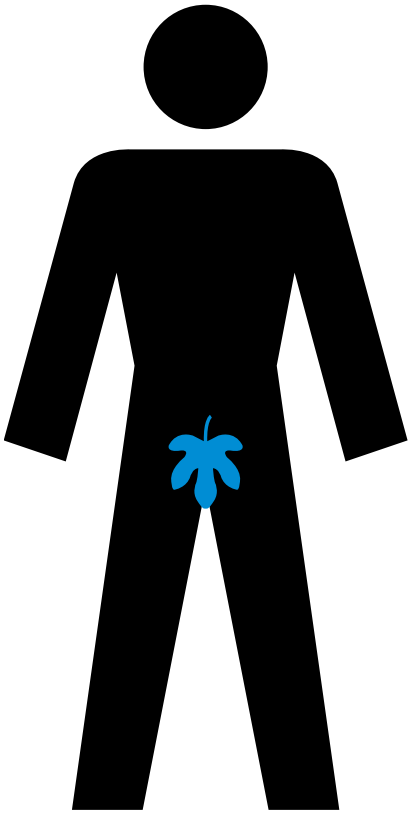
Prostate cancer and your sex life



PROSTATE CANCER UK

About this booklet

This booklet is for men and their partners who want to know how prostate cancer and its treatment can affect their sex lives, how they feel about themselves, and their relationships. We talk about the sexual side effects you may experience and the treatment and support available.

Whether you're single or in a relationship, and whatever your sexuality, we hope you find this booklet helpful.

Some sections might be more important to you than others so use the contents to guide you. You might want to dip in and out of this booklet rather than read it all in one go.

Each GP practice or hospital will do things slightly differently. Use this booklet as a general guide to what to expect and ask your doctor or nurse for more information about your care and the support available. You can also speak to our Specialist Nurses, in confidence, on 0800 074 8383 or chat to them online.

Our sexual support service

This is a chance for you, or your partner, to talk to one of our Specialist Nurses with an interest in helping with sexual problems after treatment for prostate cancer. They can talk to you about the impact of treatment on your sex life and relationships, and discuss possible treatments or ways to deal with these changes.

Call our Specialist Nurses on 0800 074 8383, or chat to them online.

The following symbols appear throughout the booklet:

Our Specialist Nurses

Our publications

Sections for you to fill in

The quotes are not the words of the people in the photos.

> You might well have some jolly good sex afterwards. I would never have believed it. And yet it happens. Now that's something I wish someone had told me way back.

A personal experience

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How might prostate cancer affect my sex life?

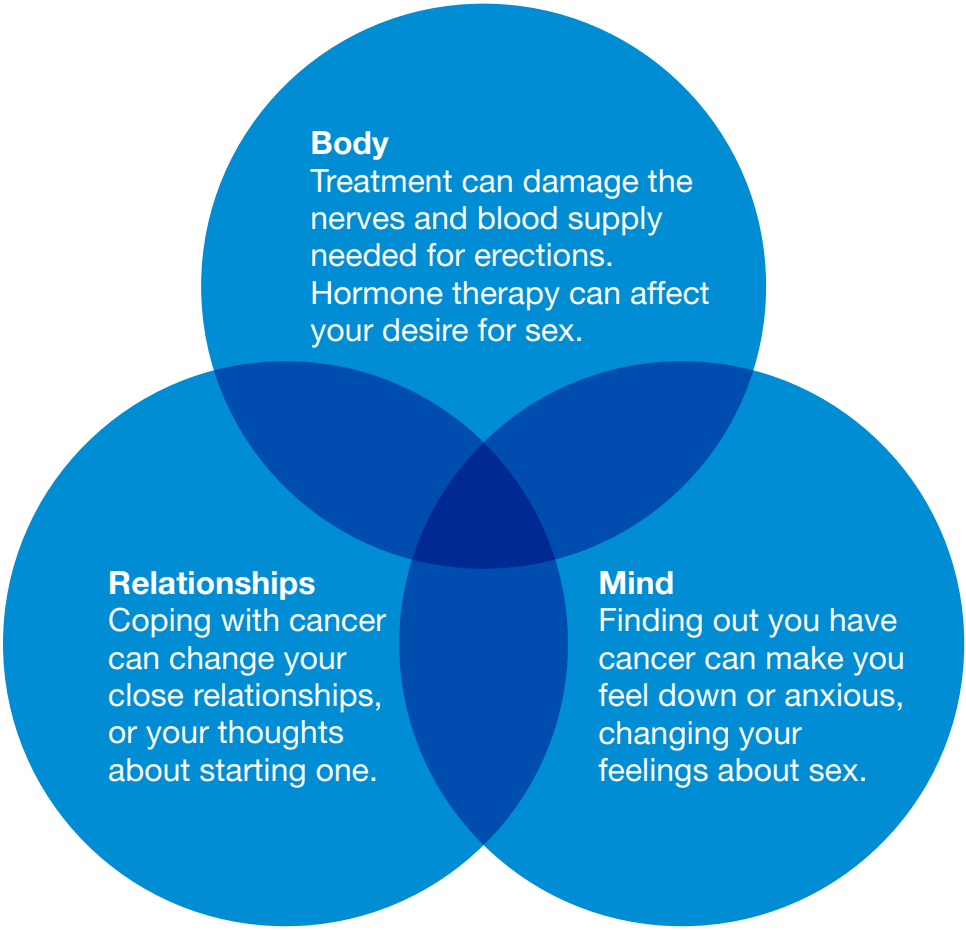
Sex is an important part of life for many of us. Dealing with prostate cancer and living with the side effects of treatment can have an impact on your sex life. Many men with prostate cancer say that changes to their sex lives and relationships are some of the biggest issues they have to deal with.

There is no right or wrong way to deal with changes to your sex life. Some men will want to try treatments for erection problems, while some will prefer to find other ways to be close to their partner. What's important is that you find what's right for you and don't be afraid to ask for support if you want it.

Feeling sexual is partly physical and partly about your thoughts and feelings. It depends on how well your sex organs are working and whether other parts of the body are helping them work, for example, the blood supply, nerves, brain and hormones. The way your body responds sexually also depends on your thoughts and feelings – about yourself and others.

If you're in a relationship, the sexual impact of prostate cancer could affect both you and your partner. So it's important that you both get support if you want it. If you're a partner of a man with prostate cancer, there's information you might find helpful on page 64.

Prostate cancer can affect your sex life in overlapping ways – affecting your mind, body and relationships.



It's okay to talk about sex and ask for support

Many men avoid asking for help or trying treatments – it can be a difficult thing to talk about, whether you have cancer or not. But there are trained professionals who have experience of helping people with sexual problems. They will help make you feel more comfortable and can talk you through the different treatment options. They can also help you deal with any changes in your relationships. We talk more about discussing sexual problems and getting treatment on page 16, and list ways to get support on page 51.

Will I be able to have sex and masturbate?

Many men wonder if it will be possible to get an erection and have sex after prostate cancer treatment. This will depend on a number of things, including:

- what type of treatment you've had
- how you're feeling
- whether you already had sexual problems before you started treatment.

Everyone is different. Some men will have temporary problems that recover with time. Others will be able to get an erection with the help of treatment. But some might not be able to get erections, even with medical help.

What effects can prostate cancer treatments have?

Treatments for prostate cancer can affect:

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

- how your body looks
- your relationships.

There are treatments and support that can help – whether your prostate cancer affects your thoughts and feelings, your relationships or your body.

If you've had surgery (radical prostatectomy)

This is an operation to remove the prostate and seminal vesicles.

When can I have sex or masturbate?

- It's safe to have erections, and masturbate when you feel like it – but if you have a catheter, having an erection or masturbating could feel uncomfortable, so you may want to wait until it is removed.
- After keyhole surgery, you can have sex or be sexually active once your catheter is removed.
- After open surgery, wait until the wound has healed and it feels comfortable before you try having sex.
- If you have anal sex, wait about six weeks before having anal sex.

What problems might I have?

- Surgery often causes problems getting an erection. Many men find these problems improve with time, but not all men get their erections back.
- Your penis may become a little shorter and change shape slightly.
- You won't ejaculate any semen but can still orgasm, although it's likely to feel different – some men find that the feeling is better than before, whilst others may find that the feeling isn't as good.

- You won't be able to have a child naturally (infertility) (see page 48).
- You may leak urine during sex.
- You may feel some pain when you orgasm.
- You may lose your desire for sex (libido).

If you've had external beam radiotherapy

This is where radiation is directed at the prostate from outside the body.

