

Male Sexual Dysfunction

What is male sexual dysfunction?

Cancer and its treatment can affect many different aspects of your life. One area of your life that might have changed is your ability to have or enjoy sex like you did before cancer. These changes are sometimes referred to as sexual dysfunction caused by cancer or its treatment.

Cancer doesn't always cause sexual dysfunction in survivors. Survivors respond to sexual dysfunction in different ways. If you are frustrated and want to find ways to manage the sexual dysfunction that you experience, this document has information that may help you. There are many different causes of sexual dysfunction after cancer. Whether the cause is physical or emotional, there may be ways to treat and manage your sexual dysfunction.

You can discuss treatment options with your health care team.

You may find it difficult to discuss sexual dysfunction with your health care team. It can feel uncomfortable or embarrassing. But your health care team can answer your questions. You can talk to them about how sexual dysfunction is affecting your life after cancer.

What are some signs of male sexual dysfunction?

Some signs of sexual dysfunction men may experience after cancer include:

- Inability to get or keep a firm erection (erectile dysfunction or ED)
- Loss of desire for sex
- Difficulty reaching climax
- Having a dry orgasm - a climax without any semen
- Orgasms (climaxes) that don't feel as good as they did before cancer
- Pain in the penis or testicles during sex

The symptoms listed above aren't always medical emergencies. You may wonder if you should bring them up to a member of your health care team. But all your concerns are important. If you are experiencing pain or if sexual dysfunction makes your life less enjoyable, you should discuss your concerns with a member of your health care team.

You may feel more comfortable if you write down your questions before hand and bring them in and read them. Your health care team can talk to you and answer your questions about all your health problems, including sexual dysfunction.

When does male sexual dysfunction appear?

Sexual dysfunction for survivors usually happens after cancer treatment. With radiation therapy to the pelvis, sexual dysfunction may begin gradually after treatment is over and may get worse over several years. Because a man's risk for sexual dysfunction increases as he gets older, you may not notice sexual dysfunction until years after your treatment ends.

What causes male sexual dysfunction after cancer?

There are many different causes for sexual dysfunction in cancer survivors. Some are physical causes and some are caused by changes in how you feel about yourself, your body or other aspects of your life.

There are certain types of cancer, like those that affect your sexual organs that put you at risk for sexual dysfunction after cancer. Men treated for prostate cancer have much higher rates of sexual dysfunction, up to 75% or 85%. Sexual dysfunction is most common in men whose tumors were in the pelvic area, including prostate cancer, and cancers of the bladder, colon, or rectum.

Different types of sexual dysfunction in male survivors can result from:

- A drop in a man's testosterone levels (the hormone made in the testicles) during hormone therapy for prostate cancer
- Damage to areas of the brain by cancer or its treatments
- Radiation to the pelvic area (prostate, bladder, colon, groin or penis)
- Surgery removing pelvic organs such as the prostate, seminal vesicles, areas of the colon or the penis
- High doses of chemotherapy may damage sexual desire or erections
- Side effects of medicines to treat pain, nausea, depression or anxiety

Generally, sexual dysfunction becomes more common in men as they get older. Half of men without a cancer history will experience erection problems by age 70. This means that older male survivors may experience sexual dysfunction later in life that isn't related to their cancer or their treatment. Men are also more likely to develop erectile dysfunction if they are overweight, smoke, or drink heavily, or if they have health problems like heart disease, high blood pressure, or diabetes.

Cancer may also affect a man emotionally and cause him to feel depressed, anxious, self-conscious, or have conflict with his partner. Sometimes, when a man struggles with these emotions, he may experience some sexual dysfunction. Sexual dysfunction linked to a man's emotions can be treated with individual or couple counseling.

The table below lists more information about some of the causes of sexual dysfunction. This table doesn't provide all of the information about the many possible causes for sexual dysfunction in cancer survivors, but it does provide you with information that you may want to discuss further with your health care team.

