

Dealing with Erectile Dysfunction During and After Prostate Cancer Treatment

For You and Your Partner

The following information is based on the general experiences of many prostate cancer patients. Your experience may be different. If you have any questions about what prostate cancer treatment services are covered by your health insurance, please contact your health care provider or health insurance provider.

This education material was made possible by a Grant from the California Department of Justice, Antitrust Law Section, from litigation settlement funds to benefit Californians diagnosed with cancer or their families.

Please feel free to read only those parts of the booklet you need now. You don't need to read everything right now. You can always read more later.

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What Will I Learn By Reading This Booklet?

When you have treatment for your prostate cancer, you may have **erectile dysfunction** also known as **impotence**. Erectile dysfunction is a very common **side effect** (unwanted changes that may occur in your body during or after prostate cancer treatment). Side effects from prostate cancer treatment are different from one man to the next. They may also be different from one treatment to the next. Some men have no erectile dysfunction. The good news is that there are ways to deal with erectile dysfunction. In this booklet you will learn:

- What erectile dysfunction is
- Why prostate cancer treatment can cause erectile dysfunction
- What can be done about erectile dysfunction
- How erectile dysfunction may affect your sex life
- What your partner can expect

It is important for you to learn how to deal with erectile dysfunction so that you can continue to have a satisfying **intimate** (very private or close) relationship.

Words that appear in **bold** (dark text) can be found in the “Key Words” section at the end of this booklet.

What Is Erectile Dysfunction?

Erectile dysfunction (sometimes called **impotence**) is when a man's penis cannot get hard enough for him to have sex. This can be difficult for the man whether or not he has a sex partner.

Why Does Erectile Dysfunction Happen With Prostate Cancer

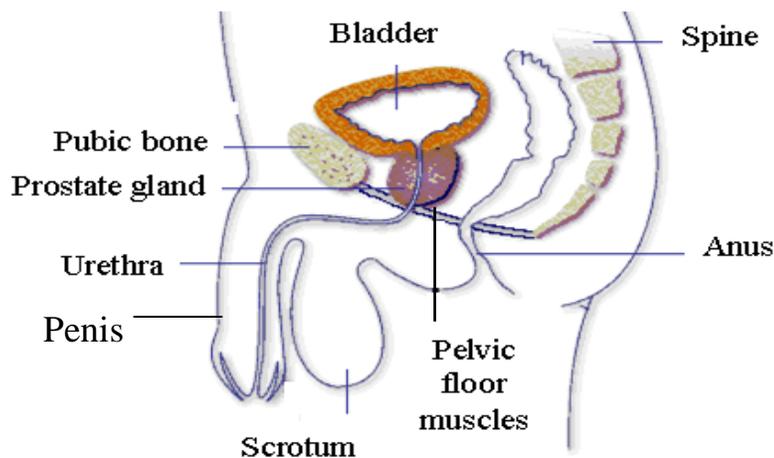
Treatment?

To help you understand why prostate cancer treatment may cause you to have erectile dysfunction, it is good for you to learn how your body may be changed by your treatment. Usually when a man is sexually aroused (excited):

1. The brain sends a message telling the blood vessels in the penis to get wider.
2. This causes more blood flows to the penis.
3. When this happens, the penis gets bigger and hardens. This causes an **erection** (when your penis is hard enough to have sex).

Some prostate cancer treatments may affect the nerves, muscles, or blood vessels that let you have an erection. Other prostate cancer treatments may affect your **libido** (or sex drive).

Picture of Where the Prostate Gland is Found in Your Body



Radical Prostatectomy

The prostate is a gland that is about the size of a walnut. It sits around the **urethra** like a donut. The urethra is the tube that carries urine and **semen** to the outside of your body. Located near the **prostate gland** are the nerves, blood vessels and muscles needed to have an erection and to control your bladder. When you have a **radical prostatectomy**, you have surgery to remove your prostate gland. These nerves, blood vessels, and muscles may be weakened when you have surgery for your prostate cancer.

