

Sexuality and Cancer Treatment: Men [1]

This section has been reviewed and approved by the [Cancer.Net Editorial Board](#) [2], 04/2014

Key Messages:

- Cancer treatment can cause physical and emotional changes that affect a man's desire and ability to have sex.
- Understanding the potential effect of treatment on sexual health and intimacy before starting treatment can help you make decisions on how best to manage your cancer.
- Managing treatment-related side effects is an important aspect of any treatment plan. This includes being proactive about how your treatment could affect your sexual health. Men should work with their health care team to identify problems as they arise so they can be addressed.
- There are several ways you, as well as your partner or spouse, can get support for sexual concerns, including working with social workers, support groups, or specialists in sexual medicine.

Many men experience physical and emotional changes during and after cancer treatment that affect their desire and ability to have sex. Although it may seem difficult, 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 if treatment does not directly affect your reproductive organs, it can affect your mood, energy levels, and overall sense of well-being. Sexual problems men can experience as a result of treatment include:

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

For some men, changes in sexual function were present before or at the time of their cancer diagnosis. In addition, it is common for sexual issues to develop during treatment, directly 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, such as prostate cancer, rectal cancer, bladder cancer, and colon cancer, often cause sexual problems. In addition, older men are more likely to experience these problems after treatment, as are men who had sexual issues before treatment.

Your doctor can explain typical reactions to a given cancer treatment. Sexual side effects often depend on where the cancer is located and the dose of treatment. Treatments that can cause issues include:

Surgery. Surgery to the prostate, testicles, bladder, colon, and rectum may damage or remove nerves that start an erection. If surgery requires the placement of a stoma for stool (colostomy [3]) or urine (urostomy) or the removal of one or both testicles, a man may feel less confident about his body image. Some types of surgery can result in issues such as dry ejaculation and semen going backward into the bladder (backward ejaculation). Although some men will recover the ability to achieve erections after surgery, it can take anywhere from a year to several years.

Radiation therapy. Radiation of the pelvis can cause erectile dysfunction that develops slowly over six months to a year that takes up to two to three years to resolve. In addition, radioactive seeds implanted in or near a prostate tumor (brachytherapy) may also cause erectile dysfunction. Men with heart disease, high blood pressure, and diabetes are more likely to experience this problem from radiation treatment. Radiation can also cause more general symptoms like pain, fatigue, bowel or bladder problems, and all of these can dampen your desire to become sexual or intimate.

Chemotherapy. Chemotherapy often causes general side effects such as weight gain or loss, nausea, vomiting, and diarrhea that can affect sexual desire and self-image. Erections may be affected right after treatment but usually return to normal over time.

Options to reduce the risks of sexual side effects might be available for some men, depending on the cancer diagnosis. For example, for men with prostate cancer, nerve-sparing surgeries may be possible. For men with sexual health issues, penile rehabilitation is available, which uses medication taken by mouth or injected into the penis, or the use of other devices to become erect.

Hormone therapy. For men with prostate cancer, treatment might require the block of androgens, such as testosterone. Men may experience low sex drive, erectile dysfunction, and difficulty achieving orgasm as a result.

Other drugs. Some medications used to help manage other symptoms of cancer, such as particular painkillers and antidepressants, may cause sexual problems, as can drugs for other conditions, such as beta-blockers for high blood pressure.

Treatment precautions

Before and during treatment, ask your doctor about the risks to sexual health related to your

recommended 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 a condom should be used to protect your partner from exposure. Or if you have radiation seeds implanted, a condom should be used in case a seed comes out.

Emotional concerns that affect sexuality and sexual functioning

The ability to become aroused, erect, or ejaculate are not the only sexual health functions affected by cancer treatment. The emotions surrounding a diagnosis of cancer and the treatment itself also influences your ability to feel close to your partner (intimacy) and may extend beyond active treatment. Concerns that you may need to speak with your doctor about include:

- Fear of recurrence [4] (return of the cancer)
- Stress [5]
- Depression [6]
- Anxiety [7]
- Powerlessness
- Sadness
- Frustration
- Concerns about infertility [8] (inability to have children)
- Changes in appearance?such as scars from surgery?that alter your body image [9]

Diagnosing sexual problems

For men who develop sexual health issues due to cancer treatment, it is important that you bring them up to your doctor or to another member of your health care team. The evaluation requires an understanding of your sexual history, including your sexual abilities in the past, the relationship with your spouse or partner, and your sexual lifestyle. A physical exam and some blood tests might also be required. More specialized tests might also be helpful, especially if there are issues due to erectile dysfunction.

Managing physical side effects

Relieving the physical side effects that influence your ability to have and enjoy sex is an important part of cancer care and treatment. Your doctor can give you information on management tools, 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 (sold under 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 medication or device.

Managing emotional side effects

In addition to your doctor, other members of your health care team, including oncology nurses and social workers, can help you develop effective emotional coping strategies, provide education, and give you referrals to community resources. They can also give you a referral to a sexual health specialist to explore both treatments and new ways to build a fulfilling sex life and manage emotional issues such as depression. In addition, couples counseling may help you have honest, open communication with your spouse or partner [10], which often improves emotional sexual issues.

Talking with other cancer survivors [11] in local support groups or online support communities can also help you understand how other men are coping with changes to their bodies and sexuality.

More Information

Dating and Intimacy [12]

Moving Forward Video: Dating and Sexuality [13]

Side Effects [14]

Additional Resources

LIVESTRONG Foundation: Male Sexual Health after Cancer [15]

OncoLink: Men's Guide to Sexuality During and After Cancer Treatment [16]

National Cancer Institute: Body Changes and Intimacy [17]

National Cancer Institute: Sexuality and Reproductive Issues [18]

Links:

[1] <http://www.cancer.net/coping-and-emotions/sexual-and-reproductive-health/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/25241>

[5] <http://www.cancer.net/node/24589>

[6] <http://www.cancer.net/node/30346>

[7] <http://www.cancer.net/node/30336>

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

[9] <http://www.cancer.net/node/25194>

[10] <http://www.cancer.net/node/25207>

- [11] <http://www.cancer.net/node/25383>
- [12] <http://www.cancer.net/node/25297>
- [13] <http://www.cancer.net/node/28086>
- [14] <http://www.cancer.net/node/25238>
- [15] <http://www.livestrong.org/we-can-help/finishing-treatment/male-sexual-health-after-cancer/>
- [16] <http://www.oncolink.org/coping/article.cfm?c=535&id=7007>
- [17] <http://www.cancer.gov/cancertopics/coping/life-after-treatment/page5>
- [18] <http://www.cancer.gov/cancertopics/pdq/supportivecare/sexuality/Patient/page2/AllPages/Print>