

Sexuality for Men with Cancer

A guide for
men with
cancer, their
families and
friends.

Acknowledgements

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Introduction

This booklet is for men who have cancer.

The most important effect of cancer treatments such as surgery, chemotherapy, radiotherapy and hormone treatment is that they kill or control cancer cells.

However, these treatments can affect your sexuality. This includes your interest in sex, your ability to give or receive sexual pleasure, how you see yourself and how you think others see you. Some of these effects are temporary while others are permanent. All can be managed or controlled.

This booklet has been prepared to help you understand and deal with the impact that your cancer and its treatment may have on your sexuality.

You do not need to read this booklet from cover to cover - just read the parts that are relevant to you.

Some medical terms used in this booklet, which may be unfamiliar, are explained in the glossary.

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What is sexuality?

Sexuality is not just about sexual intercourse. It is about who you are, how you feel about yourself, how you express yourself sexually and your sexual feelings for others.

Sexuality differs from man to man. It is influenced by many factors, including religion, culture, age and situation.

Sexuality is expressed in many ways: the clothes you wear, the way you move, the way you have sex and who you have sex with. The way you groom yourself including the aftershave you wear also expresses your sexuality.

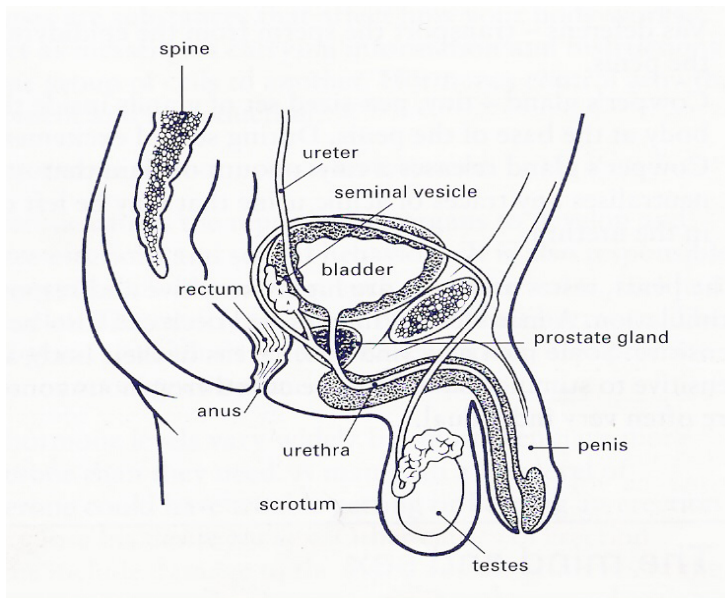
We are all sexual beings and having cancer doesn't change that.

Sex is not the only way of showing love and affection. Touching, cuddling, kissing, caressing and spending time together are also important in expressing emotion and sexual feeling

Male sex organs

A man's sex organs (genitals) are mostly outside his body:

- Penis - the end of the penis is covered by the foreskin, if it hasn't been removed by circumcision. The ridge of the underside of the head of the penis, called the frenulum, is usually a man's most sensitive part. At the end of the penis is a narrow opening to the urethra, through which semen and urine pass.
- Scrotum - a pouch of skin found at the base of the penis. It contains the testes.



- Testes (also called testicles) - two small, egg-shaped glands that sit behind the penis in the scrotum. The testes make and store sperm. They also produce the male sex hormone, testosterone. It is normal for the testes to be at different levels and to vary slightly in size.
- Epididymis - coiled tubes found behind the testis. The immature sperm travel from each testicle to the epididymis, where they mature.

The other parts of a man's reproductive system are found inside his body. They include:

- Prostate gland - a small gland about the size of a walnut. The prostate sits below the bladder and surrounds the tube that carries urine from the bladder out through the penis (urethra). The prostate produces part of the fluid that makes up semen and nourishes the sperm.

- Seminal vesicles - glands that lie very close to the prostate and produce secretions that form part of the semen.
- Vas deferens - transport the sperm from the epididymis to the penis.
- Cowper's glands - tiny, pea-sized set of glands inside the body at the base of the penis. During sexual excitement the Cowper's gland releases a tiny amount of fluid that neutralises any traces of acidic urine that may be left over in the urethra.

The penis, testes and anus are highly sensitive and respond to stimulation. A man's chest, nipples and neck can also be sensitive. Some men may find other areas of their body are sensitive to stimulation. These are called erogenous zones and are often very individual.

The mind and sex

Sexuality starts in the mind. The brain is responsible for making you feel interested in sex through fantasies, memories, imagination and feelings. These thoughts are created by what you see, smell, touch, taste and hear. If you are depressed, anxious or worried about your cancer and its treatment, you will probably be less concerned or interested in sex.

The mind also affects how you feel about your body and how you think it looks (body image). After changes to your body from cancer, you may feel less masculine or think you are less attractive.

The role of hormones

Hormones are substances that affect how your body works. They act as messengers carrying information and instructions from one group of cells to another. Hormones control growth, development and reproduction.

The major male sex hormone is testosterone.

Testosterone causes the reproductive organs to develop and promotes erections and sexual behaviour. It is also responsible for other sexual characteristics, such as a deep voice, face hair and muscles. The testicles produce most of this hormone. The adrenal glands, which sit on top of the kidneys, also produce small amounts of testosterone in men and women.

Men's hormone levels vary widely but most men have more testosterone than they need. A man with a low level of testosterone could have trouble getting or keeping an erection and may lose his desire for sex. Other causes of erection problems include damage to the blood vessels or nerves in the pelvic area, smoking, drinking too much, certain medications, cardiovascular disease, diabetes and some cancer treatments. Anxiety can also cause some erection problems.