Physical Damage to Your Body From Cancer or Treatment	Type of Cancer Treatment That May Cause the Damage	Type of Sexual Dysfunction It May Cause
Low testosterone levels	Removal of testicles Hormone therapy for prostate cancer Intensive chemotherapy Radiation near testicles	Loss of desire for sex Trouble feeling excited during sex Erectile dysfunction Trouble reaching an orgasm
Damage to nerves near prostate	Radical prostatectomy Radical cystectomy Abdomino-perineal resection Damage to small blood vessels from pelvic radiation affects nerves Toxic side effect of chemotherapy	Trouble getting and keeping erections
Damage to blood flow to the penis	Damage to blood vessels during pelvic surgery Scarring from pelvic radiation therapy	Trouble getting and keeping erections
Damage to nerves controlling ejaculation of semen during orgasm	Removal of lymph nodes in men with testicular cancer Surgery on some parts of the colon	Dry orgasm and fertility problems Orgasms may not feel as good as they did before cancer
Removal of prostate and seminal vesicles	Radical prostatectomy Radical cystectomy	Dry orgasm and fertility problems Sensation of climax may be weaker
Removal of part or all of the penis	Partial or total penectomy to treat cancer of the penis	A remaining part of the penis can become erect and you can still have orgasms with ejaculation of semen

Are there successful treatments for male sexual dysfunction?

There are many different treatment options that may help you with your sexual dysfunction. But if you think that sexual dysfunction is interfering with your ability to enjoy life after cancer, talk to your health care team about what you are experiencing. Ask for a longer appointment with your doctor so you will have time to bring up sensitive questions. Sexual dysfunction may not go away on its own. Your health care team can help you learn more about the treatment options available and how to improve your ability to have and enjoy sex again.

Sometimes treatments do not work and your sexual dysfunction may continue to affect you. This can be very frustrating and upsetting for both survivors and their partners. Intercourse is only one way of sharing pleasure and closeness with your partner. Some survivors who can't have sex find they still enjoy cuddling and caressing their partner.

You might want to try other ways of sharing pleasure and feeling closeness with your partner.

You have a right to sexual health, and you can work with your health care team to treat sexual dysfunction. You do not have to be sexually active in order to stay healthy.

What can be done to manage male sexual dysfunction?

The most important factor in choosing a cancer treatment is its ability to control cancer. However, your sexual health is also important. If you are worried about sexual dysfunction after your treatment, talk to your health care team about different therapies to help you.

Type of Sexual Dysfunction	Where to Look for Help
Loss of desire for sex after cancer	Discuss whether this is a possible side effect of your medicine with your health care team. If you think your testosterone may be low, see an urologist or an endocrinologist for a blood test. However, if you had prostate cancer, you cannot take testosterone safely. You can discuss other options with your health care team. If there isn't a physical cause, see a mental health professional to find out if it's related to feelings of depression, anxiety or low self-esteem.
Erection problems (erectile dysfunction or ED)	See an urologist or family doctor who specializes in men's sexual problems. You may find a clinic that focuses on erectile dysfunction. If you think your problem is caused by anxiety or stress and not physical damage from cancer treatment, you might want to talk to a mental health professional.

<p>Orgasm problems (hard to reach an orgasm, orgasm feels weak, no semen comes out at the time of orgasm)</p>	<p>Discuss whether this is a possible side effect of your medicine with your health care team.</p> <p>Dry orgasms are mainly a problem if you want to get a partner pregnant. There are fertility options for men who have dry orgasms. You should discuss these with a member of your health care team.</p> <p>Try not to pressure yourself to have an orgasm. This may make it hard for you to relax. Give yourself time.</p>
<p>Pain in the penis or testicles during sex</p>	<p>If you have pain in the penis when you get an erection, it may be a sign of inflammation or scarring, especially if you notice that your penis curves when it is erect. In this situation, you can visit an urologist.</p> <p>A sharp pain in the penis or testicles during climax can result from scar tissue after surgery or radiation therapy, chronic tension in muscles on the floor of the pelvis, or occasionally, an infection in the prostate. If no infection is involved, this type of pain can be difficult to treat. See an urologist or a doctor who specializes in pain.</p>

Below is a list of some of the treatment options for erectile dysfunction and pros and cons for using them.

