



Sex and Men With Cancer – Overview

*This is a shorter, easier-to-read version of *Sexuality for the Man With Cancer*. For more detailed information, call 1-800-227-2345. Or visit our Web site at www.cancer.org.*

Sex is an important part of life. Sex affects our zest for life and how we think of ourselves. Yet patients and doctors often don't talk about how cancer treatment affects the patient's sex life.

When you first found out you had cancer, there was a lot to learn and do. For most people, sex was not on that first list of concerns. But after things settled down a bit, you may have started to wonder about your sex life.

You may not have asked about it yet. Many people don't feel OK talking about sex with a doctor – or even a long-term sex partner. Even reading about it here may seem a little strange at first.

This information applies to all men with cancer – men who have sex with women and men who have sex with men. It is basic information about cancer and sex. It probably won't answer all your questions, but we will try to help you get started talking with your partner, your doctor, and your cancer team about your sex life and any problems you may have. That's a first step toward having a better sex life after cancer.

Just what is “normal” anyway?

People think about sex in different ways, and they act in different ways, too. This makes it hard to decide what is “normal.” Some couples like to have sex every day. For others, once a month is enough. Many people think that using the mouth or tongue is a normal part of sex, but some believe it's not OK. “Normal” for you and your partner is whatever feels right to both of you.

It's normal to want sex as you get older. But there are some who think sex is only for the young. They may think that older people lose both their desire for sex and their ability to “perform.” Those people don't know that many men and women keep having sex until the end of their lives.

It's true that age may change your sexual response. More than half of men over age 40 have at least a little trouble with erections. The problem often gets worse as men age.

- Among men who are 40 to 49, about 3 in 10 have some problem with erections.
- Among men who are 50 to 59, about 4 in 10 have erection problems.
- Among men who are 60 to 69, about 6 in 10 have erection problems.
- Among men who are 70 and older, nearly 9 in 10 are having some problem with erections.

Besides age, there are other factors linked to problems with erections, such as:

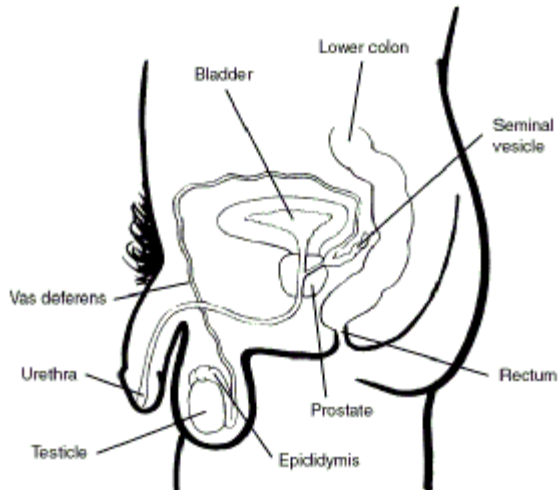
- Smoking
- Diabetes
- Problems with the heart and blood vessels
- Certain blood pressure treatment drugs
- Certain anti-depressants

But there are many treatments that can help men deal with most kinds of problems. If you want to keep your sex life active, you can very likely do so.

How a man's body works

During and after the teen years, the testes (testicles) make a steady supply of hormones, mostly *testosterone*. The testes also produce millions of sperm each day. Making finished sperm takes more than 3 months. Part of this happens as the newly made sperm travel through a 20-foot long tube to ripen. This tube (called the epididymus) forms a coil that sits on top of each testicle.

Just before orgasm, another tube takes the sperm into the body toward the prostate gland. The sperm are mixed with fluids that help nourish the sperm so they can live. During orgasm this mixture of fluid and sperm, called *semen*, comes out of the tip of the penis. The drawing below shows the male sex organs.



Hormones

Testosterone is the hormone that helps promote sex drive and erections. Men's hormone levels vary, but most men have more testosterone than they need. A man with low testosterone may have trouble getting or keeping erections and may lose his desire for sex.

Male orgasm

A man's orgasm has 2 stages.

The first stage is called *emission*. During that stage, semen is put near the top end of the tube that comes out through the penis (the urethra). A small valve above that point in the tube shuts to keep the semen from going up and back into the bladder. A man feels emission as "the point of no return," when he knows he is about to have an orgasm.

The second stage of orgasm is *ejaculation*. It is controlled by the same nerves that carry pleasure signals when the penis is touched. These nerves cause the muscles around the base of the penis to squeeze in rhythm. This pushes the semen out of the penis. At the same time, messages of pleasure are sent to the man's brain. This is sometimes called the *climax*.

How cancer treatments affect your sex life

Keep in mind that each part of a man's sexual response is somewhat separate from the other parts. So, after some types of cancer treatment, a man may still desire sex and be able to ejaculate but not have an erection. After other types of treatment, a man may have the feeling of orgasm along with the contracting muscles even though semen no longer comes out.

Surgery and sex

Some operations cause more sex problems than others. For instance, a man does not regain full erections after having all the organs in his pelvis removed (bladder, prostate, rectum, and more). Men who had good erections before cancer surgery are far more likely to have them again than men who had problems with erections before surgery.