Stages of sexual response

- Sexual desire - also called libido, is the interest you have in sex.
- Excitement or arousal - this is when you begin to feel ready for sex. You can become aroused by seeing someone you like; having a sexual thought or fantasy; having your sexual organs touched, kissed or stroked; masturbating or having oral sex.

The body responds to this excitement in various ways: blood pressure and heart rate increase, the chest becomes more sensitive, the nipples may harden, and the penis becomes erect and sensitive. Sexual excitement or arousal can lead to an orgasm but this doesn't always happen.

- Orgasm - the peak of sexual response. The nervous system creates the intense pleasure that you experience in the genital area. This causes the muscles in the genital area to contract in rhythm, sending waves of feeling through the body.

Ejaculation occurs when the muscles around the base of the penis begin to squeeze in rhythm, pushing the semen through the urethra and out of the penis.

- Resolution - breathing, heart rate and blood pressure return to normal. Men usually cannot be sexually aroused again for a while.
- Refractory period - the amount of time a man takes after ejaculation to be able to obtain another ejaculation. This varies between men and increases as they get older.

These stages may change after cancer treatment. Your willingness to have sex may be a starting point that leads to sexual desire or excitement.

How cancer can affect your sexuality

When you are first diagnosed with cancer, it's natural to focus on getting well. You may not think about or be interested in sexual contact or intimacy for a while. During or after treatment you may start to think about the impact of cancer on your sexuality.

Changes what you think and feel

Cancer treatment can change the way you feel about yourself (your self-esteem). You may feel less confident about who you are and what you can do. This is more common if your body has changed physically, but even if it has not.

Dealing with the cancer diagnosis and the treatment can make you feel like you're on an emotional rollercoaster. Emotions that can affect your sexuality include:

- **Fear** - You may worry that others will avoid you or reject you when they see how your body has changed. You may not be able to imagine yourself being in a sexual situation after what has happened to your body.
- **Anxiety** - The thought of having sex again after your cancer treatment can cause anxiety. You may be unsure of how you'll perform. If you are single, you may feel anxious about initiating a new relationship.
- **Anger** - It's normal to feel angry about how your sexuality has been affected. If you are unable to have children, you may feel angry.
- **Shame** - You may feel ashamed by the changes to your sexuality, your body's appearance or the different way your body functions sexually.

- **Guilt** - Some men believe their past sex life caused their cancer. Cancer can't be sexually transmitted. If you have children, you may feel guilty for spending less time with them during treatment. You may also feel guilty for asking family and friends to help you with chores when you were ill.
- **Self-consciousness** - If your body has changed physically after treatment, you may feel self-conscious. Often men with partners find their partner isn't as concerned about these changes as they are.

These feelings are common, and can affect your self-esteem and your attitude towards intimacy. It will help to talk about how you feel with your partner or other men who have had cancer (see page 41).

Changes in appearance

Treatment side effects that change your appearance such as weight gain or loss, hair loss, scars from surgery, having a testis removed, use of a prosthesis, having a colostomy and infertility can all affect how you feel about yourself.

Sexual attractiveness is sometimes judged by how you look, but sex appeal is a combination of looks and other qualities, such as personality and sense of humour.

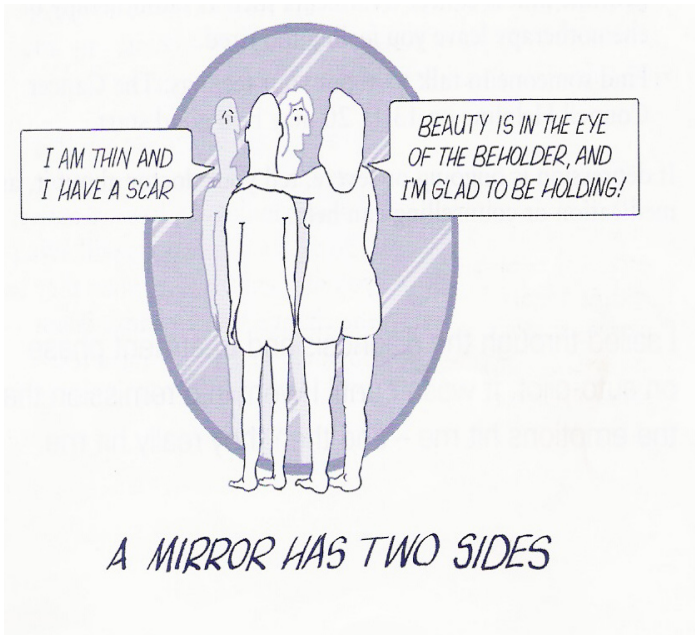
It takes time to get used to these changes. You may think visible changes make you less attractive. You may worry others will avoid you or abandon you when they see the change. If the change is not obvious, such as having a testis removed, it is common for men to try to conceal it.

You will probably find your own way to deal with changes, some suggestions include:

- Focus on you as a whole person and not just the part of you that has changed.
- Talk about your fears.
- Choose well-fitting clothes. Wearing something too tight or too baggy will draw attention to your weight loss or gain.
- Consider wearing a wig if your hair has fallen out from chemotherapy.

The important thing is to do whatever feels comfortable and gives you the most confidence.

A program called Look Good...Feel Better can teach you how to manage changes to your hair and skin. Call the Cancer Council Helpline, 13 1120 for more information.



Feeling down

It is common to feel down after cancer treatment. You may have trouble sleeping, lose interest in activities you normally enjoyed, don't feel like eating or lack energy. Your desire for sex may also be low.