When can I have sex or masturbate?

- You can have sex or masturbate as soon as you feel like it.
- You may wish to use contraception during treatment and for at least one year afterwards if there is a chance of your partner becoming pregnant (see page 48).
- If you receive anal sex, wait until any bowel problems or sensitivity in this area have passed.

What problems might I have?

- Erection problems can develop slowly after treatment.
- You may find ejaculation uncomfortable.
- You may produce less or no semen.
- You can still orgasm but it may feel different.
- You may not be able to have a child naturally (infertility) (see page 48).

If you've had permanent seed brachytherapy

This is a type of radiotherapy where tiny radioactive seeds are put inside the prostate and left there permanently.

When can I have sex or masturbate?

- After treatment, wait a few days before you try having sex or masturbating.
- It's rare for seeds to come out in your semen, so use a condom the first five times you ejaculate.
- Use contraception during treatment if there is a chance of your partner becoming pregnant. You may have to use contraception for up to a year after having treatment but ask your doctor about this (see page 48).
- If you receive anal sex, wait until any bowel problems or sensitivity in this area have passed. It's possible that your partner might be exposed to some radiation during sex for the first few months after treatment. So for the first six months, it's sensible to keep the length of time you have sex for as short as possible.

What problems might I have?

- Erection problems can develop slowly over time.
- You may produce less semen but can still orgasm.
- Ejaculation may feel different and sometimes be painful, especially soon after seeds have been inserted.
- You might not be able to have a child naturally (infertility) (see page 48).

If you've had high dose-rate brachytherapy

This is a type of radiotherapy where thin tubes are put into your prostate. A source of radiation is passed down the tubes for a few minutes to destroy the cancer cells, then the tubes are removed.

When can I have sex or masturbate?

- After treatment, wait at least one week before you try having sex or masturbating.
- Use contraception for a while after treatment if there is a chance of your partner becoming pregnant. Speak to your doctor about how long you need to do this for.
- If you receive anal sex, wait two months before having sex.

What problems might I have?

- You may have erection problems that can slowly get worse over several years.
- You may produce less semen but can still orgasm.
- You may not be able to have a child naturally (infertility) (see page 48).

If you've had high-intensity focused ultrasound (HIFU)

This uses high-frequency ultrasound energy to heat and destroy cancer cells.

When can I have sex or masturbate?

- After HIFU, wait at least one to two weeks before you try having sex or masturbating.

What problems might I have?

- You may have erection problems.
- You may produce less or no semen but can still orgasm.
- You may not be able to have a child naturally (infertility) (see page 48).

If you've had cryotherapy

This uses extreme cold to freeze and destroy cancer cells.

When can I have sex or masturbate?

- After cryotherapy, wait at least one week before you try having sex or masturbating.

What problems might I have?

- You may have erection problems.
- You may not be able to have a child naturally (infertility) (see page 48).

If you're having hormone therapy

Hormone therapy stops the hormone testosterone from reaching cancer cells. This stops the cancer cells from growing. It can be given by injection, implants, tablets or surgery.

When can I have sex or masturbate?

- It's safe to have sex or masturbate if you're having injections, implants or tablets.
- If you've had surgery (orchidectomy), wait until the wound has healed and it feels comfortable before you try having sex.

What problems might I have?

- You may have erection problems and you may lose your desire for sex (libido).
- Your penis may become shorter and your testicles smaller due to lower testosterone levels in your body.
- You may not be able to orgasm or you may have less intense orgasms. And you may produce less semen.

- You may have changes to your body that can affect how you feel about sex, such as weight gain or hot flushes.
- You may not be able to have children naturally (infertility) if you've had an orchidectomy to remove all, or part of, your testicles.

If you're having chemotherapy

Chemotherapy uses anti-cancer drugs to kill cancer cells, wherever they are in the body.

When can I have sex or masturbate?

- Unless your doctor tells you otherwise, it's safe to have sex or masturbate as soon as you feel like it.
- Use contraception during treatment if there is a chance of your partner becoming pregnant. You may have to use contraception for up to six months after having treatment but ask your doctor about this (see page 48).

What problems might I have?

- You may not be able to have a child naturally (infertility) (see page 48).
- You can still orgasm but it may feel different.
- You may have changes to your body that can affect how you feel about sex, such as hair loss, feeling tired or feeling unwell.

Some worries about sex and prostate cancer explained

- You can't pass on cancer through sex.
- Having sex won't affect how well your treatment works.
- Having sex has no effect on your cancer or the chance of it coming back after treatment.
- It's safe to have an erection if you have a catheter in.

Getting the right treatment and support

There is support available and different treatments you can try to help deal with changes to your sex life. Everyone is different and how you choose to deal with changes to your sex life is up to you. It's important to do what's right for you.

Getting treatment for erection problems

Your healthcare team can prescribe treatment for erection problems for free on the NHS, whether it's for sex or masturbation (see page 23). There may be a limit on how much treatment they can prescribe, but there is no age limit. They can also refer you to a specialist in sexual problems or an ED (erectile dysfunction) clinic.

It can take a long time and a lot of commitment before you see any results. Follow the advice you're given about how to use your treatment and for how long. Try each treatment several times and if it still doesn't work, tell your doctor or nurse. They may review your treatment or refer you to a specialist.

I asked to be referred to an ED clinic. It was a long waiting list but eventually I saw a specialist nurse. He explained that I could take tablets to help with erections.

A personal experience

Talking about sex

It can be difficult talking about sex, but talking to your doctor, nurse or another health professional will mean you can get treatment and support. It can also help you feel more positive and more in control.

You can ask about sexual problems at any stage – before, during or after your prostate cancer treatment. Talking about it before your treatment will mean you know what to expect. And it can help you to prepare to start treatments for sexual problems soon afterwards.

Your team should ask you about your erections and sex life during your treatment for prostate cancer. But if they don't then you may need to bring it up yourself.

Be prepared to try again

Not everyone is used to talking about sex, even your health professional might not be used to talking about it. Don't be put off. You might need to bring it up more than once, or with a different person in your team. You can also ask to be referred to an expert in sexual problems or an ED clinic – they will be used to talking about sexual problems.

Questions to ask your doctor or nurse

How could my prostate cancer treatment affect my sex life?

How soon after treatment can I masturbate or have sex?

Which treatments for erection problems would be best for me? Can I get them on the NHS?

Is there anything I can do to prepare myself before I start my prostate cancer treatment?

What happens if the treatment doesn't help with my sex problems or erection? Are there others I could try?

What other support is available to me?

Can my partner also get support?

What health professionals might I see?

As well as your doctor or nurse, you may find other health professionals can help as well.

Urologist

A surgeon who specialises in problems with the urinary and reproductive systems, including prostate cancer.

Specialist nurse or clinical nurse specialist (CNS)

A nurse who specialises in caring for men with prostate cancer. They may be the health professional you see most.

Radiographer

A health professional who takes scans or gives radiotherapy. They also do follow-up checks.

Andrologist

A doctor who specialises in the male reproductive system, including fertility and problems with the penis or testicles.

Sex therapist (or psychosexual therapist)

An expert with specialist training in the causes and treatment of sexual problems. They may have a background in medicine, nursing, psychology, or mental health.

Physiotherapist

A health professional who can help with exercises to help improve fitness, ease pain, or strengthen muscles. You might see a physiotherapist to help you do pelvic floor muscle exercises.

Problems getting an erection

Difficulty getting or keeping an erection is sometimes called erectile dysfunction (ED) or impotence. In this section we talk about some of the causes and possible treatment options.

Causes of erection problems

Erection problems have many possible causes, including treatment for prostate cancer. Many men with prostate cancer may have had sexual problems before their treatment. It's normal for our sex lives to slow down as we get older, and problems with erections become more common. But that doesn't mean there's nothing you can do about them.

When you are sexually aroused (turned on) your brain sends signals to the nerves in your penis. The nerves then cause blood to flow into your penis, making it hard. Anything that interferes with your nerves, blood supply or desire for sex (libido) can make it difficult to get or keep an erection.

Treatment for prostate cancer

Some treatments for prostate cancer can damage the nerves and blood vessels that are needed for an erection, including surgery, external beam radiotherapy, brachytherapy, HIFU and cryotherapy.

Hormone therapy can also lower your desire for sex and the lack of activity means your penis will stop working so well.

Other health problems

Other health problems can cause erection problems, including:

- high blood pressure
- diabetes
- heart disease
- high cholesterol
- neurological conditions such as epilepsy, stroke, multiple sclerosis or Parkinson's disease
- other prostate problems such as an enlarged prostate or prostatitis, and their treatments
- hormone problems, such as low testosterone (see page 13).

