

Prostate cancer and your sex life



**PROSTATE
CANCER UK**

About this booklet




This booklet is for anyone wanting to know how prostate cancer and its treatment can affect their sex life, how they feel about themselves, and their relationships. We talk about the sexual problems 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 on page 3 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.

The following symbols appear throughout the booklet to guide you to sources of further information:

-  Our Specialist Nurses
-  Our publications
-  Sections for you to fill in



Contents

| | |
|--|-----------|
| About this booklet | 2 |
| How might prostate cancer affect my sex life? | 4 |
| Getting the right treatment and support | 15 |
| Problems getting an erection | 19 |
| Treatments for erection problems | 21 |
| Your desire for sex (libido) | 40 |
| Changes in penis size and shape | 42 |
| Changes to orgasm and ejaculation | 42 |
| Having children | 47 |
| Your thoughts and feelings | 48 |
| Sex and your relationships | 54 |
| If you're gay or bisexual | 61 |
| Sex when you're single | 64 |
| Support for partners | 66 |
| More information from us | 68 |
| Other useful organisations | 69 |
| About us | 71 |

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 66.

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



Body

Treatment can damage the nerves and blood supply needed for erections. Hormone therapy can affect your desire for sex.

Relationships

Coping with cancer can change your close relationships, or your thoughts about starting one.

Mind

Finding out you have cancer can make you feel down or anxious, changing your feelings about sex.

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

Many men avoid asking for help or trying treatments – sexual problems can be a difficult thing to talk about, whether you have cancer or not. But there are trained professionals who have experience in 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 15, and list ways to get support on page 50.

Will I be able to have sex and masturbate after treatment?

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 or are currently having
- 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.

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.

What effects can prostate cancer treatments have?

Treatments for prostate cancer can affect:

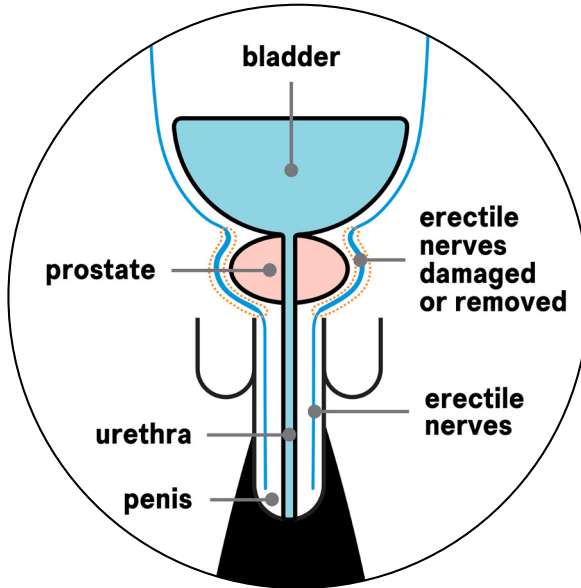
- how you feel about yourself sexually
- your desire to have sex (libido)
- your ability to get an erection
- your ability to ejaculate and have an orgasm
- your ability to have children (fertility)
- how your body looks
- your relationships.

There are treatments and support that can help – whether prostate cancer and its treatments 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 (glands that lie behind the prostate and produce some of the fluid in semen). During the operation, the erectile nerves surrounding the prostate

may be removed or damaged (see the diagram below). This often causes problems getting or keeping an erection after surgery (erectile dysfunction).



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 or robot-assisted 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 receive anal sex, wait about six weeks before having anal sex. This is to give the area time to heal.

What problems might I have?

- Surgery often causes problems getting an erection. Many men find these problems improve with time. But 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.
- Your penis may become a little shorter and change shape slightly (for example, curving or narrowing).
- 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, while others may find that the feeling isn't as good.
- You won't be able to have a child naturally (infertility) (see page 47).
- You may leak urine (wee) during sex or arousal.
- 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 to destroy prostate cancer cells.

When can I have sex or masturbate?