Ways to deal with depression include:

- Spend time with people who have a positive attitude. This will help you reduce negative thinking and focus on what can be done.
- Be as active as possible. Plan activities for each day, such as exercise or meeting people.
- Do things that make you feel good, such as watching funny movies, going for a walk or pottering in the garden.
- Get up at the same time every morning, regardless of how tired you feel.
- Avoid sleeping during the day or taking a nap before bedtime unless cancer treatments such as radiotherapy or chemotherapy leave you feeling too tired.
- Find someone to talk to about your feelings. The Cancer Council Helpline on 13 11 20 may be a good start.

If depression is ongoing or severe, tell your doctor about it, as medication or counselling can help.

“I sailed through the diagnosis and treatment phase on auto-pilot. It wasn't until I went into remission that the emotions hit me - and then they really hit me.”

Changed roles and responsibilities

If your cancer diagnosis and treatment mean you have to stop working, this may cause financial difficulties. If worries about money are causing you a lot of concern, it may mean you don't have the energy or desire for intimacy.

Cancer and its treatment may change your role in the family. You may not have the energy to do the jobs around the house you did before. If that happens, try to return to routine activities as soon as you feel you can. This will help you feel like you have some control over your life. In the meantime, it's OK to ask for help.

A relationship can make you feel loved and supported as you go through your cancer treatment. A cancer diagnosis can bring some couples closer together. However, cancer can strain a relationship particularly if there were problems before the diagnosis. See page 34 for ways to communicate with your partner.

Myths about sexuality

Sex means intercourse

Sex is more than intercourse. It can include kissing, touching, stroking, talking - it doesn't have to involve penetration.

Sexual activity is natural and spontaneous

Not always. Sometimes it needs a little planning but this won't make it any less fun. The anticipation of your planned sexual activity may also help increase your desire.

You need an erection to have sex

You don't need an erection to have an orgasm or ejaculate. Penetration is possible with a half-erect penis, and then you can climax or ejaculate.

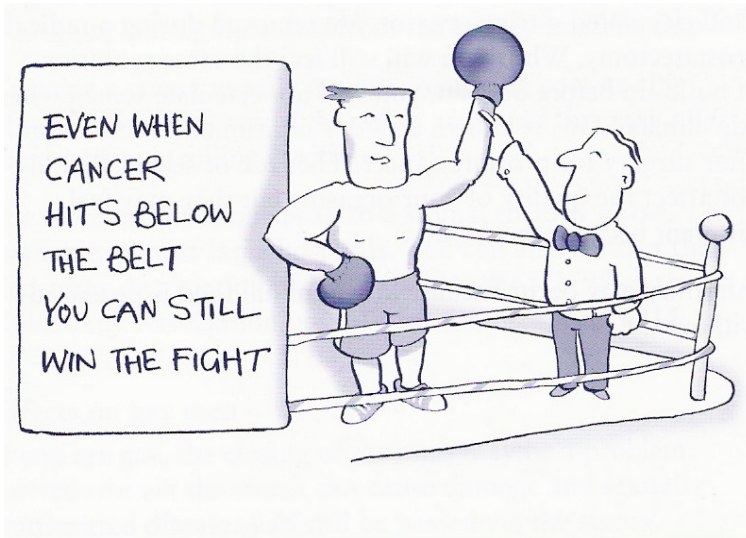
The goal of sexual activity is orgasm

An orgasm is often the major focus of lovemaking but the kissing, touching and caressing that comes before can also be pleasurable and satisfying.

Treatment and sexuality

The main cancer treatments are surgery, radiotherapy and chemotherapy. Other treatments that can work with some cancers are hormone therapy and immunotherapy. These can have temporary or permanent effects on your sexuality. For ways to manage the effects see page 23, *Dealing with sexual problems*, and page 34, *Sex after treatment*.

You can read more about treatment for your particular cancer in the Cancer Council's information booklets on specific cancers and treatment. Call 13 11 20 for a list of booklets.



Surgery

Surgery to treat cancer can affect a man's sex organs.

Prostate surgery

Many men with early prostate cancer have the prostate removed with surgery (radical prostatectomy). Most men will experience problems getting and maintaining an erection (impotence) after surgery. Impotence sometimes improves, often over several years, but can be ongoing in some men.

It may be possible to preserve the nerves that control erections. This is called nerve-sparing surgery (see page 27). Impotence can also be managed in other ways.

The prostate and seminal vesicles, which make most of the fluid ejaculated during orgasm, are removed during a radical prostatectomy. While you will still feel the same sensation of build-up before orgasm, you will not ejaculate semen when you climax. This is known as a dry orgasm and is common after surgery for prostate cancer. The lack of semen should not affect the quality of your orgasms but they may feel different because they're dry.

Infertility may occur because little seminal fluid is produced without the prostate.

Bowel or rectal surgery

Surgery to the bowel may sometimes cause nerve damage that makes it difficult to get an erection. Erection performance may improve over time but it is sometimes affected permanently. Some men with bowel cancer need a stoma (see below).

Stoma

A stoma, which is sometimes called an ostomy, is formed when any portion of the small or large intestine is brought out onto the abdomen. Stomas are named after the piece of bowel used, or the surgical procedure performed. Common stomas include:

- Ileostomy - formed from the ileum.
- Colostomy - formed from the colon.
- Ideal conduit - formed by isolating a small piece of ileum and implanting the tubes from the kidney (ureters) into it.

Creating a stoma usually involves removing part or all of one or more organs in the pelvis area, and this may affect the nerves controlling erections.

For more information speak to a stomal therapy nurse, available at most large hospitals. You can also contact the Western Australian Ostomy Association, 9272 1833.

Effects on gay men

If you are gay, the closing of the anus may be a problem. Intercourse via the stoma can cause damage and sexually transmitted diseases can still be passed via the stoma.

Removal of the testes

If you have one testicle removed, there are no lasting effects on your ability to have sex or your fertility. The operation will not affect your ability to have an erection. You can still have children, as the other testicle makes enough testosterone and sperm.

