Sex and the Man 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

Cancer and sex

When you first found out you had cancer, you were probably focused on treatment plans and survival. But after a while, other questions might have started coming up. You might be wondering “How ‘normal’ can my life be, even if my cancer is under control?” Or even “How will cancer affect my sex life?”
It’s important to know that you can get answers to these questions and help if you are having sexual problems. **The first step is to bring up the topic of sex with your doctor or someone on your cancer care team.** You need to know how treatment will affect nutrition, pain, and your ability to return to work or other activities. You also need to know how your treatment could affect your sex life.

Sex and sexuality are important parts of everyday life. Yet patients and doctors often do not talk about the effects of cancer treatment on a man’s sex life or how he can address problems he’s having. Why? Health care providers and patients may feel uneasy talking about sex.

The information here is for all men who have or have had cancer – regardless of their sexual orientation. 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.

Keep in mind that sensual/sexual touching between you and your partner is always possible, no matter what kinds of cancer or cancer treatment you’ve had. This may surprise you, especially if you’re feeling down or have not had any sexual touching or activity for a while. But it’s true. The ability to feel pleasure from touching almost always remains.

**How a man’s body works**

**The male sex organs**

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** – 2 very thin, long coiled tubes that sit 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.
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.

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:

• How might treatment affect my sex life?
• 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?

Here are some things to keep in mind as you continue your sex life during or after cancer treatment.

**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.

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**Cancer Can Affect a Man's Erections**

**How cancer treatment can affect erections**

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

**Surgery**

Some types of cancer surgery can effect erections. These include:

- **Radical prostatectomy** – the removal of the prostate and seminal vesicles for prostate cancer
- **Radical cystectomy** – the removal of the bladder, prostate, upper urethra, and seminal vesicles for bladder cancer. 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. (See [Treating Sexual Problems for Men With Cancer](#) to learn more about the opening and the pouch.)
- **Abdominoperineal (AP) resection** – the removal of the lower colon and rectum for colon cancer. This surgery may require an opening in the belly (abdomen) where solid waste can leave the body. (See [Treating Sexual Problems for Men With Cancer](#) to learn more.)
- **Total mesorectal excision (TME)** – the removal of the rectum as well as the tissues that support it (called the mesorectum) for treating rectal cancer
- **Total pelvic exenteration** – the 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. (See [Treating Sexual Problems for Men With Cancer](#) for more on this.)

These operations can effect erections in different ways. We will go into more detail about this below, along with other factors that can affect erections after surgery.
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. The good news is that today there are many different treatments for ED that can help most men get their erections back. It might take some time, but if you are willing to try the different options, you’ll most likely find one that will work.

**Damage to the nerve bundles that cause erections**

The most common way surgery affects erections is by removing or injuring 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. During surgery the doctor may not be able to see the nerves, which makes it easy to damage them.

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**

**Age:** 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**

Studies suggest that different methods to promote erections starting within weeks or months after surgery can help some men recover sexual function. You may hear this called penile rehabilitation, or erectile rehabilitation.

Any kind of erection is thought to be helpful. An erection pulls oxygen-rich blood into the tissues of the penis, helping keep this tissue healthy. 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.

The idea of penile rehabilitation is to use some type of medicine to be sure that a man is getting regular erections while his nerves are healing. This helps keep the tissue in the penis healthy. Most studies have suggested using medicine to get an erection hard enough for penetration about 2 to 3 times a week. The erections do not need to be used for sexual activity; the goal is to keep the tissue in the penis healthy.

In penile rehabilitation, medicines to help produce erections – pills such as sildenafil (Viagra®), tadalafil (Cialis®), or vardenafil (Levitra®) – are typically tried first. But these drugs may not produce an erection because they need the nerves responsible for erections to be healthy. In fact, the pills only work in a small portion of men in the first few months after surgery. If the pills don’t work, penile injections or vacuum devices are often tried. Most sexual medicine specialists suggest using penile injections before the vacuum devices. (You can read more about these treatments in [Treating Sexual Problems for Men With Cancer.](#))

The other part of penile rehabilitation is taking a pill (again, usually sildenafil, tadalafil, or vardenafil) at a low dose on the days you are not trying to get an erection. This low-dose pill will not be strong enough to help you get an erection, but it will help increase the blood flow around the nerves that help produce erections. This increased blood flow can help the nerves heal.