- After radiotherapy, you can have sex or masturbate as soon as you feel like it.
- You may want to use contraception during treatment and for up to a year afterwards if there is a chance of your partner becoming pregnant, or if they are pregnant (see page 47).
- If you receive anal sex, you might want to wait at least two months 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 or painful.
- 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 47).

If you've had permanent seed brachytherapy

This is a type of radiotherapy where tiny radioactive seeds are put inside the prostate to destroy cancer cells. The seeds are left there permanently.

When can I have sex or masturbate?

- After treatment, wait a few days before having sex or masturbating.
- It's rare for the seeds to come out in your semen, but it's best to use a condom the first five times you ejaculate after treatment. Double wrap the used condoms and put them in the bin.
- Use contraception during treatment and for up to a year after if there is a chance of your partner becoming pregnant (see page 47). Ask your doctor for more information on this.
- If you receive anal sex, there is a risk that your partner's penis might be exposed to some radiation during sex for the first few months. Your doctor may suggest you avoid having anal sex or anal play for six months after treatment. Ask your doctor for more information about having anal sex after permanent seed brachytherapy.
- Wait a few months before using sex toys that stimulate your prostate, such as a vibrator. This is because after a few months, the seeds should be fixed in position so they will be unlikely to move or come out.

What problems might I have?

- Erection problems can develop slowly over time.
- You can still orgasm but it might feel different and you may produce less or no semen.
- You may notice a little blood in your semen for a few months after treatment. This isn't usually a problem, but tell your doctor or nurse if there is a lot.
- Ejaculation may feel different and sometimes painful, especially soon after the seeds have been inserted.
- You might not be able to have a child naturally (infertility) (see page 47).

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 prostate 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 and have bowel problems after treatment, wait two months or until these have improved before trying anal play or sex.

What problems might I have?

- You may have erection problems that can slowly get worse over several years.
- You may produce less or no semen but can still orgasm.
- You may notice a little blood in your semen for a few months after treatment. This isn't usually a problem, but tell your doctor or nurse if there is a lot of bleeding.
- You may not be able to have a child naturally (infertility) (see page 47).

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 47).

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 47).

If you're having hormone therapy

Hormone therapy stops the hormone testosterone from reaching cancer cells. This stops the cancer cells 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 will likely 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 experience changes to your body that 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 surgery to remove all, or part of, your testicles (orchidectomy).

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. You may have to use contraception for up to four months afterwards too, but ask your doctor about this (see page 47).

What problems might I have?

- You may not be able to have a child naturally (infertility) (see page 47).
- 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.



Getting the right treatment and support

There is support available and different treatments you can try to help you deal with changes to your sex life. Everyone is different, and how you choose to deal with these changes 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 21). 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. If it still doesn't work, tell your doctor or nurse. They may review your treatment or refer you to a specialist.

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 feel more prepared. And it can help you to prepare to start using the treatments for sexual problems soon after your treatment.

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

Be prepared to try again

Not everyone is used to talking about sex. But most health professionals are used to having conversations about sex. 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.

What health professionals might I see?

We say you can speak to your doctor or nurse throughout this booklet, but you may find that other health professionals can help as well. It could be those listed here, or others you see.

- **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. They can support you and answer questions.

- **Consultant therapeutic radiographer**

A health professional who is involved in planning and delivering radiotherapy. They also check how well the treatment has worked and do follow-up checks. They can give you information and support about radiotherapy treatment.

- **Andrologist**

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

- **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 mobility and provide exercises to help improve fitness, ease pain or strengthen muscles. You might see a physiotherapist to help you do pelvic floor muscle exercises.



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 before I start my prostate cancer treatment to help reduce the sexual side effects?

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?

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.

Usually 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. However, anything that interferes with your nerves, blood supply, testosterone level 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 lower your desire for sex (libido), cause problems getting or keeping an erection, and the long-term lack of sexual 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.

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. 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. Also, the available treatments will be discussed with you and you might be able to try some of them to see if they work for you. 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 your testosterone, blood sugar and cholesterol levels. They might also check how you are physically, including checking your penis and testicles.

Treatments for erection problems

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

- tablets (see page 24)
- vacuum pump (see page 29)
- injections (see page 32)
- pellets or cream (see page 34)
- implant (see page 36)
- testosterone replacement therapy (see page 38).

