



Patient Power

Sex and Intimacy: Guide for Male Sexuality During and After Cancer Treatment

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Andrew Schorr:

Hello and welcome to Patient Power. I'm Andrew Schorr down near San Diego, and I'm joined once again by world-renowned sex therapist, the founder of will2love.com, Dr. Leslie Schover. Leslie, welcome back.

Dr. Schover:

Thanks.

Andrew Schorr:

Okay. We have our continuing series, helping people with fertility, sexual intimacy issues, and this segment is for men, and being a cancer patient over many years, I am all ears.

So, first of all, now we have all kinds of pills, you know, tadalafil (Cialis) and vasodilator (Viagra), and all sorts of things. So why should men anymore worry about erections? It seems like you just take a pill and no problem, right?

Dr. Schover:

Oh, boy, do I wish that were true. Well, unfortunately, after heavy-duty cancer treatment especially things like pelvic radical surgery, prostatectomy or cystectomy or radiation to the pelvis, the truth is that those pills just are not strong enough to restore firm, reliable erections for the majority of men. They work—you know who they work really well for? Anxious guys in their 30s and 40s who are really pretty healthy, and, you know, get worried when they have a new sexual partner and have trouble getting erections.

Andrew Schorr:

Okay. So if pills are not going to be the answer for a man, let's say, who has gone through radical prostatectomy or other treatments, what do you do? What are other approaches?

Dr. Schover:

There are other treatments that work much more reliably, but they're more hassle, so what I often say to a man is, how important is it to you to have firm, reliable erections? Because you can almost always get them back but it depends on what you're willing to go through.

So maybe the next most invasive treatment compared to a pill would be to use a vacuum erection device, which is a little pump that fits over the penis, and you pump out the air around the penis and slip a band on to the base so the penis is erect, but it is cold to the touch. And it may have a little bit of what we call a hinge effect where when you try to penetrate for

intercourse the penis kind of bends at the area where it joins the body, because you don't have blood pumped into the very base of the penis.

But for couples who have been together for a while and don't expect perfection at intercourse but like to be able to have penetration, that's a treatment that certainly can work for many men. Some men find the pump a little uncomfortable, and it takes some practice to learn how to use it just right.

Another treatment that works very well for a lot of men is injection therapy. You actually inject a type of medicine into the shaft of the penis with a little tiny needle similar to what you might use to inject insulin, and it actually creates a chemical reaction inside of the spongy tissue of the penis, so the penis becomes erect. And you have to be careful with the dose because every now and then someone may inject too much and get an erection that doesn't go down within three hours, and they end up having to go to the emergency room. But with careful and correct use, that's actually a rare complication.

And probably the—there are a few other things, but the most extreme treatment but the one that has by far the highest satisfaction rates is still having surgery to put an inflatable penile prosthesis inside the penis and scrotum. And what you're doing is you're essentially putting a little bionic pump inside the body, so when the bottom of the pump is full of saline solution the penis is soft and you would be able to see the pump, it's positioned just above the testicles and the skin of the scrotum, even if you were in the locker room.

But when a man presses on the pump with his fingers, it transfers this fluid into the cylinders, two cylinders that run down the length of the penis, and the penis becomes erect. And it may not be quite as long as it was before, but skin sensation, the ability to ejaculate and the ability to have a firm erection are very similar to when a man was in good health and younger and had good erections.

The problem is it is a surgery. It is a treatment that permanently changes the inside of the penis, so if you have to take the pump out you won't be able to use the other kinds of treatments very successfully, usually. And some insurance covers it, and some does not, but with all the other treatments we have men have had decreasing use of penile prosthesis surgery in the last maybe 10 years. And I often end up thinking that's a shame because it's kind of like having breast reconstruction. It's something that becomes part of your body and you don't have to worry about taking medicine on vacation or, you know, stopping to use an outside pump before you have sexual activity. It just becomes more a part of you.

Andrew Schorr:

Right. And we should mention, so talk to a urologist about this. Often a urologist knows about all these different approaches. Obviously, urologists are also surgeons, so some may lean towards the penile implants that Leslie was just talking about, but ask, have a full discussion, what are the full range of things that I can electric try? And start conservatively, right? Maybe in the end you might have surgery, but maybe injections or other, the pump, other approaches are going to work for you. Okay.