Other medicines

Some medicines can also cause erection problems. These include medicines for high blood pressure, high cholesterol, depression and anxiety, ulcers, irregular heartbeat, epilepsy and an enlarged prostate. Don't stop taking any medications you're on, but talk to your doctor or nurse about whether they could be affecting your ability to get an erection.

Depression and anxiety

Feeling low or anxious can affect your erections and your desire to have sex.

Lifestyle

Smoking, drinking too much alcohol, lack of exercise and being overweight can cause problems with erections.

To deal with erection problems I needed an open mind, patience and some resourcefulness. But the positive results make that so very worthwhile.

A personal experience

Focus on...
what to expect at an ED clinic

Your doctor may refer you to a specialist service such as an ED (erectile dysfunction) clinic, which offers treatment for erection problems. You might see one or all of the health professionals listed on page 18. They will be used to talking about sexual problems and should help make you feel more comfortable.

What happens at the appointment will vary, but you will probably have a chat about your sex life, any concerns you have, any other health problems and how you're feeling generally. If you have a partner, you may want to ask them to go with you to the appointment.

A doctor or nurse will check your blood pressure and heart rate. They may also do a blood test to check testosterone levels as well as things such as diabetes and high cholesterol. They might also check how you are physically. They might check your penis and testicles – this will be done in a private room or behind a curtain.

You will be able to find out more about the treatments available. You might be able to try some of the treatments during the appointment to see whether they work.

Treatments for erection problems

There are a number of treatments available that work in different ways. Treatments include:

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

How well each treatment works varies from person to person. Your overall health, your ability to get erections before cancer treatment, the treatments you try and your age can all play a role. It can take anything from a few months to a few years for erections to return, and they may not be as strong as before. Try different things and stick with them for a while to find the best option for you. Some men will always need medical help to get erections, and some men might not be able to get erections even with medical help.

I didn't think I was ever going to have an erection again. When I started injections and they worked – it was a fantastic feeling.

A personal experience

Your thoughts and feelings

Getting an erection also relies on your thoughts and feelings. So tackling any worries or relationship issues as well as having medical treatment can work well. There are lots of ways to do this. It may be talking to someone close to you, speaking to your nurse, or getting some counselling or sex therapy. See page 51 for ways to get support.

Will the treatments work if I'm on hormone therapy?

Hormone therapy lowers your desire for sex. Some treatments, such as tablets, only work when you have desire, so these are unlikely to be the best option for you. But injections, pellets, cream or a vacuum pump could still give you an erection.

Even if you don't have a strong desire for sex, having regular erections can help keep your penis healthy and prevent your penis from getting shorter. Erections encourage blood flow to the penis, so the cells have a good supply of oxygen. See page 26 for information about keeping your penis active and healthy.

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.

Men who try more treatments for erection problems are more likely to find one that works. A combination of treatments, such as tablets and a vacuum pump, may work better than one treatment on its own.

If you've had surgery, your erections may improve over time as your nerves recover. So if treatments don't work at first, it's worth trying them again in a few months.

Fitting treatments into your sex life

Some treatments for erection problems can seem artificial and you may feel like you lose the moment. But people often find they get used to them. Some couples even use their treatment as part of their foreplay, such as using the vacuum pump or rubbing in cream.

Your partner can go to any appointments with you. If possible, you could try your treatment with your partner in the room, as it may help if they know how it works.

What if I have other health problems?

Some treatments for erection problems may not be suitable if:

- you have a heart problem
- you have sickle cell disease
- you have Peyronie's disease (where the penis is curved)
- you're taking medicines called nitrates.

Ask your doctor or nurse for advice if you have any of these other health problems, and let them know about any other medicines you're taking. You'll find more information in the leaflet that comes with your treatment.

Focus on... keeping your penis active after surgery

Although you may not be ready or recovered enough for sex, you can still start treatment for erection problems in the weeks immediately after surgery. It could be taking a low-dose tablet once a day or using a vacuum pump, or both together. The treatment, along with masturbation, helps blood flow to the penis. This can help keep your penis healthy because it means the cells have a good supply of oxygen. You may hear this called penile rehabilitation.

Think of it in the same way as having physiotherapy if you had injured an arm or leg. Starting treatment soon after surgery may improve your chance of getting and keeping an erection later on. Ask your doctor or nurse about when is best to start penile rehabilitation.

My nurse encouraged me to take the tablets and to masturbate even if my penis was soft. He said I shouldn't give up as it was keeping my penis active. I found that masturbating in the shower was best as I was more relaxed.

A personal experience

Tablets

A group of drugs called PDE5 inhibitors (phosphodiesterase type 5 inhibitors) could help you get an erection.
These include:

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

How well do they work?

How well these drugs work varies from man to man. The tablets are quick and easy to take and they don't interfere with foreplay. It's good to start taking them soon after prostate cancer treatment as you may get your erections back sooner.

There hasn't been any research comparing how well the different types of PDE5 inhibitor tablets work in men who have prostate cancer treatment, so we can't say if one drug is better than another.

How do they work?

You need to be sexually aroused for the tablets to work. If you have a low sex drive or low testosterone level, for example if you're on hormone therapy, they might not work so well for you.

The tablets normally start to work about 30 minutes to an hour after taking them. Make sure you allow enough time for them to work, otherwise it might seem like they're not working.

You can take sildenafil, avanafil and vardenafil when you need to. They will keep working for four to six hours, or up to eight hours for vardenafil. So if they work you should be able to get an erection if you're sexually aroused during that time.

You can take tadalafil when you need to. It can work for up to 36 hours, so it lets you be more spontaneous. Or your doctor may suggest you take a low-dose (5mg) tadalafil tablet every day.

If you have a choice of drug, think about which one fits in best with your sex life.

The dose you have will vary. Some men start with a low dose but you can go up to a higher dose if the drug isn't working. If the maximum dose of one drug doesn't work, another drug may work better for you.

Tablets might not work well for everyone, including some people who take certain medications. For example, you may be offered a smaller dose if you're already taking medication for HIV (antiretroviral drugs). This is because HIV drugs can react with some other medicines. This can cause side effects that may be serious. Always check with your doctor or nurse if you're not sure whether tablets are right for you.

Don't give up

The tablets may not work the first few times. It can take a while to get the timing right. Try each tablet at least eight times before changing to a different one. You may need to take your tablet on an empty stomach as some tablets don't work as well after a big or fatty meal, or with alcohol or grapefruit juice. Read the leaflet that comes with your tablets for more information or ask your doctor, nurse or a pharmacist if you're not sure.

If you had surgery and your surgeon was able to save the nerves that help you get erections (nerve-sparing surgery), you'll be offered PDE5 inhibitors. It can take months or even years for the nerves to fully recover. This means it can feel like a long time before the tablets start working. It's important to keep your penis active with other treatments, such as injections or a vacuum pump (see page 31).

If your surgeon wasn't able to save the nerves, your doctor might still suggest you try PDE5 inhibitors, as they can still sometimes have an effect.

Side effects

PDE5 inhibitor tablets are generally safe to use, but they can cause side effects. They are usually mild and don't last long. They include:

- headaches
- indigestion
- a flushed face
- itchiness or swelling in your nose (rhinitis)
- muscle pain
- back pain
- leg pain.

Things to be aware of

PDE5 inhibitor tablets can cause a drop in your blood pressure, but this doesn't cause problems for most men. Tell your doctor or nurse if you're taking medicines to control your blood pressure. If you take alpha blockers they may suggest taking the drugs at least four hours apart.

You shouldn't take PDE5 inhibitor tablets if you're taking drugs called nitrates. Taking these treatments at the same time can cause your blood pressure to drop dangerously low, which can be fatal. Nitrates are usually used to treat heart problems. They are also used in recreational drugs known as poppers. If you have a heart problem or take nitrates, ask your doctor or specialist about other ways to treat erection problems.