For a period of time after surgery, many men are not able to get an erection. This time is different for each man. It can be less than a month or longer than a month. However, you may find that you cannot have an erection even a year or more after surgery. Your ability to have an erection after your surgery will depend on whether your prostate cancer was close to the nerves that control your erections, whether you had erections before surgery, and your age. If you were having problems having erections before surgery, these problems will not be better after surgery. If you are able to have an erection after surgery, there will be no semen (the fluid that comes out when you have sex) **ejaculated** when you have an orgasm. The prostate gland makes this fluid. When your prostate gland is removed, there will be no

more semen. This surprises some men if they are not expecting it, but this is normal after your prostate gland is removed. This also means that you will not be able to father a child after surgery.

Radiation Therapy

Radiation therapy may damage the nerves near your prostate gland that help you have erections. Over time, you may notice that you are not having as many erections as you used to. Some men start having erectile dysfunction six months or more after their radiation therapy. If this happens, the erectile dysfunction usually does not improve.

If you are able to have an erection after radiation therapy, you may notice that the amount of **semen** (the fluid that comes out of your penis at **climax** of sex) when you have an **orgasm** will become less. Some men have dry orgasms (orgasm without the release of semen). You will find that as time goes on, the amount of semen will become less. You probably will not have enough sperm to father a child. You may also have some pain for a few weeks when you ejaculate. This usually goes away after several weeks.

Hormone Therapy

Hormone therapy does not damage the nerves, blood vessels, or muscles around the prostate gland. Hormone therapy lowers the amount of testosterone in your body. **Testosterone** is a hormone that makes you interested in sex. With hormone treatment, you may find that you are not interested in sex. You may also have erectile dysfunction. Some men on hormone therapy say that their sexual desire is still strong, but they have problems getting an erection. Or they may have problems reaching orgasm. The side effects of hormones are different from man to man. Some men are able to feel desire and have erections and orgasms. Your ability to have an erection and your interest in sex may get better several months after your hormone treatment ends.

How Soon After Prostate Cancer Treatment Can I Be Sexually Active Again?

This will depend on what type of treatment you have had and how you feel. It could be several weeks, for others it may be a lot longer for erections to return. Some men will never be able to keep an erection without the help of **artificial** (man made) methods like medicines or **medical devices** (an object which is useful to treat a medical condition). If you were having problems having erections before treatment, this will not get better after treatment.

Can I Have An Orgasm Without An Erection?

Yes. An erection is not necessary for orgasm or ejaculation. Even if a man cannot have an erection or can only get or keep a partial erection, with the right sexual stimulation you can experience an orgasm. Your orgasm has little to do with your prostate gland. As long as you have normal skin sensation, you can have an orgasm.

Can Anything Be Done For Erectile Dysfunction?

Yes, there are things you can try if you have erectile dysfunction after your prostate cancer treatment. You should keep in mind that the following things will affect your ability to have an erection after your prostate cancer treatment:

- How good your erections were before your treatment
- Other medical conditions you have like high blood pressure or diabetes
- Some types of medicines you may take such as medicines for high blood pressure or **antidepressants**
- Things you do in your life (**lifestyle**) such as drinking or smoking
- Your age
- The type of prostate cancer treatment you had

It is important that you and your partner speak with your doctor or healthcare team about what you can do. Your doctor or healthcare team will speak with you about what might work best for you if you have erectile dysfunction. It is important that you speak with them since some treatments for erectile dysfunction can affect other medical problems you may have.

Types of treatment for erectile dysfunction include:

1. Oral medicines. The most common medications that your doctor may give you are oral medicines such as Cialis®, Levitra® and Viagra®. These

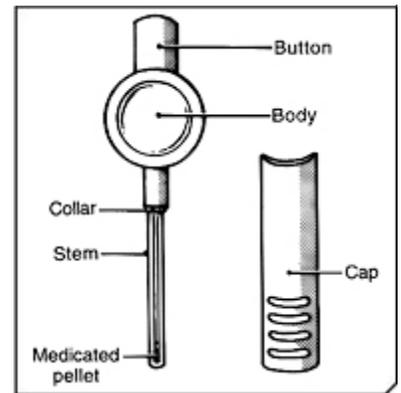
medicines are taken by mouth or **orally**. These medicines work by letting more blood flow to your penis. It takes 30 minutes to one hour before you are able to get an erection with these medicines. In order to have an erection you will need to be sexually **stimulated** (or excited). You will not have a permanent erection when you take these medicines. It is very common for men to need several **doses** (or amounts) of these oral medicines, taken on different days, before it begins to work. Don't be discouraged. Keep trying but remember not to take this medicine more than once a day. These medicines may also work better on an empty stomach. So try not to eat for two hours before you take these medicines. If these medicines do not help you have an erection or there is another reason why you can't take them, your doctor may try another medicine.

