Sex and Men With Cancer: Overview

This is a shorter, easier-to-read version of Sexuality for the Man With Cancer. For the more detailed version, call 1-800-227-2345. Or read it online at www.cancer.org.

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

You may have concerns about your sex life. But you may have trouble talking about it. Here we will help you learn more about cancer and sex, so you can start talking with your partner, doctor, and cancer team about your sex life and any problems you could have.

Just what is "normal" anyway?

People think about sex differently and they have sex in different ways, too. This makes it hard to say what's normal. Normal for you and your partner is whatever feels right to both of you.

How a man's body works

Hormones

During and after the teen years, the testicles make a steady supply of hormones, mostly *testosterone*. Testosterone helps promote sex drive and erections. The testicles also make millions of sperm each day.

Erections

An erection begins when the brain sends a signal down the spinal cord and through the nerves that sweep down into the pelvis. When this signal is received, the spongy tissue inside the penis relaxes and the blood vessels that carry blood into the penis expand. Blood fills 2 spongy tubes of tissue inside the penis to make it stiff.

The nerves that allow a man to feel pleasure when the penis is touched run in a different path from the nerves that control blood flow and produce an erection. A third set of nerves, which run higher up in a man's body, controls ejaculation of semen.

Orgasm

A man's orgasm has 2 stages:

Stage 1: Emission. The sperm move from the testicles into the body and mix with fluids.

Stage 2: Ejaculation. The mixture of fluid and sperm (*semen*) comes out of the penis.

Ejaculation 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.

Keeping your sex life going despite cancer treatment

Be sure to ask your doctor or nurse these questions about having sex during and after treatment.

When will it be OK to have sex?

Are there any types of sex I should avoid?

What safety measures do I need to take, and for how long?

What birth control should I use? For how long?

How might treatment affect my sex life?

Here are some things to keep in mind.

Learn as much as you can about how your cancer treatment could affect your sex life.

The first thing to do is talk with someone on your health care team about sex. You already may have asked about going back to work, eating, or side effects. You have just as much right to know the facts about sex. When you know what to expect, you can plan how you might handle any problems that come up.

No matter what kind of treatment you get, you'll still able to feel pleasure from touching.

Few cancer treatments damage the nerves and muscles that help you feel pleasure from touch or having an orgasm. You might have to change the way it happens, but you still should be able to feel good and be satisfied.

Try to keep an open mind about ways to feel sexual pleasure.

Some couples have a narrow view of what normal sex is. If both partners can't reach orgasm the way they always have, they feel cheated. But during cancer treatment, there might 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.

Talking to each other about what's going on is the 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 avoid pain. Keep in mind that if one person has a sex problem, it affects both of you.

Feel good about yourself.

Remind yourself about your good qualities. If you lose your hair, you might look and feel better if you shave your head with an electric razor. Or try out different kinds of hats to find one you like. 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, too – try movies, hobbies, or getting outdoors. Do what makes you feel good about yourself. Talk with your cancer team if you think you are depressed or struggling, or if worry is causing problems.

How cancer treatments affect your sex life

There's a lot to think about when choosing the best way to treat or manage cancer. You might have more than one treatment to choose from and each treatment might have an effect on your sex life. Your treatment options might include:

- Surgery
- Radiation
- Chemotherapy
- Hormone treatment

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 might still want sex and be able to ejaculate, but he might not be able to get an erection. After other types of treatment, a man may have the feeling of orgasm along with the contracting muscles, but semen doesn't come out.

Surgery and sex

Surgery in the lower belly and pelvis area can affect a man's sex life in different ways. Some operations cause more sex problems than others. For instance, a man will not be able to get full erections if most of the organs in his pelvis (bladder, prostate, rectum, and more) are removed. We also know that 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 pelvic surgery can affect a man's erections

- It can cut down blood flow to the penis so that the penis may not get firm enough to enter his partner. He should still be able to feel pleasure from touch and have an orgasm.
- It can damage nerves that control blood flow to the penis so that the signal to start an erection is either weak or lost.