How surgery can affect erections

It can cut down blood flow to the penis: Some of the problems with erections after surgery are caused by loss of blood flow. The surgeon may need to seal off some of the blood vessels that help fill the penis. After surgery, the penis still swells when the man is aroused, but may not be firm enough to enter his partner. He should still be able to feel pleasure from touch and have an orgasm.

It can damage nerve bundles that control blood flow to the penis: This is like fraying a phone wire. The signal to start an erection is either weak or lost. Some doctors try to take out the prostate without hurting the nerves around it. This can't be done in every case, because sometimes the cancer is right around or on the nerves. But when surgeons can use "nerve-sparing" surgery, more men are able to have erections after. Nerve-sparing methods are sometimes also used when the prostate, bladder, and the colon or rectum are taken out.

Some men can still get full erections after surgery, but it may take up to 2 years. It is unclear why some men do and others do not. The healing and growth of new blood vessels may help more blood get to the penis. But this takes time, which could explain part of the delay in the return of full erections.

Studies have been done in which doctors looked at ways to help men get erections starting just weeks after surgery. The results of these studies suggest that no matter what method is used, it should be started shortly after surgery.

How surgery can affect ejaculation

Damage to the nerves that control the prostate and other parts needed for normal ejaculation: This can block or change the way ejaculation happens. But a man can still have the feeling of pleasure that makes an orgasm. The difference is that little or no semen comes out.

Some men say an orgasm without semen feels normal. Many others say the orgasm does not feel as strong or last as long. Others are upset because they wish to father a child. (See the section called "Fertility and cancer treatment.")

Removal of the prostate and seminal vesicles or the bladder: The sperm cells made in the testicles ripen, but then the body simply absorbs them. This does not cause problems with orgasm, but the man will not make semen.

Damage to the nerves that come from the spine: When this happens, the semen is there but can't come out. At the moment of orgasm, it shoots backward into the bladder. This happens because the valve leading back to the bladder stays open after some surgeries. This backward ejaculation does not cause pain or harm to the man. When a man passes urine after this type of dry orgasm, it looks cloudy because semen gets into it during the orgasm.

Surgery for cancer of the penis

When a man has cancer in his penis, the best treatment may be removing part or all of the penis. This surgery is rare, but it can be painful for a man's self-image and his sex life.

If only the end of the penis is removed it is called *partial penectomy*. The surgeon leaves enough of the shaft to allow the man to direct his stream of urine away from his body. A satisfying sex life is possible after partial penectomy. The remaining shaft of the penis still becomes erect when the man is aroused. It usually gets long enough to allow him to enter his partner. Even with the most sensitive area of the penis (the head) gone, a man can still reach orgasm and ejaculate. His partner also can still enjoy sex and may reach orgasm in the same way as before the surgery.

The surgeons try to save as much of the penis as they can, but all of the cancer must be taken. If the shaft and head of the penis cannot be saved, the man must have the whole penis removed, even the roots that extend into the body. The surgeon makes a new opening for urine to come out behind the man's scrotum.

If a man is willing to put some effort into his sex life, pleasure is possible even after a total removal. He can learn to reach orgasm when sensitive areas, such as the scrotum, the skin behind the scrotum, the area around the surgical scars, or even areas inside the anus are stroked. He can help his partner reach orgasm by stroking with the fingers, oral sex, or using a vibrator.

Radiation and sex

Prostate, bladder, and colon cancer are often treated with radiation to the lower belly. This can cause problems with erections. Radiation can damage the vessels that carry blood to the penis. As the treated area heals, scars can form inside. The walls of the blood vessels may not be able to stretch enough to let blood rush in and make a firm erection. Besides causing blood vessel damage, radiation may harm the nerves that control erection.

About 4 out of 10 men who get radiation will notice that their erections change for the worse. This change often happens slowly, over the first year or so after treatment. Some men will still have full erections but lose them before climax. Others no longer get firm erections at all. The older you are, the more likely it is you will have problems with erections after radiation.

In older studies that looked at men who had firm erections before treatments, about half had good erections after 5 years. There are now new methods that cut down the amount

of radiation that hits parts that are easy to damage. It is not yet known whether these methods will help more men keep their erections.

A few men will make less testosterone after radiation. But testosterone levels usually go back up within 6 months after radiation. Extra hormones may not be needed. (Men with prostate cancer should not take testosterone, since it can help prostate cancer cells grow faster.)

After radiation to the prostate, some men put out only a few drops of semen. Near the end of radiation treatments, men often feel a sharp pain as they ejaculate. This should go away over time after treatment ends.

Chemotherapy (chemo) and sex

Most men getting chemo can still have normal erections. But a few have problems. Erections and desire often drop right after getting chemo but return in a week or so.

Men who have had a bone marrow transplant are more likely to have a long-lasting loss of testosterone. In some cases, testosterone may need to be replaced to regain desire and erections.

Chemo rarely affects ejaculation. But there are some drugs that may damage the nerves that control emission. The semen may shoot back into the bladder instead of out through the penis.

Other problems from chemo that may affect your sex life

Chemo can cause genital herpes or genital warts to flare up if a man has had them before. If you have any signs of infection, see your doctor right away. Infections can be serious because chemo can weaken your immune system. This makes it harder for you to fight infections.

