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Sexuality and Cancer Treatment: Men [1]

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Many men experience physical and emotional changes during and after cancer treatment. These changes can affect their desire and ability to have sex.

It is important to speak openly with your clinical team about any sexuality and intimacy concerns, even before treatment starts. Several strategies can help you and your partner or spouse cope with them.

Sexual problems

Even treatments that do not directly affect your reproductive organs can have affect your sexual health. For example, treatment can change your mood, energy levels, and overall sense of well-being. Sexual problems men can experience from treatment include:

- Decrease or loss of sexual desire
- Not being able to get or maintain an erection, called erectile dysfunction
- Ejaculation and orgasm problems, including premature ejaculation, urinating during ejaculation, and not releasing semen during orgasm, called dry ejaculation
- Pain during sex

For some men, changes in sexual function were present before or at the time of their cancer diagnosis. It is also common for sexual issues to develop during treatment, soon after treatment, or years later. Talk with your doctor about the symptoms you experience, including any new symptoms or a change in symptoms.

Treatments that cause sexual problems

Treatment for cancers of the pelvic area often cause sexual problems. Common pelvic cancers in men include prostate cancer, rectal cancer, bladder cancer, and colon cancer.

Older men are more likely to experience these problems after treatment. Also, men who had sexual issues before treatment are more likely to have problems afterwards.

Sexual side effects often depend on location of the cancer and treatment dose. Your doctor can explain typical reactions to specific cancer treatments. Treatments that can cause issues include:

- **Surgery.** Surgery can directly or indirectly affect a man's sexual health.
 - Surgery to the prostate, testicles, bladder, colon, and rectum may damage or remove nerves that start an erection.
 - Some types of surgery can cause dry ejaculation and semen going backward into the bladder, called backward ejaculation.
 - Some procedures may affect a man's confidence and body image. These can include a [colostomy](#) [3] or urostomy. These procedures use surgery to make an exit in the body for waste and urine. Also, removal of one or both testicles can affect how a man feels about his body.

Some men will be able to have erections again after surgery, but it can take up to several years. The following combination can help increase the chance of regaining erections after surgery:

- Pelvic floor exercises, which also help with incontinence
- Drugs, such as sildenafil (Viagra), tadalafil (Cialis), or vardenafil (Levitra) taken at low doses each day

- **Radiation therapy.** Radiation therapy to the pelvis can cause erectile dysfunction that develops slowly over 6 months to 2 years. In some instances, it can go away or improve over 2 to 3 years. Radioactive seeds implanted in or near a prostate tumor, called brachytherapy, may also cause erectile dysfunction. Men with heart disease, high blood pressure, and diabetes are more likely to experience this problem. Radiation therapy can also cause more general symptoms like pain, fatigue, and bowel or bladder problems. All of these can dampen your desire to become intimate.
- **Chemotherapy.** Chemotherapy often causes general side effects that can affect sexual desire and self-image. These side effects include weight gain or loss, nausea, vomiting, and diarrhea. Treatment may affect erections right away but erections often return to normal over time.

Some men may have options to reduce the risks of sexual side effects depending on the cancer. For example, for men with prostate cancer, nerve-sparing surgeries may be possible. For men with sexual health issues, there are several options, including:

- Penile rehabilitation
 - Medicines taken by mouth or injected into the penis
 - The use of other devices to become erect
- **Hormone therapy.** For men with prostate cancer, treatment might involve lowering or stopping the productions of androgens, such as testosterone. Men may experience low sex drive, erectile dysfunction, and difficulty achieving orgasm. Many younger men starting hormone therapy are able to have erections sufficient for sexual activity with or without drugs.
 - **Other drugs.** Some drugs used to manage cancer symptoms or other conditions may cause sexual problems. These include certain painkillers and antidepressants and beta-blockers for high blood pressure.