Some men can still get full erections after pelvic surgery, but it could take up to 2 years. Injured nerves may heal. And the healing and growth of new blood vessels may help more blood get to the penis. All of this takes time, which could explain part of the delay in getting back full erections. It's not always clear why some men get back full erections and others do not.

Studies have looked at ways to help men get erections just weeks after pelvic surgery. The results suggest that treatment to get back erections, called *penile rehabilitation* or *erectile rehabilitation*, should be started shortly after surgery. This can be done by using drugs, injections, or vacuum devices. Talk to your doctor to find out if this could be a good choice for you.

How surgery can affect a man's ejaculation

- It can damage the nerves that control the prostate and other parts needed for normal ejaculation, which can block or change the way ejaculation happens. A man can still feel the pleasure of an orgasm. The difference is that little or no semen comes out.
- Removal of any part of the path that sperm and semen need to go through to get out of the body does not cause problems with orgasm, but the man will not ejaculate semen.
- Damage to the nerves that come from the spine can make semen shoot backward into the bladder instead of coming out the penis. This backward ejaculation does not cause pain or harm to the man. When a man passes urine after this, 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 have a huge impact on a man's self-image and his sex life.

The surgeons try to save as much of the penis as they can, but all of the cancer must be removed. If the shaft and head of the penis cannot be saved, the man must have the whole penis removed, even the base that extends 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 other sensitive areas 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, colon, and rectal 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. Radiation may also harm the nerves that control erection.

About 2 out of 5 men who get radiation will notice that their erections change for the worse. Erections may not change right away. The change often happens slowly, over the first year or so after treatment. Some men still get 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.

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

Radiation to the prostate can also reduce the amount of semen that comes out during ejaculation.

Chemotherapy (chemo) and sex

Most men getting chemo 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 high doses of chemo followed by a stem cell transplant are more likely to have a long-lasting loss of testosterone. In some cases, testosterone replacement may be needed to regain desire and erections.

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

Other problems from chemo that may affect your sex life

If a man has had genital herpes or genital warts in the past, chemo might cause them to flare up again. If you have any signs of genital 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’re 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 Sexual Health Association (see the “To learn more about other topics related to sex and cancer” section).

Hormone treatment and sex

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

- Using drugs to keep the man from making testosterone
- Using drugs that block the body from using testosterone
- Removing a man's testicles

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 they can keep their testicles. 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."

A common problem with hormone treatment is less desire for sex. Hormone treatment may also cause changes in how you look. It can make you lose muscle, gain weight, or grow breast tissue. Talk to your doctor about side effects before you start hormone therapy. There are ways to prevent or limit some of them. And an exercise plan 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, who can help you decide where to start and what to do.

Mental and emotional effects of cancer treatment

Fears about not getting (or losing) erections can sometimes lead to problems with sex. Instead of letting go and feeling excited, a man may be worried about 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. Therapy can often help. But all men with erection problems should be 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.

Grief and loss

It's normal to feel grief over the losses from cancer and its treatment. You might have to give up your old ideas of yourself and start finding new ways to cope with the changes in your life. You might also feel sadness and anger, even toward those close to you. Cancer changes the way you think of your body and yourself. This can affect how you see yourself sexually. These feelings and thoughts can affect your relationships, too.

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

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 kinds of activity that might be right for you. As long as you don't overdo it, exercise can help you feel better during and after treatment.

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

If you notice you are sleeping poorly, 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 drugs and/or counseling. Keep in mind that some of the newer anti-depressants can make it harder to reach orgasm. If this becomes a problem for you, talk to your doctor about it. Other anti-depressants might not have that effect on you.

Worrying about sex

Many couples believe that sex should happen on the spur of the moment, with no planning. But this may not be possible if you're dealing with a cancer-related symptom or treatment side effect. The most important thing is to bring up the topic and talk with your partner.

Some people put off sex because they want to be sure they can satisfy their partner. One way to find out if you're 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 like you must please your partner. It can also help you find out where you might be tender or sore.