You'll also want to avoid getting new infections from sex partners. If you are having sex with someone you're not sure about, practice safer sex. The safest way to have sex is to use condoms every time, from start to finish. Whether you have oral sex (using the mouth), anal sex (entering the rectum), or vaginal sex, condoms can lower your risk of sexual infections.

For more about safer sex, contact the American Social Health Association (see the "To learn more" section).

Hormone treatment and sex

Treatment for prostate cancer that has spread may include changing a man's hormone balance. This is called *hormone treatment* or *hormone therapy*. It starves the cancer cells of testosterone to help slow the cancer's growth. It can be done by:

- Removing a man's testicles (called *orchiectomy*)

- Giving drugs to keep the man from making testosterone
- Using drugs that block the body from using testosterone

The effects of these treatments are a lot alike because they all block testosterone. But some men would rather have drug treatment to block testosterone, because it leaves the testicles in place. If you and your doctor decide to remove the testicles, see “Loss of one or both testicles” in the section called “Dealing with sexual problems.”

The most common problem with hormone treatment is less desire for sex. Some men say that their sexual desire is still strong, but they have problems getting an erection. Or they may have problems reaching orgasm. Other men function well for a few years, then slowly lose interest in sex. The strong desire to stay sexually active may be the key.

Men who have hormone treatment for prostate cancer often make less semen than before.

Hormone treatment may also cause changes in how you look. It can cause you to lose muscle, gain weight, or grow breast tissue. If you are concerned about your breasts growing, let your doctor know before you start hormone therapy. There are ways to prevent or limit this. A program of exercise may help you limit muscle loss, weight gain, and tiredness. Talk with your doctor about any exercise before you start. Or ask to be referred to a physical therapist to help you choose the best exercises.

Mental and emotional effects of cancer treatment

Fears about erections can sometimes lead to problems. Instead of letting go and feeling excited, a man may watch himself during sex to see how well he does. His fear of failure can make him fail.

Erection problems caused by anxiety and stress are more common in young healthy men. Sex therapists can often help them. But all men with erection problems should be carefully checked by their doctors.

Men who no longer have their testicles or who are on hormone therapy drugs often feel like “less of a man.” They fear they may start to look and act like a woman. Keep in mind that manhood does not depend on hormones but on a lifetime of being male. Hormone treatment for prostate cancer may lower a man’s desire for sex, but it does not change who he desires.

Fathering children and cancer treatment

Some cancer treatments can cause men to become unable to father a child (*infertile*). If you want to have a child, talk to your doctor **before** starting treatment. One option may be to bank (save and preserve) your sperm. (See our document, *Fertility and Cancer: What Are My Options?* for more details.) If you are not sure whether you want to be a

father in the future, check out a sperm bank to learn more about the costs and how it's done.

Find out more about your treatment

If you would like to know more about how a certain treatment is likely to affect your desire, orgasm, or fertility, call us.

Keeping your sex life going despite cancer treatment

Here are some things to keep in mind during and after cancer treatment.

Ask the doctor about how your cancer treatment can affect your sex life. The first thing to do is talk with the members of your health care team about your sex life. You already may have asked how your treatment will affect going back to work, eating, or pain. You have just as much right to know the facts about your sex life. When you know what to expect, you can make plans to handle any problems that come up.

No matter what kind of treatment they have, nearly everyone is still able to feel pleasure from touching. Few cancer treatments damage the nerves and muscles that help you feel pleasure from touch or having orgasm. You may have to change the way it happens, but you still should be able to feel pleasure and be satisfied. The few men whose cancer treatments affect the brain or spinal cord may lose the ability to feel pleasure from sex.

Try to keep an open mind about ways to feel sexual pleasure. Some couples have a narrow view of what is normal sex. If both partners cannot reach orgasm through sex as they've always done, they feel cheated. But during cancer treatment, there may be times when that kind of sex is not possible. Don't give up just because your usual routine has been changed.

Try to have clear, 2-way talks about sex with your partner. Keeping each other up to date with what is going on is key. Tell your partner what you learn from your doctor. If you feel weak or tired and want your partner to take a more active role in touching you, say so. If some part of your body is tender or sore, guide your partner's touches to create the most pleasure and avoid pain. Keep in mind that if one person has a sex problem, it affects both of you. It works best when your partner is part of the solution.

Boost your confidence. Remind yourself about your good qualities. If you lose your hair, you might help yourself to look and feel better by shaving your head with an electric razor. Or try out different kinds of hats to find one you feel comfortable wearing. Or wear nothing on your head if that works for you. Eating right and getting exercise can help keep your body strong and your spirits up. Don't forget to take time to relax – movies, hobbies, getting outdoors. Do what makes you feel good about yourself.

Dealing with sexual problems

Many problems men have after cancer treatment will not last long. As you begin to feel more in control of your body and your life, you will find that your self-confidence returns and your sex life often gets better.

But some cancer treatments can cause a life-long change. It's hard to know what will happen. One man's erections may come back after his prostate is removed while another man's may not.

Getting used to changes in your body

As men age or go through health problems, they may need more time and stroking to get aroused. If you have trouble reaching orgasm during sex, try different kinds of touching. You might buy a hand-held electric vibrator for more intense stimulation. Try having a sexual fantasy or looking at erotic stories or pictures. The more excited you are, the easier it is to reach orgasm.

