

Sex and prostate cancer



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This fact sheet is for men who want to know how prostate cancer and its treatment can affect your sex life and ability to have children. We describe the treatment and support that is available.

This fact sheet is for all men with prostate cancer, whether you are single or in a relationship, heterosexual, gay or bisexual. If you are a partner of a man with prostate cancer you may also find it useful. There is more detailed information on sex and prostate cancer in our booklet, *Prostate cancer and your sex life*.

Each hospital or GP surgery will do things differently, so use this fact sheet as a general guide. Ask your doctor or nurse for more information. You can also call our Specialist Nurses, in confidence, on 0800 074 8383.

How can treatment for prostate cancer affect my sex life?

Treatments for prostate cancer can affect:

- your ability to get an erection
- your desire for sex (libido)
- your ability to ejaculate and have an orgasm
- your ability to have children (fertility)
- how you feel about yourself sexually
- how your body looks
- your relationships.

But there are treatments and support that can provide some answers and ways for you to work through any problems.

For more detailed information on the risks of sexual problems for each prostate cancer treatment, read our **Tool Kit** fact sheets.



Some common worries

- You can't pass on cancer through sexual activity.
- Having sex will not affect your cancer or the success of your treatment.
- Having sex has no effect on the chances of your cancer coming back.
- Erections are still safe if you have a catheter in.

What erection problems will I have?

After treatment for prostate cancer you may have difficulty getting or keeping an erection. This is called erectile dysfunction (ED) or impotence. Many men get problems with their erections and this is more likely to happen as men get older.

What causes erection problems?

When you are sexually aroused your brain sends signals to the nerves in your penis. The nerves increase the blood flow to your penis, making it stiff and giving you an erection. Anything that interferes with your nerves, blood supply or your sexual desire can make it difficult to get or keep an erection.

Causes of erection problems include:

- treatments for prostate cancer
- other health problems such as diabetes or heart disease
- certain medicines
- depression or anxiety
- smoking, drinking too much alcohol or being overweight.

What treatments are there for erection problems?

Many of the treatments for erection problems work by improving the flow of blood to the penis.

Treatments include:

- tablets
- injections, pellets or cream
- vacuum pump
- implant
- testosterone therapy.

Because getting an erection also relies on your thoughts and feelings, tackling any worries or relationship issues as well as having medical treatment for erection problems often works well. See pages 7 and 8 for more information.

What is the best treatment?

How well each treatment works varies from man to man. Younger men, men who are in good overall health and men who had good erections before they had prostate cancer treatment may be more likely to find treatment successful. But even if you don't fit into these groups, treatment may work for you.

Some treatments for erection problems can seem artificial and you may feel like you lose the moment, but people do get used to them. Some couples even use the preparation for treatment, such as the vacuum pump or pellets, as part of their foreplay. See page 7 for more information about sex and relationships.

Stick with it

Treatments for erection problems aren't always a 'quick fix'. You often have to stick with them for a while or try different treatments to see what works best for you. A combination of treatments, such as tablets and a vacuum pump, might also work better for some men. Speak to your doctor about what might work best for you.

What if I have other health problems?

Some treatments may not be suitable for you if you have a heart problem, sickle cell disease or Peyronie's disease, or if you're taking drugs called nitrates. Ask your doctor or nurse for advice if you have any of these conditions or if you take nitrates. You should also let them know about any other medicines you're taking. Read the patient information leaflet that comes with your treatment for more information.

Tablets

A group of drugs called phosphodiesterase type 5 (PDE5) inhibitors can help men get erections.

These include:

- sildenafil (generic sildenafil or Viagra®)
- tadalafil (Cialis®)
- vardenafil (Levitra®)
- avanafil (Spedra®).

These drugs don't cause spontaneous erections – they only work if you are sexually aroused.

They normally take 30 minutes to an hour before they start to work.

Sildenafil, vardenafil and avanafil are taken when needed and will work for four to six hours. This means you'll be able to get an erection if you're sexually aroused in that time.

Tadalafil can work for up to 36 hours, so it allows you to have more spontaneous sexual activity. Your doctor may suggest you take a low-dose tablet (5mg) every day.