Buying tablets on the internet

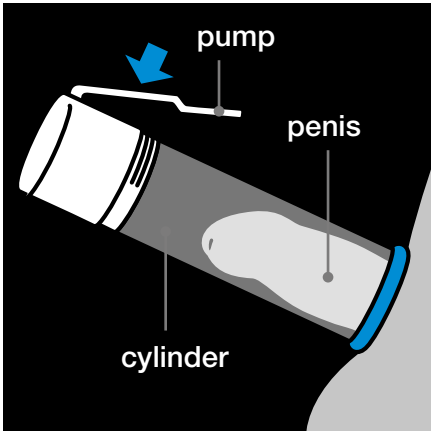
Only use medicines that have been prescribed to you by a health professional or that you have purchased from a pharmacy. Sildenafil is available free on the NHS so you shouldn't have to buy your treatment. Buying tablets on the internet can be dangerous as they may be fake, it's impossible to know the dose, and they could contain ingredients that are harmful or react with other drugs. If you do order medicine online, make sure it's from a well known pharmacy that you trust. If your GP doesn't want to prescribe tablets then ask to be referred to an ED clinic.

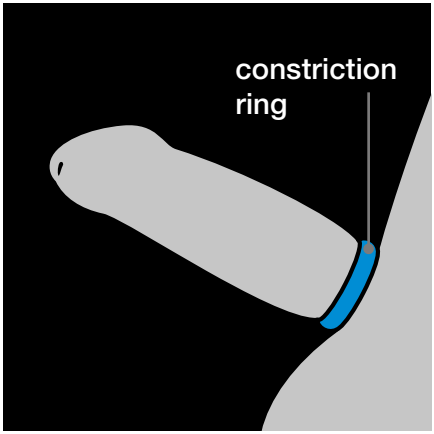
Herbal medicine

Herbal medicines for erection problems, like 'herbal Viagra' which is sold in Chinese herbal medicine stores, can also be unsafe. Speak to your doctor before taking any herbal remedies.

Vacuum pump

Vacuum pumps can be used to give you an erection. There are two reasons men use a vacuum pump. One is to get an erection for sex or masturbation and the other is to keep the penis healthy in the long term. It could also help to maintain its size.





How well does it work?

The vacuum pump can be an effective way to get an erection hard enough for penetration. Satisfaction with the pump varies, but men who have good results will often keep using it. A lot of men use the pump in combination with other treatments such as tablets (see page 27).

The vacuum pump may also help maintain the length and thickness of the penis if used regularly and soon after surgery.

How does it work?

You put your penis into the cylinder and use the pump to draw air out of the cylinder, creating a vacuum inside it. This makes blood flow into your penis to make it hard. Your nurse or doctor will show you how it works.

If you are using the pump for sex or masturbation

After using the pump to get an erection, you slip a constriction ring from the end of the cylinder around the base of your penis. This stops most of the blood escaping when you remove the pump. You shouldn't wear the ring for longer than 30 minutes at a time.

Some men find that because the base of their penis is still soft it moves around, so it can be difficult to have sex at first. You or your partner may need to guide the penis in.

Shaving the hairs around the base of your penis can make it easier to use the pump.

Some men prefer the vacuum pump because you don't need to use tablets or injections and you can use it as often as you like. With a little practice, the pump can help you get an erection in two to three minutes.

The way the vacuum pump works doesn't involve the nerves that are usually needed for erections. So if your nerves were removed or affected during your prostate cancer treatment, the vacuum pump could be a good option for you.

If you are using the pump to keep your penis healthy

To keep your penis healthy, you could use the pump every day. Use the pump to get an erection and hold the erection in the cylinder for 20 seconds. Then release the pressure and pump again to get another erection. Keep repeating this for no more than 10 minutes, as more than that could become uncomfortable. Check the instructions or speak to your doctor or nurse.

Don't use a constriction ring – only use a ring when you want an erection for sex or masturbation. This is because the ring stops blood and oxygen from flowing into your penis, and your penis needs oxygen to stay healthy.

Side effects

Vacuum pumps are very safe to use and you can use them along with other treatments. You may notice your penis feels slightly cooler than usual and you might not be able to ejaculate if you're using a constriction ring. Some men also find it painful or uncomfortable or experience some bruising or numbness.

Things to be aware of

The vacuum pump might not be suitable if you have a bleeding disorder, if you take drugs to thin your blood, or you have Peyronie's disease (where the penis is curved). Speak to your doctor or nurse about whether it's suitable for you.

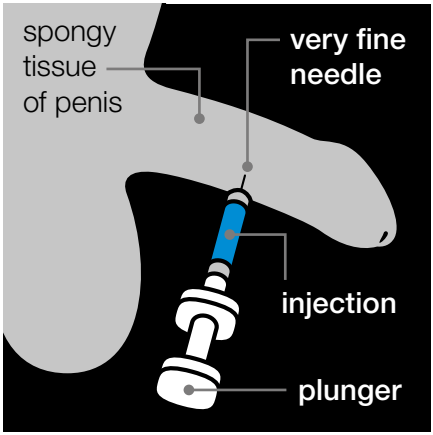
Buying vacuum pumps

Vacuum pumps are usually available on the NHS. If you choose to buy one, ask your doctor, nurse or specialist for advice on choosing one that's suitable.

Injections

Erection problems can also be treated with drugs using an injection that you give yourself. These include:

- alprostadil (Caverject®, Caverject® Dual Chamber, Viridal Duo®)
- aviptadil with phentolamine mesilate (Invicorp®).



An injection may sound off-putting but many men find it isn't that bad and doesn't hurt. Your nurse or doctor will show you how to inject the side of your penis with a very thin needle.

How well does it work?

Injections often work well. They work quickly because the drug goes straight to where it's needed, and they give a natural looking erection. It helps if you start soon after your prostate cancer treatment. Injections should work if you have little or no sexual desire (libido), but they work better with stimulation.

How does it work?

The injection causes blood to flow into the penis, allowing it to become hard. You'll get an erection quickly, within 5 to 10 minutes, and it lasts for up to an hour.

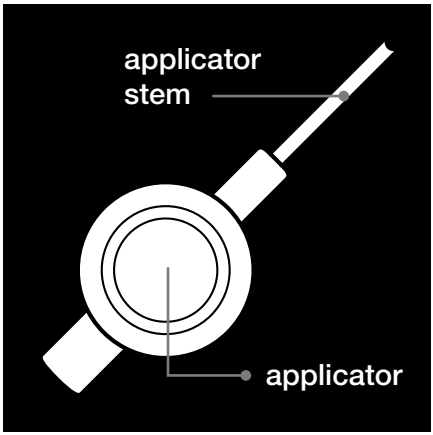
You need to be able to see your penis to use the injection – so if you have sight problems, a big belly or a hidden penis it may not be suitable for you. If you have any difficulties using your hands it may also be harder to use the injection. Your doctor or specialist could show your partner how to use the injection, or you can talk about other possible treatments.

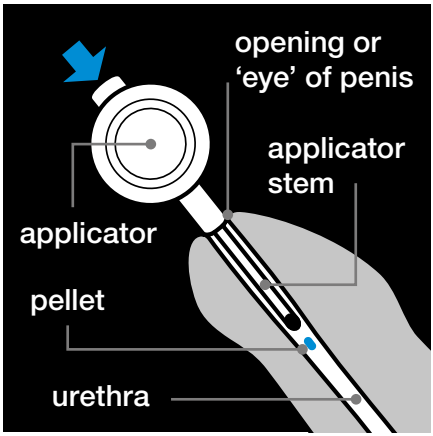
Side effects

Some men who use alprostadil find their penis hurts or aches for a few hours afterwards. If you use aviptadil with phentolamine mesilate, you may find that your penis becomes flushed or bruised, but it shouldn't hurt. If you have any other problems, tell your doctor or nurse.

Pellets or cream

The drug alprostadil, used in the injections described above, is also available as a small pellet called MUSE® and as a cream called Vitaros®.





How well do they work?

These don't tend to work as well as the injections, but they're a good alternative if you don't like the idea of an injection. Pellets and creams may work if you have little or no sexual desire (libido), but they work better when you have some sexual interest and stimulation.

How do they work?

You use an applicator to insert the pellet or cream into the opening or 'eye' of the penis. The applicator can be difficult to use at first but it shouldn't hurt.

With the pellet, it helps if your urethra (the tube you urinate through) is already moist, so urinate first. With the cream, you or your partner can rub in any cream that's left on the tip and massage your penis to help it absorb the drug.

If the pellet works you should get an erection very quickly – within 5 to 10 minutes – that lasts for up to an hour. The cream may take a little longer to work.

Side effects

The pellets and cream can sometimes cause dizziness or a burning feeling or pain in the penis or testicles.

You should use a condom during sex as your partner could have a reaction to the drug – but this is unusual. Use a condom if your partner is pregnant.