The best time to talk with your doctor or cancer team about side effects or long-term changes in your sex life is **before** treatment. That way, you can learn about common problems and how long healing takes. But you can bring up the subject any time during and after treatment, too.

You may need a few months to heal after treatment. If erection problems last longer, talk with your doctor again and try different ways to deal with them. If the problem doesn't get better, your doctor may ask you questions about your sex life, and get special tests to find the cause. And it may take more than one doctor to get the treatment you need.

Your doctor may want to find out if you are having normal erections while you sleep. This may be done at a sleep lab, where a machine can measure changes in the size of your penis during the night. Other ways to check sleep erections are monitors or gauges you can use at home. If your sleep erections are strong, you may do well with sexual counseling. If your sleep erections are poor or you don't have them, surgery or medical treatment may be needed.

Some doctors use special tests to measure blood flow in the penis. One test uses sound waves to show the speed and direction of blood flow. It looks for a block in blood flow that could be causing the erection problem. Other kinds of tests check the nerves and reflexes in the genital area. Blood tests may be done to check your hormone balance.

Erectile dysfunction (impotence)

Drugs: The drugs Viagra[®], Levitra[®], and Cialis[®] all help a man get and keep an erection by helping more blood to flow to the penis. About half of men with erection problems due to physical changes are helped by these drugs.

Men with nerve damage from prostate cancer treatment may not respond as well to these drugs as those with some other physical causes. But some research suggests that men

who use one of these drugs fairly often, starting within 6 months of prostate surgery, may have better erections (as long as the nerves were spared). Some men who don't get a good enough result with one of these drugs may do better when they use it along with a shot in the penis. (See "Penile injections" below.)

Many drugs are known to cause problems if you take them while you are taking Viagra, Levitra, or Cialis. For instance, nitroglycerin and other drugs used to treat heart disease may cause serious problems or even death when taken with one of these drugs. Be sure your doctor knows about all medicines you take, even those you take rarely. Learn about the side effects before you try the drug.

Surgery to restore blood supply: If the main vessel that brings blood to the penis is blocked and is causing an erection problem, surgery may help. The surgeon can take a piece of a blood vessel from another place in the body and sew it to the tiny blood vessels in the penis.

Penile injections ("shots"): A man can be taught to inject his penis with a drug that causes erections. The drug is put into the side of the penis with a tiny needle a few minutes before starting sex. Sexual excitement and the drug together help to produce a firmer and longer-lasting erection.

Because the shot can have side effects, the first one is usually done in the doctor's office. A few men may get an erection that will not go down. If this happens, the man needs to go to an emergency room right away for treatment. Some men can get scars in the spongy tissue after many injections, causing the penis to curve. The only way to treat this is by surgery on the penis.

Pellets: A way of getting the same drug used in the shots is to have a man put a tiny pellet in the small hole at the tip of the penis. Although easier than shots, the pellet does not always work as well. It can have the same kind of side effects. It can also cause some burning for the man and his partner. Because the pellet can make some men dizzy, the man may try a test dose in the doctor's office.

Vacuum devices: Another treatment, called the vacuum constriction device (VCD), is less risky but may disrupt sex more than a shot or pellet does. A man puts a plastic cylinder over his penis and pumps out air to create suction around the penis. The suction draws blood into the penis, filling up the spongy tissue. When the penis is firm, the man takes the pump off and slips a stretchy band onto the base of his penis to help it stay erect. The band can be left on the penis for up to half an hour. It may take some practice to learn the best way to use a vacuum device. Although most vacuum devices are prescribed by doctors, the FDA has approved some to be sold over the counter.

Vacuum devices, injections, and pellets have a success rate between 50% and 70%. When injections or a vacuum device are to be used, sexual counseling can help a couple look at their options and find ways to fit the new treatment into their sex life. (See the section called "Professional help.")

Penile implants: Surgery to put an implant (*prosthesis*) in the penis was the first really helpful treatment for medical erection problems. These operations have been done for

many years. They still work quite well to treat life-long erection problems. There are different types of implants.

- **Semi-rigid rods:** For the simplest type, 2 silicone rods are placed into the spongy tissue of the penis. The result is a penis that always stays mostly erect. Most semi-rigid implants are easy to shape. When you bend the penis up or down to hide it during daily activities, it stays bent.
- **Inflatable pumps:** These are pump systems placed inside a man's body. When a man is ready for sex, he squeezes a pump in his scrotum to move salt water from a small tank into his penis. After sex, he presses a release valve and the salt water flows back through the tubes to the tank until it's needed again. There are different types of pumps, some more complex than others.

Things to think about before choosing an implant: Men in poor health may want to try the semi-rigid or less complex inflatable types. The surgery is minor and the risk of future problems is low. A man who has bladder tumors may need an inflatable prosthesis because the semi-rigid rods interfere with a test that looks inside the bladder. A man who is very active may prefer an inflatable type, since it isn't in the way as much when you move around a lot.

Implants carry some risk of problems, such as infection. Also, the implants with more parts are more prone to failure, which leads to more surgery. And implants can't help with desire problems or lack of feeling in the penis.

