

# Sex and prostate cancer



## In this fact sheet:

- How might prostate cancer affect my sex life?
- Problems getting an erection
- Other sexual problems
- Sex and relationships
- Dealing with prostate cancer
- Questions to ask your doctor or nurse
- More information
- About us

This fact sheet is for anyone who wants to know how prostate cancer and its treatment can affect their sex lives and relationships. It's for anyone affected by prostate cancer, whether you're single or in a relationship, and whatever your sexuality. We describe the possible sexual side effects, and the treatment and support available.



Each hospital or GP practice will do things differently. Use this fact sheet as a general guide and ask your doctor, nurse or other healthcare professional for more information. 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 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.

## How might prostate cancer affect my sex life?

Prostate cancer and its treatment can affect your sex life in different ways. It can affect your mind, body and relationships.

Treatments for prostate cancer can affect:

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

## Symbols

These symbols appear in this fact sheet to guide you to more information:



Speak to our Specialist Nurses



Read our publications



### Some common worries explained

- You cannot pass on cancer through sex.
- Having sex or masturbating will not affect how well your treatment works.
- Having sex or masturbating 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.

## Problems getting an erection

Treatment for prostate cancer can cause difficulty getting or keeping an erection. This is called erectile dysfunction (ED) or impotence. Erection problems have many possible causes and become more common as we get older. But there are treatments and support available which can help.

Everyone is different. Some men will have temporary problems that improve 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 causes erection problems?

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

Causes of erection problems include:

- treatments for prostate cancer
- other health problems such as diabetes or heart disease
- certain medicines
- depression or anxiety
- being overweight
- smoking
- drinking too much alcohol.

### What treatments are there for erection problems?

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

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

Because getting an erection also relies on your thoughts and feelings, dealing with any worries or relationship issues as well as having medical treatment can work well.

How well each treatment works is different for everyone. Your overall health, your ability to get erections before cancer treatment, the treatments you try and your age can all play a role. Try different things and stick with them for a while to find the best option for you.

Some treatments for erection problems can seem artificial and you may feel like you lose the moment. But people often 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 together. See page 7 for more information about sex and relationships.

### What can I do to help myself?

Physical activity, staying a healthy weight, stopping smoking and doing pelvic floor muscle exercises may help improve your sex life and your erections.



Read more in our fact sheets, **Diet and physical activity for men with prostate cancer** and **Pelvic floor muscle exercises**.

## 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®).

You need to be sexually aroused for the tablets to work. They normally start to work about 30 minutes to an hour after taking them.

You can take sildenafil, vardenafil and avanafil 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.

Tadalafil can work for up to 36 hours so it lets you be more spontaneous. Your doctor may suggest you start by taking a 5mg dose of tadalafil tablet every day. This may then be reduced to a smaller dose of 2.5mg depending on how your body responds.

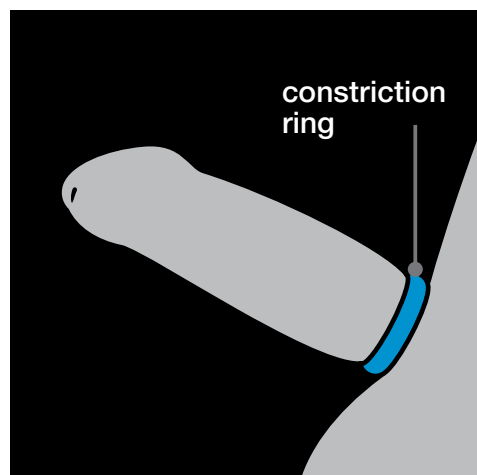
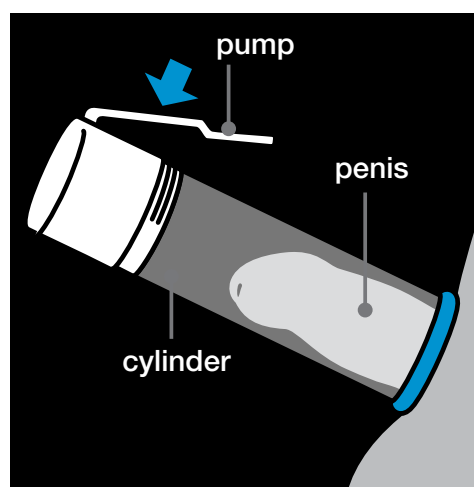
PDE5 inhibitor tablets can cause problems if you're taking medicines to control your blood pressure. However, if you've been taking blood pressure tablets for six months or more and your blood pressure is stable, you can usually take PDE5 inhibitor without any problems. If you take alpha blockers your doctor or nurse may suggest taking the drugs at least four hours apart or even longer in some cases. Talk to your doctor for specific information about how long to wait in between taking each medicine.