Having both testes removed will cause some permanent side effects. The lower testosterone levels may affect your sex drive but this can be managed (see page 24). You will be infertile but you can have sperm stored before treatment starts, for use at a later date. Speak to your doctor about this before your treatment starts.

If you're concerned about the appearance of the scrotum, it can be maintained with an artificial testis, called a prosthesis. Ask your doctor about this.

“The surgery felt like an amputation. Without a testicle, I felt like I wouldn't be a man anymore”.

Removal of the bladder

The operation may damage the nerves in the pelvis area, making it difficult for a man to get and maintain an erection.

Having your penis removed

This operation is only done for cancer of the penis. This cancer is very rare. Depending on the location of the tumour, part, or all of, the penis that remains may still get erect with arousal and may be long enough for penetration. A man can still reach orgasm with sexual stimulation, and ejaculate through the opening at the end of the remaining penis.

Reconstructive surgery is still experimental, but it is sometimes possible to have a penis reconstructed after removal. This will require another operation. The technique uses skin and muscle from your arm. Some surgeons have successfully reconnected some of the nerves providing sensation and manipulated blood flow to allow the reconstructed penis to become erect. A penile implant will help you to get and maintain an erection.

Radiotherapy

Radiotherapy uses x-rays to kill cancer cells or injure them so they cannot multiply.

Common side effects of treatment include:

- Tiredness - During radiotherapy your body uses a lot of energy dealing with the effects of radiation, so many men feel tired during and after treatment. This fatigue may last for several weeks or months. You may not feel like having sex during this time.
- Painful ejaculation - Radiotherapy to the pelvic area may make ejaculating painful as the urethra (the tube that carries urine from the bladder out through the penis to the outside of the body) has become inflamed. The pain usually disappears a few weeks after the treatment ends.
- Erection difficulties - Problems with having an erection are common after radiotherapy. The nerves and blood vessels needed to have an erection become scarred and are unable to let enough blood through to fill the penis. This problem may not develop until 12 months after treatment.
- Reduced sperm production - This is common after radiotherapy and may be temporary or permanent. If you want to father a child, consider having sperm stored before your treatment starts.

“Before going ahead with radiotherapy, the doctor informed me about sperm banking. I decided that I did want a family some day so this would be the smartest thing to do”.

Chemotherapy

Chemotherapy uses drugs to kill or slow the growth of cancer cells. These are called cytotoxic drugs. Chemotherapy kills fast -growing cells such as cancer cells. Other cells that grow quickly can also be affected, such as the cells involved in hair growth and cells in the mouth.

The common side effects of chemotherapy include:

- Fertility concerns - Chemotherapy drugs may lower the number of sperm produced and reduce their ability to move. This can cause infertility, which may be temporary or permanent. If you want to have children, you can store your sperm for later use before treatment starts.
- Erection difficulties - The ability to have and keep an erection may also be affected but this is usually temporary.
- Tiredness - Chemotherapy may make you feel too tired or sick to want sex. Once chemotherapy is over, your sex drive usually returns.

Hormone treatment

This treatment blocks the body's natural hormones, such as testosterone, that help some cancers grow.

Testosterone helps prostate cancer grow. Slowing the production of testosterone may also slow the growth of the cancer or even shrink it.

For more information, call the Cancer Council Helpline on 13 11 20 for copies of the Cancer Council's free booklets on radiotherapy and chemotherapy.

Hormone treatment is often given for several months before radiotherapy to make the cancer smaller. This reduces the area that needs radiation and increases the effectiveness of the treatment.

Hormone treatments to lower testosterone levels may cause side effects. These include tiredness, erection problems, reduced sex drive, weight gain, hot flushes, breast tenderness, depression and loss of bone strength (osteoporosis). All of these can be treated.

Hormone treatment may also reduce your sex drive. Fortunately, this can be managed (see page 24).

Palliative treatment

If the cancer has spread and it is not possible to cure it, your doctor will discuss treatments for specific problems caused by the cancer, such as pain. These treatments include radiotherapy, chemotherapy and pain-relieving medications.

Palliative treatment is available for all people who have cancer symptoms, whatever their stage of treatment. It is particularly important for people with advanced cancer, who cannot be cured but want to live comfortably and without unnecessary pain.

Touching, hugging and massage are important during palliative treatment. They can help you feel loved and cared for, and are good ways of sharing intimacy if you feel too tired or sick for sexual intercourse.

Dealing with sexual problems

Most sexual problems caused by cancer are temporary. With patience, practice and time, many of these problems can be overcome. The practical tips in this chapter may also help.

Fatigue

During and after cancer treatment, many men feel tired and have no energy (fatigue). Fatigue can include feeling exhausted, sleepy, drowsy, confused or impatient. You may also have trouble concentrating and lose your appetite. You may feel like this for a long time. This fatigue, which is often not relieved by rest, may mean you have no interest in sex.

Tips

- ✓ Plan your day so you have time to rest.
- ✓ Save your energy. Don't do more than you can comfortably do.
- ✓ Take short naps or breaks.
- ✓ Eat well and drink plenty of fluids.
- ✓ Take short walks or do light exercise.
- ✓ Let other people help you.
- ✓ Try different times of the day to be intimate.

Losing interest in sex

Lack of interest or loss of desire for sex - low libido - is common during cancer treatment. Many things can reduce sexual desire including tiredness, worrying about the cancer, feeling unhappy about body changes and relationship problems. Willingness and desire for sex usually return after treatment but may take some time.