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.

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 having counselling or sex therapy. See page 50 for ways to get support.

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

Hormone therapy lowers your desire for sex. This may mean that tablets don't work as well for you, because they work best when you have desire. But they are still worth trying. If tablets don't help, injections, pellets, cream or a vacuum pump could give you an erection.

Even if you don't have a strong desire for sex, having regular erections can help to keep your penis healthy and may prevent it from getting shorter. Erections encourage blood flow to the penis, so the cells have a good supply of oxygen. See page 24 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.

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.

Let your doctor or nurse know if you have any of these other health problems, and 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 feel ready or recovered enough for sex, you can still start treatment for erection problems in the weeks immediately after surgery. This could be taking a low-dose tablet once a day.

Also, around four to six weeks after surgery, and after your catheter has been removed, you can start using a vacuum pump. These treatments help 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.

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 (generic vardenafil or 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 had 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, then 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 when they are.

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. 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 you can be more spontaneous. Or your doctor may suggest taking 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. Your doctor will discuss the types of tablets with you, to help you find the one that might work best for your situation.

The dose you have will vary. Some men start with a low dose, but can go up to a higher dose if the drug isn't working. If the maximum dose of one type of drug doesn't work, then another drug may work better 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 inhibitor tablets. It can take months or even years for the nerves to fully recover and can feel like a long time before the tablets start working. While it may take time for tablets to work, you could try other treatments alongside the tablets, such as a vacuum pump (see page 29) to help keep your penis active.

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. But there are other treatment options available that can be more effective, including vacuum pumps (see page 29).

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. The side effects may include:

- headache
- indigestion
- a flushed face
- itchiness or swelling in your nose (rhinitis)

- muscle pain
- back pain
- leg pain.

Interactions with other medicines

Tablets might not work well for everyone, including some people who take certain medications:

- 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, you may need to take the drugs at least four hours apart from each other.
- 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 your erection problems.
- 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.
- Don't use PDE5 inhibitor tablets and injections, another type of treatment for erectile dysfunction (page 32) together because this increases the risk of priapism (where your erection doesn't go down). Read more about priapism on page 35.

Always check with your doctor or nurse if you're not sure whether tablets are right for you.

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. Some types of sildenafil and tadalafil are available from a pharmacy after a discussion with a pharmacist. 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 can't prescribe tablets, then ask to be referred to an ED clinic.

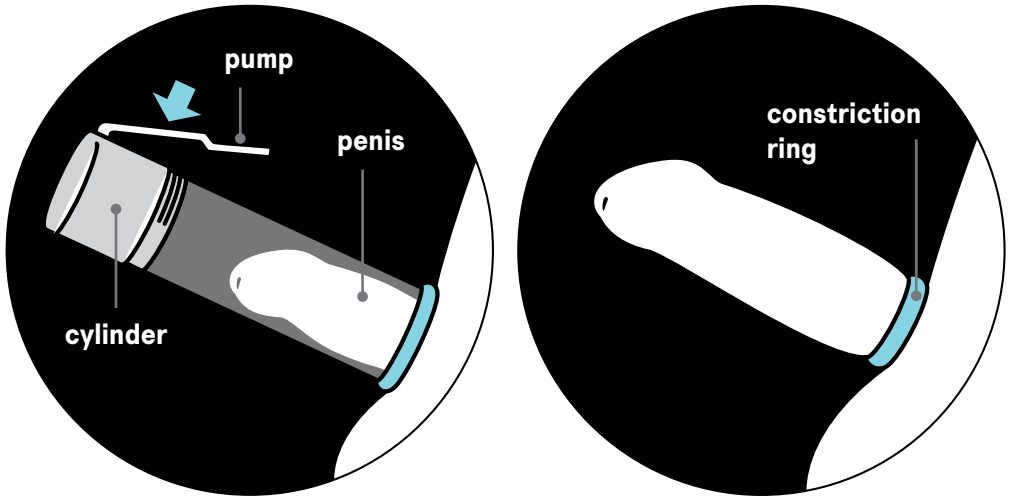
Herbal medicine

Herbal medicines for erection problems, like 'herbal Viagra' which is sold in Chinese herbal medicine stores, can also be unsafe. Not all herbal remedies sold in the UK are licensed, and the quality varies a lot. Be very careful when buying herbal remedies over the internet. Many are made outside the UK and may not be high-quality. And many companies make claims that are not based on proper research. There may be no real evidence that their products work, and some may even be harmful. Remember that even if a product is 'natural', that doesn't mean it is safe.