If your erection doesn't go down

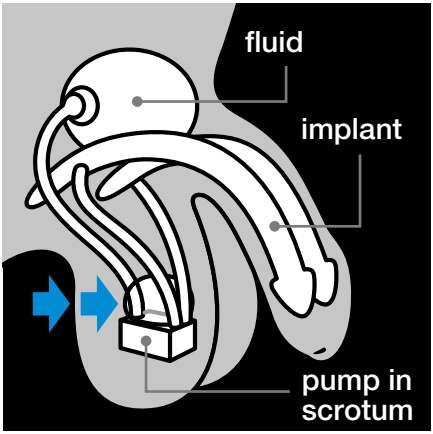
With all treatments for erection problems, some men may find their erection won't go down and can be painful. If this happens, try having sex or masturbating. Squatting, walking up and down the stairs or urinating (peeing) may also help.

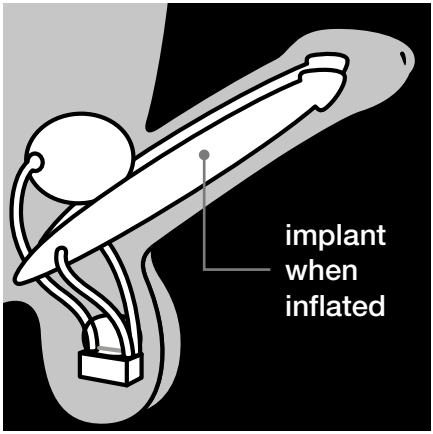
Go to your nearest accident and emergency (A&E) department straightaway if your erection lasts more than four hours. This is called priapism. This is considered a medical emergency, but it can be treated. It is very rare and less than 1 in 100 men who use treatments for erection problems experience this. With injections, the figure is slightly higher at about 1 in 100.

Don't use injections and PDE5 inhibitor tablets together, as this increases the risk of priapism.

Implants

This involves having an operation to put an implant inside your penis. Although it might sound quite off-putting, it can be a good option if other treatments haven't worked.





How well does it work?

Most men who have an implant are satisfied with it. It allows you to have an erection when you want one and it doesn't affect urinating, feeling or orgasm.

How does it work?

There are two main types of implants.

- **Semi-rigid rods** that keep the penis fairly firm all the time but allow it to be bent down when you don't want an erection.
- **An inflatable implant** in the penis and a pump in the scrotum (the skin around the testicles). When you squeeze the pump the implant fills with fluid (saline) to make the penis hard. The fluid is either contained in the pump in the scrotum, or in a separate container that sits in your lower abdomen, just above your penis. Your erection will last for as long as the implant is inflated and you can deflate it when you want to. This type of implant gives a more natural erection, although the tip of the penis may stay soft.

Side effects

These are generally safe, but about 3 out of 100 men (three per cent) who have an implant get an infection. This means the implant has to be taken out. You will be given antibiotics after surgery to help prevent this.

You may have some bruising and swelling around your scrotum. And you'll feel some pain in your penis and around the cuts where your implants have been put in. You'll be given some painkillers to help with the pain, and it should get better after a few weeks. It might help to wear supportive underwear and angle your penis upwards.

The inflatable implant usually lasts for at least 12 years. But up to about 5 out of 100 men (five per cent) may need to have it replaced after five years. The semi-rigid implant is less likely to need replacing.

Testosterone replacement therapy

Testosterone is a hormone that controls the growth of the male sex organs, including the prostate. It also controls other male characteristics, such as erections and muscle strength. Most of the testosterone in your body is made by the testicles.

Different things can affect your testosterone levels including a number of health problems. If you have very low testosterone, you may have problems getting an erection or have a low libido. If your erection problems are caused by low testosterone, then you may be able to have testosterone replacement therapy. It works by increasing the levels of testosterone in your body to a normal level. This may improve your orgasms, ejaculation and erections. It may also make some treatments for erection problems (including PDE5 inhibitor tablets) work better.

If your doctor or nurse suggests trying testosterone replacement therapy ask them about the risks and benefits. For example, testosterone can make prostate cancer cells grow faster so isn't usually recommended if you still have prostate cancer. And you won't be able to have it if you're having hormone therapy. Some research has shown that testosterone replacement therapy is safe for men who've been successfully treated for localised prostate cancer, where all of their cancer has been removed or destroyed. Your doctor will be able to explain more about whether this is safe for you.

If you decide to have testosterone therapy, it's important to see the doctor or medical team who treated your prostate cancer, rather than go to a different doctor. And if you have it, you will need to have regular prostate specific antigen (PSA) blood tests and digital rectal examinations to check for any signs of your cancer returning.

Lifestyle changes

Lifestyle changes such as staying a healthy weight and being physically active can help improve your sex life. Physical activity can help you stay a healthy weight and lowers the risk of some health problems that can cause erection problems, such as type-2 diabetes. It can also improve your energy levels, lift your mood and help with some of the side effects of treatment, such as fatigue.

For more information read our fact sheet, **Diet and physical activity for men with prostate cancer**.

Some men also find pelvic floor muscle exercises help improve the quality of their erections. Read about these exercises in our fact

sheet, **Pelvic floor muscle exercises**.

Quit smoking

Smoking may increase the risk of erection problems, and treatments may not work as well if you smoke. Stopping smoking isn't easy but there is help available. The NHS website has information, advice and support for giving up smoking, including quit kits and face-to-face guidance.

Your desire for sex (libido)

Prostate cancer and its treatment can affect your desire for sex. We explain some of the reasons why this can happen and describe things that can help below. If you have a partner, let them know if you're feeling less interested in sex and why. It's likely they'll notice the change and they could be feeling rejected. Read more about sex and relationships on page 53.

What might affect my sex drive?

Hormone therapy

Hormone therapy for prostate cancer is likely to lower your sex drive. This is because some types of hormone therapy lower your testosterone levels, which is what gives you your sex drive.

If you're on long-term hormone therapy, ask your doctor or nurse about intermittent hormone therapy. This is where you stop hormone therapy when your PSA level is low and steady, and start it again if it starts to rise. Your sex drive may improve while you're not having hormone therapy. But this can take several months and some men don't notice any improvement. Intermittent hormone therapy isn't suitable for everyone. Read more in our booklet, **Living with hormone therapy: A guide for men with prostate cancer**.

If having sex is important to you, you can still try treatments if your sex drive is low. Some of the treatments for erection problems may still work for you (see page 31).

Your thoughts and feelings

Some men with prostate cancer feel that they have lost their self-esteem, self-confidence or sense of masculinity. Feeling down or stressed can mean you have less interest in sex. If you feel like this then consider getting some support (see page 51). As well as helping you to feel better about yourself it may help improve your sex life.

Tiredness

All treatments for prostate cancer can cause tiredness or fatigue (extreme tiredness) during or after treatment. If you feel very tired, you may lose interest in sex or not have enough energy for it.

Try to plan your day to make the most of when you have more energy. Having sex in a position where you don't have to move around much and taking breaks may help. Being physically close by hugging and holding each other can help you stay close when you don't feel like having sex. We talk more about sex and relationships on page 53.

Other side effects

Other side effects of prostate cancer treatments, such as urinary and bowel problems, can affect your sex life. If you're on hormone therapy, you might notice changes to your body, such as weight gain, loss of muscle, breast swelling, changes to the size of your penis and testicles, or hot flushes. These may make you feel embarrassed and less interested in sex. Let your partner know about any side effects and talk to your doctor or nurse about ways to manage them.

Changes in penis size and shape

Some men notice that their penis is a little shorter after surgery (radical prostatectomy). Some men notice other changes such as a curve in their penis or a narrower area. We don't know for certain why these changes happen, but it could be because of low oxygen levels in the penis caused by not having erections. Other prostate cancer treatments, such as hormone therapy with radiotherapy, may also cause changes in the size of your penis.

Encouraging blood flow to the penis after surgery may help prevent this. For example, using a vacuum pump, either on its own or with PDE5 inhibitor tablets, could help maintain the size and improve erections (see page 31).

Changes to your body can be difficult to deal with. See page 51 for ways to get support.

Changes to orgasm and ejaculation

After prostate cancer treatment you will still have feeling in your penis. You should still be able to have an orgasm but this may feel different to before, and some men do lose the ability to orgasm, especially if they're on hormone therapy.

If you've had surgery (radical prostatectomy), you won't be able to ejaculate when you orgasm. This is because the prostate and seminal vesicles, which make some of the fluid in semen, are both removed during the operation. Instead, you may have a dry orgasm – where you feel the sensation of orgasm but don't ejaculate. You might release a small amount of liquid from the tip of your penis when you orgasm, which may be fluid from glands.