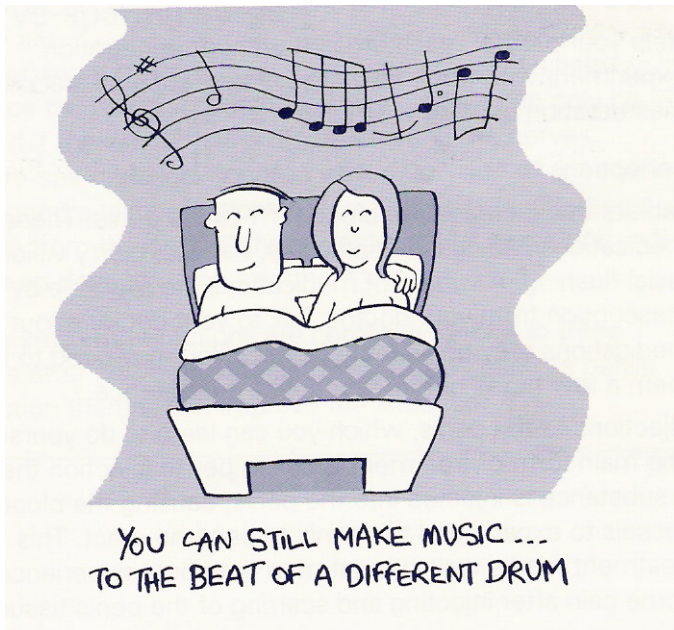
Tips

- ✓ Talk about how you're feeling with your partner. They need to know if and when you feel ready for sex and ways to help you get in the mood.
- ✓ Touching, holding, hugging and massaging are other ways of showing affection for each other.
- ✓ Stimulate and help your partner reach orgasm.
- ✓ Try different sexual positions if your usual ones are uncomfortable. Use cushions or pillows to support your weight.
- ✓ Suggest a quick lovemaking session rather than a long session.
- ✓ Try to accept the changes for the time being.
- ✓ Adult movies or magazines may help you get in the mood.

Taking the worry out of sex

Many couples believe that sex should always happen on the spur of the moment with little or no advanced planning. After an illness, a couple may need to plan some relaxed time together and start their lovemaking slowly. Consider having sex in the morning when you are feeling fresher.

A relaxed way to practice for sex is to begin with self stimulation. Masturbation is not a necessary step in resuming your sex life but it can be helpful. By touching your own genitals, and bringing yourself to orgasm, you can find out if cancer treatment has changed your sexual response without having to worry about frustrating your partner. It can also help you work out what you would like your partner to do to help you become aroused



Impotence

Many men experience erection problems after cancer treatment, but this isn't always because of the surgery or radiotherapy. Worrying about the cancer or feeling depressed can affect a man's sexual performance. Anxiety about having and keeping an erection, or about your ability to satisfy your partner, may also lead to erection problems. Difficulties with erections may make you feel embarrassed.

If anxiety is causing erection problems, talking to a sex therapist or your family doctor may help. Counselling can also help if you've lost sexual confidence after cancer treatment.

Tips

- ✓ You can have sex with a half-erect penis. This works best with the partner on top guiding the penis inside. Men do not need a full erection to have an orgasm.
- ✓ Help your partner reach orgasm without penetration. Experiment with other sexual activities, such as oral sex, masturbation or all-over touching.

Other options to help you get an erection include:

- ✓ Tablets that increase the blood flow to the penis. These medications can cause headaches, nausea, blurry vision and facial flushing. A variety of medications are available by prescription from your doctor. Talk to your doctor about which medications may be suitable for you. You may need to try them a few times before you notice a difference.
- ✓ Injections to the penis, which you can learn to do yourself. The main form of treatment is called penile injection therapy. A substance is injected into the penis, causing the blood vessels to expand and the penis to become erect. This treatment works well in most men but some experience some pain after injecting and scarring of the penis tissues.

- ✓ A vacuum pump device that draws blood into the penis, where it is trapped with a rubber ring placed around the base of the penis. When you have finished having sex, the ring is taken off and the blood flows normally again. A pump may be an option if injections or tablets have not worked, or if you don't want to take more medications.
- ✓ Implants surgically placed in the penis. A pump is placed in the scrotum and squeezed to inflate the penile implant and produce an erection.
- ✓ A penile ring can help men maintain an erection.

Nerve-sparing surgery

Preserving the nerves that control erections can help reduce the risk of impotence. These nerves can only be saved if the cancer has not spread along the nerves. Nerve-sparing surgery works best with younger men who had good quality erections before the surgery. Grafting a nerve from the back of the lower leg (sural nerve grafting) is being done in some treatment centres.

Problems with erections are common for one to three years after nerve-sparing surgery but aids such as penile injection therapy can improve the situation.

Losing a body part

Some men lose a part of the genitals or a limb due to cancer treatment. Losing a body part will probably affect your self-esteem and it may make you feel less like a man. It will take time to get used to how your body has changed.

Tips

- ✓ Consider having a prosthesis inserted into the scrotum or penis if the change in appearance is a concern.
- ✓ Remember that the removal of a testis or penis, or the inability to get an erection does not make you less of a man. You are still the same person you were before the cancer.
- ✓ Allow your partner, if you have one, to be part of the decision-making process. They love you and will normally accept any physical changes.
- ✓ Discuss how you feel about the change to your appearance with your partner. This will help them understand how you are feeling.

“Every time I washed myself and got undressed I felt the emptiness of the missing testicle. The prosthesis helped me feel whole again”.

Ejaculation difficulties

A dry orgasm is common after surgery for prostate cancer. You will still feel the pleasure of an orgasm but little or no semen will be ejaculated when you climax.

Some men say a dry orgasm feels the same as, or more intense than, an orgasm with semen. Others say the orgasm does not feel as strong, long-lasting or pleasurable.

Premature ejaculation may be a problem for some men. If you are worried about losing an erection, you may ejaculate too quickly. Premature ejaculation is more often caused by worry about sexual performance than the treatment.