Speak to your doctor before taking any herbal remedies. For more information about using herbal remedies safely, visit www.mhra.gov.uk

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 can also help to maintain its size.



How well does it work?

A vacuum pump can be an effective way to get an erection hard enough for penetration. Satisfaction with a 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 (page 24) or injections (page 32).

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

How does it work?

You can usually start to use a vacuum pump around four to six weeks after surgery and you've had your catheter removed. 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 about how to use it safely.

Don't use a constriction ring if you're using the pump to keep your penis healthy – 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 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
- you take drugs to thin your blood
- you have Peyronie's disease (where the penis is curved).

Speak to your doctor or nurse about whether it's suitable for you.

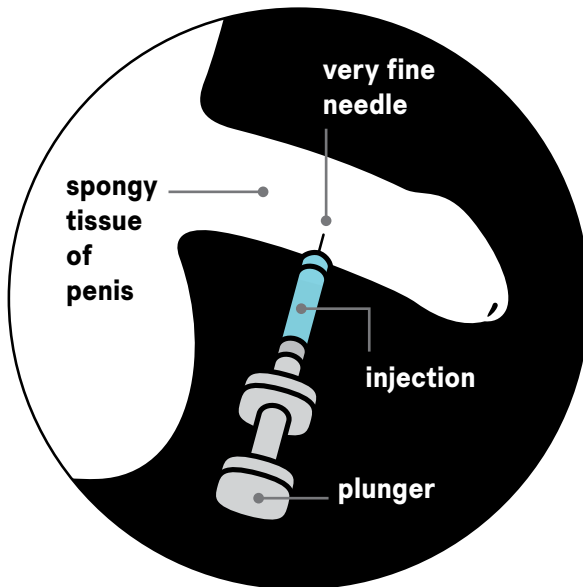
Buying vacuum pumps

Vacuum pumps are usually available on the NHS. You could also buy one yourself, but always 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. Your nurse or doctor will show you how to inject the side of your penis with a very thin needle. They will make sure you're happy giving yourself the injection before you go home.

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 when you have some sexual interest and stimulation. It might take a while before you find the right dose for you.

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.

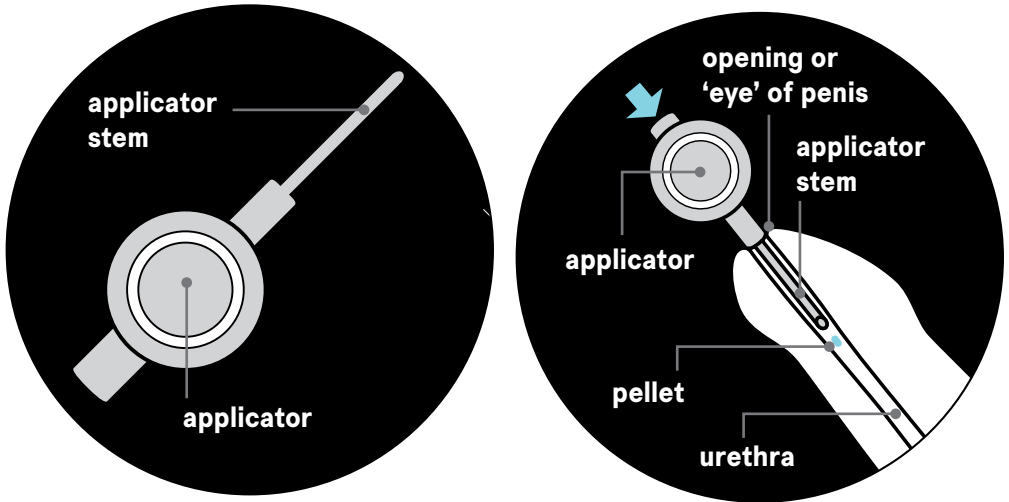
You need to be able to see your penis to give yourself the injection. If you have sight problems, a big belly or a hidden penis, it may not be suitable for you. If you have any difficulties using your hands, it may also be harder to use the injection. Your doctor or specialist can show your partner how to prepare and use the injection so they can do it for you. Or you can ask 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 side effects, tell your doctor or nurse.