So we talked about erection, but the other thing that a man looks forward to is orgasm. So what are we doing about that?

Dr. Schover:

Well, you know, it's interesting because urologists because they're surgeons focus so much on erection, but men with cancer have a variety of other sexual problems. One is loss of desire, which may come with concern about erections, but also with fatigue and chemotherapy, long-term side effects and all of those things, so—and men are used to just having lusty feelings come out of the blue, and they're not used to saying, well, maybe I need to nurture my desire a little bit, you know, start out with romantic evening or a body massage or watching, you know, an erotic video online before I start having sexual feelings.

And when it comes to having orgasms there are only a few cancer treatments that really make it impossible to reach on orgasm, and they usually involve damage to the brain or spinal cord. But certainly when men are having erection problems and have had some nerve damage perhaps from chemotherapy, it may take longer to reach an orgasm and be more difficult, take more stimulation. Sometimes it's also because of distracting thoughts and worries. Oh, my gosh, I'm not going to reach an orgasm.

And the other thing that men often aren't prepared for is after certain cancer treatments they may have a dry orgasm. So they have all the feeling of orgasm and the nerves work and the muscles of the base of the penis contract in rhythm, but no semen comes out. And that may be because in radical prostatectomy and is cystectomy we take out the prostate and seminal vesicles, which are the body's semen factory, so no semen is being made. And with some treatments, for example, nerve—lymphadenectomies for testicular cancer, sometimes the nerves that control the part of ejaculation where the semen gathers inside and then spurts out at moment of orgasm, those nerves are damaged, and so again the orgasm happens but without any semen.

For young men, of course one of the issues is fertility, and there's a number of ways to get sperm cells or get semen from the body in order to conceive with infertility treatment. And this is Infertility Awareness Week, so that's a good topic too.

But for men who may not care about getting their partner pregnant, they worry that this deprives the partner of a pleasurable event in sex. And I often say to them if they're heterosexual that women will often say, hey, no muss, no fuss. I don't miss semen, and it didn't contribute to my pleasure. But for gay couples, gay male couples that loss of semen is often a much more loss of sensuality, something that they experience as part of their pleasure together.

Andrew Schorr:

When you talk about this with a man thinking, well, I need an erection, an orgasm for my pleasure, and I need the erection to pleasure my partner, it sounds like that maybe a guy should see, is there a counselor and one trained in sexual issues to talk this through with. I mean, if you're really dealing with it, it sounds to me like you kind of have to unpack it a little. Maybe the urologist can help. If it's simply the erection, everything else is working, you're feeling pretty good about yourself, you have a good relationship with a partner, but if those other things start to come in, wouldn't you'd agree, Leslie, a consultation with somebody can help sort it out, makes sense.

Dr. Schover:

I do. And, you know, one of the things we often think of is our idea of the male role in our society. What's a man supposed to do? He's supposed to provide financially for his family. He's supposed to provide sex for his partner, and how often do cancer treatments interfere with both of those roles that men, you know, come to see as part of their self-esteem and leave them feeling very depressed and lost.

Andrew Schorr:

Right. Right. I certainly have, you know—I've interviewed hundreds if not thousands of men who have gone or are going through cancer treatment, and you're right, we don't talk about this enough. So the bottom line is men can have intimacy. Men can have a fulfilling sex life. There are tools that can help and counselors who can help. And we men who often don't speak up about it, we need to, don't we?

Dr. Schover:

Yes, and also to speak to your partners because partners often, you know, will say, you know, I miss the affection and cuddling as much as I miss intercourse. You know, I miss both of them in different ways. But a lot of men react to having these sexual problems by withdrawing emotionally. I call it no erection equals no affection. And it always makes me sad because I think it's an unnecessary complication to the relationship of, you know, this physical damage. And would put it one more word, and men don't usually like to hear this, but you can have very pleasurable sex without having an erection, and you can reach an orgasm.

Andrew Schorr:

Thank you for being with us on Patient Power. I'm Andrew Schorr with Patient Power with Dr. Leslie Schover. Remember, knowledge can be the best medicine of all.

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