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Sex and the Adult Male with Cancer

In this guide, we offer you and your partner some information about cancer, sex, and sexuality. We cannot answer every question, but we try to give you enough information to help you and your partner have open, honest talks about your sex life. We also share some ideas about talking with your doctor and your cancer care team.

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Cancer, Sex, and the Male Body

When someone is diagnosed with cancer, they may wonder how ‘normal’ life can and will be if they need to go through surgery or treatment, or as they adjust to living as a survivor. Many times a person with cancer wonders how the diagnosis and treatment might affect their sex life.

Information about sexuality is important for people with cancer

Sex, sexuality, and intimacy are just as important for people with cancer as they are for

people who don't have cancer. In fact, sexuality and intimacy have been shown to help people face cancer by helping them deal with feelings of [distress](#), and when going through treatment. But, the reality is that a person's sex organs, sexual desire (sex drive or libido), sexual function, well-being, and body image can be affected by having cancer and cancer treatment. How a person shows sexuality can also be affected. Read more in [How Cancer and Cancer Treatment Can Affect Sexuality](#).

The information here is for adult males who want to learn more about how cancer and cancer treatment can affect their sex life. We cannot answer every question, but we'll try to give you enough information for you and your partner to have open, honest talks about intimacy and sex. We'll also share some ideas to help you talk with your doctor and your cancer care team.

If you are gay, bisexual, transgender (LGBT) or gender non-conforming, you may have needs that are not addressed here. It's very important to talk to your cancer care team and give them information about your sexual orientation and gender identity, including what gender you were at birth, how you describe yourself now, any procedures you've had done, or hormone treatments you may have taken or are taking.

The 1st step: good communication

The first step is to bring up the topic of sex with your partner and cancer care team. It's very important to talk about what to expect, and continue to talk about what's changing or has changed in your sexual life as you go through procedures, treatments, and follow-up care. **Don't assume your doctor or nurse will ask you about any concerns you have about sexuality. You might have to start the conversation yourself.** Many studies have found that doctors, nurses, and other members of a health care team don't always ask about sexuality, sexual orientation, or gender identity during check-ups and treatment visits. Because of this, patients might not get enough information, support, or resources to help them deal with their feelings and sexual problems.

You probably have certain questions and things you're wondering about. Here are some questions you can use to jump start talks with your cancer care team about having sex during and after treatment:

- How might treatment affect my sex life?
- Is it safe to have sex now? If not, when will it be OK to have sex?
- Are there any types of sex I should avoid?
- Do I need to use birth control?
- Does my partner need to use birth control while I'm on treatment? What about

afterward?

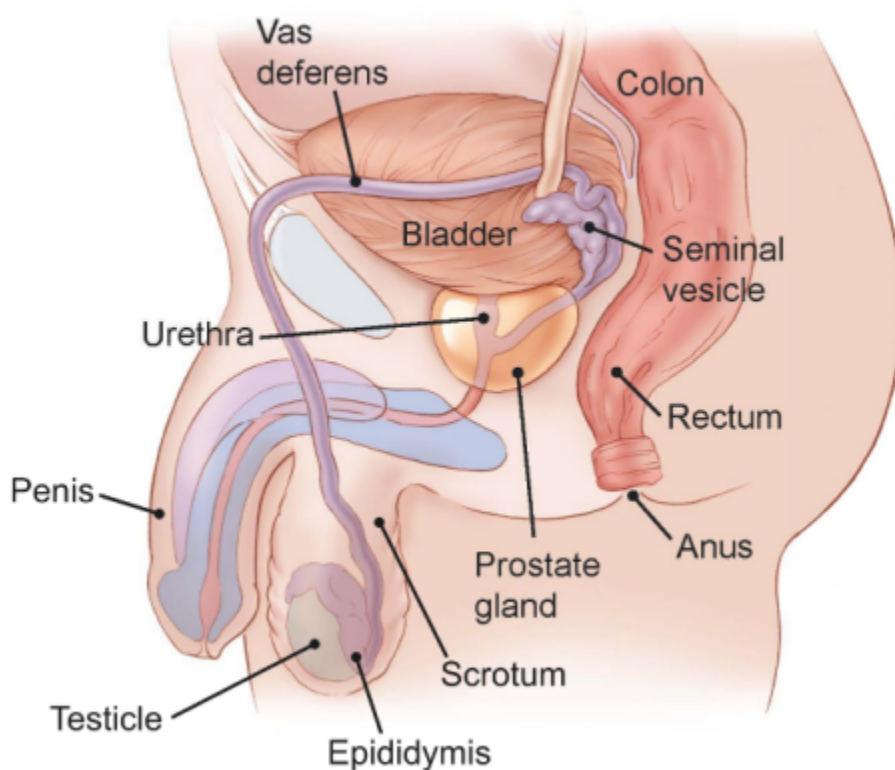
- Can my body fluids pass on medications or treatments (such as radiation) to my partner?
- What safety measures do I need to take, and for how long?

The 2nd step: understanding how male body parts work

A man's genitals and sex organs are in the pelvis (the lower part of the belly) and in the front of the body between the legs. Here are some of the organs in or near the pelvis, including sex organs and other nearby organs. **Cancer of any of these organs or cancer treatment in this area can affect your sex life:**

- **Scrotum** – the sac or pouch that hangs below the penis and holds the testicles and epididymis.
- **Testicles (testes)** – the 2 oval organs inside the scrotum that produce a steady supply of hormones, mostly testosterone. They also make millions of sperm each day.
- **Epididymis** – a very thin, long coiled tube that sits on top of and behind each testicle. The sperm must travel through the epididymis to mature.
- **Vas deferens** – the tubes on either side of the body that mature sperm must travel through just before ejaculation. Each tube carries sperm from an epididymis into the body toward the prostate gland.
- **Prostate gland** – a walnut-shaped gland that sits in front of the rectum and below the bladder. The prostate surrounds the urethra. This gland is where the sperm is mixed with fluids from the prostate and the seminal vesicles. This whitish, protein-rich fluid helps to support and nourish the sperm so that they can live for some time after ejaculation.
- **Seminal vesicles** – pouches attached to the vas deferens that make part of the fluid that helps support the sperm. During orgasm this mixture of fluid and sperm, called **semen**, moves through the urethra and out of the tip of the penis.
- **Urethra** – the tube that goes through the penis to carry both urine from the bladder and semen out of the body.
- **Penis** – the male organ used for sex. It's filled with spongy tissues that fill with blood to produce an erection when a man is aroused.
- **Bladder** – the hollow, balloon-like organ that holds urine.
- **Rectum** – the bottom end of the intestines that connects to the outside of the body.

The drawing below shows a side view of the male sex organs and nearby structures.



Understanding the role of testosterone

Testosterone is the main male hormone. It causes the reproductive organs to develop, and promotes erections and sexual behavior. Testosterone also causes secondary sexual characteristics at puberty, such as a deeper voice and hair growth on the body and face. The testicles make most of this hormone. The adrenal glands, which sit on top of the kidneys, also make small amounts of testosterone in both men and women.

Men's hormone levels vary widely, but most men have more testosterone in the bloodstream than they need. A man with a low level of testosterone may have trouble getting or keeping erections and may lose his desire for sex. Testosterone levels tend to decrease as a man ages.

The normal pattern of arousal and erection

An erection begins when the brain sends a signal down the spinal cord and through the

nerves that sweep down into the pelvis. Some of the important nerves that produce an erection run close to the rectum (the last part of the large intestine) and along both sides of the prostate.

When this signal is received, the spongy tissue inside the shaft of the penis relaxes and the arteries (blood vessels) that carry blood into the penis expand. As the walls of these blood vessels stretch, blood quickly fills 2 spongy tubes of tissue inside the shaft of the penis. The veins in the penis, which normally drain blood out of the penis, squeeze shut so that more blood stays inside. This causes a great increase in blood pressure inside the penis, which produces a firm erection.

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. So, even if nerve damage or blocked blood vessels keep a man from getting erections, he can almost always feel pleasure from being touched. He can also still reach orgasm.