Putting this all together, 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.

Talk to your doctor about how your nerves might have been affected by surgery and whether penile rehabilitation is right for you. You might need to see a doctor who specializes in sexual medicine, as these types of doctors are more likely to know about penile rehabilitation.

**Pelvic radiation therapy**

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.

**One way that radiation affects erections is by damaging the arteries that carry blood to the penis.** 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. **Radiation may affect the nerves that control a man’s ability to have an erection, too.**

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.)

If a man notices erection problems or a loss of desire after cancer treatment, his first thought may be that he needs to have a blood test to check for low testosterone. But this is not a common problem after radiation therapy, so extra hormones may not be needed. And many doctors feel that men with prostate cancer should not take
testosterone, since it can speed up the growth of prostate cancer cells.

For men with prostate cancer treated with radiation

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.

Many 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 these treatments, 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.

Chemotherapy

Most men getting chemotherapy (often called chemo) will still have normal erections. But a few do develop problems. Erections and sexual desire often decrease right after getting chemo but return soon after treatment.

Chemo can sometimes affect sexual desire and erections by slowing testosterone output. 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.

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.) 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.

Chemo can also cause a flare-up of genital herpes or genital wart infections if a man has had them in the past.

Some types of chemo can also cause short-term or life-long infertility. (See Cancer Can
Affect a Man’s Fertility.

Stem cell transplant

Men who have had graft-versus-host disease after a stem cell transplant 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.

The psychological effects of cancer treatment on erections

Many men report disappointment, fear, and distress when they have trouble with erections. They report that they don’t feel “like a man” and that something important is missing. Men may report a general unhappiness with life and depression 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 who specializes in helping patients with sexual issues can often assist in the treatment of erection problems caused by anxiety 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. (See Questions Men Have About Cancer, Sex, and Getting Professional Help for more information.)

Cancer Can Affect a Man’s Ability to Ejaculate.
How cancer treatment can affect ejaculation

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, most men say an orgasm without semen feels normal. Some others say the orgasm does not feel as strong, while others report that the orgasm is stronger and feels more pleasurable. Men often worry that their partners will miss the semen. Most of the time, their partners cannot feel the actual fluid release during sex, so this is not always an issue.

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 Cancer Treatment Can Affect a Man’s Fertility 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

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 Cancer Can Affect a Man’s 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 ejaculation 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 belly (abdomen), 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 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 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 treatments**

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 very rarely affects ejaculation. But there are some drugs that may cause retrograde ejaculation by damaging the nerves that control emission.

**Hyperlinks**


**References**


Cancer Can Affect a Man’s Fertility

How cancer treatment can affect fertility

Some cancer treatments can affect a man’s ability to father a child. For example, total body irradiation (as used in stem cell transplant) and radiation treatment to an area that includes the testicles can reduce both the number of sperm and their ability to function. This doesn’t mean that pregnancy can’t happen, but it becomes far less likely.

Some types of chemo can damage the sperm over the short term, while others can cause life-long infertility. It depends on the types and doses of the drugs used. The short-term changes have been shown to last about 3 months after the last treatment. Because the risk of birth defects due to sperm damage is hard to study, there’s not much information about this link. But to be safe, doctors often recommend that a man use careful birth control during chemo and for some months’ time after treatment ends.

So far, research has not shown increased birth defects or cancers in children naturally conceived from fathers who had cancer treatment in the past.
Several types of surgery to the pelvic and genital area can cause infertility. If both testicles are removed, for example, sperm cells are no longer made and a man becomes infertile (or sterile). See Cancer Can Affect A Man's Erections and Cancer Can Affect A Man's Ability to Ejaculate for information on the types of surgery that can cause infertility.

If you think you might want to father a child later on and are concerned about fertility, talk to your doctor before starting treatment. One option may be to bank (save and preserve) your sperm. (See Fertility and Men With Cancer for more on this.) If you aren’t sure if you want to father a child in the future, you may want to work with a sperm bank to learn more about the procedure and its costs.