2. Penile Injections. A **penile injection** is when you give yourself a shot of medicine in the base of your penis when you wish to have an erection. This medicine lets more blood flow to your penis. You will usually get an erection in about ten minutes which will last for 30 to 60 minutes. With this method, you do not need to be sexually stimulated in order to get an erection. If you use this method, you will be taught by your doctor or healthcare team how to give yourself a shot. It may take several tries before you are able to give yourself the shot the right way. If this medicine does

not help, there are ways to help you have an erection with **external medical devices** (an object used outside of the body which is useful to treat a medical condition).

3. **MUSE.** MUSE® is a small pellet of medicine that is placed in your urethra with a **disposable plastic applicator**. The opening to your urethra is where the urine comes out of your penis. The medicine is smaller than a grain of rice. This medicine lets more blood flow to your penis. You will usually get an erection in five to ten minutes which will last for 30 to 60 minutes. With this method, you do not need to be sexually stimulated in order to get an erection. No needles are used with MUSE. If this medicine does not help, there are ways to help you have an erection with **external medical devices**.

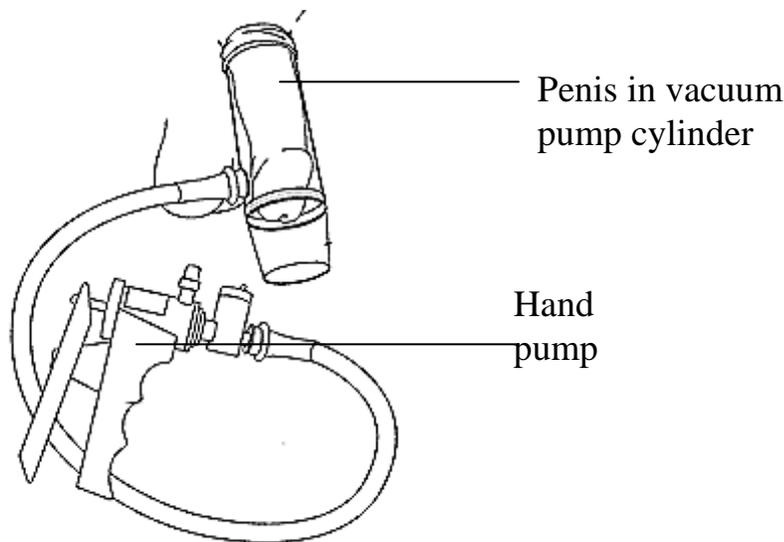
Picture of MUSE applicator



4. Penile rings and vacuum pumps. These are external medical devices that help you with your erections. Penile rings are best for men who can get erections but can't keep them. The rings are made of rubber and are placed around the base of the penis to make it rigid enough for sex. A vacuum

pump is for men who can't get or keep erections. The vacuum pump is made up of a clear plastic cylinder and a pump that may be hand or battery operated. The vacuum pump is placed over the penis. As air is taken out of the cylinder, blood is drawn into the penis. This makes your penis enlarge. A ring is then placed around the base of your penis to maintain the erection. It may take up to two weeks for a man to be comfortable with using a vacuum pump. It is important that you use these devices the right way and that they fit the right way. Your doctor or healthcare team should explain how to use them and how to buy them.

Picture of Vacuum Pump



5. Penile implants. It is normal for your doctor to try and treat your erectile dysfunction with medicine or external medical devices first. If these options don't help you get an erection, you may want to talk to your doctor about the

chance of getting a penile implant. A penile implant is a medical device put in your penis during an operation. The implant will help you have a **mechanical erection** (the ability to have an erection using a medical device placed in your penis during an operation). .