If you're OK with the idea, try stroking not just your genitals, but all of the sensitive places on your body. Notice the different feelings. Later you can teach your partner what you learn about your body. Even if cancer treatment has not changed your sexual responses, you might find some new ways to spice up your sex life. (Some of the books listed in the "To learn more about other topics related to sex and cancer" section can help you feel more relaxed about sex and touching yourself.)

Every now and then we all have sexual thoughts or feelings, but often we ignore or forget them. Your sexual thoughts can be used to improve your sex life. Pay attention to when you have them. 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 on this, please see the "Finding professional help for sex problems during and after cancer treatment" section.

Fathering children and cancer treatment

Some cancer treatments cause men to become unable to father a child (*infertile*). If you think you might want to have children someday, talk to your doctor **before** starting treatment. One option may be to bank (save and preserve) your sperm. (See our document called *Fertility and Men With Cancer* for more details.)

Dealing with sexual problems after cancer treatment

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'll find that your self-confidence returns and your sex life often gets better.

But some cancer treatments can cause life-long changes. If you do have a sexual problem, your health care team can often find the cause and give you an idea of your chance for recovery. 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. You might ask your doctor about other treatment options, too.

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 pictures or movies. The more excited you are, the easier it is to reach orgasm.

You might need time to heal after treatment. If erection problems last, 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.

Some men have their first orgasms after cancer treatment while asleep, during a sexual dream. If this happens to you, it's proof that you are able to have an orgasm. It's also helpful if your partner notices that you have erections during sleep. Because sleep erections aren't affected by mood or state of mind, they give you an idea of the best erection your body can produce. Now it's up to you to set things in motion when you are awake.

Erection problems

There are many treatments you can try for erection problems (also called *erectile dysfunction* or *impotence*). You may have to try a few to find what works best for you and your partner.

Pills: Drugs like Viagra®, Levitra®, and Cialis® all help a man get and keep an erection by helping more blood to flow to the penis. If you're having trouble with erections, these pills are often the first type of treatment that's tried.

Be sure your doctor knows about all medicines you take, even those you take rarely. Many drugs are known to cause problems if you take them while you are taking Viagra, Levitra, or Cialis. Learn about the side effects of these drugs before you try one of them.

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 produce a firmer and longer-lasting erection. Penile injections work for most of the men who try them.

Because the shot can have side effects, the first one is usually done in the doctor's office. The shots can cause some men to get scars in the spongy tissue after many injections, which can cause the penis to curve.

Pellets: Another way for a man to get the same drug used in the shots is from a tiny pellet he can put in the small hole at the tip of his penis. Although easier than shots, the pellet does not always work as well. It can have the same 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 a vacuum device, is less risky but may disrupt sex more than a pill, shot, or pellet does. A man puts a plastic cylinder over his penis and pumps out the 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 keep the blood in and 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.

Penile implants: One kind of penile implant is a pump system placed entirely inside a man's body. When a man is ready for sex, he squeezes a pump in his scrotum. The pump moves salt water from a small tank behind the groin muscles into tubes that have been put inside his penis to create an erection. 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.

Another type of implant is a semi-rigid rod put inside the penis. It's bent upward for sex and down toward the body at other times

Implants carry some risk of problems, such as infection. Also, the implants with more parts are more prone to failure, which can lead 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 in the discussion about implants.

Less intense orgasms

Some men treated for cancer notice that their orgasms get weaker or don't last as long. Sometimes this is a normal part of aging. But weaker orgasms often go along with erection problems.

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. You may need to 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 by teasing yourself, too. When you feel very excited, stop touching your penis, even if you partly lose 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 it 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 have them when 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 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're 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 places that hurt: If it helps, support the sore area with pillows. If a certain move hurts, choose a position that avoids it. You can guide your partner.

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 can 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 if they are removed, 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. They will look less normal if part of the scrotal skin must be removed.

Smaller penis

After prostate surgery, a man may find that his penis is shorter. 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. This is common after surgery, but men aren't often warned about it. The cause of the shrinkage is unknown. There's no way to prevent or treat it at this time.