Hyperlinks


References


Cancer Can Affect a Man’s Desire and Sexual Response

How cancer treatment can affect sexual desire and response

Some general changes in sexual desire and response may be linked to cancer and cancer treatment. Specific changes linked to certain types of treatment are covered in more detail in the next sections.

Both men and women often lose interest in sexual activity during cancer treatment, at least for a time. At first, treating the cancer is often the main concern, so sex may not be a priority. This is OK. Few people are interested in sex when they feel their lives are in danger. 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.
One partner or both might lose interest in sex at this time. Many people who have cancer worry that a partner will be turned off by changes in their bodies or by the very word “cancer.”

Keep in mind that each part of a man’s 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 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 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 a man’s hormone balance can also 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 a man’s 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, a program of exercise 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 on hormone therapy drugs to lower testosterone often feel like “less of a man.” They fear they may start to look and act like a woman. This is a myth. **Manhood does not just depend on hormones but on a lifetime of being male.** Hormone therapy for prostate cancer may decrease a man’s desire for sex, but it cannot change the target of his sexual desires. For example, a man who has always been attracted only to women will not find himself attracted to men because of this kind of hormone treatment.

Hormone therapy in men has been linked to depression. Talk to your doctor about this because it can be treated with anti-depressant drugs and/or counseling. There’s also growing concern that hormone therapy for prostate cancer may lead to problems with thinking, concentration, and/or memory. This hasn’t been well studied, but hormone therapy does seem to lead to memory problems in some men. These problems are rarely severe, and most often affect only some types of memory. More studies are being done to look at this connection.

**References**


Treating Sexual Problems for Men with Cancer

Dealing with sexual problems

What to expect

It’s hard to know what will happen to any one person. For example, one man may have his erections come back after radical prostatectomy while another man may not. But 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.

One clue that a problem is a medical one and one that may not go away is if it happens in all situations. Otherwise, it may be psychological and short-term. For example, if you have trouble getting or keeping an erection, does it happen every time you have sex? Are your erections better when you relax, when you stimulate your own penis, or when you unexpectedly see someone attractive? If you have more than one partner, are your erections better with one of them than with another?

Dealing with short-term problems

As men age or go through health changes, it’s common that feelings of sexual excitement no longer lead to erections as quickly. You may just need more time and touching to get aroused.

If you have trouble reaching orgasm during sex, you may not have found the right kind of touching. You might want to think about buying a hand-held electric vibrator. A vibrator can give very intense stimulation. Try having a sexual fantasy or looking at erotic stories or pictures. The more excited you are, the easier it is to reach orgasm.

Finding the cause of problems that appear to be permanent

The best time to talk with your doctor or cancer team about possible side effects or long-term changes in your sex life is before treatment. It’s important to know what to expect and to learn about the usual recovery process, including how long it takes. But you can bring up the subject any time during and after treatment, too. If you didn’t discuss sexual side effects before treatment, it’s best to do so soon after your treatment. This way your doctor can help you find the cause of the problem and develop a plan to help you deal with it.
What treatments are available to help with erections?

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.

Pills

Sildenafil (Viagra), vardenafil (Levitra), and tadalafil (Cialis) are drugs that 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.

For men who have had certain operations that affect the nerves that help cause erections (such as a prostatectomy), using these pills may not help at first. 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 at all the first few months after surgery. But they are often more helpful as time goes by. At 18 to 24 months after surgery, the pills may be very helpful in getting a firm erection.

- Doctors often recommend using one of these drugs to get erections starting within weeks or months after surgery, which can help some men recover sexual function. This is known as penile rehabilitation. (See Cancer Can Affect a Man’s Erections.) But if these pills are not producing a firm erection in the first months after surgery, it’s important to try another treatment to help restore the blood flow to the penis.

Some drugs are known to interact with pills that help ED. For example, nitrates (like nitroglycerin and other drugs used to treat heart disease) may interact to cause very low blood pressure, which can be fatal. Be sure your doctor knows about all medicines you take, even those you take rarely. You should only take these pills if they are prescribed by your doctor and come from a legitimate pharmacy. There’s a large counterfeit market for pills for ED. These pills are usually not effective to help erections and may be dangerous, so make sure you are buying them from a pharmacy you know and trust.