Pellets or cream

The drug alprostadil, used in the injections described on page 32, is also available as a small pellet and as a cream.



How well do they work?

The pellets and creams 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. They 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 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 – which 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 discomfort or pain in the penis or testicles.

The pellets and cream can also cause your partner to experience discomfort or pain after sex – but this is rare. If this does happen, you should use a condom during sex. You should also use a condom if your partner is pregnant.

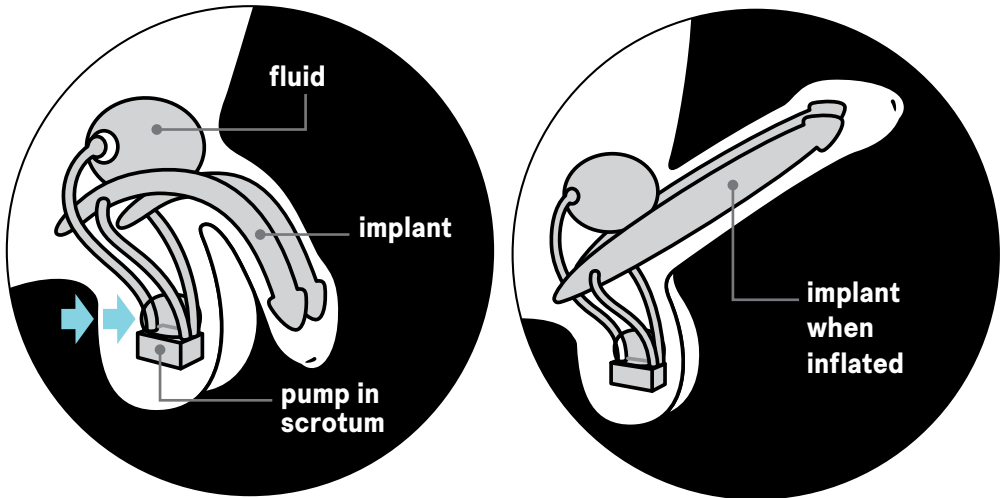
If your erection doesn't go down (priapism)

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, urinating (peeing) or placing something cold on the area (such as a bag of frozen peas) may also help.

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

Implants

This involves having an operation to put an implant inside your penis. Although it might sound 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 implants are generally safe, but about 3 in 100 men (three per cent) who have an implant get an infection. If you get an infection, the implant would be taken out to treat the infection, and then a new one would be put in. 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 the 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 while you heal.

The inflatable implant usually lasts around 10 to 15 years. But around 5 in 100 men (five per cent) may need to have it replaced within ten 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 affects 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, such as after hormone therapy, 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 still 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 to check for any signs of your cancer returning. If there are any changes in your PSA level, you will be sent for further tests, such as a PET (positron emission tomography) scan.

Lifestyle changes

Diet and exercise

Staying a healthy weight and being physically active can help improve your sex life. Physical activity can help you stay a healthy weight and lower 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.**](#)

Pelvic floor muscle exercises

Some men also find that 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 may affect how well treatments for erection problems work. Stopping smoking isn't easy but there is help available. The NHS website has information, advice and support for giving up smoking.




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 what might 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 might be feeling rejected or confused. Read more about sex and relationships on page 54.

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 level of testosterone, which is what gives you your sex drive.

If you're on life-long hormone therapy, you could 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 even if your sex drive is low. Some of the treatments for erection problems may still work for you (see page 29).