Treatment precautions

Before and during treatment, ask your doctor about the risks to sexual health related to your treatment plan. In addition, ask for advice about how you can take care of yourself or your partner. For example, chemotherapy can stay in semen for 48 to 72 hours. So, use a condom to protect your partner from exposure. Or if you have radiation seeds implanted, use a condom in

case a seed comes out.

During chemotherapy, the risk of pregnancy from sex without a condom is less likely, but this is highly unpredictable. It is important to plan to avoid conception until at least 2 months after chemotherapy ends. Many men who receive chemotherapy will not be fertile afterward, so talk about options with your doctor before treatment.

Emotional concerns that affect sexuality and sexual functioning

Becoming aroused, erect, or being able to ejaculate are not the only sexual health functions affected by cancer treatment. The emotions surrounding cancer and its treatment can also influence your ability to feel close to your partner. Concerns that you may need to speak with your doctor about include:

- Fear of recurrence, which is the return of the cancer
- Stress
- Depression
- Anxiety
- Powerlessness
- Sadness
- Frustration
- Concerns about infertility, which is inability to have children
- Changes in appearance—such as scars from surgery—that alter your body image

Diagnosing sexual problems

It is important that you bring up any sexual health problems to your health care team. Your doctor will look at several factors when evaluating your options:

- Your sexual history, including your sexual abilities in the past
- The relationship with your spouse or partner
- Your sexual lifestyle

You may also need to have a physical exam and some blood tests. More specialized tests might also be helpful, especially if there are issues due to erectile dysfunction.

Managing physical side effects

Relieving physical side effects that affect having and enjoying sex is an important part of cancer care. Your doctor can give you details about options to help manage these issues, including:

- **Oral drugs.** Drugs, such as sildenafil (Viagra), tadalafil (Cialis), or vardenafil (Levitra), can help a man get and maintain an erection.
- **Penile injections.** Men self-inject medicine into the penis with a small needle to achieve an erection. This includes medications to increase blood flow to the penis, such as intraurethral alprostadil (Caverject, Edex, or Muse) and intracavernous papaverine (multiple brand names).
- **Penile implants.** A device that enables a man to have an erection is surgically placed inside the penis.
- **Vacuum constriction device.** A small pump is placed over the penis to encourage blood flow and an erection.

Talk with your doctor about the potential risks and side effects before using any drug or device.

Managing emotional side effects

Your health care team, including oncology nurses and social workers, can provide the following support:

- Help you develop effective emotional coping strategies

- Information and access to community resources
- Referrals to a sexual health specialist to explore treatments and new ways to build a fulfilling sex life and manage emotional issues

Couples counseling may help you have [honest, open communication with your spouse or partner](#) [4], which often improves emotional sexual issues. Also, to understand how other men are coping, consider [talking with other survivors](#) [5] in local or online support groups.

More Information

[Managing Emotions](#) [6]

[Dating and Intimacy](#) [7]

[Fertility Concerns and Preservation for Men](#) [8]

Moving Forward Video: [Dating and Sexuality](#) [9]

Additional Resources

LIVESTRONG Foundation: [Male Sexual Health after Cancer](#) [10]

OncoLink: [Men's Guide to Sexuality During and After Cancer Treatment](#) [11]

Links

[1] <http://www.cancer.net/navigating-cancer-care/dating-sex-and-reproduction/sexuality-and-cancer-treatment-men>

[2] <http://www.cancer.net/about-us>

[3] <http://www.cancer.net/node/24724>

[4] <http://www.cancer.net/node/25312>

[5] <http://www.cancer.net/node/25383>

[6] <http://www.cancer.net/node/25109>

[7] <http://www.cancer.net/node/25297>

[8] <http://www.cancer.net/node/25268>

[9] <http://www.cancer.net/node/28086>

[10] <http://www.livestrong.org/we-can-help/finishing-treatment/male-sexual-health-after-cancer/>

[11] <http://www.oncolink.org/coping/article.cfm?c=535&id=7007>