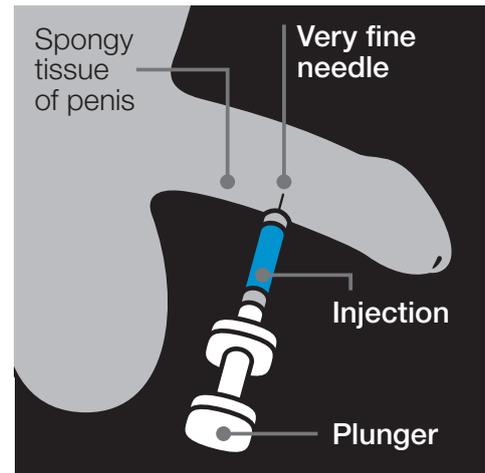
Don't give up

The drugs may not work the first few times. It may take a while to get the timing right. Try each tablet at least eight times before changing to a different tablet. You may need to take them on an empty stomach as some tablets may not work as well after a big meal or with alcohol or grapefruit juice.

You shouldn't take PDE5 tablets if you're taking drugs called nitrates. Nitrates are usually used to treat heart problems and are used in some recreational drugs (called poppers). If you have a heart problem or you're taking nitrates, discuss other ways to treat your erection problems with your doctor or specialist.

There are other drugs that you shouldn't take PDE5 tablets with, so check the patient information leaflet that you get with the drugs or ask your doctor or nurse. If you are taking alpha blockers your doctor or nurse may suggest you take the drugs at least four hours apart.

Injections



Erection problems can also be treated with a drug called alprostadil (Caverject® or Viridal Duo®) injected into the side of your penis.

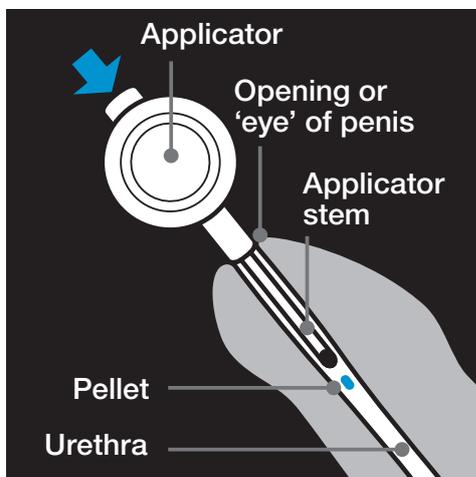
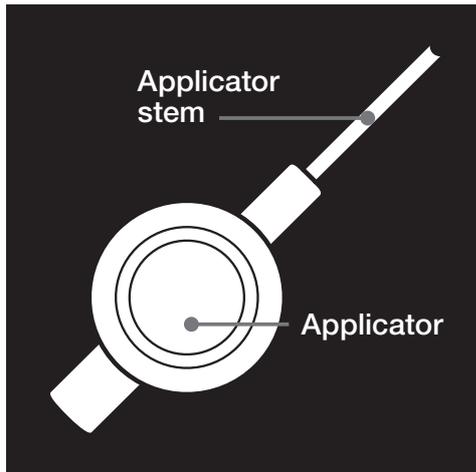
An injection may sound alarming but many men find it isn't that bad and doesn't hurt. The first time you use the drug a nurse or doctor in the clinic will show you how to inject into your penis with a very fine needle. They will make sure you are happy giving the injection yourself before you go home.

The drug causes the penis to fill with blood and you'll get an erection within five to 10 minutes. The erection will normally last for 30 to 40 minutes.

If your erection doesn't go down

Although rare, all treatments for erection problems can cause a persistent and often painful erection. If this happens try having sex or masturbating. Squatting, walking up and down the stairs or urinating may also help. Go to your local hospital accident and emergency (A&E) department if you have an erection that lasts more than four hours.