A third set of nerves, which run higher up in a man's body, control the ejaculation of semen.

How male orgasm happens

A man's orgasm has 2 stages:

The first stage is called **emission**. This is when the prostate, seminal vesicles, and vas deferens contract. During emission, the semen is deposited near the top of the urethra, so that it's ready to be pushed out (ejaculated). At this time, a small valve at the top of the tube shuts to keep the semen from going upward and into the bladder. A man feels emission as "the point of no return," when he knows he's about to have an orgasm. Emission is controlled by the sympathetic or involuntary nervous system.

Ejaculation is the second stage of orgasm. It's controlled by the same nerves that carry pleasure signals when the genital area is caressed. Those nerves cause the muscles around the base of the penis to squeeze in rhythm, pushing the semen through the urethra and out of the penis. At the same time, messages of pleasure are sent to the man's brain. This sensation is known as orgasm or climax.

The 3rd step: keep talking and work together to manage problems

Learn as much as you can about the possible effects your cancer treatment may have on your sex life. Talk with your doctor, nurse, or any other member of your cancer care team. When you know what to expect, you can plan how you might handle those

issues.

Keep in mind that, no matter what kind of cancer treatment you get, most men can still feel pleasure from touching. Few cancer treatments (other than those affecting some areas of the brain or spinal cord) damage the nerves and muscles involved in feeling pleasure from touch and reaching orgasm. For example, some types of treatment can damage a man's ability to have erections. But most men who can't have erections or produce semen can still have the feeling of orgasm with the right kind of touching.

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 through or during penetration, some may feel disappointed. But during and after cancer treatment, there may be times when the kind of sex you like best is not possible. Those times can be a chance to learn new ways to give and receive sexual pleasure. You and your partner can help each other reach orgasm through touching and stroking. At times, just cuddling can be pleasurable. You can also continue to enjoy touching yourself. Do not stop sexual pleasure just because your usual routine has been changed.

Try to have clear, 2-way talks about sex with your partner and with your doctor. If you're too embarrassed to ask your doctor whether sexual activity is OK, you may never find out. Talk to your doctor and tell your partner what you learn. Good communication is the key to adjusting your sexual routine when cancer changes your body. 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, you can guide your partner's touches to avoid pain. Keep in mind that if one partner has a sex problem, it affects both of you.

Boost your confidence. Remind yourself about your good qualities. Eating right and exercising can help keep your body strong and your spirits up. Talk to your doctor or cancer care team about the type of exercise you're planning before you start, or ask to be referred to a physical therapist. Find something that helps you relax – movies, hobbies, or getting outdoors. Practice relaxation techniques, and get professional help if you think you are depressed or struggling.

How Cancer Can Affect Erections

To learn more about erections, such as what they are and how they form, see [Cancer](#),

[Sex, and the Male Body.](#)

This information is for adult males with cancer. **If you are a transgender person**, please talk to your cancer care team about any needs that are not addressed here.

Surgery effects on erections

Some types of cancer surgery can affect erections. (See [Managing Male Sexual Problems Related to Cancer](#) to learn more.) **If any of these surgeries are part of your treatment plan, talk to your doctor before the procedure.** Ask doctor about how your erections might be affected by surgery and what may be the best way to manage the problem.

- **Radical prostatectomy:** Removal of the prostate and seminal vesicles for [prostate cancer](#)¹
- **Radical cystectomy:** Removal of the bladder, prostate, upper urethra, and seminal vesicles for [bladder cancer](#)². Removal of the bladder requires a new way of collecting urine, either through an opening into a pouch on the belly (abdomen) or by building a new “bladder” inside the body.
- **Abdominoperineal (AP) resection:** Removal of the lower colon and rectum for [colon cancer](#)³. This surgery may require an opening in the belly (abdomen) where solid waste can leave the body.
- **Total mesorectal excision (TME):** Removal of the [rectum](#)⁴ as well as the tissues that support it (called the mesorectum) for treating rectal cancer
- **Total pelvic exenteration:** Removal of the bladder, prostate, seminal vesicles, and rectum, usually for a large tumor of the colon, requiring new openings for both urine and solid waste to leave the body.

Most men who have these types of surgeries will have some difficulty with erections (called **erectile dysfunction or ED**). Some men will be able to have erections firm enough for penetration, but probably not as firm as they were before. Others may not be able to get erections. There are many different treatments for ED that can help many men get their erections back. (See [Managing Male Sexual Problems Related to Cancer](#) to learn more.)

Nerve damage from surgery

The most common way surgery affects erections is by removing or causing injury to the nerves that help cause an erection. All of the operations listed above can damage these

nerves. The nerves surround the back and sides of the prostate gland between the prostate and the rectum, and fan out like a cobweb around the prostate, which makes it easy to damage them during an operation.

When possible, “nerve-sparing” methods are used in radical prostatectomy, radical cystectomy, AP resection, or TME. In nerve-sparing surgery, doctors carefully try to avoid these nerves. When the size and location of a tumor allow for nerve-sparing surgery, more men recover erections than with other techniques. But even if the surgeon is able to spare these nerves, they might still be injured during the operation and need time to heal.

Even when the nerves are spared, research has shown that the healing process takes up to 2 years for most men. We don’t know all the reasons some men regain full erections and others do not. We do know that men are more likely to recover erections when nerves on both the left and right sides of the prostate are spared.

Other things that affect erections after surgery

A wide range of ED rates have been reported, even in men who haven’t had surgery. But for the most part, the younger a man is, the more likely he is to regain full erections after surgery. Men under 60, and especially those under 50, are more likely to recover their erections than older men.

- **Strength of erections before surgery:** Men who had good erections before cancer surgery are far more likely to recover their erections than are men who had erection problems.
- **Other conditions, such as Peyronie’s disease:** In some men, the penis can develop a painful curve or “knot” when they have an erection. This condition is called Peyronie’s disease. It’s most often due to scar tissue forming inside the penis, and has been linked to some cancer surgeries, such as surgery to remove the prostate (prostatectomy). Still, Peyronie’s disease is rarely linked to cancer treatment, and it can be treated with injections of certain drugs or with surgery. If you have painful erections, ask your doctor for help finding a urologist with experience treating this disease.

Early penile rehabilitation after surgery

As mentioned before, the recovery time for erections after surgery can be up to 2 years. If a man does not have an erection during this time period, the tissues in his penis may

weaken. Once this happens, he will not be able to get an erection naturally. Some experts and doctors recommend different methods to promote erections starting within weeks or months after surgery to help some men recover sexual function. You may hear this called penile rehabilitation, or erectile rehabilitation.

Penile rehabilitation has 2 parts:

- Making sure you are getting regular erections that are hard enough for penetration. It's best if you can have an erection 2 to 3 times a week. This will help keep the tissue in your penis healthy.
- Using a low-dose pill to help the blood flow around the nerves and help the nerves heal.

Medicines to help produce erections – pills such as sildenafil (Viagra[®]), tadalafil (Cialis[®]), or vardenafil (Levitra[®]) are typically used in combination with other therapies or devices. Since the drugs might not produce an erection because they need the nerves responsible for erections to be healthy, penile injections or vacuum devices might be offered. See [Managing Male Sexual Problems Related to Cancer](#) to learn more.

Pelvic radiation therapy effects on erections

Prostate, bladder, colon, and rectal cancer are sometimes treated with radiation to the pelvis. This can cause problems with erections. The higher the total dose of radiation and the wider the section of the pelvis treated, the greater the chance of erection problems later. **If radiation therapy is part of your treatment plan, talk to your doctor before it starts.** Ask how your arteries and nerves might be affected by radiation therapy so you know what to expect.

Artery damage from radiation

As the treated area heals, the blood vessels lose their ability to stretch due to scar tissue in and around the vessels. They can no longer expand enough to let blood speed in and create a firm erection. Radiation can also lead to hardening (arteriosclerosis), narrowing, or even blockage of the pelvic arteries.

Nerve damage from radiation

Some men who get radiation will notice that their erections change for the worse over the first year or so after treatment. This change most often develops slowly. Some men

will still have full erections but lose them before reaching climax. Others no longer get firm erections at all.