Learn as much as you can and ask your doctor questions about the pros and cons before you decide on an implant. A man who is married or in a long-term relationship should include his partner as he chooses implants.

Hormone replacement therapy: In the rare case that a man has problems with hormone balance, testosterone may help with desire and erections. But hormones are too often used without careful thought. Most men have enough testosterone, even after age 50 or 60. Taking extra hormones will not cure a sexual problem. And the hormones can cause serious side effects.

Herbs and supplements: Many herbs or supplements are sold over the counter as "natural" cures for erection problems. But they have not been proven to help men have erections. And in the past, many supplements have been found to contain things other than what is listed on their labels.

A worse problem is that some of the supplements have been found to contain prescription drugs that are very much like Viagra. As these are found by the FDA, the pills are recalled, but often after many men have taken them. These pills can be very risky because the man doesn't know what he is getting. One danger is that he may take other medicines that interact in a way that can cause harm or death. Or he may take too much of a substance that is said to be harmless, then have some very serious effects and not know why.

Less intense orgasms

Some men treated for cancer notice that their orgasms get weaker or don't last as long as before. Sometimes this is just part of normal aging. But weaker orgasms often go along with erection problems. In those cases, treating the erection problem does not always make the orgasm stronger.

Some common-sense advice: make sure you are as excited as possible during sex. Focus on your feelings of pleasure or on an exciting fantasy. Take a long time for foreplay. If you find yourself getting close to orgasm, ask your partner to tease you a little by slowing down. Let your excitement die down and rebuild several times before you let yourself climax.

You can practice this teasing by yourself, too. When you feel very excited, stop touching your penis, even if you lose part of your erection. Then start and stop a few times before your orgasm.

Whether alone or with a partner, make sure your erection is as full as can be before you bring on your orgasm. Some men learn to climax with a soft penis. But many find they have stronger orgasms if they can delay it until their erection is as firm as possible.

Pain

Pain can reduce your desire for sex and make you feel tired. It can also cause problems if it flares up during sex. If you are having pain anywhere in your body, these tips may help.

- **Plan sex for the time of day when you feel the least pain.** If you are using pain medicine, take it an hour before sex so it will have time to work. Try to find doses of medicine that relieve pain without making you too sleepy.
- **Find a position for touching or sex that puts as little pressure as possible on the sore areas of your body.** If it helps, support the sore area with pillows. If a certain motion is painful, choose a position that avoids it. You can guide your partner on what you would like.
- **Focus on your feelings of pleasure and excitement.** With this focus, sometimes the pain fades into the background.

If you keep having pain, talk with your doctor about treatment. No matter what kind of pain you have, there are medicines that should help keep it under control.

Loss of one or both testicles

Testicles are symbols of manhood. Though some men are not upset about the way they look, others fear a partner's response. This may be more true for men who are not in long-term relationships.

To get a more natural look, a man who is having one or both testicles taken out can have implants put in his scrotum. If the scrotum is all there, testicular implants can look a lot like normal. But if part of the scrotal skin must be removed, they will look less normal.

Smaller penis

After prostate surgery, a man may be shocked to find that his penis is shorter than before. For up to about 6 months after surgery, it may even seem to have shrunk inside the body, much like when a man is in cold water. Penile shrinkage is common after surgery, but it is often not something a man is warned about. The cause of penile shortening is unknown. There is no way to prevent or treat it at this time.

Grief and loss

It is normal to feel grief over the losses from cancer and its treatment. You may give up your old ideas of yourself and start finding new ways to cope with the changes in your life. You may also notice sadness and anger, even toward those close to you. Cancer changes the way you think of your body and yourself. This can disturb your well-being, and affect how you see yourself sexually. It can also affect your relationships.

It may take time for you to even notice some of the losses and changes from cancer. It can help if you can share your grief with someone close to you. If there is no one close that you want to confide in, you might want to see a counselor. Just as it is important to take care of pain in your body, painful feelings also need to be dealt with.

Depression

Depression is feeling empty or sad most of the time. It happens to a lot of people with cancer. Staying active is a good way to reduce stress and lower your risk of depression. Talk to your doctor about the kind of exercise that is right for you. As long as you don't overdo it, exercise will help you feel better during and after treatment.

Side effects can also get you down. You can reduce the pain and nausea that some cancer treatments cause by learning skills to help you relax. Many relaxation methods can be learned from DVDs, CDs, or books, although training by a mental health professional may work best. Sometimes professionals may offer other methods to help improve your sleep, appetite, energy, and ability to feel pleasure. In turn, this can help your self-esteem and desire for sex.

If you notice poor sleep, feeling hopeless, not enjoying life, trouble thinking, or other signs of depression that last more than 2 weeks, talk to your doctor. Depression can be treated with medicine and in other ways.

Keep in mind that some of the newer anti-depressants may make it harder to reach orgasm. If this becomes a problem for you, talk to your doctor about it. There are other anti-depressants that may not have that effect on you.

Anxiety about sex

Many couples believe that sex should happen on the spur of the moment, with no planning. But sometimes you are dealing with a cancer-related symptom or treatment side effect that makes it impossible to happen like it did in the past. The most important thing is to bring up the topic and talk with your partner.