How May Erectile Dysfunction Affect My Sex Life?

Most men find that their sex life is different after prostate cancer treatment. Some men question their manliness when they cannot have an erection or find that they are not interested in sex. This can happen even if you are not currently in an intimate relationship. You may find this upsetting. Even if one of the medications or erection aids is helpful, having sex using these things may take some getting used to. It may not feel entirely natural. You can talk with your doctor or healthcare team about these feelings. Counseling may also help.

If you have an **intimate partner**, it is important for you to talk to your partner about how you are feeling. There is an old saying that a “problem shared is a problem halved.” Not everyone wants a sexual relationship. Don’t try to guess or assume what your partner wants. Have an open and honest discussion with your partner.

This may seem unnecessary in long-term relationships as people tend to assume they know all there is to know about their partner but this is not always the case.

With time, you and your partner may be able to find satisfying ways to have a sex life even though you have erectile dysfunction. Your partner will also have

concerns about your sex life as well as concerns about your health. Talking about your feelings is very important during this time.

When you're ready to start having sex again, talk to your doctor or healthcare team. Other people you can talk to about your relationship include a counselor, your minister, a health professional, or other men in prostate cancer support groups. Your partner can be a valuable support if you're feeling a little nervous about doing all the talking. Take them with you when you see your doctor. Please talk to your doctor or healthcare team about how you are doing with intimacy.

Are There Things I Can Do To Help Myself If I Have Erectile Dysfunction?

Yes, there are changes you can make in your life that may help with your erectile dysfunction. Remember to speak with your doctor or healthcare team before making any of these changes.

Some changes you may want to consider are:

- Try to exercise on a regular basis.
- Try to eat a healthy diet.
- Drink responsibly. Long-term, heavy drinking lowers your ability to have an erection.
- Try to lower your stress and **fatigue** (extreme tiredness). Being diagnosed with prostate cancer and working in all the changes it brings to your life can be stressful. Stress and the tiredness caused by your prostate cancer treatment, can make it difficult for you to “get in the mood.” Many men going through prostate cancer treatment feel this way. Talking with your partner might help lower your stress. You may also speak to your doctor or healthcare team about how you are feeling. They are there to help you through this time.

- Stop smoking. Research studies show that smoking can harm your ability to have sex. If you need help to stop smoking, speak with your doctor or healthcare team.
- Practice your Kegel exercises. Kegel exercises help strengthen your pelvic floor muscles, which support your bladder and bowel. These muscles also help with erections. For more information, please see the IMPACT booklet, “Kegel Exercises for Men.”

How May Erectile Dysfunction Affect My Sexual Relationships?

Prostate cancer and its treatment can affect your desire for sex. Every man is different but the feelings caused by having cancer and the physical stress of treatment can affect the way you feel about your body and your relationships.

Some men talk about feelings of a loss of their role within the partnership or family. This can sometimes affect a man's self esteem and confidence. For others, the physical effects of treatment may lead to tiredness and a lack of energy.

Physical changes after some treatments can also affect the way you feel about your body and **appearance** (your body image). All of these things may result in a lack of interest in sex.

If you are feeling tired or under stress, tell your partner how you feel. Loss of interest in sex does not mean you lose interest in a loving and supportive relationship. There are ways to remain physically intimate without having sex. If you are used to a close physical relationship, it is important to remember that hugs, cuddles and kisses maintain intimacy, provide support, and do not have to lead to sex.

If you have a partner, it is important that you involve them in any decisions you make about treatment for erectile dysfunction. The loss of sex in a relationship,

changes in the way a couple have sex, or starting sex again after prostate cancer treatment can all affect a relationship. Your partner can go with you to your doctor appointments to learn more about your prostate cancer treatment and how to manage your side effects. Relationship therapy may also be available to you.

What Can I, As A Partner, Expect?