As with surgery, the older you are, the more likely it is you will have problems with erections. And men with heart or blood vessel disease, diabetes, or who have been heavy smokers seem to be at greater risk for erection problems. This is because their arteries may already be damaged before radiation treatment. Doctors are looking at whether early penile rehabilitation could help after radiation therapy, too. (Penile rehabilitation is discussed above, in the surgery section.)

Radiation given for prostate cancer

Some men will have issues with erections (erectile dysfunction or ED) within a few years of external beam radiation for prostate cancer. Some of these men may have erections that allow penetration, but only a small portion report their erections are as good as they were before treatment.

Some men with early-stage prostate cancer have a choice between radiation and surgery to treat their cancer. When looking at how men's erections are affected by prostate cancer treatment, there does not seem to be much long-term difference between the two. Men who have had radiation may see a general decrease in the firmness of their erections over time (up to several years after radiation). In contrast, after surgery most men have erection problems right away and then have a chance to recover erections in the first 2 years following the surgery. About 4 years after either treatment, the percentage of men reporting ED is about the same. Treatments can often help these men get their erections back whether they've had surgery or radiation.

Hormone therapy effects on erections

Hormone treatment is commonly given for prostate cancer. Men given androgen deprivation therapy (ADT) are at a high risk for sexual problems, including loss of sexual desire and erectile dysfunction. Erections may or may not recover when ADT is stopped. Erectile dysfunction drugs do not usually work in these cases because they don't help with the loss of sexual desire.

Chemotherapy, targeted therapy, and immunotherapy effects on erections

Other types of treatment for other types of cancer sometimes affect sexual desire and erections because certain drugs slow down testosterone output. Whether

chemotherapy, targeted therapy, or immunotherapy drugs cause problems with erections depends on the type of cancer being treated and the type of drug or drugs being given. Some of the medicines used to prevent nausea during chemo can also upset a man's hormone balance. But hormone levels should return to normal after treatment ends.

Nerve damage from chemotherapy

Some chemo drugs like cisplatin, vincristine, paclitaxel, bortezomib, and thalidomide can damage parts of the nervous system, usually the small nerves of the hands and feet. (This is called [peripheral neuropathy](#)⁵.) These drugs have not been found to directly injure the nerve bundles that allow erection. But some people have concerns because the drugs are known to affect nerve tissue, and there are many nerves involved in sexual function.

Infertility after chemotherapy

Some types of chemo can also cause short-term or life-long infertility. (See [Fertility and the Male Adult with Cancer](#)⁶ for more information.)

Stem cell transplant effects on erections

Stem cell transplant (also called bone marrow transplant) involves getting very high doses of chemotherapy drugs. One complication of a transplant is graft-versus-host disease. Men who have had graft-versus-host disease are more likely to have a long-lasting loss of testosterone. In some cases, these men may need testosterone replacement therapy to regain sexual desire and erections.

Psychological effects of cancer treatment on erections

Many men report disappointment, fear, and distress when they have trouble with erections. They report they feel that something important is missing. Men may report a general unhappiness with life and [depression](#)⁷ when they have problems with erections. These feelings are a natural part of coping with erection problems. And most men, if they are able find effective treatments to help with their erections, will start to feel better. If these feelings are severe or persist, most men find it very helpful to see a mental health professional who specializes in sexual issues or a psychiatrist who can help address these feelings.

Worries about self-image and performance can sometimes lead to erection problems,

too. Instead of letting go and feeling excited, a man may focus on whether he will be able to function, and fear of failure might make it happen. He may blame the resulting problem on his medical condition, even though he might be able to have an erection if he were able to relax.

A therapist or mental health professional who specializes in helping patients with sexual issues can often assist in the treatment of erection problems caused by [anxiety](#)⁸ and stress. Any treatment for an erection problem should be based on the results of a thorough exam, which should include both medical questions (history) and certain medical tests.

Hyperlinks

1. www.cancer.org/cancer/prostate-cancer/treating/surgery.html
2. www.cancer.org/cancer/bladder-cancer/treating/surgery.html
3. www.cancer.org/cancer/colon-rectal-cancer/treating/colon-surgery.html
4. www.cancer.org/cancer/colon-rectal-cancer/treating/rectal-surgery.html
5. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/peripheral-neuropathy.html
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8. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/emotional-mood-changes/anxiety.html

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How Cancer Can Affect Ejaculation

This information is for adult males with cancer. **If you are a transgender person**, please talk to your cancer care team about any needs that are not addressed here.

Cancer treatment can interfere with ejaculation by damaging the nerves that control the

prostate, seminal vesicles, and the opening to the bladder. It can also stop semen from being made in the prostate and seminal vesicles, or it can cut off the path that semen normally takes out of the body. Despite this, a man can still feel the sensation of pleasure that makes an orgasm. The difference is that, at the moment of orgasm, little or no semen comes out. This is referred to as a “dry orgasm.”

Over time, many men adjust to having an orgasm without semen. Some others say the orgasm does not feel as strong, while others report that the orgasm is stronger and feels more pleasurable. Men might worry that their partners may notice a change since there is no actual fluid release during sex.

Some men are most concerned that their orgasms are less satisfying than before. Others are upset by dry orgasms because they want to father a child. If a man knows before treatment that he may want to have a child after treatment, he may be able to bank (save and preserve) sperm for future use. (See [Fertility and Male Adults with Cancer](#)¹ for more on this.)

A mild decrease in the intensity of orgasm is normal with aging, but it can be more severe in men whose cancer treatments interfere with ejaculation. See [Treating Sexual Problems for Men With Cancer](#).

Surgery effect on ejaculation

Surgery can affect ejaculation in different ways. For example, if surgery removes the prostate and seminal vesicles, a man can no longer make semen. Surgery might also damage the nerves that come from the spine and control emission (when sperm and fluid mix to make semen). Note that these are not the same nerve bundles that pass next to the prostate and control erections (which are discussed in [How Cancer Can Affect Erections](#)). The surgeries that cause ejaculation problems are discussed in more detail here.

Dry orgasm

After radical prostatectomy (removal of the prostate) or cystectomy (removal of the bladder), a man will no longer produce any semen because the prostate and seminal vesicles have been removed. The testicles still make sperm cells, but then the body simply reabsorbs them. This is not harmful. After these cancer surgeries, a man will have a dry orgasm.

Sometimes the semen is there, but it doesn't leave the body

Other operations can cause the ejaculate (semen) to go back inside the body rather than come out. This is called **retrograde ejaculation**. At the moment of orgasm, the semen shoots backward into the bladder rather than out through the penis. This is because the valve between the bladder and urethra stays open after some surgical procedures. This valve normally shuts tightly during ejaculation. When it's open, the path of least resistance for the semen becomes the backward path into the bladder. This is not painful or harmful, although when a man urinates after this type of dry orgasm, his urine might look cloudy because the semen mixes in with it during the orgasm.

A transurethral resection of the prostate (TURP) is an example of an operation that usually causes retrograde ejaculation because it damages the bladder valve. This surgery cores out the prostate by passing a special scope into it through the urethra.

Nerve damage

We have already discussed the nerve bundles that sit on both sides of the prostate and help cause erections. Here, we will talk about the nerves that come from the spine and control ejaculation. Cancer operations that can cause dry orgasm by damaging the nerves that control emission (the mixing of the sperm and fluid to make semen) include:

- Abdominoperineal (AP) resection, which removes the rectum and lower colon
- Total mesorectal excision (TME), which removes the rectum as well as the mesorectum for treatment for rectal cancer
- Retroperitoneal lymph node dissection (RPLND), which removes lymph nodes in the back of the abdomen (belly), usually in men who have testicular cancer

Some of the nerves that control emission run close to the lower colon and are damaged by AP resection or a TME. Lymph node dissection can damage the nerves higher up, where they surround the aorta (the large main artery in the abdomen).