Tips

- ✓ Concentrate on enjoying the sexual activity. Worrying about controlling your ejaculation may lead to erection problems or loss of interest in sex.
- ✓ Talk to your partner about the problem. Even if you feel you ejaculate too quickly, your partner may be satisfied with your performance.
- ✓ Avoid rushing through foreplay, as your partner may not have sufficient stimulation or may feel rushed.
- ✓ Increase the frequency of ejaculations, perhaps by masturbation, to help delay ejaculation.
- ✓ Join a support group where you can talk openly with men who are experiencing the same or similar difficulties.

Painful intercourse

After cancer treatment, men sometimes feel pain during sex. Irritation of the prostate gland or urethra from surgery or radiotherapy can cause painful ejaculation. Some men who've had radiotherapy to the penis may develop scar tissue in their penis, which causes pain and the erection to curve. This is known as Peyronie's disease. The pain usually settles down and sometimes the curve will disappear. Tell your doctor if you experience pain in the genital area.

Tips

- ✓ Plan sexual activity for the time of day when your pain is lowest. If you are using pain medication, take it shortly before sex so it will have maximum effect.
- ✓ Find a position for touching or intercourse that puts minimal pressure on the painful area of your body.
- ✓ Focus on your feelings of pleasure and excitement rather than the pain.
- ✓ Avoid sexual activity when you are tired or stressed.



Adapting to life with a stoma

Sexual activity with a stoma can be satisfying but may need a little more planning.

Tips

- ✓ Change the appliance before having sex.
- ✓ Cover your appliance if you don't like the feel of plastic on your skin with a ready-made cover.
- ✓ Choose a position that keeps your partner's weight off the stoma, or place a small pillow over the stoma so your partner is lying on the pillow rather than on the appliance. You can lie on top or underneath.
- ✓ Have sex in the bath or shower.
- ✓ Let your partner see or feel the stoma, if they want to and feel comfortable doing this.
- ✓ Seek help if you are having trouble coping. Speak to your stomal therapy nurse or contact your local continence or ostomy association. See page 17 for details.

Fertility problems

Men treated with radiotherapy in the pelvic area or groin may experience a temporary loss of sperm production. This usually returns after treatment. This may take several years. For some men, infertility is permanent. If the testes are outside the treatment area, they can usually be protected from the radiation.

Chemotherapy drugs may lower the number of sperm produced and reduce their ability to move. However, a man having chemotherapy could still make his partner pregnant.

Pregnancy should be avoided during chemotherapy in case the drugs harm the unborn baby. Contraception must be used.

Sometimes infertility may be permanent. Talk to your doctor about this before you start treatment. You may be able to have sperm stored before treatment starts, for use at a later date.

Fertility may not be a concern for some men with cancer, as many are usually older when diagnosed.

Can hormone therapy restore sexual function?

Hormone therapy is helpful for some cancers. In men who have damaged testes from large doses of radiation or chemotherapy, hormone therapy is a temporary way to restore sexual desire and erections. Only a few men, however, need extra hormones.

In the case that a man has a level of testosterone, hormone therapy may restore his desire and erections. Most men, even after age 50 or 60, have enough testosterone.

What else might help?

Complementary therapies

Complementary therapies may help you cope better with side effects and feel as well as possible. Examples of complementary therapies include counselling, relaxation therapy, massage, acupuncture, yoga and meditation, aromatherapy, and art and music therapy.

Some conventional cancer treatment centres offer complementary therapies such as counselling and massage as part of their services. Ask what's available at your hospital.

Relaxation and exercise

Some men find relaxation and exercise helps them feel better by releasing tension and anxiety. These are also a good way to fight depression. The hospital social worker, psychologist or nurse will know whether the hospital runs any exercise programs, or may know about local community programs. Your community health centre may also be able to help.

Creative activities such as painting, playing music, furniture restoration and reading can also be relaxing.

The amount and type of exercise will depend on what you are used to and how you feel. Start by making small changes to your daily activities, such as walking to the shops or using the stairs instead of the lift or escalator. Even gardening can be helpful. If you want to do more vigorous exercise, ask your doctor what is best for you.

You will probably find it beneficial to your overall health to stay active and to exercise regularly if you can.

Sex after treatment

Some men find sexual activity is the last thing on their mind when they're going through treatment, others find an increased need for closeness.

You will probably find cancer treatment causes side effects that affect your sex life. This doesn't mean your sex life is over but you will need to find ways of coping with the side effects that suit you. See page 23 for more information.

Good communication

If you have a partner, discuss your concerns and preferences with them can help improve your sexual experience. Avoiding the topic can lead to frustration, as neither you nor your partner will have your needs met. If you had a good relationship before the diagnosis and found it easy to communicate your needs, the process will probably be easier.

- Tell your partner about any fears you have about resuming sex. This can be difficult but try not to let embarrassment get in the way of sexual enjoyment. Your partner may expect you to lead the way and tell them what you need.
- Let your partner know what you want - when you're ready to have sex, if they should do anything different, and how they can help you become aroused.
- Ask how your partner feels - they are probably worried about hurting you or appearing too eager for sex.
- Plan ahead. After cancer treatment, sexual activity may need to be less spontaneous. Choosing when to have sex can help you deal with pain and fatigue.
- Show your partner any body changes before any sexual activity. This may help both of you get used to how that makes you feel.