You should not take PDE5 inhibitor tablets if you're taking drugs called nitrates. These are used to treat heart problems and are also used in recreational drugs known as poppers. If you have a heart problem or take nitrates, ask your doctor or nurse about other ways to treat erection problems.

You may need to take tablets on an empty stomach as some tablets do not work as well after a big meal or with alcohol or grapefruit juice.

## Vacuum pump

A vacuum pump can be used to help treat erection problems. You use a pump and a plastic cylinder to create a vacuum, which makes blood flow into your penis to make it hard. You then 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 should not wear the constriction ring for longer than 30 minutes at a time.



With a little practice, the pump can help you get an erection in two to three minutes. A lot of men use the pump in combination with other treatments such as tablets.

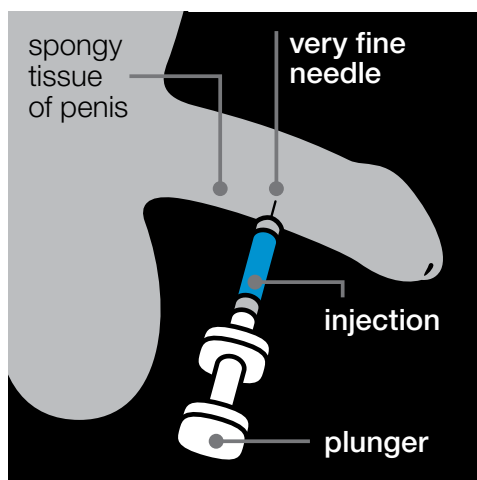
You can also use the pump daily to get blood flowing into the penis. This can help keep your penis healthy in the long term and could help to maintain its size. You do not need to use a constriction ring for this.

## Injections

Erection problems can also be treated with drugs using an injection that you give yourself. These include alprostadil (Caverject®, Caverject® Dual Chamber or Viridal Duo®) and 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. They will make sure you're happy giving yourself the injection before you go home.

You'll get an erection within five to 10 minutes, which normally lasts for up to an hour.



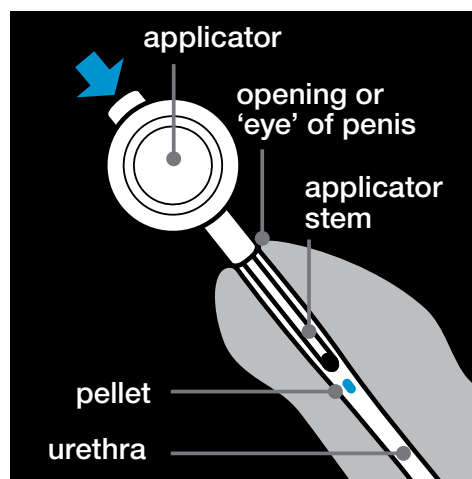
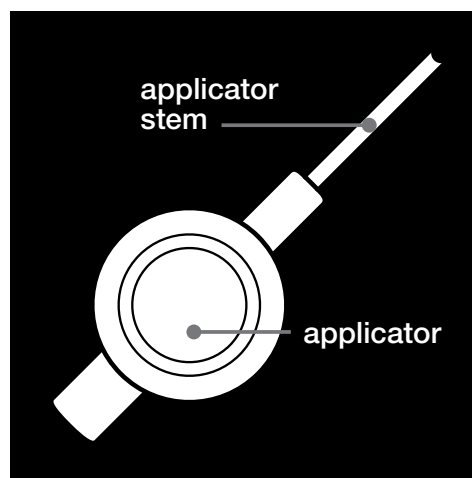
### If your erection doesn't go down

All treatments for erection problems can cause a painful erection that will not go down. If this happens, try doing some gentle exercises, such as walking, jogging or using an exercise bike. Having a warm bath may also help. Try taking some mild pain killers, such as paracetamol, to reduce pain. If you've had an erection for more than four hours, go to your nearest accident and emergency (A&E) department straight away. This is called priapism. It's considered a medical emergency, but it can be treated. It's very rare, but slightly more common with injections than with other treatments.