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 can't 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 to how you see yourself. You may wonder how active you can be and even how long you will live. If you had hoped to marry or remarry, you might not want to involve a partner in an uncertain future. Maybe you can't have children, or aren't sure if you can. Maybe you can still have children but fear that cancer won't give you time to see your child grow up. If you feel stuck and want help moving on, see the section called "Finding professional help for sex problems during and after cancer treatment."

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 for all sorts of reasons, such as 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

When dating, people who have had cancer often avoid talking about it, at least at first. At a time when closeness is so important, it seems risky to draw attention to your problems. Sometimes you can ignore 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 can limit your closeness to your partner. A loving partner is someone who accepts you as you are.

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's best to discuss cancer when a relationship starts to get serious.

- 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 the possibility of rejection, and imagine how you might 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. One way is just to mention it, followed with a question. "I really like where our relationship is going and I need you to know something about me. I had _____ cancer __ 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 was worried about bringing 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 practice telling someone you’re dating about having cancer. What message do you want to give? Try some different ways of saying it, and ask a friend for feedback. You might even want to ask your friend to take the role of a new partner who rejects you because you’ve had cancer. Have your friend tell you what you dread hearing the most. How would you deal with it?

When you feel some confidence in yourself and feel able to handle rejection, you’re 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 form 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 about sex and cancer

Can sex cause cancer?

Many patients and their partners worry that cancer can be passed on to another person during sex. It can’t be. And for most cancers, there’s no link between a person’s sex life and cancer risk or the risk of having cancer come back after treatment

There are some viruses passed from one person to another through sex that can cause some kinds of cancer. Still, these cancers are not caused by sex itself. They’re caused by viruses that can be picked up during sex with someone who has the virus. If you’re having sex with a new partner, you can protect yourself from many of these germs by using condoms for every sex act. Call us to learn more about other topics related to infection and cancer, or read *Infections That Can Lead to Cancer* on our website.

Can sex during cancer treatment hurt a partner?

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

Men who are getting chemo also should avoid causing pregnancy during and for some time after treatment because chemo could damage sperm cells. This could lead to birth defects. Ask your

doctor about birth control if your partner might get pregnant. Also ask when you can stop using birth control for this reason.

Radiation: For men getting radiation from a machine, having sex will not expose their partners to it. It's different if you have radiation implants put inside your body (like seed implants for prostate cancer). In this case, those who spend time very close to you might get small amounts in the first few weeks or months. 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 might cause bleeding or pull the stitches. Sex may also raise your chance of infection. Ask your surgeon when it's safe to try sex again.
- Some types of cancer may cause bleeding in the genital area. If you have bleeding after sex, talk to your doctor about it.
- During chemo or radiation treatment, your immune system may not work very well and you can get all kinds of infections. Ask your doctor if sex is too risky. Most doctors say that if you are well enough to be out in public, it's OK to have sex.
- Urinary tract infections can be a problem, but there are things you can do to help prevent them. Some of the germs 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 and after 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 to decide if it's safe for you to have sex with this person.

Do you have other questions?

You might have many questions that haven't been discussed here. Don't be afraid or embarrassed to ask your doctor or other members of your healthcare team. Write them down now so you won't forget to ask them at your next visit.

Sometimes your doctor might say things that you don't understand. Speak up – let the doctor know if something 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.

Finding professional help for sexual problems during and after cancer treatment

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's an expert in sexual problems.

Sex therapy

Sex therapy is a brief type of counseling focused 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 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 “sex therapists,” 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’s not always easy to find a well-trained sex therapist. It’s OK to ask what education and license they have before you make an appointment.

A professional society, such as the American Association of Sex Educators, Counselors, and Therapists (AASECT), can give you information about their members who have special training in sex therapy. You can also get a listing of professionals in your area by contacting your state’s psychological association, a chapter of the National Association of Social Workers (NASW), or a state association for licensed marriage and family therapists. (See the “To learn more about other topics related to sex and cancer” section for contact information.)

