

# Sex and Sexuality During Cancer Treatment

THE MALE BODY



Intermountain<sup>®</sup>  
Cancer Centers



## **YOUR SEXUAL HEALTH:** **What you need to know**

Sexuality is an important part of your health and wellness. Your sexuality is impacted by the health of your sex organs, your overall well-being, and your body image. All of these can be impacted by the physical side effects of cancer and cancer treatments. These side effects can also cause emotional and mental stress, which can affect your sex drive. Changes in hormone levels or nerve damage from cancer and cancer treatment may change the way a body part functions. Other side effects, such as fatigue, nausea, bowel or bladder problems, or skin problems, can add to problems with sexual wellness. For some, sexual function will return to normal or near-normal once treatment is done. However, some side effects may be long-lasting or lifelong. An important part of healing is learning to cope with these changes and find new ways to address and maintain sexual wellness during and after cancer treatment.



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## ERECTIONS

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Certain cancer surgeries can affect erections. If any of the surgeries listed below are a part of your treatment plan, speak with your provider before surgery. Most of these surgeries will cause erectile dysfunction (ED). The ED may be short-lived or permanent.

### **Radical prostatectomy** [prah-stuh-TEK-tuh-mee]

This surgery is usually done for prostate cancer. It removes the prostate and seminal vesicles. Side effects may include:

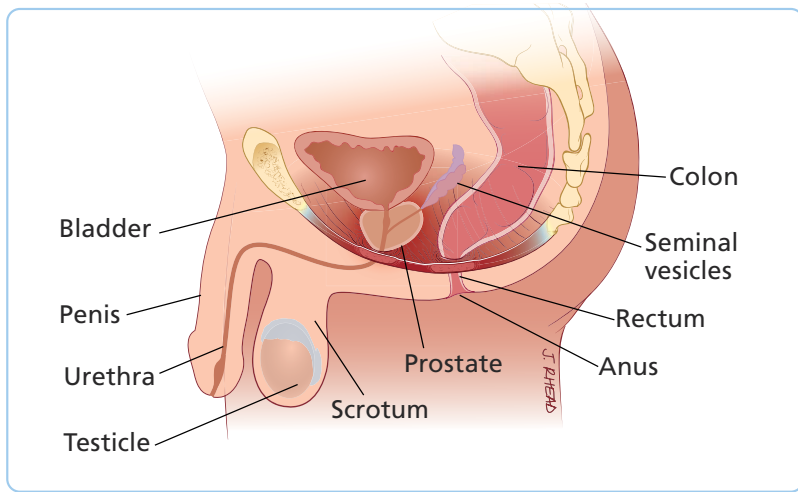
- Temporary or long-term bladder dysfunction, including urinary retention.
- Numbness in the genital area, impacting male sexual function.
- Possible pain during sex.

### **Radical cystectomy** [sis-TEK-tuh-mee]

This surgery is usually done as a treatment for bladder cancers. It removes the bladder, prostate, upper urethra, and seminal vesicles.

### **Abdominoperineal** [ab-dom-in-no-pear-eh-NEE-ul] **resection (AP)**

This surgery is usually done for colon cancer and removes the lower colon and rectum.



### **Total mesorectal [mehz-oh-REK-tuhl] excision (TME)**

This is usually done for rectal cancer. This surgery removes the rectum and tissues that support it (mesorectum).

### **Total pelvic exenteration [ex-zen-teh-RAY-shun]**

This surgery is the most extensive and complex pelvic surgery. It removes the bladder, prostate, seminal vesicles, and rectum. It is usually done for large tumors of the colon. It requires the construction of stoma (openings) to remove urine and stool (poop) from the body.

### **Orchiectomy [or-kee-EK-tuh-mee]**

This surgery removes the testicles. It is usually done to prevent or treat testicular cancer.

### **Other treatments that may cause ED**

- Removal of the testicles
- Pelvic radiation therapy
- Hormone treatments
- Androgen deprivation therapy (ADT)
- Chemotherapy
- Immunotherapy
- Targeted therapy
- Stem cell or bone marrow transplants

## EJACULATION

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Some cancer treatments can affect your ability to ejaculate. This is because they damage the nerves that control the prostate, seminal vesicles, and opening to the bladder. While you may be able to get an erection and have an orgasm, little to no semen comes out during climax. This is called a “dry orgasm.” It is also possible for blood to appear in the semen. Treatments that cause ejaculation issues include:

- Radical prostatectomy
- Cystectomy
- Abdominoperineal (AP) resection
- Total mesorectal excision (TME)
- Retroperitoneal lymph node dissection (RPLND)
- Transurethral resection of the prostate, or TURP

### Radiation to the prostate

Radiation may cause pain during ejaculation as you are nearing the end of treatment.

### Hormone therapy

Hormone therapy blocks certain hormones that help cancers grow. Sexual desire and function are impacted by hormones, so blocking these hormones can negatively impact sexual health.

### Chemotherapy

Chemotherapy may cause a **dry orgasm** and **retrograde ejaculation** (when semen goes into the bladder instead of out through the penis). Other possible side effects include:

- **Climacturia.** This is when a man leaks urine during ejaculation. It happens most often after prostate surgery.
- **Incontinence.**
- **Weak or painful ejaculation.**

Talk with your doctor about a referral to a urologist or physical therapist if you experience any of these side effects.