The effects of these operations are probably very much alike, but more is known about sexual function after RPLND. Sometimes this surgery only causes retrograde ejaculation. But it usually stops emission as well. When this happens, the prostate and seminal vesicles cannot contract to mix the semen with the sperm cells. In either case the result is a dry orgasm. The difference between no emission at all and retrograde ejaculation is important if a man wants to father a child. Retrograde ejaculation is better for would-be fathers because sperm cells may be collected from a man's urine and purified in a lab to be used to make a woman pregnant.

Sometimes the nerves that control emission recover from the damage caused by

RPLND. But, if ejaculation of semen does resume, it can take up to several years for it to happen. Because men with testicular cancer are often young and have not finished having children, surgeons use nerve-sparing methods that often allow normal ejaculation after RPLND. In experienced hands, these techniques have a very high rate of preserving the nerves and normal ejaculation. (See [Testicular Cancer](#)² for more information.)

Some medicines can also restore ejaculation of semen just long enough to collect sperm for conception.

If sperm cells cannot be recovered from a man's semen or urine, infertility specialists may be able to retrieve them directly from the testicle by minor surgery, then use them to fertilize a woman's egg to produce a pregnancy.

RPLND does not stop a man's erections or ability to reach orgasm. But it may mean that his pleasure at orgasm will be less intense.

Urine leakage during ejaculation

Climacturia is the term used to describe the leakage of urine during orgasm. This is fairly common after prostate surgery, but it might not even be noticed. The amount of urine varies widely – anywhere from a few drops to more than an ounce. It may be more common in men who also have stress incontinence. (Men with stress incontinence leak urine when they cough, laugh, sneeze, or exercise. It's caused by weakness in the muscles that control urine flow.)

Urine is not dangerous to the sexual partner, though it may be a bother during sex. The leakage tends to get better over time, and condoms and constriction bands can help. (Constriction bands are tightened at the base of the erect penis and squeeze the urethra to keep urine from leaking out.) If you or your partner is bothered by climacturia, talk to your doctor to learn what you can do about it.

Other cancer treatment effects on ejaculation

Some cancer treatments reduce the amount of semen that's produced. After radiation to the prostate, some men ejaculate less semen. Toward the end of radiation treatments, men often feel a sharp pain as they ejaculate. The pain is caused by irritation in the urethra (the tube that carries urine and semen through the penis). It should go away over time after treatment ends.

In most cases, men who have hormone therapy for prostate cancer also make less

semen than before.

Chemotherapy and other drugs used to treat cancer very rarely affects ejaculation. But there are some drugs that may cause retrograde ejaculation by damaging the nerves that control emission.

To learn more about ejaculation see [Cancer, Sex, and the Male Body](#).

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/fertility-and-men-with-cancer.html
2. www.cancer.org/cancer/testicular-cancer.html

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Cancer Can Affect Male Sexual Desire and Response

Some general changes in sexual desire and response may be linked to cancer and cancer treatment. In fact, any person going through cancer treatment might lose interest in sexual activity during cancer treatment, at least for a time. Because treating the cancer is often the main concern, sex may not be a priority for you or your partner. When people are in treatment, things like worry, depression, nausea, pain, or fatigue may cause loss of desire. Cancer treatments that disturb the normal hormone balance can also lessen sexual desire.

This information is for adult males with cancer. **If you are a transgender person**, please talk to your cancer care team about any needs that are not addressed here.

Sexual desire and response

A person's sexual response is a cycle of changes that occur in their body. There are 4 phases to sexual response:

- **Sexual desire** (libido) is when a person has interest in having sex.
- **Sexual arousal** is the excitement a person with sexual desire can have.
- **Orgasm** (climax) is the peak of sexual excitement when pleasure is highest; ejaculation occurs in men during this phase (read more in [Cancer, Sex, and the Male Body](#)).
- **Resolution** happens when the body recovers and returns to its usual state.

Keep in mind that the male sexual response cycle is somewhat independent from other parts of the response cycle. That's why, after some types of cancer treatment, a man may still desire sex and be able to ejaculate but not have an erection. Other men may have the feeling of orgasm along with the muscles contracting in rhythm, even though semen no longer comes out.

Physical problems can affect desire and response

Premature or delayed ejaculation

Premature ejaculation means reaching a climax too quickly. Men who are having erection problems often lose the ability to delay orgasm, so they ejaculate quickly. Premature ejaculation is a very common problem, even for healthy men. It can be overcome with some practice in slowing down excitement.

Some anti-depressant drugs have the side effect of delaying orgasm. This can be used to help men with premature ejaculation. Some men can also use creams that decrease the sensation in the penis. Talk to your doctor about what kind of help might be right for you.

Pain

Men sometimes feel [pain](#)¹ in the genitals during sex. If the prostate gland or urethra is irritated from cancer treatment, ejaculation may be painful. Scar tissue that forms in the abdomen (belly) and pelvis after surgery (such as for colon cancer) can cause pain during orgasm, too. Pain in the penis as it becomes erect is less common. **Tell your doctor right away if you have any pain in your genital area.**

Hormone therapy can affect desire

Changing hormone balance can affect desire. For example, treatment for prostate cancer that has spread beyond the gland often includes hormone therapy to lower

testosterone levels. The main ways to do this are:

- Using drugs to keep testosterone from being made
- Removing the testicles (called orchiectomy)

The goal of hormone therapy is to starve the prostate cancer cells of testosterone. This slows the growth of the cancer. These treatments have many of the same kinds of sexual side effects, because they affect testosterone levels.

The most common sexual problem with hormone treatment is a decrease in desire for sex (libido). Hormone therapy may also cause other changes, such as loss of muscle mass, weight gain, or some growth in breast tissue. Be sure you understand the possible side effects and what you can do to help manage them. For instance, an exercise program may help you limit muscle loss, weight gain, and tiredness. Talk with your doctor about any exercise program you may have in mind, or ask to be referred to a physical therapist, who can help you decide where to start and what to do.

Psychological effects of hormone therapy

Men who are taking hormone therapy drugs to lower testosterone may feel less masculine. While hormone therapy for prostate cancer may decrease a man's desire for sex, keep in mind it does not change who a male finds attractive.

Hormone therapy in men has been linked to [depression](#)². Talk to your doctor about this because it can be managed.

Some studies suggest that hormone therapy for prostate cancer also may lead to [problems with thinking, concentration, and/or memory](#)³.

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/pain.html
2. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/emotional-mood-changes/depression.html
3. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/changes-in-mood-or-thinking.html

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Managing Male Sexual Problems Related to Cancer

Sex, sexuality, and intimacy are just as important for people with cancer as they are for people who don't have cancer. In fact, sexuality and intimacy have been shown to help people face cancer by helping them deal with feelings of [distress](#)¹, and when going through treatment. But, the reality is that a person's sex organs, sexual desire (sex drive or libido), sexual function, well-being, and body image can be affected by having cancer and cancer treatment. How a person shows sexuality can also be affected. Read more in [How Cancer and Cancer Treatment Can Affect Sexuality](#)² and [Cancer, Sex, and the Male Body](#).

Managing sexual problems is important, but might involve several different therapies, treatments, or devices, or a combination of them. Counseling can also be helpful. The information below describes ways to approach some of the more common sexual problems an adult male with cancer may experience. **If you are a transgender person**, please talk to your cancer care team about any needs that are not addressed here.

Communication about sexuality is key

It's very important to talk about what to expect, and continue to talk about what's changing or has changed in your sexual life as you go through procedures, treatments, and follow-up care. **Don't assume your doctor or nurse will ask you about any concerns you have about sexuality.** Remember, if they don't know you're having a problem, they can't help you manage it. Here are some ways you can start talks with your cancer care team about the problems you might be having.

Know when to ask questions

The best time to talk with your doctor or cancer team about possible side effects or long-term changes in your sex life is when making treatment decisions or before treatment. If this isn't possible, or you don't think about asking these kinds of questions before surgery or treatment, you can start to talk with them shortly after surgery or when treatment starts. But you can bring up the subject any time during and after treatment, too.

Ask the right questions

It's important to know what to expect. When you are asking questions before treatment,

here are some that can open the door to more questions and follow-up:

- Will my treatment (surgery, radiation, chemo, hormone therapy, etc) affect my sex life? If so, what can I expect?
- Will the effects last a short time, a long time, or be permanent?
- What can be done about these effects? Is there a cost to what can be done?
- Can I see a specialist or counselor?
- Are there any other treatments that are just as effective for my cancer but have different side effects?
- Do you have any materials I can read or can you suggest where I can find more information?