If you've had radiotherapy, brachytherapy, high intensity focused ultrasound (HIFU) or hormone therapy, you may produce less semen. With radiotherapy, brachytherapy and HIFU you may also notice a small amount of blood in the semen. Although it can be worrying to see blood in your semen, it isn't usually a problem, but tell your doctor or nurse if this happens.

Retrograde ejaculation

If you've had radiotherapy for prostate cancer, or an operation called a transurethral resection of the prostate (TURP) to help you urinate more easily, you may get something called retrograde ejaculation. This is where the semen travels backwards into the bladder when you orgasm, rather than out through your penis. The semen is then passed out of the body when you next urinate. It isn't harmful, but it may feel different to the orgasms you're used to.

I tried different tablets, with no effect other than giving me headaches and a red face. I then tried the injection, which worked occasionally at first but after sticking with it, it now works every time.

A personal experience

Reaching orgasm quickly

Some men find they don't last as long during sex and reach orgasm sooner than they want to. This can sometimes happen if you are not relaxed or worried that you may lose your erection. If this happens, wearing a condom or changing positions during sex might help. Or you could try stopping when you feel like you're getting close to orgasm, and starting again a few moments later.

Leaking urine

If you've had surgery you might leak a small amount of urine when you're sexually aroused, for example when you're hugging or kissing. It can also happen when you orgasm. This is called climacturia. Although it could be a shock at first, urine is germ-free and safe. If it bothers you, you could try:

- urinating before you have sex
- wearing a condom
- having sex in the shower
- having sex on a towel, or keeping towels or tissues nearby.

Top tip

Before sex, make sure your bladder and urethra are empty. After you urinate, use your fingertips to press gently upwards at the base of your scrotum. Keep pressing gently as you move your fingers forward from the base of your penis to the tip. This should squeeze out any urine that's left in your urethra.

If leaking urine is still bothering you, your doctor or nurse can give you further advice. Some men also find that pelvic floor muscle exercises help. There's more about managing leaking urine in our fact sheets, **Urinary problems after prostate cancer treatment** and **Pelvic floor muscle exercises**.

Pain during orgasm

Some men feel pain in their penis when they orgasm, or find ejaculation uncomfortable. This may happen every time or just sometimes, and it can last less than a minute or it can last longer.

Let your doctor or nurse know about the pain, especially if it doesn't get better. You may have some scarring or a blockage in your urethra that needs treatment.

Having children

After prostate cancer treatment you might not be able to have children naturally. If you have surgery (radical prostatectomy) you won't ejaculate any semen. And if you have radiotherapy or brachytherapy, the radiation might affect your ability to produce sperm, although this can be temporary.

With radiotherapy and brachytherapy you may produce less fluid when you ejaculate but you may still be fertile. This means it may take longer or be more difficult to have children naturally.

Storing sperm

Whatever treatment you have, you may want to think about storing your sperm before treatment so that you can use it for fertility treatment later. Ask your doctor or nurse whether sperm storage is available locally. Sperm can usually be stored for up to 10 years, and sometimes longer.

Using contraception

Changes to your sperm during radiotherapy, brachytherapy and chemotherapy could affect any children you conceive during or after treatment. But the risk of this happening is very low and it hasn't been proven. Use a condom or other form of contraception during treatment, and for a while afterwards, to avoid your partner getting pregnant. This could be for up to a year, but speak to your doctor or nurse about this.

If you and your partner are planning to have children, you can get information on fertility and possible treatments from your GP or specialist team, Macmillan Cancer Support and Fertility Network UK.

Your thoughts and feelings

Sex or masturbation may be an important part of your life as an individual and in your relationship with your partner. It may be a way of having fun or relaxing, helping you cope with difficult times, or boosting your self-esteem and happiness.

Changes to your body and your sex life can have a big impact on you. They could make you feel unsatisfied, worried, or even angry. Some men say they feel like they've lost a part of themselves and feel a sense of sadness and loss. There are ways to tackle these issues and it's possible to find solutions that work for you.

> **You need to be open-minded about what could help you. You also need to be proactive in getting your needs met, and even recognising what your needs are.**
>
> A personal experience

Feeling down or worried

If you have prostate cancer it's not unusual to feel worried or down and you may need to deal with these feelings before you can deal with any sexual issues. If you are finding it difficult to cope, you may find it helpful to speak to your nurse or GP, or to a counsellor or therapist. There are other places you can get support (see page 51), including our Specialist Nurses.

Your identity

Changes to your body and problems with erections after treatment for prostate cancer can change how you feel about yourself and affect your self-esteem. Some men say they feel old and unmanly, or that they have lost a part of their identity.

If your sex life is important to you then these changes might be harder to deal with. We explain some things that could help below.

Things you can do to help yourself

Looking after yourself and being in control of finding the right support and information, can help you manage the sexual side effects of prostate cancer treatment.

Try to go easy on yourself

Are you putting too much pressure on yourself? It can take time to come to terms with being diagnosed with prostate cancer, having treatment and living with side effects – particularly sexual ones. Getting some advice or support as soon as possible may stop difficult feelings becoming too much.

Look after yourself and your body

Focus on the things you like about yourself, do activities or hobbies you're good at, or try something new. Being physically active can lift your mood, give you more energy and keep your body in shape. This may help your sex life. Making changes to your diet can help you lose weight and keep healthy. Cutting down on alcohol may also help. Read our fact sheet, **Diet and physical activity for men with prostate cancer** for more information.

Getting support

If you're stressed or down about changes to your sex life, finding some support may improve how you feel. There are lots of different ways to get support, including those listed below.

A lot of men, with and without prostate cancer, have sexual problems. Talking to other men who've had similar experiences can be useful.

Our Specialist Nurses

Our Specialist Nurses can help answer your questions and give support about how you can deal with sexual side effects. They've got time to listen, in confidence, to any concerns you have.

Our Specialist Nurses also have a sexual support service. This is a chance for you, or your partner, to talk to one of our Specialist Nurses with an interest in helping with sexual problems after treatment for prostate cancer. Call our Specialist Nurses on 0800 074 8383 or chat to them online for more information.

Trained counsellors

Counsellors are trained to listen and can help you find your own ways to deal with things. Many hospitals have counsellors or psychologists who specialise in helping people with cancer – ask your doctor or nurse at the hospital if this is available. Or you may be referred to a psychosexual therapist who is trained to listen and talk about issues relating to sex and relationships. Your GP may also be able to refer you, or you can refer yourself for counselling on the NHS, or you could see a private counsellor. To find out more, visit **www.nhs.uk/counselling** or contact the British Association for Counselling & Psychotherapy.

Our one-to-one support service

Our one-to-one support service is a chance to speak to someone who's been there and understands what you're going through. They can share their experiences and listen to yours. You could talk about erection problems, treatments and how prostate cancer has affected your relationships and sex life – whatever's important to you. We'll try to match you with someone with similar experiences. Family members can also speak to partners of men with prostate cancer.

Our online community

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

Support groups

At support groups, men get together to share their experiences of living with prostate cancer. Some support groups also hold meetings online. You can ask questions, share worries and know that someone understands what you're going through. Some groups have been set up by health professionals, others by men themselves. Many also welcome partners, friends and relatives.

To find out more about any of the above, visit **prostatecanceruk.org/get-support**

Sex and your relationships

If you have a partner, then coping with cancer and side effects may have changed your relationship and the way you have sex. Some couples even find that dealing with cancer strengthens their relationship and brings them closer together. But you may experience some or all of the following.

- Your normal pattern of having sex might change. Some men will avoid sex or any kind of closeness because of worries that their partner will expect full (penetrative) sex.
- Dealing with cancer sometimes means relationships can change from romantic or sexual to more like a close friendship, or patient and carer.
- You'll probably be facing other changes in your relationship, such as changing priorities and life plans together.

Even though your sex life might not be the same as it was before, there are still many ways of having pleasure, closeness or fun together. Being physically close can protect or even improve your relationship. Try to be realistic but flexible in your approach to sex. It doesn't have to be all about full penetrative sex.

Practical tips

Give the treatments a go

If you're having problems with erections, try the available treatments (see page 23). They will work for some men but not for everyone. You may need to stick with a treatment for a while before you see results. And you might need to try different treatments or a combination. Don't be put off if you know a treatment hasn't worked for someone else – everyone is different.

We still have sex, but in different ways and with a little bit of medical intervention.