Pellets or cream

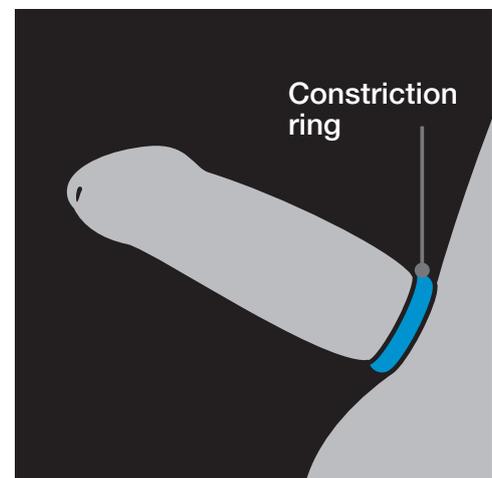
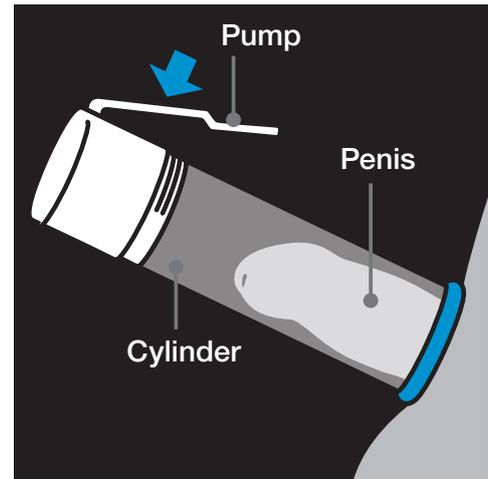


The drug alprostadil is also available as a small pellet, called MUSE[®], and as a cream called Vitaros[®].

These may not work as well as the injections but are a good alternative if you don't like the idea of an injection. You use an applicator to insert the pellet into the opening or 'eye' of the penis. You or your partner can then massage your penis to help absorb the drug. You'll get an erection within 5 to 10 minutes, which will last between 30 and 60 minutes.

The cream may take a little longer to work. The cream is put onto the tip and 'eye' of the penis and gently rubbed in.

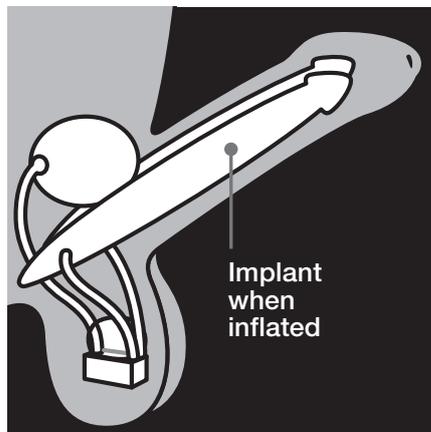
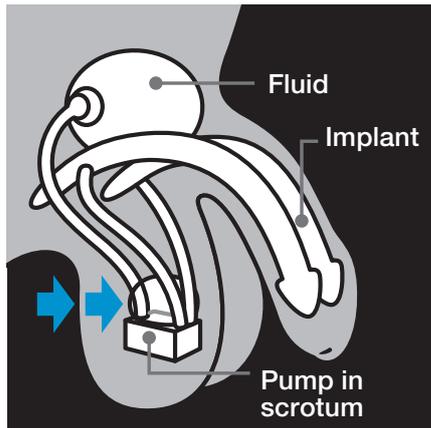
Vacuum pump



You use a pump and a plastic cylinder to create a vacuum, which makes blood flow into your penis to make it hard. You then slip a constriction ring from the end of the cylinder onto the base of your penis. This stops most of the blood escaping when you remove the vacuum pump. You shouldn't wear the ring for longer than 30 minutes at a time.

The vacuum pump may help men get an erection hard enough for penetration. It may also help maintain the length and thickness of the penis if used daily within four to eight weeks after surgery.

Implant



You have an operation to put an implant inside your penis. Implants are usually only recommended if other treatments haven't worked. There are two main types:

- Semi-rigid rods that keep your penis fairly firm all the time but allow it to be bent down when you don't want an erection.
- An inflatable implant in your penis and a pump in your scrotum. When you squeeze the pump the implant fills with fluid (saline) to make the penis hard. Your erection will last for as long as the implant is inflated.

Testosterone replacement therapy

If you've had treatment for prostate cancer that was contained inside the prostate (localised) and have erection problems caused by low testosterone levels, then you may be able to have testosterone replacement therapy.

Read more about these treatments in our booklet, **Prostate cancer and your sex life**.

What can I do to help myself?

Keeping a healthy weight, stopping smoking and doing pelvic floor exercises may help improve your erections.