## DESIRE AND RESPONSE

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There are 4 parts to the male sexual response:

- 1 Sexual desire (libido)
- 2 Sexual arousal
- 3 Orgasm
- 4 Resolution

Cancer treatment may impact any of these phases. Each phase is independent of the others. This means that one phase may be impacted by cancer treatment while other phases remain normal. Things that can impact desire or response include:

### Physical problems

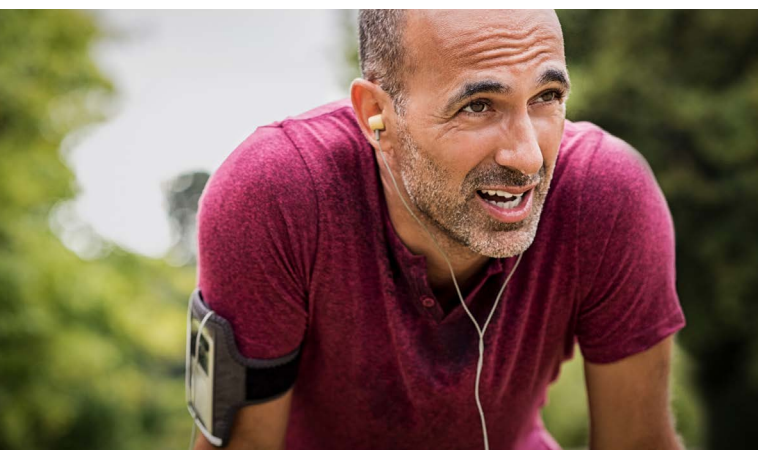
- Affects desire and response
- Delayed ejaculation
- Premature ejaculation
- Pain

### Hormone therapy (affects desire)

**Surgery** (specifically, orchiectomy, can affect desire)

### Psychological effects

- Affects desire
- Body image
- Feelings of decreased masculinity
- Gynecomastia (male breast enlargement related to suppressed testosterone)
- Depression
- Anxiety



## MANAGING CHANGES IN SEXUAL HEALTH

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Cancer care does not mean your sexual health must suffer. In fact, sexuality and intimacy have been shown to help people face cancer by reducing feelings of distress. There are many ways to manage cancer-related sexual problems. Talking with your provider is a good way to start. Include your partner in the conversation. Together, consider the therapies recommended by your provider.

See the suggestions below for managing specific side effects:

### **Erectile dysfunction (ED)**

- Pills
- Penile injections
- Urethral suppositories
- Vacuum erection devices
- Penile implants (protheses)
- Testosterone therapy
- Pelvic floor therapist referral
- Referral to urologist
- Referral to sex therapist

### **Low libido**

- Medication management
- Referral to sex therapist

### **Orgasm issues**

- Dry orgasm: Referral to urologist or fertility specialist
- Weak orgasm: Referral to sex therapist
- Painful orgasm:
  - Pain management
  - Referral to sex therapist



## Body image

### Breast cancer

- Breast-conserving surgery
- Breast reconstruction
- Sex therapy or general therapy

### Urostomy, colostomy, or ileostomy

- Secure the appliance. Seal and empty pouch before sex.
- Sex therapy or general therapy.

### Tracheostomy or laryngectomy

- Cover with a scarf, necklace, or turtleneck.
- Lessen odors from the stoma by avoiding garlic or spicy foods and wearing cologne.
- Talk about sex before sex, as talking during sex may be difficult.

### Head and neck cancers

These cancers may require the removal of certain parts of the face, such as the jaw, palate (roof of the mouth), or tongue.

- Facial reconstruction is possible for most surgeries.
- Prosthetics are available for those that cannot have surgery.

### Limb amputation

- Some cancers require the surgical removal of a limb.
- Limb prosthetics are available. They can aid in positioning during sex and ease movement.

### Hair loss

Certain cancer treatments can cause hair loss.

- Hair-reserving therapies may reduce hair loss.
- If hair loss has already happened, head coverings are available.





## Depression and anxiety

- Anti-depressants and anti-anxiety medications are available for general depression and anxiety disorders.
- Counseling and sex therapy can minimize the impacts of depression and anxiety, both in general and regarding sexual activity.
- Speak with your partner regarding your concerns around sexual activity to reduce anxiety.

### **Sexual activity and intimacy are still possible during and after cancer.**

Work with your partner to explore positions that cause less pain. Engage in foreplay and fantasy play, or use sex toys to enhance the experience. Talk with a sex therapist to explore ways to maintain sexual fulfillment, or visit this website to explore ideas:

[How Cancer and Cancer Treatment Can Affect Sexuality](http://www.cancer.org)  
([www.cancer.org](http://www.cancer.org))

## LGBTQ+

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**Additional action steps may be necessary for your situation.**

Talk with your care provider about your sexual orientation, gender identity, gender at birth, procedures you have done for gender correction, or any hormone treatments, both in the past and present. Certain hormones can impact cancer treatments and need to be considered by your cancer care team.



## Notes

## Notes



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