Maybe you've already had surgery or started treatment, but didn't ask questions (or get enough information) beforehand. Maybe you've read some things on the internet or heard about someone else's experience with the same type of cancer you have. Maybe you're able to think more clearly now than when you were first diagnosed and realize you have questions. Whatever the reason, if you're wondering about something, ask! Here are some ways to start talking with your cancer care team:

- "I was reading about (surgery/treatment) and that it might cause sexual problems. Can you explain that to me?"
- "I know someone who went through this same thing and heard about problems they had with sex. Can you give me more information about this?"
- "I am having trouble adjusting to some changes in my body. What can I do?"

Learn as much as possible

Once you have a discussion and keep talking, it's easier to get and find the information you need. Knowing answers to the questions you have, and knowing what to expect, can help you and your partner understand what's ahead. Be careful about where you get information. Ask your cancer care team to recommend where to find credible, current, accurate information. Sexual problems caused or worsened by anxiety can often be helped through counseling with a mental health therapist who specializes in dealing with sexual issues. If a treatment or therapy is recommended, learn as much about it as possible and be sure to check with your insurance company about coverage. You can call the American Cancer Society, too, and we can help guide you: 1-800-227-2345.

Include your partner

It's best to include your partner in any decision about therapies, treatments, or devices. Sexual sharing and emotional closeness are ways a couple can feel close during the stress of an illness. It's important for your partner to understand the procedure and have a chance to discuss any fears or questions with you and the health care team.

Managing common sexual problems in adult males with cancer

Erectile dysfunction (ED)

The success rates of treatments to help with erectile dysfunction (ED) vary greatly, and you may have to try a few to find the one that works best for you. In many cases, sexual counseling can help a couple discuss their options and plan how to make the new treatment a comfortable part of their sex life. Sometimes penile rehabilitation is an option. This involves the use of ED medications along with other therapies. Learn more in [How Cancer Can Affect Erections](#).

Pills

Drugs for ED come in pill form. All of these drugs help a man get and keep an erection by causing more blood to flow into the penis. If you are having trouble with erections, these pills are often the first type of treatment recommended. However, certain operations (such as a [prostatectomy](#)³) can affect the nerves that help cause erections. These pills work with the nerves responsible for erections. And even with nerve-sparing surgery (saving the nerves responsible for erections that run close to the rectum and along the prostate), the nerves might still be damaged and need time to heal (sometimes up to 2 years). Many men may find the pills don't work well during the first few months after surgery, but they might be more helpful as time goes by. At 18 to 24 months after surgery, the pills may be helpful in getting a firm erection.

Be sure your doctor knows about all medicines you take, even supplements, over-the-counter medicines, and vitamins, because some can interact with ED drugs or other treatments. Make sure you understand all side effects of ED pills that are prescribed for you, and that you know when to get help for any of them. You should only take these pills if they are prescribed by your doctor and come from a legitimate pharmacy. Avoid buying medicines that claim to treat ED but don't need a prescription. There's a large counterfeit market for pills for ED. These pills are usually not effective for helping erections and may be dangerous.

Penile injections

Another option is to inject the penis with a medicine that causes erections. A very thin needle is used to put the drug into the side of the shaft of the penis a few minutes before starting sexual activity. The combination of sexual excitement and medicine helps to produce a firmer and longer-lasting erection. Penile injections are the most reliable treatment for ED, and work in many men who try them. The first injection is usually done in the doctor's office, where the doctor can teach the man how to do the next ones at home. Although they are effective much of the time, many men feel nervous and anxious about having a penile injection and giving it themselves. If penile injections are an option you're thinking about, be sure to know and understand both short-term and long-term side effects.

Urethral pellets

Another way to help with erections is a urethral pellet, or medicated urethral system for erection (MUSE). An applicator is used to put a tiny pellet (called a suppository) of medicine into his urethra (the opening at the tip of the penis). As the pellet melts, the drug is absorbed through the lining of the urethra and enters the spongy tissue of the penis. The man must urinate before putting in the pellet so that the urethral lining is moist. After the pellet is put in, the penis must be massaged to help absorb the medicine. This system may be easier than injections, but it doesn't always work as well. Be sure you understand all possible side effects if you're thinking about using a MUSE.

Vacuum erection devices

To help with ED or penile shortening, a vacuum erection devices (VEDs) work well for some men. With a VED, the man places a plastic cylinder over his penis and pumps out air to create a vacuum around the outside of 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.

Some men use the pump before starting sexual touching, but others find it works better after some foreplay has produced a partial erection. It may take some practice to learn how to use a VED and be comfortable using it. Most vacuum devices are prescribed by doctors, but some are available over the counter.

Penile implants (prostheses)

For men who have tried all the treatments listed above and have not found one that works well, surgery to implant a prosthesis in the penis may be an option to consider. Over the past several decades, many of these operations have worked well to treat

permanent erection problems. Most men who have implant surgery are pleased with the results.

There are different types of implants. Which one may be best depends on the age, body size, penile size, history, needs, and preferences of the man who is thinking about it as an option. An inflatable implant can have either 2 or 3 pieces.

- For a 3-piece implant, an inflatable cylinder is put inside the penis, and a balloon-shaped reservoir (storage tank) that contains fluid is tucked behind the groin muscles. The fluid usually stays in the reservoir, leaving the cylinders in the penis empty. A pump is placed inside the loose skin of the scrotal sac. All the parts are connected with tubing. Squeezing the pump moves the fluid from the reservoir into the cylinder, creating an erection. When the pump is released, the fluid goes back into the reservoir, emptying the penis again.
- For a 2-piece inflatable implant, most of the fluid is in the back of the cylinders, and the pump is put into the scrotum.

A semi-rigid or non-inflatable implant is a less common type of prosthesis that uses semi-rigid rods that are implanted in the penis. When a man wants an erection, he bends the rods up; otherwise he bends them down. This is a simpler device to use than an inflatable implant, but is less like a normal erection.

Learn as much as you can and ask your urologist questions about the pros and cons of each type of implant before making your decision.

Testosterone therapy

If a man has a hormone imbalance, testosterone may restore his desire and erections. Having low testosterone can lead to low sexual desire and trouble with erections. It can also lead to a loss of energy. If you think you might have low testosterone, it's important to talk to your cancer care team. Tests can be done to find out your testosterone level, and you can discuss possible treatment options. However, testosterone is not right for everyone, even if they have low testosterone levels, and is usually not given to men who have had certain types of cancer.

Herbs or natural remedies

Many herbal and dietary supplements are sold over the counter claiming to be "natural" cures for erection problems. These supplements have not been proven to help men regain erections. It's important to know that supplements are not strictly regulated in the

United States like drugs are. Supplement makers don't have to prove their products are effective (or even safe) before selling them. Some supplements might not even contain the ingredients on their labels, while others might contain other (potentially harmful) ingredients.

Be sure to talk to your doctor about any supplement or other over-the-counter treatment you are thinking about trying.

Dry, painful, or weak orgasms

Some men treated for cancer don't have fluid come out of their penis when they ejaculate because of surgery that has removed the seminal vesicles. This is called having a dry orgasm. While it can take a while to adjust to having dry orgasms after surgery, they don't need treatment. Men who have dry orgasms after cancer treatment also say they sometimes have reduced sensation.

Some men might notice that their orgasms become weaker or last a shorter time than before. As men age, the muscle contractions at climax are no longer as strong. But, more severe weakening of orgasm often goes along with erection problems. In these cases, treating the erection problem may not improve a man's orgasm. Orgasms are possible without an erection or full erection. A sex therapist can give you guidance and instruction on techniques that can help stimulate an erection.

Painful orgasm may also be a side effect of surgery. If this happens, medication to manage the pain or seeing a sex therapist may be helpful.