- Take it slow the first couple of times. Guide your partner's hand to where you like to be touched.
- Explore other parts of your bodies that give you both pleasure when touched and caressed if penetration is difficult or painful.
- Keep an open mind about ways to feel sexual pleasure. You may need to try different positions if your usual ones are now uncomfortable or not possible.
- Choose sexual positions that make the changed area less visible or make love partly dressed if you feel self-conscious.
- Focus on other aspects of your relationship - many relationships aren't dependent on sex to maintain them. You can share intimacy through touching, cuddling and spending time together.
- Change the lighting level until you feel more confident about your body.
- Be patient. You will probably find that any problems you have with sex after cancer get better with time and practice.

“The experience of having good communication with my partner was an unbelievable blessing. It was the total difference in being able to cope”.

Sometimes a counsellor can help you find ways to help each other. Call the Cancer Council Helpline on 13 11 20 for more information.

Reaching orgasm

Foreplay prepares you for sexual intercourse and is important to lovemaking. It can be exciting for you and your partner.

- Set the mood or atmosphere with soft lighting or candle light and choose a time when you don't have other commitments and when you have the most energy.
- Take your time. You may need longer than usual to reach an orgasm.
- Help each other by placing your partner's hands and fingers on the areas that arouse and excite you.
- Have a sexual fantasy during foreplay and lovemaking. A strong sexual thought can distract you from negative thoughts about yourself and fears about your sexual performance.
- Change your normal position to one that may be more comfortable and may also heighten stimulation.
- Don't be too disappointed if you do not reach full orgasm. Try again.
- Use a condom during sexual intercourse for the first 48 hours after chemotherapy because some of the drugs may end up in the sperm.

If a sexual problem continues, see your doctor, nurse, social worker or psychologist. Ideally, your partner should go with you when you are discussing these matters.

What partners can do

- Reassure him of your love. Despite physical changes, your partner needs to know that you still love him and find him attractive. He is probably worried whether he can still have an erection, and whether he can satisfy you sexually. It will take time to get used to your partner's changed appearance. Remind yourself of his other qualities you find attractive: sense of humour, intelligence or personality. This will help you see past his physical appearance.
- Ask him what he wants. You might feel awkward about sexual contact because you think he is not ready for sex, or that physical contact may hurt him. Ask your partner to tell you or show you what feels good or what areas are sensitive to touch.
- Be prepared to go at his pace. Give your partner the time and space to recover from treatment. If he's not ready for sexual contact, try other ways of showing you love him and find him physically attractive, such as touching, holding, hugging and massaging.

You may be concerned that you could get cancer from your partner. It is not possible for cancer to be passed from person to person through kissing, intercourse or oral sex.

You may have thought your partner was going to die and started thinking about life without him. Now that treatment is over, you may expect to feel relieved but instead feel low and maybe drained. You and your partner have been through a difficult experience and you need time to adjust.

What if I don't have a partner?

If you've had major body changes after cancer treatment, finding a new partner can seem daunting. Try not to let the fear of rejection discourage you from socialising.

You may find it difficult to tell a new person in your life that you've had a testis removed or have a stoma. It's natural to be worried about their reaction to seeing your body for the first time. Sometimes it helps to practise what you want to say. Talking about the cancer and its treatment may help a new partner accept any changes more easily. It may also help to show them any body changes before any sexual activity so that you can both get used to how that makes you feel.

Deciding when to tell a new partner about any body changes can be difficult. You may want to wait until you've been out a few times and feel it could develop into a relationship before sharing the information. The right time differs from person to person.

If a new relationship doesn't work out, don't automatically blame the cancer. Remember that not every relationship worked out before you had cancer.

Sharing your concerns with someone who has been in a similar situation can help. Call the Cancer Council Helpline for more information on support groups or see page 42.

“Seeing a counsellor helped me learn how to talk more openly about my situation with a new partner”.

If you're in a same sex relationship

You may feel sexuality isn't mentioned when discussing the effects of treatment on sexuality. Many of the issues are the same for you as for other men. You may also feel distressed by the impact on your body image, sexual functioning and fertility.

Changes in physical appearance due to surgery or other cancer treatment can take time to deal with. Loss of fertility may also be devastating if you were hoping to have a child.

- Try to be open with your doctor about your sexuality. This will help them understand your needs. This will be easier if you find someone you trust.
- Take your partner along to doctors' visits. This will show your doctor who's important to you and your partner can be included in discussions and treatment plans.
- Talk to someone who has a greater understanding of same sex lifestyles. Call the Cancer Council Helpline for suggestions.

Seeking support

Our sex lives are usually private and not openly discussed. This can make it difficult to talk about sexuality problems and you may feel uncomfortable talking about them with your partner, family members or friends. You may feel more comfortable talking to a hospital counsellor, social worker or psychologist. Services to help build-up your self-esteem are available. You don't have to cope alone.

Talking with doctors and others

If you are experiencing a sexual problem because of cancer treatment, you may find it helpful to discuss it with your doctor.

If you prefer to talk to someone else contact the Cancer Council Helpline to put you in touch with a counsellor or a sex therapist.

Cancer support groups

Cancer support groups offer mutual support and information to men with cancer and their families. It can help to talk with other men who have gone through the same experience.

Support groups can also offer many practical suggestions and ways to cope. The majority are general cancer groups but specific groups on prostate and bowel cancer are also available. Your hospital may run special cancer support groups: check with your doctor, nurse or social worker.

Joining a consumer advocacy group can also be a rewarding experience for some people.

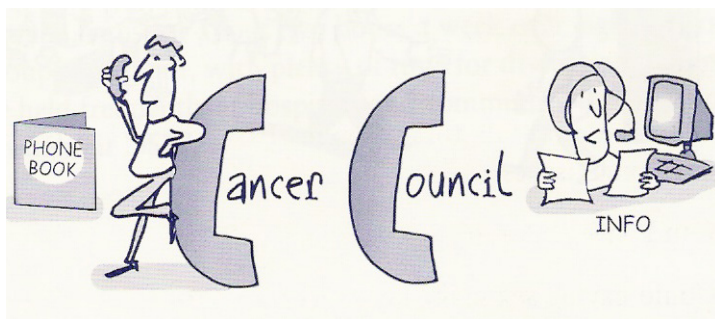
Call the Cancer Council Helpline for information on cancer support and/or advocacy groups.