Some people delay getting back to sex because they want to satisfy their partner. One way to find out if you are ready to enjoy sex is to start by touching yourself and bringing yourself to orgasm. That way, you can find out if cancer treatment has changed your sexual response without feeling that you must please your partner. It can also help you find out where you might be tender or sore.

If you are OK with the idea, try stroking not just your genitals, but all of the sensitive areas of your body. Notice the different feelings. The books listed in the "To learn more" section can help you feel more relaxed about sex and touching yourself. Later you can teach your partner what you learn about your body. Even if cancer treatment has not changed your sexual responses, you may find some new ways to spice up your sex life.

Every now and then we all have sexual thoughts or feelings, but sometimes we ignore or forget about them. Your sexual thoughts can be used to improve your sex life.

Pay attention to the times you have sexual thoughts. Try to notice patterns, like the time of day, where you are, people, music, activities, movies, or fantasies. When you notice patterns, you can plan things that will help put you in the mood for sex.

If these and other efforts don't boost your sexual interest, think about getting counseling. For more information, please see the "Professional help" section.

The single man and cancer

Getting through cancer treatment can be even tougher for a single man. Some of the scars left by cancer are public. These include the lost hair, a lost limb, or scarred face. Others cannot be seen by people on the street. These private scars can be just as painful, though, since the people who do see them are the ones who matter most.

Perhaps the most private scar left by cancer is the damage done to how you see yourself. You may be wondering about what you can do now, and how long you will live. If you had hoped to marry or remarry, you may not want to involve a partner in an uncertain future. Concerns about having children can also affect new relationships. Maybe you can't have children, or aren't sure if you can. Maybe you can still have children but fear that cancer will not give you time to see your child grow up. If you feel stuck and want to move on, see the section called "Professional help."

When dating, people who have had cancer often avoid talking about it. At a time when closeness is so important, it seems risky to draw attention to your problems. Sometimes you can ignore the cancer for a time. But when a relationship gets serious, silence is not the best plan. If you don't talk about it, cancer can become a secret that will limit your closeness to your partner. A loving partner needs the chance to accept you as you are.

The risk of rejection

It's true that some people may reject you because of your cancer or cancer treatment. Even without cancer, people reject each other because of looks, beliefs, personality, or their own issues. The sad truth is that some single people with cancer don't even try to date. Instead of focusing on their good points, they tell themselves that no partner would accept them now. Of course, you can avoid being rejected by staying at home, but you also miss the chance to build a happy, healthy relationship.

When to talk about your cancer

It can be hard to know when to tell a new partner about your cancer. If you have a stoma, genital scars, or a sexual problem, you may worry even more. There are no clear rules. But it is often best to wait until you feel a sense of trust and friendship with a person. Here are some ways to help you decide when to talk about your cancer:

- Tell a potential partner about genital scars, a stoma, or sexual problems when you feel that the person accepts you and likes you for who you are.
- Discuss your cancer when a new relationship starts to deepen.
- Be ready for rejection: imagine the worst possible reaction, and how you would respond. But don't let fear keep you from going after a relationship that might work.

How to bring it up

Try having "the cancer talk" when you and your partner are relaxed and feeling close. Ask your partner a question that leaves room for many answers. The question gives them a chance to think about the new information and respond, and helps you see how your partner takes this news.

One way is just to mention it, followed with your question. "I really like where our relationship is going and I need you to know that I had _____ cancer many years ago. How do you think that might affect our relationship?"

You can also share your own feelings: "I had _____ cancer ___ years ago. I guess I don't want to bring it up because I'm afraid you'd rather be with someone who hasn't had it. It also scares me to remember that time in my life, but I need you to know about it. What are your thoughts or feelings about my having had cancer?"

You can even rehearse how to tell a dating partner about having cancer. What message do you want to give? Try some different ways of saying it, and ask a friend for feedback. Ask your friend to take the role of a new partner who rejects you because you have had cancer. Have your friend tell you what you dread hearing the most, and practice your response.

When you feel some confidence in your self-worth and feel able to handle rejection, you are ready for the real world. Then, when you start to meet or date new people, think of it as part of a learning process rather than something you must do well on your first try.

Your social life can be a plus

Try working on other areas of your social life too. Single people can build a network of close friends, casual friends, and family. Call friends, plan visits, and share activities. Get into a hobby, interest group, or something else that will increase your social circle.

Some volunteer groups and support groups are set up for people who have faced cancer. You can have a better view of yourself when you get feedback about your strengths from others. If you feel shy about meeting new people, practice how to handle it. Talk to yourself in the mirror, or ask a close friend or family member to play the part with you.

Frequently asked questions

Can sex cause cancer?

Many patients and their partners worry that cancer is catching. Despite this myth, a cancer cell from one person's body simply cannot move during sex, take root, and grow in someone else.

And for most cancers, there is no link between a person's sex life and cancer risk or having cancer come back after treatment

There are a few viruses passed from one person to another through sex that may cause some kinds of cancer, like cancer of the cervix, vagina, penis, or rectum and Kaposi Sarcoma. Hepatitis B and hepatitis C viruses can be passed to others during sex, and can raise the risk for liver cancer. The virus that causes mono (the "kissing disease"), seems to increase the risk of certain cancers, too.