Special aspects of some cancers and cancer treatments

Urostomy, colostomy, or ileostomy

An ostomy allows waste to leave the body through a surgical opening (stoma) in the skin and into a pouch that you can empty.

- A [urostomy](#)⁴ takes urine through a new passage and sends it out through an opening on the belly (abdomen).
- [Colostomy](#)⁵ and [ileostomy](#)⁶ are both openings on the abdomen for getting rid of fecal waste (stool) from the intestines. In an ileostomy, the opening is made with the part of the small intestine called the ileum. A colostomy is made with a part of large intestine called the colon.

There are ways to reduce the effect an ostomy has on your sex life. First, make sure your appliance (pouch system) fits well. Check the seal, and empty your ostomy bag before sex. This will reduce the chance of a leak. Learn more in [Ostomies](#)⁷.

Tracheostomy and laryngectomy

A [tracheostomy](#)⁸ is a surgery that removes the windpipe (trachea). It can be temporary or permanent, and you breathe through a stoma (opening or hole) in your neck.

[Laryngectomy](#)⁹ is surgery that removes the voice box (larynx). It leaves you unable to talk the usual way, and since the larynx is next to the windpipe that connects the mouth to the lungs, you breathe through a stoma (opening or hole) in your neck.

A scarf, ascot tie, or turtleneck can look good and hide the stoma cover. During sex, a partner may at first be startled by breath that hits at a strange spot, and this might take some getting used to. You might also have food odors coming from the stoma. You can lessen odors from the stoma by avoiding garlic or spicy foods and by wearing cologne or after-shave lotion.

Sometimes problems speaking can make it hard for couples to communicate during sex. If you have learned to speak using your esophagus, talking during sex is not a big problem. A speech aid or electronic voice box also work well.

Treatment for head and neck cancer

Some cancers of the head and neck are treated by removing part of the bone structure of the face. This can change your appearance. Surgery on the jaw, palate, or tongue can also change the way you look and talk. Facial reconstruction can help regain a more normal look and clearer speech.

Limb amputation

Treatment for some cancers can include surgically removing (amputating) a limb, such as an arm or leg. A patient who has lost an arm or leg may wonder whether to wear his artificial limb (prosthesis) during sex. Sometimes the prosthesis can help with positioning and ease of movement.

Loss of a testicle

Treatment for testicular cancer usually means removal of one or both testicles, or testes (orchiectomy). Although some men are not upset about the loss of a testicle, others may

fear a partner's reaction. Since this operation also removes the epididymis above the testicle, that side of the scrotum looks and feels empty. To get a more natural look, a man can have a testicular prosthesis put in his scrotum during surgery. The prosthesis can be sized to match the remaining testicle.

Penile shrinkage after prostatectomy

After prostate surgery, a penis may be shorter than before, much like what happens in cold water. Penile shrinkage is common after surgery. The cause of penile shrinkage might have to do with surgery affecting the nerves that control erection. Blood flow changes, scarring, and changes in penile tissue that result from loss of erections also may play a role. There's no known way to prevent or treat penile shrinkage at this time. Some studies suggest early penile rehabilitation can help decrease shortening, and vacuum devices might be helpful.

Cancer of the penis

When a man has cancer of the penis or of the bottom end of the urethra, the treatment may be to [remove part or all of the penis \(penectomy\)](#)¹⁰. These operations can have a major effect on a man's self-image and his sex life. Penile-sparing techniques are used as often as possible. These include local treatments and limited surgeries, to save as much of the penis as possible to preserve sexual function, the way the penis looks, and the ability to urinate while standing up. Examples are a circumcision, simple excision, Mohs surgery. And, if the procedure is a partial penectomy, the glans or head might be removed. In these cases, a man can still reach orgasm and have normal ejaculation.

A total penectomy removes the entire penis, including the base that extends into the pelvis. The surgeon creates a new way for urine to leave the body through an opening between the man's scrotum and his anus (the outside opening of the rectum). The man can still control his urination because the "on-off" valve in the urethra is above the level of the penis.

Feeling good about yourself and feeling good about sex

Sometimes friends and lovers do withdraw emotionally from a person with cancer. Don't give up on each other. It may take time and effort, but keep in mind that sexual touching between a man and his partner is always possible. It may be easy to forget this, especially if you're both feeling down or have not had sex for a while. Review [Cancer, Sex, and the Male Body](#) for some tips to help you and your partner through this time. And keep in mind that you may need extra help with the changes caused by cancer that can turn your and your partner's lives upside down.

Overcoming anxiety about sex

Sometimes because of a cancer-related symptom or treatment side effect, it might not be possible to be as spontaneous as you were in the past. The most important thing is to open up the topic for discussion and begin scheduling some relaxed time together.

Masturbation is not a required step in resuming your sex life, but it might help. It can also help you find out where you might be tender or sore, so that you can let your partner know what to avoid.

Sexual activity with your partner

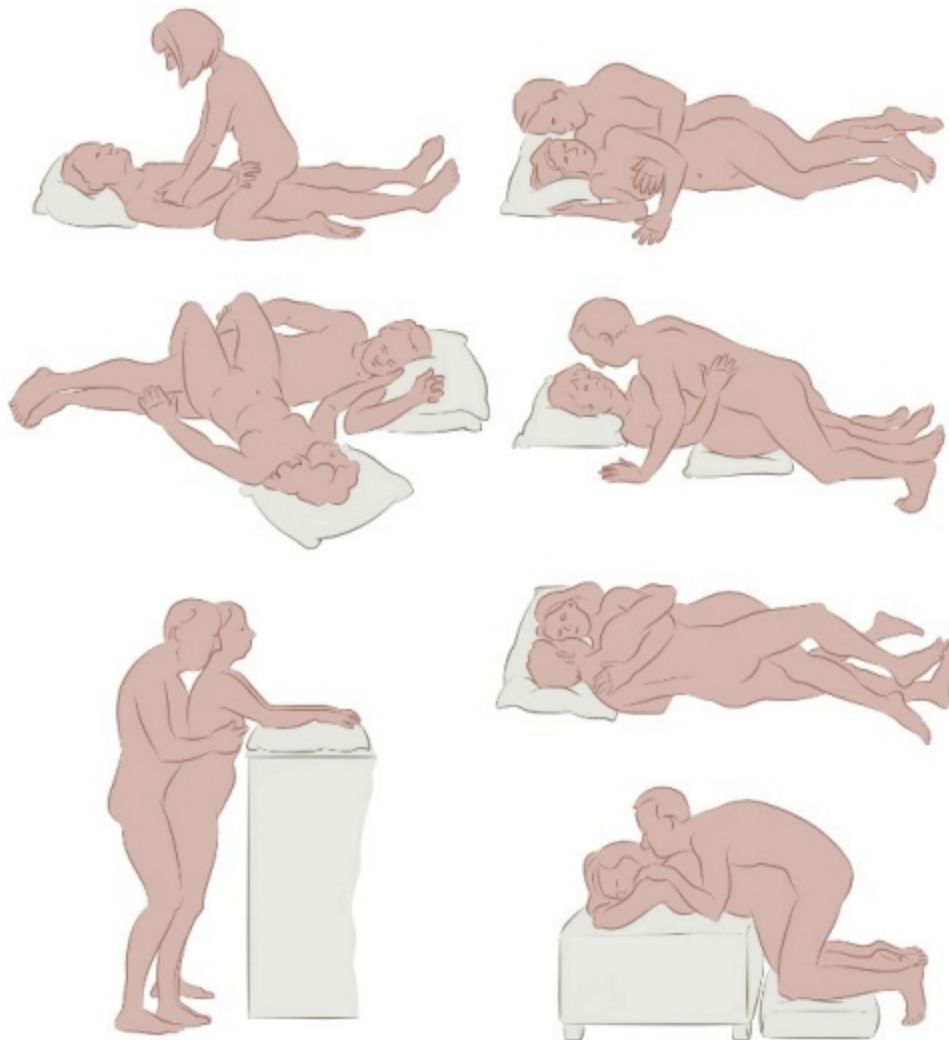
Just as you learned to enjoy sex when you started having sex, you can learn how to feel pleasure during and after cancer treatment.