The Cancer Council Helpline

The Cancer Council Helpline is a service of The Cancer Council WA. It is a telephone information and support service for people affected by cancer. It is a confidential service where you can talk about your concerns and needs with specialised oncology health professionals. They can send you written information and put you in touch with appropriate services in your own area.

You can call the Cancer Council Helpline on 13 11 20, Monday to Friday, 8am to 8pm, for the cost of a local call. The tele-typewriter (TTY) number for deaf or hearing impaired people is (08) 9381 6562.



Information checklist

You may find this checklist helpful when thinking about the questions you want to ask your doctor about your illness and treatment. If there are answers you don't understand, it is OK to ask your doctor to explain again.

1. How will this treatment affect my sexuality?
2. When will I be able to have sex again?
3. Should I take any precautions when having sex?
4. What can I do if I can't get an erection after my treatment?
5. I am having trouble reaching orgasm. Will it always be like this?
6. I can't satisfy my partner anymore. What can I do about the problems it is causing our relationship?
7. Will my loss of interest in sex be permanent?
8. It hurts when I ejaculate. Is this normal?
9. Sex doesn't feel the same anymore. What can I do?
10. Is there anything that I should be careful about when I have sex?
11. Who else can I talk to, to help my partner and I through our sexual issues?
12. Can I have children?
13. Could having sex make my cancer worse?
14. Will having sex make my cancer come back? Can I give it to my partner?

Glossary

adjuvant therapy

A treatment used to assist your main treatment.

androgens

Male sex hormones. They produce male physical characteristics such as facial hair or a deep voice. The main androgen hormone, testosterone, is produced by the testicles.

chemotherapy

The use of cytotoxic drugs, which kill or slow cell growth, to treat cancer.

climax

The peak of sexual response. Also known as an orgasm.

dry orgasm

Sexual climax without the release of semen from the penis.

ejaculation

When the semen is forced through the urethra and out of the penis.

fertility

Ability to have children.

genitals

The sexual organs.

hormone

A substance that affects how your body works. Hormones control development, growth and reproduction. They are distributed around the body through the bloodstream.

hormone therapy

A treatment that blocks the body's natural hormones, which help cancer grow.

impotence

Inability to obtain and maintain an erection firm enough for penetration.

libido

Sex drive.

lymphadenectomy

Removal of the lymph glands from a part of the body.

lymph nodes

Also called lymph glands. Small, bean-shaped collections of lymph cells scattered across the lymphatic system. They get rid of bacteria and other harmful things. There are lymph nodes in the neck, armpit, groin and abdomen.

nerve sparing

A type of surgery to save the nerves that affect ejaculation.

orchidectomy

Also called orchiectomy. An operation to remove one or both testes.

orgasm

Sexual climax.

Peyronie's disease

Pain in the penis as it becomes erect. The penis may develop a curve with erection.

premature ejaculation

The inability to delay the time of ejaculation.

prostate

A gland about the size of a walnut found only in men. It produces part of the fluid that makes up semen.

prosthesis

An artificial replacement for a lost part of the body.

retrograde ejaculation

The sperm travels backwards into the bladder, instead of forwards out of the penis.

scrotum

The external pouch of skin behind the penis that contained the testes.

semen

The fluid, containing sperm and secretions from the testes and seminal vesicles, ejaculated from the penis during sexual climax.

seminal vesicles

Glands that lie very close to the prostate and produce secretions that form part of the semen.

side effect

Unintended effects of a drug or treatment.

sperm

The male sex cell. It is made in the testes.

spermatic cord

A cord that runs from the testis to the penis. The spermatic cord contains the tube that carries sperm, blood vessels, nerves and lymph vessels.

stoma

An artificial opening into the body created by surgery to act as an exit for body wastes.

testes

Also called testicles. Two egg-shaped glands that produce sperm and the male hormone, testosterone. They are found in the scrotum.

testosterone

The major male sex hormone produced by the testes. It promotes the development of male sex characteristics.

urethra

The tube that carries urine from the bladder out through the penis to the outside of the body.

Vas deferens

Tube that carries the sperm from the testes to the prostate.

How you can help

The Cancer Council WA aims to minimise the effect of cancer on our community through advocacy, research, education and providing people affected by cancer with support to enhance their quality of life. We need your help. Please:

Join a Cancer Council event: Join one of our community fundraising events like Daffodil Day, Australia's Biggest Morning Tea, Relay for Life, Girls Night In, Pink Ribbon Day or hold your own fundraiser.

Make a donation: Any donation whether large or small will make a meaningful contribution to our fight to defeat cancer or join our Breakthrough Appeal by making a regular donation.

Leave a gift in your will: Bequests are our most important source of funding. Leaving money in your will is an easy, effective and personal way of contributing to the cancer cause.

Buy your sun protection goods online or from our retail store: Every purchase contributes to our work.

Become a volunteer: The work of volunteers is absolutely vital to the Cancer Council and there are many ways you can help.

Help us speak out: The Cancer Council is a leading advocate for cancer prevention and improved patient services. You can help us speak out on important cancer issues.

Help us create cancer smart communities: You can help us minimise the effect of cancer by living and promoting a cancer smart lifestyle.

To find out more about how you can help please call 13 11 20. We thank you for your support.

For further information contact:

The Cancer Council

Helpline 13 11 20

statewide for the cost of a local call
Weekdays 8 am - 8 pm

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*The Cancer Council WA is a non-government,
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