These cancers are not caused by having sex itself. They are caused by viruses that can be picked up during sex with someone who has the virus. Most people with these viruses never get cancer. For more information, call us at 1-800-227-2345 and ask for *Infectious Agents and Cancer*.

Can you get AIDS from having sex?

Yes. The virus that causes AIDS is called the human immunodeficiency virus (HIV). It can be passed on to others when semen, vaginal fluid, or blood from an infected person gets into someone else's body. This can happen during oral, vaginal, or anal sex. This virus is passed on in 3 ways:

- Unprotected sex (sex without a condom) with an infected person
- Sharing an infected person's needle or equipment when injecting drugs
- From a mother to her baby during pregnancy or breast-feeding

The only way to find out if a person has HIV is to take an HIV test. Unless you are sure that neither you nor your sex partner has the virus, you should practice safer sex. For more on safer sex, see "Other problems from chemo that may affect your sex life" in the

section, “Chemotherapy (chemo) and sex.” For more on HIV, you can call and get our information *HIV Infection and AIDS* or read it online.

Can sex during cancer treatment hurt a partner?

Chemo: A few chemo drugs can come out in small amounts in semen. You may want to use condoms while you are getting chemo and for about 2 weeks afterward.

Radiation: For men getting radiation from a machine, having sex will not expose their partners to it. It’s different if you have implants that give off radiation (like seed implants for prostate cancer). Those who spend time very close to you might get small amounts in the first few weeks or months. This may be a concern if your partner is pregnant. Talk to your doctor or nurse about any questions or concerns about keeping your partner safe.

When should a person with cancer not have sex?

Ask your doctor if sex would cause a problem any time during or after treatment. Here are some things to think about:

- After surgery, sex can cause bleeding or pull the stitches. Sex may also raise your chance of an infection. Ask your surgeon when it’s safe to try sex again.
- Some types of cancer, such as cancer of the bladder, may cause bleeding in the genital area. If bleeding gets worse after sex, talk to your doctor about it.
- During cancer treatment with chemo or radiation, your immune system may not work very well and you can get serious infections. Ask your doctor if sex is too risky. Most doctors say that if you are well enough to be out in public, you are well enough to have sex.
- Some of the bacteria that can start infections in the bladder or genital area can be washed away by emptying the bladder just after sex. Some doctors also suggest washing the genital area before sex and drinking extra fluids.
- If you notice any sores, bumps, or warts on your partner’s genitals, or any kind of discharge, find out what’s going on before you decide if it’s safe for you to have sex with this person.

What about sex and advanced cancer or at the end of life?

A very ill person is not often seen as a sexual person. But everyone has sexual feelings. Touching, sharing, and closeness are always important, even at the end of life.

When cancer is far advanced, a person’s needs for affection, sharing of feelings, and touch may become even stronger. You may need to remind your partner how important physical closeness is, even when sex might be too much.

Do you have other questions?

You may have many questions that haven't been addressed here. Don't be afraid or embarrassed to discuss them with your doctor or other members of your health care team. Write them down now so you'll remember to ask them at your next visit.

Sometimes your doctor might say things that you don't understand. Speak up – let the doctor know what didn't make sense to you. Ask the doctor to try again to tell you what you need to know. If you still have trouble, a nurse or social worker can often help with questions.

Professional help

The first step in finding help for a sexual problem is to talk to your doctor. If your cancer specialist can't help you, ask your family doctor or another member of your health care team. They should be able to suggest a counselor who is an expert in sexual problems.

Sex therapy

Sex therapy is a brief type of counseling with a focus on solving sex problems. Sex therapists believe that sexual skills are learned. You may need to drop old approaches and learn new ones. Between visits, a sex therapist may give you do homework to help you feel closer to your partner and enjoy touching more.

Sex therapists may practice in a clinic or alone. Because most states have no laws about the title of "sex therapist," people with no training can call themselves sex therapists. Be sure your sex therapist is a licensed mental health professional (psychiatrist, social worker, clinical nurse specialist, nurse practitioner, or psychologist) with special training in sex therapy. It is not always easy to find a well-trained sex therapist. It is OK to ask what education and license they have before you make an appointment.

What to avoid

Men and women often try to get help for a sex problem by going to someone who is not a health professional. Sexual problems are so upsetting that people will try all kinds of things. Although there is no evidence that any of the following can cure a sexual problem, they are often said to be cures: potency pills (such as "poppers" or "Spanish fly"), herbs, oysters, hypnotism by someone not trained as a mental health professional, or visits to a "sexual surrogate." There are many more unproven remedies. These treatments have not been shown to work, and many can be harmful.

Other kinds of counseling

Sex therapy is not the only kind of counseling that can help a person with cancer. Therapy can

- Help you feel better about the changes in your body

- Make it easier for you and your partner to talk about difficult subjects
- Give you skills to better cope with the cancer

Finding a well-qualified mental health professional is important. Try to get names from your doctor or your cancer team. The cost of counseling varies with the professional's training. Before you start, you may want to call your health insurance plan to see what they will cover.

Other specialists

A man with sexual problems may choose to see a urologist first. This is a medical doctor trained in diseases of the male genitals. Many urologists do surgery and offer medical treatments for erection problems.