A personal experience

Talk about it

If you have a partner, talking about sex and your thoughts and feelings will help you both deal with any changes. Some men worry about the effect that changes to their sex life are having on their partner. Try not to guess how they feel about things, as guesses can often be wrong. And encourage them to get support too.

It's not always easy to talk about sex and relationships, even if you've been together for a long time. Some men find it hard to talk about their emotions, as they feel that being emotionally strong is part of what makes them a man. And sometimes couples who are struggling to cope with the changes in their relationship will put off talking about it. They might think the other partner doesn't mind the changes, feel embarrassed, or not want to upset each other.

Talking to each other, even if you need help to do so, can help you come to terms with the changes to your sex life. Communication can even bring you closer together and make you feel more confident about facing challenges. If you find it difficult to talk, it may help to write a letter to your partner or see a relationship counsellor.

Your nurse or GP can talk to you about counselling. You could also try contacting organisations such as Relate or the College of Sexual and Relationship Therapists. A sex therapist can also help you talk about sex (see page 58).

Stay close

Try to experiment and find out what works for you, and try different, non-sexual, ways of being close. This could be as simple as holding hands or going out and trying new hobbies and things to do. Some couples try to have an evening out together every few weeks. Some men say they just miss having a hug with their partner – having a regular cuddle can keep you close.

Try to have time alone together, whatever your situation. If you're in a hospital, hospice or have carers coming to your house, make sure they know when you need private time.

Focus on pleasure not erections

Take the spotlight off performance. Remember – having sex is not just about having erections or penetrative sex. Men can have orgasms without having an erection or ejaculating and some men get pleasure from pleasuring their partner.

Find a space to be together that is warm and comfortable, and take some time to be physically close. Try some mutual massage sessions. You could start with a massage that avoids the sexual parts of the body and then add some genital touching later or at another time.

Take things slowly, and later add in a session when you spend more time touching each other's genitals. If you relax and use all your senses, you may be able to have an orgasm with a soft penis.

Have fun and experiment

There's no one way to have sex or experience sexual pleasure, but people can get stuck in sexual habits. Think of this as an opportunity to refresh your sex life.

Sex is more than just penetration. You could try alternatives such as massage, mutual masturbation, oral sex, vibrators and dildos, watching erotic films or reading erotic books. You can buy lubricants and vibrators in pharmacies and supermarkets, high street lingerie and sex shops, or online.

You can make changes gradually. Start off with holding hands or kissing if you don't normally do this, and move on to new sexual activities when you feel comfortable.

> **Our love-making has improved in ways that are very fulfilling, despite lack of penetration.**
>
> A personal experience

Get some advice

If you have questions or concerns about sex speak to your doctor, nurse or other health professional. Some couples need more than just medical treatment for erection problems. Seeking advice and support can help.

Sex therapy

Sex therapy (sometimes called psychosexual therapy or sexual counselling) is available on the NHS in some areas, or you can pay for it privately. For NHS services you will usually 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, the British Association for Counselling & Psychotherapy, or the Institute of Psychosexual Medicine.

Focus on... sex therapy

Sex therapy normally involves a series of counselling sessions. If you have a partner you may want them to be involved.

Sex (or psychosexual) therapists or counsellors may have a background in medicine, nursing or psychology. They'll have had special training in the causes and treatment of sexual problems.

The first appointments will focus on the therapist getting to know you and finding out about your sex life. You and your partner may have joint and separate appointments.

You may find the conversations with the therapist uncomfortable at first, but this should improve as you get more confident. Remember, therapists talk to people about sex all the time – they are used to having these types of conversations.

At the end of these first few sessions, the therapist will give you some brief information and advice and talk to you about whether further therapy might be useful. They may refer you for couples counselling, or other psychological services or treatment.

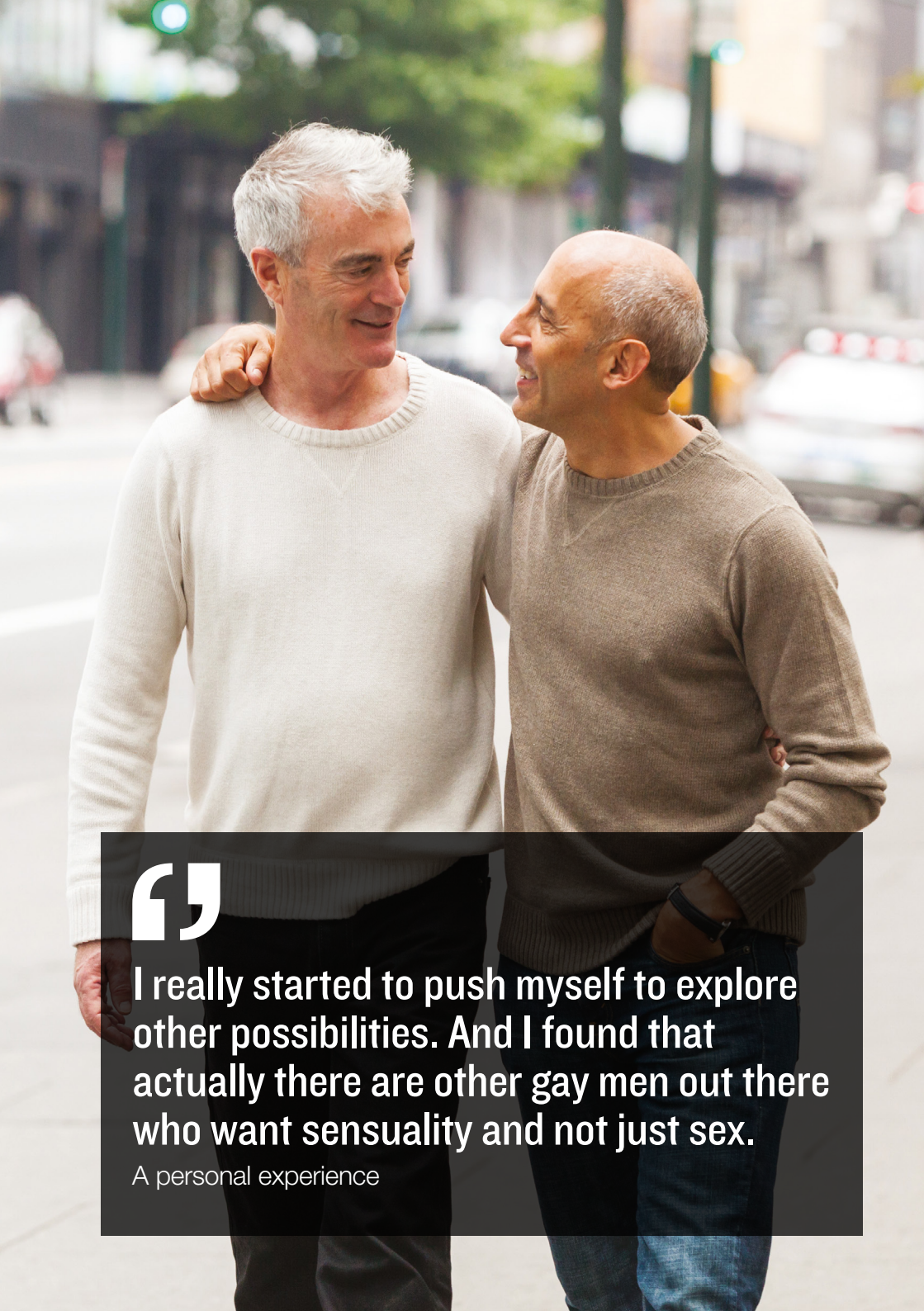
If you have further sex therapy it will often involve more discussion of sexual problems, and specific activities and ways to work through them. You might have 'homework', such as a series of exercises to help you and your partner get to know each other's bodies and how they respond sexually, find ways to communicate more effectively, or experiment with different ways of being close.

The therapist will work with you, at your own speed, to help you find solutions that work for you. There are many different options to try and only you and your partner can make those decisions. Sometimes just having someone listen to how you are feeling helps you find your own answers.

There are some myths about sex therapy – you will never be asked to undress or do anything sexual in the therapy room.

We've learnt to talk to each other about absolutely anything and it's made us appreciate each other a little bit more as well.

A personal experience



> I really started to push myself to explore other possibilities. And I found that actually there are other gay men out there who want sensuality and not just sex.
>
> A personal experience

Gay and bisexual men

Prostate cancer affects gay and bisexual men in many of the same ways as heterosexual men, but there can be some other issues too.

Not all gay or bisexual men have anal sex – but if you do, then the impact of erection problems will depend on whether you are a 'top', 'bottom' or both.