Depending on your situation, you may feel a little shy. It might be hard to let your partner know you would like physical closeness, so be as clear and direct as you can.

Don't give up, and keep talking to your partner.

Making sex more comfortable

If you still have some pain or feel weak from cancer treatment, you might want to try new sex positions. Talk to your partner and learn different ways to enjoy sex that are most comfortable. The drawings below are some ideas for positions that may help in resuming sex.



There's no one position that's right for everyone. You and your partner can work together to find what's best for you. Pillows can help as supports. Keeping a sense of humor can always lighten up your efforts.

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/emotional-mood-changes/distress.html
2. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/how-cancer-affects-sexuality.html
3. www.cancer.org/cancer/prostate-cancer/treating/surgery.html
4. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/surgery/ostomy/urostomy.html

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9. www.cancer.org/cancer/laryngeal-and-hypopharyngeal-cancer/after-treatment/follow-up.html
10. www.cancer.org/cancer/penile-cancer/treating/surgery.html

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Cancer, Sex, and the Single Adult Male

Being single can mean someone is unmarried, does not have a domestic partner, or is not currently in a romantic relationship. It has nothing to do with their sexual orientation or gender identity, but rather their relationship status.

Single people who have cancer often have the same physical, psychological, spiritual, and financial concerns as people with cancer who are married, have a partner, or are in a relationship. But these issues can be more concerning in people who are single, and getting through treatment can be harder in some ways. Single people with cancer have several needs that others may not, because:

- They may live alone, might be a single parent, and might have less support at home.
- They may live far away from family and friends.
- They may be dating or thinking about getting back into the dating scene. This can make them worry how a future partner might react when they learn about their cancer or that a body part has been removed, or if there are fertility problems.
- It may be harder to deal with the demands of treatment, such as if they need time

- off work, rides to appointments, child care, or help around the house.
- They usually have just one income source.
- They might be newly single after a relationship that was going on before their diagnosis has ended.

Relationship experts suggest that cancer survivors should not have more problems finding a date than people who are not cancer survivors. However, studies show that survivors who had cancer in their childhood or teenage years might feel anxious about dating and being in social situations if they had limited social activities during their illness and treatment. For survivors who had or have cancer as an adult, a personal or family experience with cancer can affect a possible partner's reaction to hearing about the survivor's cancer. For example, a widow or a divorced person whose former partner had a history of cancer may have a different reaction than someone who has not had the same experience.

Common dating concerns when you have cancer

Studies show single people who have cancer are most worried about:

- Telling a possible partner about their cancer history, when to tell them, and how much to tell.
- Feeling unattractive because their appearance has changed, such as weight changes, hair loss, or loss of a body part.
- Physical problems such as fatigue, pain, or neuropathy, or problems that might affect sexual function, bowel and bladder function, or how they walk or talk.
- Being able to have children in the future (fertility) and the health of future children.
- Not many people wanting to date them.
- Starting a relationship because cancer might come back.
- Taking their clothes off or having sex.
- Feeling the need to move quickly in a relationship because they don't want to "waste time."

When is the right time to start dating

Deciding about when to start dating after a cancer diagnosis is a personal choice. Single people with cancer need to make their own decision about this. Some people might think dating will help them feel "normal" and going out helps them keep their mind off issues related to their cancer.

Studies show some find it challenging to start a new relationship or trying to date during treatment. If you're recovering from surgery, getting regular treatments, or treatments in cycles, or dealing with side effects of medications, being "yourself" on a date can be hard. Your appearance might have changed, or your energy level might be lower. In addition to having home and family responsibilities, you also might have extra appointments that use up some of your personal time. For these reasons, many people with cancer wait until treatment has ended or until they've had a chance to recover before they join the dating scene again.

When to talk about cancer

If you're thinking about dating for the first time since being diagnosed with cancer, it's important to think about if and when you want to mention you're a cancer survivor. Some people might want to give this information up front, and even list it in their profile if they're using a dating site or app. Others might prefer to have a face-to-face talk about it when they meet someone. And some people might want to wait until they've been dating someone for a while or until a relationship becomes serious.

Being comfortable talking about your cancer might not be possible, but it's best to tell someone about having cancer before make a strong commitment.

How to bring it up

Try having "the cancer talk" when you and your partner are relaxed and in an intimate mood. Tell your partner you have something important you'd like to discuss. Then ask them a question that leaves room for many answers. This gives them a chance to take in the new information and respond. It also helps you see how they take the news.

You might want to start with something like this: "I really like where our relationship is going, and I need you to know that I have (or had) _____ cancer. How do you think that might affect our relationship?"

You can also share your own feelings: "I have (or had) _____ cancer. I guess I haven't wanted to bring it up because I've been worried about how you'd react to it. It also scares me to think about it, but I need you to know about it. What are your thoughts or feelings about it?"

You may want to practice how you might tell a dating partner about your cancer history. What message do you want to give? Try some different ways of saying it, and ask a friend for feedback. Did you come across the way you wanted to? Ask your friend to take the role of a new partner, and have them give you different types of responses to

your question.

How much to share about your cancer experience

If you have had a body part removed, or if you have an ostomy, large scars, or a sexual problem, you may be worried about when or how much to tell a new dating partner. You may want to tell your full cancer history all at once, or during a few talk sessions. There are no hard-and-fast rules, but telling the truth and trusting the person you're talking to are very important.

The possibility of rejection

It's possible that someone you're interested in dating might not want to date a cancer survivor. Or, once they know your full story, it might be too much for them to handle. It's important to remember that even without cancer, people reject each other because of looks, beliefs, personality, or their own issues.

Remember that being single does not mean being alone, or being unloved. There are many in-person and online support groups that have members who are single people, too. Connecting, learning, and sharing your story with people who are in similar situations can be very helpful. You can feel more supported and confident when someone listens to you and truly understands. And, feeling some confidence in yourself can help you feel ready to date, be able to handle the possibility of being rejected, and help you know you can move on.

Improving your social life

Try working on areas of your social life, too. Single people can avoid feeling alone by reconnecting with old friends and building a new network of close friends, casual friends, and family. Make the effort to call friends, plan visits, and share activities. Get involved in hobbies, special interest groups, or classes that will increase your social circle.

[Support groups](#)¹ can help, too. Some volunteer and support groups are geared for people who have faced cancer. You may also want to try some one-on-one or group counseling. You can form a more positive view of yourself when you get objective feedback about your strengths from others. Make a list of your good points as a partner. What do you like about yourself? What are your talents and skills? What can you offer your partner in a relationship? What makes you a good sex partner? Whenever you catch yourself using cancer as an excuse not to meet new people or date, remind yourself of these things.

Hyperlinks

1. www.cancer.org/treatment/support-programs-and-services.html

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Questions Adult Males Have About Cancer and Sex

Every person with cancer is different, and there are many different types of surgeries and treatments for cancer. Sexuality and intimacy have been shown to help people face cancer by helping them deal with feelings of [distress](#)¹, and when going through treatment. But, the reality is that a person's sex organs, sexual desire (sex drive or libido), sexual function, well-being, and body image can be affected by having cancer and cancer treatment. How a person shows sexuality can also be affected. Read more in [How Cancer and Cancer Treatment Can Affect Sexuality](#)².

Sexuality is very personal. Because each person's situation is different, we cannot list every possible problem here. It's important to ask questions so your cancer care team can answer them so your stress, anxiety, and fears can be lessened, and you can get help to manage any sexual problems you might have.

This information is for adult males with cancer. **If you are a transgender person**, please talk to your cancer care team about any needs that are not addressed here.

Questions to ask about sex or your sexuality

People with cancer might be concerned about changes in appearance due to scars or hair loss, loss of a body part, sexual function, sexual performance, being able to have a child, and if it's safe to have sex. Depending on the type of cancer, surgery, and treatment needed, there are some situations when precautions need to be taken or when sex may need to be avoided for a while. This can be different for everyone, so we cannot list all possible situations here. It's important to ask questions so your cancer care team can answer them and your stress, anxiety, and fears can be lessened.