When the most likely cause of a sexual problem is a change in your hormones, you may need to see a doctor called an *endocrinologist*. Usually your regular doctor or urologist can help you decide if an endocrinologist is needed.

To learn more

More information from your American Cancer Society

We have selected some related information that may also be helpful to you. Free copies of these materials may be ordered from our toll-free number, 1-800-227-2345, or they can be read on our Web site at www.cancer.org.

More on sex and fertility

Sexuality for Men With Cancer (also in Spanish)

Fertility and Cancer: What Are My Options?

Infectious Agents and Cancer

HIV Infection and AIDS (also in Spanish)

Coping with cancer

Coping With Cancer in Everyday Life (also in Spanish)

Anxiety, Fear, and Depression (also in Spanish)

Cancer treatment and side effects

Understanding Chemotherapy: A Guide for Patients and Families (also in Spanish)

Understanding Radiation Therapy: A Guide for Patients and Families (also in Spanish)

Surgery (also in Spanish)

Pain Control: A Guide for Those With Cancer and Their Loved Ones (also in Spanish)

Ileostomy: A Guide

Colostomy: A Guide (also in Spanish)

Urostomy: A Guide

Managing Incontinence After Treatment for Prostate Cancer

Books

The following books are available from the American Cancer Society. Call us at 1-800-227-2345 to ask about costs or to place your order.

Couples Confronting Cancer: Keeping Your Relationship Strong

Crossing Divides: A Couple's Story of Cancer, Hope, and Hiking in Montana's Continental Divide

What Helped Me Get Through: Cancer Survivors Share Wisdom and Hope

American Cancer Society's Guide to Pain Control: Understanding and Managing Cancer Pain

National organizations and Web sites*

Along with the American Cancer Society, other sources of information and support include:

American Association of Sex Educators, Counselors and Therapists (AASECT)

Web site: www.aasect.org

Has a listing of AASECT-certified counselors and/or therapists

American Social Health Association (ASHA)

Telephone number: 919-361-8400

Telephone number for STI (sexually transmitted infections) Resource Center: 919-361-8488

Web site: www.ashastd.org

For information and print materials on sexually transmitted infections and how to prevent and treat them

American Society for Reproductive Medicine (ASRM)

Telephone number: 205-978-5000

Web site: www.asrm.org

For fact sheets and booklets about adoption, genetic screening for birth defects, infertility, in vitro fertilization, sexual dysfunction, reproduction information for cancer patients, and other topics related to reproduction

Livestrong Sharing Hope program

Toll-free number: 1-866-235-7205

Web site: www.livestrong.org

Better access to options that preserve fertility for men and women with cancer. This program partners with fertility centers and sperm banks across the US to offer discounted rates for these services.

Let's Face It

Web site: www.dent.umich.edu/faceit

Online resource for people with changes to the face caused by things like head and neck cancer surgery and their loved ones. Lifestyle tips cover topics such as self-esteem, dating, make-up, pain management, and more

WebWhispers Nu-Voice Club (for people with cancer of the larynx)

Telephone number: 301-588-2352

Web site: www.webwhispers.org

For information about larynx cancer treatments, surgery, recovery, and what life is like after a laryngectomy. Also has a complete listing of laryngectomee suppliers, an online newsletter, and online support groups and discussion boards

The International Association of Laryngectomees (IAL)

Toll-free number: 1-866-425-3678 (1-866-IAL-FORU)

Web site: www.theial.com

Offers programs to learn to manage a laryngectomy; lists vendors of laryngectomy supplies, including communication devices, stoma covers, "neck breather" bracelets and more; laryngectomee clubs in over 11 countries and on the Internet; a registry of alaryngeal (people without larynxes) speech instructors; newsletters; and educational materials

United Ostomy Associations of America, Inc. (UOAA)

Toll-free number: 1-800-826-0826

Web site: www.uoaa.org

Provides information, online support groups, discussion boards, and conferences to people with intestinal or urinary diversions (ostomies)

Health care resources for men who have sex with men *

Gay and Lesbian Medical Association

Web site: www.glma.org

Has an online Provider Directory, which allows you to search for primary care providers, specialists, therapists, dentists, and other health professionals by geographic area; fact sheets specific to gay, lesbian, and transgender persons; and information on transgender health resources

**Inclusion on this list does not imply endorsement by the American Cancer Society.*

Other reading materials*

Books on sexuality for men

Katz, A. *Man Cancer Sex*. Pittsburgh: Hygeia Media, 2010.

Korda M. *Man to Man: Surviving Prostate Cancer*. New York: Vintage Books, 1997.

Schover, Leslie R. *Sexuality and Fertility After Cancer*. New York: John Wiley & Sons, Inc. 1997.

Schover, Leslie R. and Anthony Thomas. *Overcoming Male Infertility: Understanding Its Causes and Treatments*. New York. John Wiley & Sons, 2000.

Zilbergeld B. *The New Male Sexuality: The Truth About Men, Sex, and Pleasure*. New York: Bantam Books, 1999.

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No matter who you are, we can help. Contact us anytime, day or night, for information and support. Call us at **1-800-227-2345** or visit www.cancer.org.

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For additional assistance please contact your American Cancer Society
1 · 800 · ACS-2345 or www.cancer.org