For more information read our Tool Kit fact sheets, **Diet, physical activity and prostate cancer** and **Pelvic floor muscle exercises**.

How can I get treatment and support?

Speak to your GP or doctor or nurse at the hospital.

Men with prostate cancer can get free medical treatment for erection problems or other sexual problems on the NHS. Your GP or doctor or nurse at the hospital can prescribe treatment if you want help getting erections for masturbation or sex. There is no age limit for receiving treatment but there may be a limit on how much your GP can prescribe.

Will prostate cancer affect my desire for sex?

Prostate cancer and its treatment can affect your desire for sex. Hormone therapy reduces your sex drive so you may have less interest in sex. This is because of the drop in testosterone. You could ask your doctor or nurse about intermittent hormone therapy. This involves stopping treatment when your PSA level is low and stable, and starting it again if your PSA level starts to rise. Your desire for sex may improve after hormone therapy is stopped, but this can take several months. Read more in our booklet,



Living with hormone therapy: A guide for men with prostate cancer.

Will treatments for erection problems work if I am on hormone therapy?

Treatments that only work when you have sexual desire, such as tablets, are unlikely to work. But injections, pellets, cream or a vacuum pump may still be able to give you an erection.

Other things that affect your sex drive include:

- feeling depressed or anxious
- feeling tired
- side effects of cancer treatment such as urinary or bowel problems
- physical changes after hormone therapy, such as weight gain or breast swelling.

Will prostate cancer treatment change the size of my penis?

Some men find that their penis is shorter after surgery (radical prostatectomy). This happens because of changes to the tissue inside the penis. Other treatments such as hormone therapy with radiotherapy may also cause changes to the size of your penis.

Encouraging blood flow to the penis after surgery may improve erections and prevent your penis becoming smaller. In particular, using a vacuum pump on its own or with tablets may help maintain your penis size and improve erections. This is called **penile rehabilitation**.

 Read more about keeping your penis active after surgery in our booklet, **Prostate cancer and your sex life**.



My penis has shrunk and my orgasms are much less intense. I have a loving and understanding partner, so it hasn't been a problem.

A personal experience

Will prostate cancer treatment affect my orgasm and ejaculation?

After prostate cancer treatment you will still have feeling in your penis and you should still be able to have an orgasm, but this may feel different from before.

After a radical prostatectomy you will no longer ejaculate when you orgasm, as the prostate and seminal vesicles, which make some of the fluid in the semen, are removed during the operation. Instead you may have a 'dry orgasm' where you feel the sensation of orgasm but don't ejaculate any semen. Occasionally, you might release a small amount of liquid from the tip of your penis during orgasm, which may be fluid from glands lining the urethra.

If you've had radiotherapy, brachytherapy, high intensity focused ultrasound (HIFU) or hormone therapy, you may produce less semen during and after treatment. Some men on hormone therapy say their orgasms feel less intense.

If you've had surgery for an enlarged prostate called a TURP (transurethral resection of the prostate) or radiotherapy you may get retrograde ejaculation. This is when you orgasm and the semen doesn't come out straightaway, but is passed out of the body when you next urinate. It isn't harmful and shouldn't affect your enjoyment of sex but it may feel quite different to the orgasms you're used to.

Some men leak urine when they orgasm, or feel pain. Others find they don't last as long during sex and reach orgasm quite quickly. Read more about ways to manage these issues in our booklet, **Prostate cancer and your sex life**.



Will prostate cancer treatment affect my ability to have children?

After prostate cancer treatment you might not be able to have children naturally. For example, you won't ejaculate any semen after surgery. If you have radiotherapy or brachytherapy, the radiation might affect your ability to produce sperm, although this is very unlikely. Brachytherapy may have less of an effect on fertility than other treatments for prostate cancer but we still need more research into this. You may notice you produce less fluid when you ejaculate but it's possible that you are still fertile.

You may want to think about storing your sperm before treatment, so that you can use it later for fertility treatment (IVF) – if needed. Ask your doctor or nurse whether sperm storage is available locally. You can usually store your sperm for up to 10 years. In certain circumstances it might be stored for longer.

Changes to your sperm during radiotherapy, brachytherapy and chemotherapy could affect any children you may conceive during or after treatment but the risk of this happening is very low. You may wish to use a condom or other form of contraception to avoid fathering a child during treatment, and for up to two and a half years afterwards.