## Pellets or cream

The drug alprostadil is also available as a small pellet called MUSE®, and as a cream called Vitaros®. These don't tend to work as well as the injections, but they're an alternative if you don't like the idea of an injection.

You use an applicator to insert the pellet or cream into the opening or 'eye' of the penis. You'll get an erection within five to ten minutes, which may last for up to an hour. The cream may take longer to work.



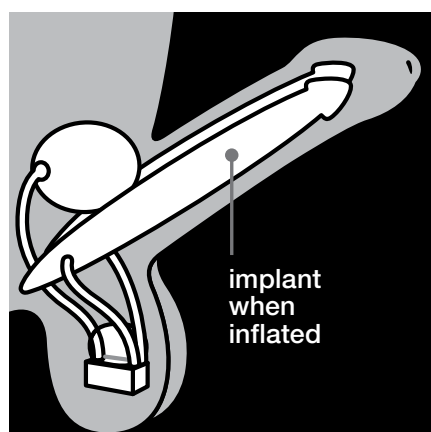
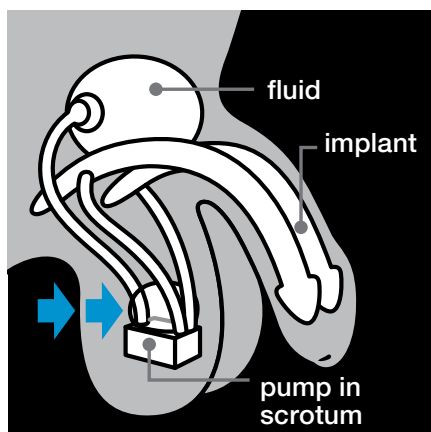
## Implants

This involves an operation to put an implant inside your penis. It can be a good option if other treatments have not worked or you're not happy with your erectile function.

There are two main types:

- **Semi-rigid rods** that keep your penis fairly firm all the time but allow it to be bent down when you don't want an erection.

- **An inflatable implant** in your penis and a pump in your scrotum (the skin around the testicles). When you squeeze the pump the implant fills with fluid (saline) to make the penis hard. Your erection will last for as long as the implant is inflated and you can deflate it when you want to.



### Testosterone replacement therapy

If you've been successfully treated for localised prostate cancer and your erection problems are caused by low testosterone, then you may be able to have testosterone replacement therapy. Talk to your doctor or nurse about whether hormone replacement therapy is suitable for you.

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

Hormone therapy reduces your testosterone level, which lowers your desire for sex. Some treatments, such as tablets, only work when you have a desire for sex, 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.

It's still possible to be intimate with your partner and find new ways to be sexual, even if you're on hormone therapy.

### How can I get treatment and support?

Men with prostate cancer can get free treatment for erection problems and other sexual problems on the NHS. Your GP, hospital doctor or nurse can prescribe treatment if you want help getting erections for masturbation or sex. There is no age limit for receiving treatment, but there may be a limit on how much your GP can prescribe. Your doctor or nurse may also refer you to a specialist service such as an ED clinic.

Many men avoid asking for help or trying treatments – it can be a difficult thing to face and to talk about. But there are trained professionals who have experience managing sexual problems and relationships. They can make you feel more comfortable and talk you through the treatments and ways of dealing with changes in your relationship. If you have a partner, you can ask them to go with you to your appointments.

### 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.

If you're taking tablets, they may not work the first few times. It can take a while to get the timing right or find the right dose for you.

A combination of treatments, such as tablets and a vacuum pump, may work better than one treatment on its own. Speak to your doctor about what might work best for you.

### What if I have other health problems?

Some treatments may not be suitable if you have a heart problem, sickle cell disease or Peyronie's disease, or if you're taking drugs called nitrates. Ask your doctor or nurse for advice if this includes you. You should also let them know about any other medicines you're taking. You'll find more information in the leaflet that comes with your treatment. If you're not sure, talk to your doctor or nurse, or speak to a pharmacist.



## When should I start treatment?

You can start treatment for erection problems whenever you feel ready. Starting treatment soon after your prostate cancer treatment, for example with a low-dose tablet once a day or using a vacuum pump, may improve your chance of getting and keeping an erection later on. If you already have erection problems, you could try starting the treatments before your prostate cancer treatment.

## Other sexual problems

Prostate cancer and its treatment can also affect your sex life in a number of other ways.