The most common side effects of pills to help erections are headache, flushing (skin redness warmth), upset stomach, sensitivity to light, and runny or stuffy nose.
Rarely, a man may get an erection that will not go down. If this happens, he needs to get medical treatment right away. Otherwise, the penis can have long-term damage.

In very rare cases, these drugs may block blood flow to the optic nerve in the back of the eye. This could lead to blindness. Men who have had this problem were more likely to have been smokers or had problems with high blood pressure, diabetes, or high levels of cholesterol or fat in their blood.

**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 about 80% to 90% of men who try them. Many men are hesitant to try the injections because they’re afraid they will hurt. But most men have little or no pain from the injections.

The first injection is usually done in the doctor’s office, where the doctor can teach the man how to do it.

Rarely, a man may get an erection that will not go down. If this happens, he needs to get medical treatment right away. Otherwise, the penis can have long-term damage.

Some men may develop scarring in the spongy tissue of the penis after repeated injections.

**Urethral pellets**

Another way to help with erections is a urethral pellet. A man uses an applicator to put a tiny pellet (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 and can cause some of the same kinds of side effects. Because the pellet may make some men dizzy, a test dose in the doctor’s office may be needed. It can cause some burning in the urethra, too. Bits of the pellet may also enter the partner during sex and cause
burning, itching, or other discomfort. And like injections, the pellet might cause a prolonged erection, which needs medical treatment right away.

Vacuum erection devices

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. The erection from a vacuum device is usually firm, but may swivel at the base of the penis, which can limit comfortable positions for sex. It may take some practice to learn how to use a VED. 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 quite well to treat permanent erection problems. Most men who have implant surgery are pleased with the results.

There are 2 main types of implants. The most common type is an inflatable implant, which uses a pump system placed entirely inside a man’s body. For this type of implant, 2 tough, inflatable silicone cylinders are put inside the penis.

- A 3-piece inflatable implant comes closest to mimicking a normal erection. For this system, a balloon-shaped reservoir (storage tank) that contains a mixture of salt water and x-ray dye is tucked behind the groin muscles. (The x-ray dye is used so that the system can easily be checked for problems after it’s in place.) 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.
- In a 2-piece inflatable implant, most of the fluid is in the back of the cylinders, and the pump is put into the scrotum.
For either type, the penis looks basically the same as it does when not erect, except that it’s always a little fuller. When you are ready for sex, you stiffen the penis by squeezing the pump under the skin of the scrotum several times. This pumps the salt water into the cylinders and inflates the penis, just like blood does in a natural erection.

For the 3-piece system, when you no longer want an erection, you press a release valve on the pump to deflate the cylinders. The salt water then returns to the reservoir, and your penis becomes soft. For the 2-piece system, you bend the penis down for several seconds, which allows most of the fluid to travel back out of the penis.

A 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 simply bends the rods up; otherwise he bends them down. This is a simpler device to use than an inflatable implant, but it can have drawbacks, including being the least like a normal erection.

Each type of implant has its own pros and cons, which can include:

- The complexity of the surgery
- Ease of use of the implant
- Closeness to the look and feel of a natural erection (and natural ‘soft’ state)
- Potential side effects and long-term complications

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. A man who is married or in a committed relationship should include his partner in any decision about implants. Your partner needs to understand the procedure and have a chance to discuss any fears or questions with you and the doctor.

You also need to be realistic about what a prosthesis can and can’t do for you. Any penile prosthesis is just a mechanical stiffener for the penis. A penile implant can’t solve any other problems, such as low sexual desire, lack of sensation on the skin of the penis, or trouble reaching orgasm. It can’t turn a poor sexual relationship into a great one.