If you and your partner are planning to have children speak to your GP or specialist team. Macmillan Cancer Support and Infertility Network UK have more information on fertility and treatment options.

Sex and relationships

If you have a partner, then coping with cancer and side effects may have changed your relationship and the way you have sex.

Even though your sex life is unlikely to be the same as it was before cancer, you don't have to give up on having pleasure, closeness or fun together. Keeping some kind of physical closeness alive, in whatever ways possible, can protect or even improve your relationship. Some couples find it useful to see a relationship counsellor. The charity Relate provides relationship counselling and a range of other relationship support services.

Sex therapy (sometimes called psychosexual therapy or sexual counselling) is available on the NHS or privately. You can usually refer yourself to a private counsellor, but for NHS services you will need a referral from your GP or other health professional. Check that any sex therapist you see is registered with the College of Sexual and Relationship Therapists or the British Association for Counselling & Psychotherapy.



For more information about sex therapy and practical tips to help with your sex life, read our booklet, **Prostate cancer and your sex life**.



Our love making has improved in ways that are very fulfilling, despite lack of penetration.

A personal experience

If you're a gay or bisexual man

To be the active partner ('top') during anal sex you normally need a strong erection, so erection problems can be a particular issue. You could try using a constriction ring around your penis with another treatment like PDE5 tablets, to help keep your erection hard enough for anal sex.

If you're the receptive partner ('bottom') during anal sex a lot of the pleasure comes from the penis rubbing against the prostate. Some men who receive anal sex find that after having their prostate removed their experience of sex changes.

Bowel problems and sensitivity in the anus after radiotherapy can also be an issue. It's best to wait until your symptoms have settled before trying anal play or sex. If you've had permanent seed brachytherapy there is a risk in the first few months that your partner might be exposed to some radiation during sex. Talk to your doctor or nurse about when it's safe to have sex.

With all sexual changes you may be able to find ways to work through this. Read more in our booklet, **Prostate facts for gay and bisexual men**.



Your thoughts and feelings

If your ability to get erections and your experience of sex have changed then this can have a big impact on you. You may feel worried, unsatisfied, angry and as if you've lost a part of yourself. But there are ways to tackle these issues and find solutions that work for you.

Getting support

If you are stressed or down about changes to your sex life you may need to deal with this before you can address any sexual issues. There are lots of different ways to get support.

Remember a lot of men have sexual problems – you are not alone. Talking to other men who have had similar experiences can help.

Our one-to-one support service

Our one-to-one support service is a chance to speak to someone who's been there. They can share their experiences and listen to yours. You can talk about erection problems, treatments and the impact of prostate cancer on your relationships and sex life – whatever's important to you.

Speak to our Specialist Nurses to arrange this.

Our online community

Our online community is a place to deal with prostate cancer together. You can talk about whatever's on your mind. Anyone can ask a question or share an experience.

Our Specialist Nurses

Our Specialist Nurses can answer questions and explain your treatment options. They've got time to listen to any concerns you or those close to you have in confidence.

Local support groups

At local support groups men get together to share their experiences of prostate cancer. You can ask questions, share worries, or talk about what you are going through. Many groups also welcome friends and family.



To find out more about any of our services visit prostatecanceruk.org/get-support or call our Specialist Nurses on 0800 074 8383.



It is helpful and relaxing to chat with other men. A shared experience lets you know that you're not on your own.

A personal experience

Trained counsellors

Many hospitals have specialist counsellors for people with cancer – ask your doctor or nurse if this is available. Your GP can also refer you or you can see a private counsellor. To find out more contact the British Association for Counselling & Psychotherapy. Other organisations such as Relate can also help.

Questions to ask your doctor or nurse



You may find it helpful to keep a note of any questions you have to take to your next appointment.

How could my treatment for prostate cancer affect my sex life?

How soon after prostate cancer treatment can I masturbate or have sex?

What are the treatments for erection problems and which will be best for me?

What happens if the treatment doesn't work? What other treatments could I try?

What treatments can I get from my local NHS?

What other support is available to me?

Can my partner also get support?