### Will prostate cancer affect my desire for sex?

Prostate cancer and its treatment can affect your desire for sex. Hormone therapy lowers your sex drive so that you feel less interested in sex. This is because some types of hormone therapy lower your levels of testosterone, which is what gives you your sex drive.

If you're on long-term 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. Read more in our booklet,



**Living with hormone therapy: A guide for men with prostate cancer.**

### Will prostate cancer treatment change the size or shape of my penis?

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. Other treatments, such as hormone therapy with radiotherapy, may also cause changes in the size of your penis.

Encouraging blood flow to the penis can help keep your penis healthy. Using a vacuum pump, either on its own or with tablets, could help maintain your penis size and improve erections. This is called penile rehabilitation. Starting penile

rehabilitation soon after surgery may improve your chance of getting and keeping an erection later on.

### Will I be able to orgasm and ejaculate after prostate cancer treatment?

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. However, some men may lose the ability to orgasm, especially if they're on hormone therapy.

Some men leak urine or feel pain when they orgasm. Others find they don't last as long during sex and reach orgasm quite quickly.

If you have had your prostate removed, you will not be able to ejaculate. This is because the prostate and seminal vesicles, which make some of the fluid in the semen, are removed during the operation. Instead, you may have a dry orgasm – where you feel the sensation of orgasm but don't ejaculate.

If you've had radiotherapy, brachytherapy, high-intensity focused ultrasound (HIFU) or hormone therapy, you may produce less semen during and after treatment. With radiotherapy, brachytherapy and HIFU, you may also notice a small amount of blood in the semen. This usually isn't a problem, but tell your doctor or nurse if it happens. Some men on hormone therapy say their orgasms feel less intense.

### 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 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 to the orgasms you're used to.

## Will I be able to have children after prostate cancer treatment?

After prostate cancer treatment you might not be able to have children naturally. If your prostate is removed, you won't ejaculate any semen. If you have radiotherapy or brachytherapy, the radiation might affect your ability to produce sperm.

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 has not been proven. But if there is a chance of your partner becoming pregnant, you should use contraception during treatment and for a while afterwards. This could be for up to a year, but check with your doctor or nurse.

### Storing sperm

You may want to think about storing your sperm before treatment, so that you can use it later for fertility treatment. You can usually store your sperm for up to ten years, and sometimes longer. You can get information on fertility treatments from your GP or specialist team, or from Fertility Network UK.



Read more about ways to manage all these issues in our booklet, **Prostate cancer and your sex life**. It also contains information for you if you're a partner of someone with prostate cancer.

## Sex and relationships

If you have a partner, then coping with cancer and side effects may change your relationship and the way you have sex.

Even though your sex life is unlikely to be the same as it was before, there are still many ways to have pleasure, closeness or fun together. Being physically close can help to improve your relationship. Some couples find it useful to see a relationship counsellor. The charity Relate provides relationship counselling and a range of other relationship support services.



Sex therapy (sometimes called psychosexual therapy or sexual counselling) is available on the NHS in some areas, or you can pay privately or contact charities for financial support. For NHS services you will 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.

If you have a partner, you may want to tell them about our booklet, **When you're close to someone with prostate cancer: A guide for partners and family**.

### If you're a gay or bisexual man

To be the penetrative (top) partner 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 other treatments like PDE5 inhibitor tablets or pellets, to help keep your erection hard enough for anal sex. Penile injections may also help to give you a firm injection.

If you receive anal sex (bottom), a lot of the pleasure comes from the penis rubbing against the prostate. So some men find their experience of sex changes if their prostate is removed.

Bowel problems and sensitivity in the anus can be an issue after radiotherapy. It's best to wait until your symptoms have settled before trying anal play or sex. If you have 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 having anal sex in the first six months after having permanent seed brachytherapy. Talk to your doctor or nurse your own situation. Read more in our booklet, **Prostate cancer tests and treatment: A guide for gay and bisexual men**.



## Dealing with prostate cancer

Changes to your body and your sex life can have a big impact on you. They could make you feel worried, unsatisfied, or even angry. There is no right or wrong way to deal with these changes. Some men will want to try different treatments for erection problems, and some will prefer to find other ways to be close to their partner. What's important is that you find a solution that's right for you, and ask for support if you want it.



### Our sex life has improved in ways that are very fulfilling, despite the lack of penetration.

A personal experience

#### Getting support

If you're stressed or down about changes to your sex life, finding some support may improve how you feel. 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 help, or you may prefer to talk to a professional who is trained to listen.