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, consider getting some support (see page 50). As well as helping you feel better about yourself, it may 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 54.

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 to maintain its size and improve your erections (see page 24).

Changes to your body can be difficult to deal with. See page 50 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 it may feel different from before. 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 lining the urethra.

If you've had radiotherapy, brachytherapy, high intensity focused ultrasound (HIFU) or hormone therapy, you may produce less or no semen during and after treatment. With radiotherapy, brachytherapy and HIFU, you may also notice a small amount of blood in your 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. Some men on hormone therapy say their orgasms feel less intense.

Emotional impact of changes to ejaculation

It can be hard to manage changes to ejaculation, not only physically but emotionally too. For some men, it can change how they feel about themselves and their sexual identity. It can also affect your relationship and confidence in intimacy with a partner. It's important to remember you are not alone in how you feel and not bury these feelings.

Talking with your partner about how these changes have affected you can help you to feel more open and closer to them. This can help you to redefine what intimacy and sex means to you after treatment. You may also find it helpful to use our Sexual Support Service run by our Specialist Nurses. You and your partner can talk about these changes to your ejaculation and chat through what could help. Call our **Specialist Nurses** on **0800 074 8383**, or find out more information about this service on our website at **prostatecanceruk.org/sexual-support**



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 and shouldn't affect your enjoyment of sex, but it may feel different from the orgasms you're used to. This can also be a side effect of some alpha blockers, a type of treatment for difficulty urinating such as tamsulosin.

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're 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

After prostate cancer treatment, you might leak a small amount of urine when you're sexually aroused – for example, when 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

After prostate cancer treatment, 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 for 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, speak to your doctor. You can get information on fertility and possible treatments from 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. Partners might also struggle with these feelings (see page 66). 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 50), 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 takes 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. Some men prefer to cope on their own, but getting things off your chest can also help. There are lots of different ways to get support, including those listed below.

You are not alone. A lot of men, with and without prostate cancer, have sexual problems. Talking to other men who've had similar experiences can be useful.

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. Your doctor may also be able to refer you to an NHS psychosexual therapist, who is trained to talk about issues relating to sex and relationships.

You can also refer yourself for counselling on the NHS, or you could see a private counsellor or psychosexual therapist. To find out more, visit www.nhs.uk/counselling or contact the British Association for Counselling & Psychotherapy or the College of Sexual & Relationship Therapists.

Local support groups

People affected by prostate cancer get together to share their experiences of living with it. You can ask questions, share worries and know that someone understands what you're going through. Some groups have been set up by local health professionals, others by men themselves. Many also welcome partners, friends and relatives. To find your local support groups, please visit www.tackleprostate.org/supportgroups

Prostate Cancer UK Services

Our Specialist Nurses

- Our **Specialist Nurses** can help answer your questions and support you to deal with sexual side effects, as well as anything else related to your prostate cancer. They've got time to listen, in confidence, to any concerns you or those close to you have.

Our sexual support service

- This is a chance for you, or your partner, to talk to one of our Specialist Nurses trained in 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**, chat to them online, or find out more information about this service on our website at prostatecanceruk.org/sexual-support

Our one-to-one peer support service

This is a chance to speak to someone who's been there – about erection problems, treatments, or how prostate cancer has affected your relationships and sex life. Fill in our form, and we'll try to match you with someone who's had similar experiences. We also have partners of men with prostate cancer on the service. Find out more at prostatecanceruk.org/one-to-one

Wellbeing Hub

Visit our online Wellbeing Hub to find information on the mental and emotional impact of a prostate cancer diagnosis and its treatments. You'll find information on how to manage stress and anxiety, and where to get support. Find out more at prostatecanceruk.org/wellbeing

Online community

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

To find out more about any of the above, visit prostatecanceruk.org/get-support or call our **Specialist Nurses** on **0800 074 8383**.