One of the effects of prostate cancer treatment is erectile dysfunction or impotence. This means that your partner may not be able to have erections that are hard enough for him to have sex with you or that he may not be interested in sex because of the medicine he is taking to treat his prostate cancer. This affects not only the man, but you, too, as his **intimate partner**. If you are the partner of a man with erectile dysfunction, it can be difficult to cope with changes in your sexual relationship. Sometimes men struggle to come to terms with changes in their body image or their ability to perform sexually. This can sometimes result in him staying away from **intimate** (very private or close) situations where he may feel under pressure to make love. As a partner you may feel rejected by what seems like a lack of sexual interest or intimacy. This may not have anything to do with his feelings for you, but is a result of his cancer treatment. Erectile dysfunction can be difficult for both of you. You may want to reassure your partner that:

- Sex is not as important as long as he is healthy and that he is no less of a man to you
- You will work through it with him
- You understand his feelings
- He is important to you

It may help if you explain to your partner how important nonsexual touching and intimacy such as kissing and cuddling is to you.

However, it is important to understand that sex may be very important to both of you. This may be an opportunity for you to experiment sexually with each other and work on ways to remain intimate, even when an erection is not possible.

There are many different ways to be sexual. Take this time to explore, together, the things you can do with each other that are sexually exciting. Explore a variety of options to maintain sexual and emotional intimacy and satisfaction. If you are used to your partner being the **sexual initiator**, this may be the time for a little role-reversal. It is OK for you to tell your partner that even though he has erectile dysfunction, you want to stay in touch physically and intimately. Talk to your partner about ways to do this. Instead of trying to “fix your sex life” take this as a time to “play.” Again, please don’t hesitate to talk to your partner’s doctor or healthcare team, if you are having difficulties with your partner’s erectile dysfunction.

What Have I Learned By Reading This?

In this booklet, you learned about:

- What erectile dysfunction is
- Why prostate cancer treatment can cause erectile dysfunction
- What can be done about erectile dysfunction
- How erectile dysfunction may affect your sex life
- What your partner can expect

If you have any questions, please talk to your doctor or health care team. It is important that you understand what is going on with your prostate cancer treatment. This knowledge will help you take better care of yourself and feel more in control. It will also help you manage any side effects you may have from your treatment.

Key Words

Antidepressant: Medicine used to prevent or treat **clinical depression**.

Appearance: Your body image.

Applicator: A simple tool used to put on medicine.

Artificial: Man made.

Climax: Orgasm.

Clinical depression: a disorder marked by sadness, inactivity, difficulty with thinking and concentration, a significant increase or decrease in appetite and time spent sleeping, feelings of hopelessness, and thoughts of death.

Disposable: Made to be thrown away after you use it.

Dry orgasm: orgasm without the release of semen.

Doses: Amounts.

Ejaculate: The process of semen leaving the penis during sex.

Erectile dysfunction: When a man's penis does not get hard enough for him to have sex.

Erection: When your penis is hard enough to have sex.

External medical device: An object used outside of the body which is useful to treat a medical condition

Fatigue: Extreme tiredness.

Hormone therapy: A cancer treatment that lowers the amount of testosterone in your body.

Impotence: When a man's penis does not get hard enough for him to have sex.

Intimate Partner: Someone you have sex with.

Intimate: Very private or close.

Libido: Your sex drive.

Lifestyle: A way of life or style of living.

Mechanical erection: The ability to have an erection using a medical device placed in your penis during an operation

Orally: Taken by your mouth.

Orgasm: The highest point of sexual excitement. This is comes with strong feelings of pleasure and normally by ejaculation of semen by the male and by vaginal contractions within the female. Also called *climax*.

Prostate gland: A gland about the size of a walnut and located under the bladder surrounding the upper part of the urethra. This gland produces semen and is found only in men.

Radiation therapy: a cancer treatment that uses high energy beams, such as x-rays, to kill cancer cells and to stop them from spreading.

Radical Prostatectomy (ra-di-cul pros-tatek-toe-me): A cancer treatment where a surgeon removes your prostate gland during an operation.

Semen: The fluid that carries sperm.

Sex drive: Your Libido.

Side effects: Unwanted changes that may occur in your body during or after prostate cancer treatment.

Sexual initiator: Partner who begins the act of sex.

Stimulated: Excited

Testosterone: Male hormone that is made in the testes and is needed for erection to happen and for a man to be interested in sex.

Urethra: The tube that takes urine from the bladder and semen from the prostate gland, through the penis to the outside of the body when a man urinates.