#### Our Specialist Nurses



Our Specialist Nurses can help with any questions and explain your options. They have time to listen 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 on your sex life and relationships, and discuss possible treatments or ways to deal with these changes.

#### Our 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.

#### 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 if this is available. You can also refer yourself for counselling on the NHS website, or you could see a private counsellor. To find out more, visit [www.nhs.uk/counselling](http://www.nhs.uk/counselling) or contact the British Association for Counselling & Psychotherapy.

#### Our one-to-one support service

This is a chance to speak to someone who's been there. You could talk about erection problems, treatments, or how prostate cancer has affected your relationships and sex life. We'll try to match you with someone with similar experiences.

#### Support groups

At support groups, people affected by prostate cancer get together to share their experiences of prostate cancer. Some groups also hold meetings online. You can ask questions, share worries and know that someone understands what you're going through.

#### Our fatigue support

Fatigue is a common symptom of prostate cancer, and a side effect of some treatments. Our Specialist Nurses can talk to you in depth about your experience of fatigue, and the impact it's having on your day-to-day life. They can also discuss ways to help you better manage your fatigue, such as behaviour and lifestyle changes.



To find out more about any of the above, visit [prostatecanceruk.org/get-support](http://prostatecanceruk.org/get-support) or call our Specialist Nurses on 0800 074 8383.



# Questions to ask your doctor or nurse



You may find it helpful to keep a note of any questions you have to take to your next appointment.

How could my prostate cancer treatment affect my sex life?

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How soon after treatment can I masturbate or have sex?

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

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Is there anything I can do before I start my prostate cancer treatment to help reduce sexual side effects?

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What happens if the treatment doesn't work? Are there others I could try?

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What other support is available to me?

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Can my partner also get support?

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## More information

### British Association for Counselling & Psychotherapy

[www.bacp.co.uk](http://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](http://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](http://www.fertilitynetworkuk.org)

**Telephone: 01424 732 361**

Information and support for people with fertility problems.

### Macmillan Cancer Support

[www.macmillan.org.uk](http://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](http://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](http://www.nhs.uk)

Information about conditions, treatments and lifestyle, including information about sexual problems.

### Relate

[www.relate.org.uk](http://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](http://www.relationships-scotland.org.uk)

**Telephone: 0345 119 2020**

Information, relationship counselling and sex therapy in Scotland.

### Samaritans

[www.samaritans.org](http://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](http://www.switchboard.lgbt)

**Telephone: 0800 0119 100**

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

### UK Council for Psychotherapy

[www.psychotherapy.org.uk](http://www.psychotherapy.org.uk)

**Telephone: 020 7014 9955**

Information about types of psychotherapy and details of 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.

This fact sheet is part of the Tool Kit. Download and order our fact sheets and booklets from our website at **prostatecanceruk.org/publications** or call us on **0800 074 8383**.

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

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

### It was reviewed by:

- Lorraine Grover, Psychosexual Nurse Specialist, The London Clinic, London, and The Shelburne Hospital, Buckinghamshire
- Samantha McBeigh, Clinical Nurse Specialist, Belfast Trust
- Sam Muter, Clinical Nurse Specialist, University Hospitals of Derby and Burton
- Our Specialist Nurses
- Our volunteers.

### Tell us what you think

If you have any comments about our publications, you can email:

**yourfeedback@prostatecanceruk.org**



**Speak to our  
Specialist Nurses**

**0800 074 8383\***

**prostatecanceruk.org**

### **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 a prostate problem unlimited time to talk over treatment options with one of our Specialist Nurses.

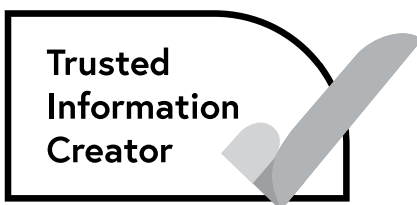
To make a donation of any amount, please call us on **0800 082 1616**, visit **prostatecanceruk.org/donate** or text **PROSTATE** to **70004**<sup>†</sup>.

There are many other ways to support us. For more details please visit **prostatecanceruk.org/get-involved**

<sup>†</sup>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](http://prostatecanceruk.org/terms)



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**Patient Information Forum**

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**t** Follow us on Twitter: **@ProstateUK**

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**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.

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