A couple needs to talk openly before they have sex after implant surgery. You may need to experiment with different kinds of touching or with different positions. Make sure you are truly excited before trying to have sex, rather than starting sex just because your penis is erect. Couples who have maintained mutual touching, even if an erection problem prevented penetration, tend to adjust more easily to the prosthesis.
Testosterone

If a man has a hormone imbalance, testosterone may restore his desire and erections. Most men have enough testosterone, even after age 50 or 60. But 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 doctor. Tests can be done to find out your testosterone level, and you can discuss possible treatment options. Testosterone is usually not given to men who have had prostate cancer, since it might cause the cancer to grow.

Herbs or natural cures

Many herbal and dietary supplements are sold over the counter as “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.

When is sexual counseling helpful?

Any sexual problem caused or worsened by anxiety can be helped through counseling with a mental health therapist who specializes in dealing with sexual issues. For men, problems caused by anxiety can include:

- Loss of sexual desire
- Erection problems without a medical cause
- Trouble reaching orgasm
- Premature (early) ejaculation

When a medical problem limits a man’s sexual function, speaking with a therapist can be helpful. Most counseling lasts about 2 or 3 sessions. Sex therapists may also be able to help you and your partner decide whether to have medical or surgical
treatments for erection problems. (See Questions Men Have about Cancer, Sex, and Getting Professional Help.)

Is there a way to make orgasms as intense as they used to be?

Some men treated for cancer notice that their orgasms become weaker or last a shorter time than before. Sometimes, a mildly weaker orgasm is just part of normal aging. As men age, the muscle contractions at climax are no longer as strong. More severe weakening of orgasm often goes along with erection problems. In these cases, treating the erection problem may not improve a man’s orgasms. Men who have dry orgasms after cancer treatment also say they sometimes have reduced sensation.

Few medicines can make a man’s climax stronger. Most of these medicines can have serious side effects or could stop working after a few doses.

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

You can practice this teasing technique during self-stimulation, too. When you feel your excitement is high, stop touching your penis, even if you lose part of your erection. Then caress yourself again, stopping and starting several times before you ejaculate. Whether by yourself or with a partner, make sure your erection is as full as can be before you use the strong, rhythmic caresses that bring on your orgasm. Some men learn to ejaculate with a soft penis. But many find they have stronger orgasms if they can delay orgasm until their erection is as firm as possible.

Special aspects of some 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 takes urine through a new passage and sends it out through an opening on the belly (abdomen).
- Colostomy and ileostomy 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.

You can reduce the effect an ostomy has on your sex life if you take some common-sense steps. 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. If it does leak, be ready to jump into the shower with your partner and then try again.

A nice pouch cover can make an appliance look less “medical.” You can get covers or patterns to make your own from your enterostomal therapist or your ostomy supply dealer.

Another option is to wear a special small-sized ostomy pouch during sex. Or if you have a 2-piece pouch system, turn the pouch on the faceplate so the emptying valve/clip is to the side. If you wear an elastic support belt on your faceplate, tuck the empty pouch into the belt during sex. You can also wear a wide sash around your waist to keep the pouch out of the way. Another way of keeping the pouch from flapping is to tape it to your body. Some men feel more comfortable wearing T-shirts to cover their appliances.

To reduce rubbing against the appliance, choose positions for sex that keep pressure off the ostomy. If you have an ostomy but like to be on the bottom during sex, try putting a small pillow above your ostomy faceplate. Then, your partner can lie on the pillow rather than right on the appliance.

You can get more detailed information based on your type of ostomy by calling us or visiting the Ostomies' section of our website.

**Laryngectomy**

Laryngectomy is surgery that removes the voice box. It leaves you unable to talk the normal way, and you breathe through a stoma (opening or hole) in your neck. Since the air you breathe can’t be cleaned by the nose’s natural filter, a special type of stoma cover is needed. Besides catching dust and particles, the stoma cover helps hide the mucus that leaks out of the stoma. 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 in 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 built into the stoma might also work well. If you use a hand-held speech aid, communication during sex is likely to be awkward and distracting. Still, you can say a great deal without words by guiding your partner’s hand or using body language.

With a new partner, you may want to talk about the kinds of touching and positions you like before you start. You may also want to pre-select ways of signaling important messages you may want to share during sex.