More information from us

Prostate cancer and your sex life Booklet and DVD



This booklet is for men who want to know more about how prostate cancer and its treatment can affect your sex life, how you feel about yourself and any relationships you have. It takes you through the sexual side effects you may experience and the treatment and support that is available.

The booklet comes with a DVD featuring six men talking about how they are dealing with changes to their sex life during and after treatment for prostate cancer.

Their stories include experiences of sexual problems after surgery, radiotherapy and during hormone therapy. The men have tried a variety of treatments for erection problems, like injections, vacuum pumps and pellets.

More information

British Association for Counselling & Psychotherapy

www.itsgoodtotalk.org.uk

Telephone: 01455 883300

Information about counselling and details of therapists in your area.

College of Sexual and Relationship Therapists

www.cosrt.org.uk

Telephone: 020 8543 2707

Information about sexual and relationship therapy, and details of accredited therapists.

Infertility Network UK

www.infertilitynetworkuk.com

Helpline: 0800 008 7464

Information and support for people with fertility problems.

LLGS

www.llgs.org.uk

Helpline: 0300 330 0630

Free and confidential support and information for lesbian, gay, bisexual and transgender people throughout the UK.

Macmillan Cancer Support

www.macmillan.org.uk

Telephone: 0808 808 0000

Practical, financial and emotional support for people with cancer, their family and friends. Macmillan also has information on sex, relationships and cancer.

Mind

www.mind.org.uk

Infoline: 0300 123 3393

Information and support for mental health issues such as depression or anxiety.

QUIT

www.quit.org.uk

Helpline: 0800 00 22 00

Practical help, advice and support from trained counsellors for all smokers who want to stop.

Relate

www.relate.org.uk

Telephone: 0300 100 1234

Information, advice and relationship counselling and sex therapy. In Scotland, contact Relationships Scotland instead.

Samaritans

www.samaritans.org.uk

Helpline: 0845 790 9090

Confidential, non-judgemental emotional support, 24 hours a day, by telephone, email, letter or face to face.

Sexual Advice Association

www.sda.uk.net

Helpline: 020 7486 7262

Information about treatments for sexual problems.

About us

Prostate Cancer UK fights to help more men survive prostate cancer and enjoy a better life.

This fact sheet is part of the Tool Kit. You can order more Tool Kit fact sheets, including an



A to Z of medical words, which explains some of the words and phrases used in this fact sheet.

Download and order our fact sheets and booklets from our website at **prostatecanceruk.org/publications** or call us on **0800 074 8383**.

At Prostate Cancer UK, we take great care to provide up-to-date, unbiased and accurate facts about prostate cancer. We hope these will add to the medical advice you have had and help you to make decisions. Our services are not intended to replace advice from your doctor.

References to sources of information used in the production of this fact sheet are available at **prostatecanceruk.org**

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- Prostate Cancer UK Volunteers
- Prostate Cancer UK Specialist Nurses



Speak to our Specialist Nurses

0800 074 8383*

prostatecanceruk.org

Donate today – help others like you

Did you find this information useful? Would you like to help others in your situation access the facts they need? Every year, 40,000 men face a prostate cancer diagnosis. Thanks to our generous supporters, we offer information free to all who need it. If you would like to help us continue this service, please consider making a donation. Your gift could fund the following services:

- £10 could buy a Tool Kit – a set of fact sheets, tailored to the needs of each man with vital information on diagnosis, treatment and lifestyle.
- £25 could give a man diagnosed with a prostate problem unlimited time to talk over treatment options with one of our Specialist Nurses.

To make a donation of any amount, please call us on **0800 082 1616**, visit **prostatecanceruk.org/donate** or text **PROSTATE to 70004***. There are many other ways to support us. For more details please visit **prostatecanceruk.org/get-involved**

*You can donate up to £10 via SMS and we will receive 100% of your donation. Texts are charged at your standard rate. For full terms and conditions and more information, please visit prostatecanceruk.org/terms



f Like us on Facebook: **Prostate Cancer UK**

t Follow us on Twitter: **@ProstateUK**

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To be reviewed January 2017

Call our Specialist Nurses from Mon to Fri 9am - 6pm, Wed 10am - 8pm

*Calls are recorded for training purposes only.

Confidentiality is maintained between callers and Prostate Cancer UK.

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