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 the base of your penis together with another treatment like PDE5 inhibitor tablets, to help keep your erection hard enough for anal sex. You can buy constriction rings online or from most sex shops.

If you receive anal sex, then bowel problems or sensitivity in the anus may be an issue after radiotherapy. 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 for further advice.

Try using a condom and extra anal lubrication. Cleaning yourself before sex can make you feel more comfortable, but douching can irritate the lining of your back passage. This makes it more likely to get infections, so you may prefer to just clean the outside area.

If you are receiving anal sex, a lot of the pleasure comes from the penis rubbing against the prostate. This is why the prostate is often referred to as the male g-spot. Some men who receive anal sex find that their experience of sex changes if they have their prostate

removed (radical prostatectomy). As with all sexual changes you may be able to find ways to work through this, to give and receive pleasure, and to remain close or intimate.

We have more information about living with prostate cancer and the side effects of treatment if you're gay or bisexual in our booklet, **Prostate cancer tests and treatment: a guide for gay and bisexual men**.

Talking to health professionals

Some men find that their doctor or nurse assumes they are heterosexual. Health professionals don't normally record people's sexuality. But it can help to tell your doctor or nurse about your sexuality, particularly if you have specific issues you want to talk about. Seeing a counsellor or a sex therapist may help if you find it difficult to talk to your nurse or doctor (see page 58). Our booklet, **Prostate cancer tests and treatment: a guide for gay and bisexual men**, has more information on talking about your sexuality to health professionals.

Prostate Cancer UK's services are open to everyone, whether you are gay, bisexual, trans, heterosexual, single or in a relationship. Partners can also use our services. There are also support groups in the UK for gay and bisexual men with prostate cancer. Any man who has sex with men, and trans women with prostate cancer, are also encouraged to get in touch. To find your nearest support group, visit our website at **prostatecanceruk.org/get-support**

Sex when you're single

Being sexually active and feeling attractive can be just as important if you're single. All the treatments described here are available to you if you're single – whether you want to be able to masturbate, have sex, or start a new relationship.

If you're starting a new relationship, sexual problems and other side effects like urinary or bowel problems could be a worry. Some men worry that having problems with erections will affect their chances of having a new relationship. Fear of rejection is natural and everyone has their own worries, whether or not they've had cancer. If you're single, you may want time to accept any changes prostate cancer has caused before you start having sex or dating.

Try talking about your worries with someone you feel comfortable with. This could be a friend, or a counsellor or sex therapist if you'd prefer talking to someone you don't know.

If you're sexually active but not in a relationship, or you want to start dating or start a new relationship, these tips may help.

- **Be upfront**. Pick the right moment and talk about your sexual problems – wait until you feel comfortable with the person and trust them.
- **Take your time**. You may not want to try full penetrative sex with a new partner straightaway, especially if you have problems with erections.

Rejection can happen, but many people will accept sexual differences and be understanding.

Support for partners

If you're a partner of a man with prostate cancer then it's likely that you will also be affected by changes to your relationship and sex life.

Some partners feel distressed and may become anxious and depressed. You may go through:

- worries about the future, about what will happen if your relationship breaks down or your partner dies
- changes to how you feel about yourself – if your partner has a low sex drive this might make you feel less desirable or attractive
- feeling frustrated or unsatisfied if your sex drive is higher than your partner's or you are having less sexual contact
- anger or sadness at the loss of how things used to be
- guilt for still having sexual feelings.

Your own desire for sex may change after your partner's diagnosis and during treatment. For example, if you're feeling anxious or worried, you may have less interest in sex. If your roles have changed in the relationship, this might also affect how you feel about sex. You may be dealing with your own health or sexual problems too.

Some men may avoid being physically close because they feel uncomfortable with changes to their bodies or their sex drive. Or it may be because they feel under pressure to perform sexually. This doesn't mean they no longer care for you.

If your partner is using any treatment for problems with erections, try finding out more about them yourself and how to use them. It can make it easier to fit them into your sex life (see page 23).

The information about sex and relationships in this booklet may help, and you could get some information and advice together if you need it.

Many partners don't talk about their own feelings because they want to protect the person they love. But it's also important to get some support for yourself, perhaps without your partner. Talking to other partners who are experiencing the same thing, or getting some counselling, may help.

Getting support is important for your own well-being. Men often worry about how changes to their sex lives are affecting their partners, so it could also help your partner to know you're getting support for yourself.

You might find our booklet for partners and family, **When you're close to someone with prostate cancer: A guide for partners and family**, helpful. Or you can call our Specialist Nurses on 0800 074 8383, or chat to them online. Our Specialist Nurses are here for you too.

Talking about sex can be difficult, even if you've been together for a long time. If you or your partner find it difficult to talk about sex, it may help to see a sex therapist (see page 58).

More information from us

Leaflets and booklets

We have a range of leaflets and booklets about prostate cancer and other prostate problems.

To order publications:

All our publications are free and available to order or download online. To order them:

- call us on **0800 074 8383**
- visit our website at **prostatecanceruk.org/publications**

Call our Specialist Nurses

If you want to talk about prostate cancer or other prostate problems, call our Specialist Nurses in confidence. You can also text NURSE to 70004, or you can email or chat online with our nurses on our website. Visit **prostatecanceruk.org/get-support**

Speak to our Specialist Nurses
0800 074 8383*
prostatecanceruk.org

*Calls are recorded for training purposes only. Confidentiality is maintained between callers and Prostate Cancer UK.

Other useful organisations

British Association for Counselling & Psychotherapy

www.bacp.co.uk
Telephone: 01455 883 300
Information about counselling and details of therapists in your area.

College of Sexual and Relationship Therapists

www.cosrt.org.uk
Telephone: 020 8106 9635
Information about sexual and relationship therapy, and details of therapists who meet national standards.

Fertility Network UK

www.fertilitynetworkuk.org
Telephone: 01424 732 361
Information and support for people with fertility problems.

Institute of Psychosexual Medicine

www.ipm.org.uk
Telephone: 020 7580 0631
Information about psychosexual medicine, and details of specialists who are trained in the treatment of sexual problems.

Macmillan Cancer Support

www.macmillan.org.uk
Telephone: 0808 808 0000
Practical, financial and emotional support for people with cancer, their family and friends. Includes information on sex and relationships.

Mind

www.mind.org.uk
Telephone: 0300 123 3393
Information and support for mental health issues such as depression or anxiety.

NHS website

www.nhs.uk
Information about conditions, treatments and lifestyle, including sexual problems and advice on quitting smoking. Support for carers and a directory of health services in England.

NHS 111 Wales

www.111.wales.nhs.uk
Telephone: 111
Provides health advice 24 hours a day and lists local health services in Wales.

NHS Inform

www.nhsinform.scot
Telephone: 0800 22 44 88
Health information and details of NHS and other support services in Scotland.

nidirect

www.nidirect.gov.uk
Information about government services in Northern Ireland, including health services.

Relate

www.relate.org.uk
Telephone: 0300 003 0396
Information, advice and relationship counselling and sex therapy in England, Wales and Northern Ireland.

Relationships Scotland

www.relationships-scotland.org.uk
Telephone: 0345 119 2020
Information, relationship counselling and sex therapy in Scotland.

Samaritans

www.samaritans.org
Telephone: 116 123
Confidential, judgement-free emotional support, 24 hours a day, by telephone, email, letter or face to face.

Switchboard - LGBT+ helpline

www.switchboard.lgbt
Telephone: 0300 330 0630
Free and confidential support for gay, bisexual and trans people, including a telephone and online chat service.

UK Council for Psychotherapy

www.psychotherapy.org.uk
Telephone: 020 7014 9955
Information about therapists in your area.

About us

Prostate Cancer UK has a simple ambition: to stop men dying from prostate cancer – by driving improvements in prevention, diagnosis, treatment and support.

At Prostate Cancer UK, we take great care to provide up-to-date, unbiased and accurate facts about prostate diseases. 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 booklet are available at **prostatecanceruk.org**

This publication was written and edited by
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- Nicola Lancaster, Macmillan Metastatic Prostate Cancer Clinical Nurse Specialist, Darent Valley Hospital
- Our Specialist Nurses
- Our volunteers.

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, over 52,000 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 prostate cancer 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

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Speak to our Specialist Nurses

0800 074 8383*

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Patient Information Forum

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Follow us on Twitter: **@ProstateUK**

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To be reviewed June 2025

Call our Specialist Nurses from Monday to Friday 9am - 5pm, Wednesday 10am - 5pm

* Calls are recorded for training purposes only.
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