**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. Because this can change how you look, it can affect your self-image. Surgery on the jaw, palate, or tongue can also change the way you talk. Recent advances in facial replacement devices, tissue grafting, and plastic surgery give many people a more normal look and clearer speech. Even ears and noses can be made out of new materials, tinted to match the skin, and attached to the face. All of these things can be a great help to a person’s appearance and self-esteem.

**Limb amputation**

Treatment for some cancers can include surgically removing (amputating) a limb. This can impact your sex life. A patient who has lost an arm or leg may wonder, for example, whether to wear his artificial limb (prosthesis) during sex.

The answer depends on the couple. Sometimes the prosthesis can help with positioning and ease of movement. But the straps that attach it can get in the way. Without the prosthesis, the partner with an amputation may have trouble staying level during sex. Pillows can be used for support.

Amputations may create ongoing pain or pain where the limb used to be. These side effects can interfere with sexual desire and distract a person during sex. If this is a problem, talk to your doctor about how to better control your pain.

**Loss of a testicle**

Testicles are as symbolic of manhood as breasts are of womanhood. Although some men are not upset about the loss of a testicle, others may fear a partner’s reaction. This is often more true of men who are not in a long-term relationship.
In men with testicular cancer, the surgeon usually removes the testicle with cancer and leaves the normal one. Very few men ever develop a second tumor in the other testicle. Since this operation also removes the epididymis above the testicle, that side of the scrotum looks and feels empty.

Men with testicular cancer are usually young. They may be single and dating. They may feel embarrassed by the missing testicle when showering or in locker rooms. To get a more natural look, a man can have a testicular prosthesis put in his scrotum during surgery. The prosthesis is filled with saline (salt water), and can be sized to match the remaining testicle. When seen in an intact scrotum, looks like a normal testicle. The only evidence of the operation is the scar, which is often partly hidden by pubic hair. But if part of the scrotal skin must be removed, a testicular prosthesis might not be able to make the scrotum look natural.

**Penile shrinkage after prostatectomy**

After prostate surgery, a man may be shocked to find that his penis is shorter than before. For up to about 6 months after surgery, it may even seem to have shrunk inside the body, much like when a man is in cold water. Penile shrinkage is common after surgery, and it’s often not something a man is told about beforehand.

The cause of penile shrinkage is not known for sure. It might have to do with surgery affecting the nerves that control erection. But studies have shown that the penis can get shorter for up to a year after surgery, so there are probably other causes, too. For instance, blood flow changes, scarring, and changes in penile tissue that result from loss of erections may play a role.

There’s no known way to prevent or treat penile shrinkage at this time. Some studies have suggested that early penile rehabilitation can help decrease shortening, especially when vacuum devices are used. But more research is needed.

**Cancer of the penis**

When a man has cancer of the penis or of the bottom end of the urethra, the best treatment may be removing (amputating) part or all of the penis. These operations are rare, but they can have a major effect on a man’s self-image and his sex life.

If cancer of the penis is found early, local radiation or chemotherapy creams can sometimes be used to treat it. These treatments often have little effect on sexual pleasure and function. But in most cases, the only way to stop the cancer is to remove the affected part of the penis.
Partial penectomy removes only the end of the penis. The surgeon leaves enough of the shaft to allow the man to direct his stream of urine away from his body.

Men are usually surprised to learn that a satisfying sex life is possible after partial penectomy. The remaining shaft of the penis still becomes erect with excitement. It usually gets long enough to allow penetration. Although the most sensitive area of the penis (the glans or head) is gone, a man can still reach orgasm and have normal ejaculation. His partner also can still enjoy sex and may reach orgasm in the same way as before the surgery.

Still, surgeons recognize how traumatic the loss even part of a man’s penis can be. In general, they try preserve as much of the penis as possible. But it’s important that all the cancer be removed, and this can limit how much a surgeon can safely leave.

If the shaft and glans can’t be saved, the man must have a total penectomy. This operation 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.

Some men give up on sex after total penectomy. Since cancer of the penis is most common in elderly men, some have already stopped sexual activity because of other health problems. But if a man is willing to put some effort into his sex life, pleasure is possible after a total penectomy.

