feel relaxed and good about yourself
9. If you feel comfortable with masturbation, this may give you the reassurance that you can still enjoy sex. Or you may want to stimulate your partner and help them reach orgasm, even if you don't want this yourself
10. Change position during sex to work out which position is the most comfortable for you
11. Ask your healthcare team about medications or treatments that may help with sexual dysfunction.

## When can I start having sex again?

You may decide to wait for a while after treatment before having sex. However, there is growing evidence that staying sexually active, especially having erections regularly after cancer treatment, may help you avoid sexual problems later.

Your physical and emotional concerns are important. Prepare to talk with your healthcare team and partner. It is helpful to write down your questions and concerns about your sexual health before your hospital appointments.

## How do I “talk and tell” in future relationships?

Starting a new relationship can sometimes be a source of concern. It is important that you know and feel comfortable in the relationship before deciding to discuss your diagnosis and its effects. New partners can be very understanding about your fears once they are informed.

## **After my pelvic cancer treatment, what sexual symptoms should I talk to my healthcare team about?**

Health professionals with specialised training can help you cope with specific sexual problems. It can be helpful to get advice and support, rather than “put up with it”. Talk to your healthcare team – either with your partner or separately – and ask for a referral to the appropriate specialist.

Relieving physical side effects that affect having and enjoying sex is an important part of cancer care. Your healthcare team can give you details about options to help you manage or discuss any other worries not mentioned in Table 7.

## Table 7. Sexual symptoms to talk about with your healthcare team

1.	Loss of desire for sex
2.	Inability to get or keep a firm erection (erectile dysfunction or ED)
3.	Inability to keep a hard erection during sexual activity
4.	Fear of intimacy/performance anxiety
5.	Orgasms (climax) don't feel as good as they did before the cancer or treatment
6.	Difficulty reaching orgasm (climax)
7.	Having a dry orgasm (climax) without releasing any semen
8.	Having urine leak out at orgasm (climax)
9.	Pain in the penis or testicles or deep in the pelvis during sex or at orgasm (climax)
10.	Blood in your semen
11.	Shortening of the penis
12.	Bending or curvature of the penis when erect.

## Health promotion messages



The graphic features a man in a red long-sleeved shirt with the word 'QUIT' on it, giving a thumbs up. A red speech bubble above him says 'We're here to help!'. To the left, a red dashed arrow points down from the speech bubble. Below the arrow, the following contact information is listed:

**Freephone:** 1800 201 203  
**Freetext:** Quit to 50100  
**Email us:** support@quit.ie  
**Tweet us:** @hsequitteam  
**Facebook us:** facebook.com/hsequit  
**Get started on:** www.quit.ie

- **Smoking** is a major risk factor for the following:
  - cancer
  - heart disease
  - stroke
  - bronchitis and emphysema (also known as COPD chronic obstructive pulmonary disease).

- Reduce **alcohol** consumption  
“less is good, none is best”  
No more than 17 standard drinks (SD)  
for men a week



- Make sure you stay a healthy **weight**
- **Cover up in the sun** and use SPF 30 cream

## Useful contacts

Your doctor or nurse can help you fill this in.

Consultant Urologist:

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Phone:

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Nurse:

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Phone:

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Location:

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## Glossary

<b>Healthcare team</b>	Teams in which doctors, nurses, and other health professionals from different specialties work together
<b>Sexual dysfunction</b>	Broadly defined as the inability to fully enjoy sexual intercourse
<b>Semen</b>	Whitish liquid containing sperm
<b>Anus</b>	The point where waste exits the body
<b>Libido</b>	Sexual desire
<b>Stoma</b>	A small opening on the surface of the abdomen surgically created to allow the flow of stool or urine following bowel or bladder surgery.





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An Clár Náisiúnta Rialaithe Ailse  
King's Inns House, 200 Parnell St. Dublin 1.  
Tel: +353 1 828 7100 Fax: +353 1 828 7160  
e-mail: [info@cancercontrol.ie](mailto:info@cancercontrol.ie)  
[www.cancercontrol.hse.ie](http://www.cancercontrol.hse.ie)

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