Don't assume your doctor or nurse will ask you about these and any other concerns you have about sexuality. You might have to start this conversation yourself. Many studies have found that doctors, nurses, and other members of a health care team don't always ask about sexuality, sexual orientation, or gender identity during check-ups and treatment visits. Because of this, patients might not get enough information, support, or resources to help them deal with their feelings and sexual problems. But if you are concerned about how cancer or its treatment might affect (or has affected) your sex life, it's important to bring it up and to get answers to your questions, even if it makes you uncomfortable.

After a cancer diagnosis

For a period of time when you are first diagnosed, your mind may not have been able to focus on anything except your cancer. You may have very few sexual feelings because many people are more concerned about the future than about having sex. In some cases, surgery or treatment is scheduled very quickly after a diagnosis. In other cases, you have some time (maybe several days or weeks) to let the diagnosis sink in. Here are a few questions you can ask to start the discussion with your cancer care team in the time between your diagnosis and surgery or treatment. Starting sexual discussions early might help you feel more comfortable talking about them throughout your cancer journey.

- What kinds of sexual problems might happen because of my cancer?
- Is it safe to have sex before my surgery and treatment?
- Do I need to use protection or birth control before my surgery and treatment?

Before surgery

If having surgery to remove a tumor or body part is in your treatment plan, here are some questions you might want to ask before the procedure. Keep in mind not all of these questions are right for everyone. What questions you ask depend on your age, stage in life, relationship status, and the type of cancer and surgery you're having. If you forget or don't think about asking them before surgery, it's a good idea to ask questions as soon as possible after surgery. This way, you know what to expect as you recover from your operation.

- How will this surgery affect my appearance?
- Does a body part or organ need to be removed? If so, will it be removed partially or completely? Can it be replaced, transplanted, or reconstructed?
- How big will my scar be?
- How will this surgery affect my sex life? Will it affect my sexual desire, response, or function? What can be done about these effects?
- How soon can I have sex after my surgery?
- Are there any types of sex or positions I should avoid when I start having sex again?
- Will I be able to have children after this surgery?

Before radiation therapy, chemotherapy, hormone therapy, targeted therapy, or

immunotherapy

If having radiation, chemo, hormone therapy, targeted therapy, or immunotherapy is in your treatment plan, here are some questions you might want to ask before it starts. Keep in mind not all of these questions are right for everyone. What questions you ask depend on your age, stage in life, relationship status, and the type of cancer and treatment you're getting. If you forget or don't think about asking questions before treatment, it's a good idea to ask them as during your treatment visits or check-ups. It's also good to keep asking questions and following up on problems you've brought up at past visits.

- How soon will treatment start?
- What side effects can I expect?
- How will this treatment affect my appearance?
- Will I lose my hair? If so, when and how much?
- Will I gain or lose weight?
- Can I exercise during treatment?
- How might treatment affect my sex life? Will it affect my sexual desire, response, or function? What can be done about these effects?
- Do I need to use birth control while I'm getting treatment? For how long?
- Does my partner need to use birth control while I'm getting treatment? What about afterward? For how long?
- Can my cancer, medication, or treatment be passed to my partner through my body fluids?
- What safety measures do I need to take, and for how long?
- Will I be able to have children after treatment?

During and after cancer treatment

Many times sexual problems or side effects that affect your sexuality happen during treatment, and might continue for a while afterward. It's important to know what precautions might be needed at certain times. It's also important to report any side effects while you're getting treatment and during follow-up visits, as well as any changes you notice in sexual desire and function. Ask questions about them, because sometimes these problems come and go, and sometimes they can last.

Questions to ask during treatment about safety and protective precautions might be needed, such as:

- If you are getting certain types of radiation therapy where it is unsafe to be physically close to your partner.
- If you are getting certain types of chemo, targeted therapy, or immunotherapy that might be released in your body fluids, including sweat, saliva, and semen.
- If you are getting a treatment that might cause birth defects if your partner gets pregnant.
- If you have decreased white blood cells that cause you to have weakened immunity and make you more prone to infection.
- If you have a decreased platelet count that can make you prone to easy bruising or bleeding.

Other questions you might have during and after treatment could be related to:

- Problems you might be having in your sex life, such as problems [getting or keeping an erection](#), [problems with ejaculation](#), or if you feel like your [sexual desire is lower](#).
- [Side effects](#)³ that might be affecting your sex life, such as anxiety, depression, sleep problems, fatigue, pain, numbness and tingling, nausea, or bowel or bladder problems.

You probably have many other questions that haven't been addressed here. If the questions you had before starting treatment were not asked or answered, or if you can't remember the answers you were given, ask them again. If you're not sure a problem you're having is related to your treatment, ask about it anyway. Don't be afraid or embarrassed to discuss them with your doctor or other members of your cancer care team. Write them down so you'll remember to ask them. Remember, if your cancer care team doesn't know you're having a problem, and you don't tell them about it, they can't help you manage it.

Getting professional help

Many health care professionals, including cancer doctors and nurses, have little training in sexuality issues.

If your cancer specialist can't help you, you can be examined by a **urologist** (a medical doctor trained in diseases of the urinary tract and male genitals) with extra training in how to treat sexual problems. Many urologists perform surgery or prescribe medical treatments for erection problems. They also have the special equipment that may be needed to find the cause of an erection problem.

When the most likely cause of a sexual problem is a hormone imbalance, a medical doctor called an **endocrinologist** can be consulted. Endocrinologists are experts in the complex cycles and systems that control hormone levels. Usually your primary doctor is best able to decide if you need the special knowledge of an endocrinologist to solve your problem.

If your cancer specialist or family doctor is not able to help you, they can refer you for help. There are many different programs and specialists that can help you find the answers you need.

Sexual rehabilitation programs

A center that specializes in treating cancer may have experts on its staff that can assess and treat sexual problems. Ask your cancer care team if any programs are offered or where you can go to get help.

Sex therapists and other types of counselors

Sex therapy is psychotherapy or counseling that's focused on solving a sexual problem.

Sex therapists may practice in a clinic or alone. Look for a sex therapist who is a mental health professional (a psychiatrist, psychologist, social worker, or psychiatric clinical nurse specialist or nurse practitioner) with special training in treating sexual problems.

Psychotherapy can help you feel better about the changes in your body, help you and your partner communicate more clearly, and give you skills to better cope with the cancer and cancer treatment. Couples counseling may be helpful, too.

Finding a well-qualified mental health professional is important. These are some of the different types of mental health professionals out there:

- **Psychiatrist:** This is a medical doctor (an MD or DO) with a specialty in psychiatry. They should also be certified by the American Board of Psychiatry and Neurology.
- **Psychologist:** Most who are practicing alone have a doctorate in psychology (PhD or PsyD) or in education (EdD). Psychologists do not have medical degrees and don't write prescriptions. Psychologists with a master's degree are most often supervised by one with a doctorate. In most states a psychologist must be licensed. Those who practice usually have degrees in clinical or counseling psychology.
- **Social worker:** A social worker usually has master's degree in social work (MSW). Licensing laws vary from state to state. Some states have a category for licensed

psychotherapists called “marriage and family counselors.” They usually have a master’s degree in psychology or a related field, plus training in counseling.

- **Psychiatric clinical nurse specialists or psychiatric nurse practitioners:** These nurses have a master’s or doctorate degree in psychiatric nursing. They are licensed professionally, although their ability to prescribe medicines varies from state to state.

The cost of counseling varies with the professional’s training and experience, and health insurance companies reimburse at different rates. You may want to check with your insurance company to find out if it will pay (and how much it will cover) for counseling or therapy.

Professional societies can often give you information about their members in your area who have special training in sex therapy. These are good places to start:

- American Association of Sex Educators, Counselors, and Therapists (AASECT) www.aasect.org⁴
- National Association of Social Workers (NASW) www.helpstartshere.org⁵

You can also get a listing of professionals in your area by contacting your state’s psychological association or a state association for licensed marriage and family therapists.

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/emotional-mood-changes/distress.html
2. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/how-cancer-affects-sexuality.html
3. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects.html
4. <http://www.aasect.org>
5. <http://www.helpstartshere.org>

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