What to avoid

Men and women often try to get help for sex problems by going to someone who’s not a health professional. Sexual problems are so upsetting that people will try all kinds of things. There’s no evidence that any of the following can cure a sex problem, but they’re often said to be cures: potency pills (such as “poppers” or “Spanish fly”), oysters, hypnotism by someone not trained as a mental health professional, or visits to a “sexual surrogate.”

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 many have been found to contain things other than what’s listed on their labels. Some supplements contain prescription drugs that can be very risky because you don’t know what you’re taking.

There are many more unproven remedies. These treatments have not been shown to work, and many can be harmful. Be sure to talk to your doctor about anything you want to try before you spend any time or money on it.

Other kinds of counseling

Sex therapy is not the only kind of counseling that can help a person with cancer. A good therapist 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. Ask your doctor or your cancer team for names. The cost of counseling varies with the professional's training. Before you start, you might want to call your health insurance plan to see what they'll 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 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 about other topics related to sex and cancer

More information from your American Cancer Society

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

More on sex and fertility

Sexuality for Men With Cancer (also in Spanish)

Fertility and Men With Cancer

Infections That Can Lead to Cancer

Coping with cancer

After Diagnosis: A Guide for Patients and Families (also in Spanish)

Coping With Cancer in Everyday Life (also in Spanish)

Anxiety, Fear, and Depression (also in Spanish)

Cancer treatment and side effects

Chemotherapy – What It Is, How It Helps (also in Spanish)

Radiation Therapy – What It Is, How It Helps

A Guide to Cancer Surgery (also in Spanish)

Guide to Controlling Cancer Pain (also in Spanish)

Managing Incontinence for Men With Cancer

Books

Your American Cancer Society also has books that you might find helpful. Call us at 1-800-227-2345 or visit our bookstore online at cancer.org/bookstore to find out about costs or to place an order.

National organizations and websites*

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

American Association of Sexuality Educators, Counselors and Therapists (AASECT)
Website: www.aasect.org

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

National Association of Social Workers (NASW)
Toll-free number: 1-800-638-8799
Website: www.helpstartshere.org

Provides an online directory of clinical social workers, as well as tip sheets on dealing with many cancer issues

Sexual Medicine Society of North America, Inc
Website: www.sexhealthmatters.org

For up-to-date news and information about sexual health. Also has "Find A Provider" – a tool to find a medical provider who specializes in sexual health near you.

American Sexual Health Association (ASHA)
Phone number: 919-361-8400
Phone number for STI (sexually transmitted infections) Resource Center: 919-361-8488
Website: www.ashastd.org
Website on teen sexual health: www.iwannaknow.org
Website on teen sexual health in Spanish: www.quierosaber.org

For information and print materials on STIs and how to prevent and treat them

American Society for Reproductive Medicine (ASRM)
Phone number: 205-978-5000
Website: www.asrm.org

For fact sheets and booklets about sexual and reproductive problems

Fertile Hope (a LIVESTRONG initiative)
Toll-free number: 1-855-220-7777
Website: www.fertilehope.org

Has information on fertility risks and options; financial aid for newly diagnosed cancer patients wishing to preserve fertility through sperm banking (must meet eligibility criteria); referrals to fertility doctors; and more on research studies. Also has a kit you can buy to collect sperm at home and mail to a sperm bank.

Health care resources for men who have sex with men

Gay and Lesbian Medical Association
Website: www.glma.org

> Has an online Provider Directory, which allows you to search for doctors, specialists, therapists, dentists, and other health professionals nearby; fact sheets just for gay, lesbian, and transgender people; 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

Katz, A. *Man Cancer Sex*. Pittsburgh: Hygeia Media, 2009.

Mulhall, John P. *Saving Your Sex Life: A Guide for Men with Prostate Cancer*. CIACT, Inc. 2011.

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, 2008.

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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.

Last Medical Review: 8/28/2014
Last Revised: 9/23/2014

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1-800-227-2345 or www.cancer.org