Treatment Options for Erectile Dysfunction	Pros	Cons
Pills (PDE-5 Inhibitors)	Easy to use Natural Only minor side-effects. Safe for most men unless they have severe heart disease or use nitrates.	Expensive Do not work well for men who have severe ED.
Vacuum devices	One-time purchase. Covered by insurance. Few side effects.	Using the pump interrupts intercourse. Band on penis may be uncomfortable. Requires practice to use correctly. Erection may not be firm enough for satisfying intercourse.
Penile injections	Very effective for most men. Can be used before starting sex.	Expensive Need to refrigerate medicine and take syringes. Must learn self-injection. May cause pain for some men.
Penile suppositories	Same medicine as injections but put inside urinary opening as a small pill that melts.	Expensive Only works for a few men.
Penile prostheses	Very effective for most men. Becomes part of man's body. Inflatable types are not visible. Erection looks and feels natural. Covered by insurance.	Involves surgery and pain during recovery. Can only be repaired surgically. Erections are slightly shorter than before. Destroys natural erection reflex. Not a reversible treatment.
Herbs and vitamins	Inexpensive Easy to get	Do not always work. May interfere with a man's other medicines. May have unknown dangers.

When you talk to you a member of your health care team about your erectile dysfunction, they may offer different treatment options.

Resources

Sexuality providers/clinics:

- Sylvie Aubin, PhD., Clinical Psychologist, SCCA (206) 288-1447
- Reproductive and Sexual Medicine Clinic, UWMC (206) 598-7792
- Richard Berger, MD, Urologist, Urology Clinic, UWMC (206) 598-4294
- Claire Yang, MD, Urologist, Urology Clinic, UWMC (206) 598-4294
- Ivan Rothman, ARNP, Urology Clinic, UWMC, (206) 598-4294
- Keith Van Meter, ARNP, Prostate Center UWMC, (206) 598-4528
- Beatrice Ellis, Ph.D., Psychologist, Private practice, Seattle (206) 324-7954
- Stephanie Washington Kuffel, Ph.D., Psychologist, Private practice, Seattle (206) 365-5636
- Lucianne Hackbert, Psychologist, Ph.D., Private practice, Seattle (206) 324-7954

Sexuality and cancer books:

- Schover, L.R. *Sexuality and Cancer: For the Man with Cancer and His Partner*.
- American Cancer Society: Atlanta, 1998
- Schover, L.R. *Sexuality and Fertility After Cancer*. New York: Wiley, 1997.
- Berberich, F. Ralph. *Hit Below the Belt. Facing up to Prostate Cancer*. Celestial Arts, 2001.
- Wainrib, Barbara Rubin, Michael Droller, Jack Maguire, Sandra Haber. *Men, Women, and Prostate Cancer: A Medical and Psychological Guide for Women and the Men They Love*. New Harbinger, 2000.
- Louden, Jennifer. *The Woman's Comfort Book: A Self-Nurturing Guide for Restoring Balance in Your Life*. Harper: San Francisco, 1992.
- Virginia Laken and Keith Laken. *Making Love Again, Hope for Couples Facing Loss of Sexual Intimacy*. Dialogue Press, 2002.

Web Sites

- www.bettersex.com Sinclair Intimacy Institute
- www.gottman.com Gottman Institute (Psychology of Relationships)
- www.phoenix5.org. A private site to help men and their companions with the social, emotional and sexual issues created by prostate cancer and treatment.
- www.sexualityandu.ca Sexualityandu.ca administered by Society of Obstetricians and Gynecologists of Canada
- www.sogc.org Society of Obstetricians and Gynecologists of Canada

Works Cited

Lance Armstrong Foundation Survivorship Topics

www.livestrong.org

American Cancer Society. "Sexuality and Cancer: For the Man with Cancer and His Partner." Atlanta: American Cancer Society, 2001 (99-rev. 07/01-50M-no. 4658-HCP).

Schover, Leslie. Sexuality and Fertility after Cancer. New York: John Wiley & Sons, 1997.

Schover Leslie R., Rachel T. Fouladi, Carla L. Warneke, Leah Neese, Eric A. Klein, Craig Zippe, and Patrick A. Kupelian. "Defining sexual outcomes after treatment for localized prostate cancer." Cancer 95 (1992): 1773-85.

Schover, Leslie, & Thomas, Anthony J. Overcoming Male Infertility: A Guide for Men and Their Partners. New York: John Wiley & Sons, 2000.