“The Specialist Nurses were always there and supported us at times of need - their help was reassuring and invaluable”

A personal experience



Sex and your relationships

If you have a partner, coping with prostate cancer and its 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 shift from romantic or sexual to something 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 experiencing pleasure, closeness or fun together. Being physically close in ways other than sex can help to support 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 for you and your partner

Give the treatments a go

If you're having problems with erections, try the available treatments (see page 21). 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 changes. Some men worry about how changes to their sex life are affecting their partner. Try not to guess how your partner feels about things, as guesses can often be wrong. And encourage your partner 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 changes in their relationship will put off talking about it. They might think their partner doesn't mind the changes, feel embarrassed, or not want to upset their partner.

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 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 what works for you both, and try different, non-sexual, ways of being close. This could be as simple as holding hands or going out and trying new hobbies or 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 – sex is not just about having erections or penetration. Men can feel sexual pleasure and have orgasms without 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 if and when it feels right.

Many areas of the body can feel sexual pleasure, not just the genitals. These are called erogenous zones and are similar in men and women. Examples of the zones include lips, neck, ears, nipples, and inner thigh. Try gently touching, pressing or massaging these areas.

Take things slowly, and later add in a session where 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. It's easy to fall into familiar sexual routines. Think of this as an opportunity to refresh your sex life.

You could try activities such as massage, mutual masturbation, oral sex, watching erotic films or reading erotic books.

Consider experimenting with sex toys. These include lubricants, vibrators, dildos, strap-ons and external penile prostheses (hollow dildos or penis sleeves). You can buy these in pharmacies, some 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.”

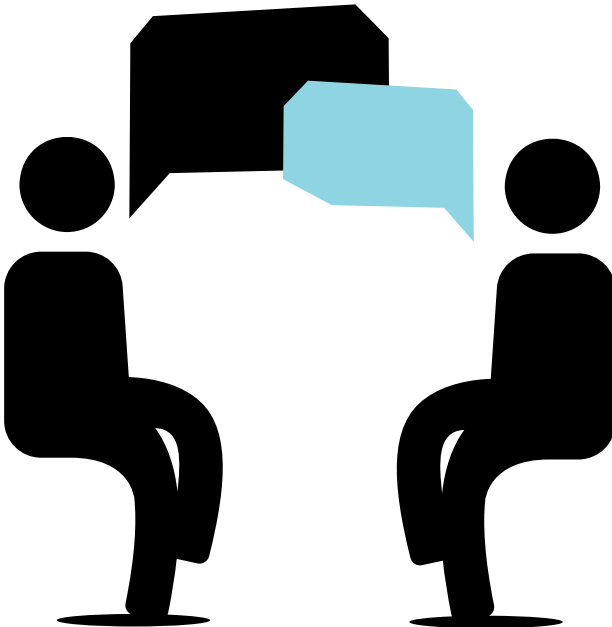
A personal experience

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. Trying both medical treatments and seeking advice and support at the same time can help.

Sex therapy

Sex therapy (sometimes called psychosexual therapy or sexual counselling) is available on the NHS in some areas. Some charities may also offer sessions, 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 have training in the causes and treatments of sexual problems and may have a background in medicine, nursing or psychology.

The first appointments focus on the therapist getting to know you and 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 the 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.



PRIDE



PROSTATE CANCER UK

For everyone with a prostate

Trans women

Gay and Bisexual men

PROSTATE CANCER UK

KNOW YOUR PROSTATE

KNOW YOUR PROSTATE

If you're gay or bisexual

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're giving or receiving.

If you prefer to be the penetrative partner during anal sex, then 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 in pharmacies, sex shops or online.

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

- If you've had external beam radiotherapy, your doctor may suggest you avoid receiving anal sex while you are having radiotherapy and for at least two months after your treatment.
- 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. Your doctor may suggest you avoid receiving anal sex or anal play for the first six months after your treatment. Talk to your doctor or nurse for further advice.
- If you've had high dose-rate brachytherapy and have bowel problems after treatment, your doctor may suggest avoiding receiving anal sex or anal play for two months after treatment.

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). Radiotherapy can also reduce the sensitivity of the prostate in some men too. 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.**

“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

Talking to health professionals

Some men find that their doctor or nurse assumes they are heterosexual. Health professionals don't normally record people's sexual orientation. 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 encouraged to get in touch. To find your nearest support group, visit Tackle Prostate Cancer's website at www.tackleprostate.org/supportgroups



Sex when you're single

Being sexually active and feeling attractive can be just as important if you're single. All the treatments described in this booklet 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 feel ready to 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 to talk 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 open.** Pick the right moment and talk about your sexual problems – wait until you feel comfortable with the person and trust them. Choose a time when you are on your own together and are both relaxed.
- **Take your time.** You may not want to try full penetrative sex with a new partner straight away, especially if you have problems with erections. You could wait for a while and focus on getting to know each other first.

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



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're 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, feeling anxious, changing roles in the relationship, or dealing with your own health or sexual problems can affect how you feel about sex.



Some men may avoid being physically close because they feel uncomfortable with changes to their bodies or sex drive. Or they may do this 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 21).

The information about sex and relationships in this booklet may help, and you can get more information and advice 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 wellbeing. 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. They 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

The Tool Kit

The Tool Kit information pack contains fact sheets that explain how prostate cancer is diagnosed, how it's treated and how it may affect your lifestyle. Each treatment fact sheet also includes a list of suggested questions to ask your doctor. Call our Specialist Nurses for a personally tailored copy.

Leaflets and booklets

We have a range of other 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

Chat to one of 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



**Chat to one of 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

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 websites

England: www.nhs.uk

Scotland: www.nhsinform.scot

Wales: 111.wales.nhs.uk

nidirect (Northern Ireland)

www.nidirect.gov.uk/health-and-wellbeing

Out with Prostate Cancer

www.outwithprostatecancer.org.uk

Offers a safe and confidential space to discuss concerns and experiences with other gay and bisexual men with prostate cancer.

Relate

www.relate.org.uk

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: 0800 011 9100

Free and confidential support and information for lesbian, gay, bisexual and trans people, including a telephone and online chat service.

About us

We're Prostate Cancer UK. We're striving for a world where no one dies from prostate cancer.

We work to give everyone the power to navigate prostate cancer, by providing up-to-date, unbiased and accurate information about prostate diseases. But we're not here to replace your doctor. Always get advice from a healthcare professional to help you make decisions that are right for you.

References used in this booklet are available at prostatecanceruk.org

This publication was written and edited by our Health Information team.

It was reviewed by:

- Tracey Ellis, Consultant Therapeutic Radiographer, Lancashire Teaching Hospitals NHS Foundation Trust
- Richard Gledhill, Prostate Cancer Nurse Specialist, University Hospitals Birmingham
- William Kinnaird, Consultant Urology Therapeutic Radiographer, University College London Hospitals NHS Foundation Trust
- Isabel White, Psychosexual Therapist, Royal Marsden NHS Foundation Trust
- Our Specialist Nurses
- Our volunteers.

Tell us what you think

If you have any comments about our publications, you can email: yourfeedback@prostatecanceruk.org

Donate today – help others like you

Every year over 64,000 men get the life-changing news that they have prostate cancer. But thanks to our generous supporters, we're there to help men when they need us most. You can help more men get free, unbiased, confidential support by donating to us today:

- £10 could fund a call with one of our Specialist Nurses.
- £20 could give 40 men vital information through our handy

 **Know your prostate: a quick guide.**

To donate, visit prostatecanceruk.org/donate or call **0800 082 1616** or text **PROSTATE** to **70004**†. And for other ways to support us, head to 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



Registered with
**FUNDRAISING
REGULATOR**



**Chat to one of our
Specialist Nurses
0800 074 8383*
prostatecanceruk.org**

**Trusted
Information
Creator**

Patient Information Forum

 **@Prostate Cancer UK**  **@ProstateUK**  **@ProstateCancerUK**

© Prostate Cancer UK March 2026 | To be reviewed March 2029

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

* Calls are recorded for training purposes only.

Confidentiality is maintained between callers and Prostate Cancer UK.

Prostate Cancer UK is a registered charity in England and Wales (1005541) and in Scotland (SC039332). Registered company number 02653887.

8096

SEX/MAY26