A man can learn to reach orgasm when sensitive areas, such as the scrotum, the skin behind the scrotum, and the area around the surgical scars, are caressed. He or his partner may try placing a finger 1 or 2 inches inside the anus to caress the prostate. Some people prefer to use plastic or latex gloves with a water-based lubricant to touch this area, and short fingernails are a must. As long as the rectum or prostate is healthy and has not been injured by surgery, trauma, or cancer, many men find that this feels good. It does take some practice, since at first it may feel strange or cause the man to feel like he has to urinate.

Having a sexual fantasy or looking at erotic pictures or stories can also increase excitement. You can help your partner reach orgasm by genital caressing with your fingers, by oral sex, or by using a vibrator.

Other options that rebuild or replace the penis may be available in the future.

Even though it’s very rare in the US, there are a few surgeons who will try to rebuild the
penis after total penectomy if the man wants to try it. This is a complex procedure that requires microsurgery to attach nerves and blood vessels. Graft tissues must be taken from other parts of the body, such as the arm, leg, chest, back, or groin. If you are looking into this option, you will want to find out about the surgeon’s experience with this procedure. You will also want to ask about success rates, scarring, and complications the surgeon has seen. Find out about sensation in the penis, and the chances of being able to have sex after surgery. Keep in mind that there’s very little in the available medical research about success rates at this time.

Other options that might be available in the future include penis transplants, as well as creating a new penis in the lab. More research is needed on these approaches as well.

**Feeling good about yourself and feeling good about sex**

After cancer treatment, it’s very easy to focus only on parts of the body that have been affected. For example, if chemotherapy causes your hair to fall out, you might be more concerned about how other people will feel about the way you look. If you need to have a laryngectomy (removal of the voice box), you may fear you won’t be able to find another partner because you’ve lost your voice.

Sometimes friends and lovers do withdraw emotionally from a person with cancer. This may not be because of how the person looks, but it might be caused by other feelings or thoughts in the person who’s doing the looking. When one partner can’t bear to look at the other’s ostomy bag, for instance, it may be a sign of much deeper feelings. Maybe the ostomy reminds them of how sad they would feel if the other person died. It may be easier not to love that person so much. A partner may even be more aware of their own mortality, which can be upsetting, too. Yet all these feelings get blamed on a stoma that mars a small part of one partner’s body. The “well” partner also may feel like a failure and know that they’re letting down the partner who’s had cancer at a time when they are most needed.

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.

**Good communication: The key to building a successful sexual relationship**

The most important part in keeping a healthy sexual relationship with a partner is
good communication. Men often react to cancer by withdrawing. They might feel embarrassed or worry about not appearing strong if they open up too much. Or, or they might think their partner will feel burdened if they share their fears or sadness. But when you try to protect each other, each suffers in silence. No couple gets through cancer diagnosis and treatment without some anxiety and grief. Why not discuss those fears with one another so that you shoulder the load together rather than alone?

Sexual sharing is one way for a couple to feel close during the stress of an illness. But if your partner has been depressed and distant, you may fear that a sexual advance might come across as a demand. Still, you can bring up the topic of sex in a healthy, assertive way. It’s usually not helpful to accuse (“You never touch me anymore!”) or demand (“We have to have sex soon. I can’t stand the frustration!”). Instead, try to state your feelings positively (“I really miss our sex life. Let’s talk about what’s getting in the way of our being close.”).

Overcoming anxiety about sex

Many couples believe that sex should always happen on the spur of the moment, with little or no advance planning. But 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. Couples need to restart their lovemaking slowly.

Part of the anxiety about resuming sex can be caused by the pressure to satisfy your partner. One way to explore your own capacity to enjoy sex is to start by touching yourself. Masturbation is not a required step in resuming your sex life, but it might help. By touching your own genitals and even bringing yourself to orgasm, you can find out if cancer treatment has changed your sexual response without having to worry about frustrating yourself or your partner. 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.

Many of us may have learned as children that masturbation was wrong or shameful. But it’s a normal and positive experience for most people. If you feel at ease with the idea, try stroking not just your genitals, but all of the sensitive parts of your body. Notice the different feelings of pleasure that you can have. Later, you can teach your partner any new discoveries you make about your body’s sensitive zones. Even if cancer treatment has not changed your sexual responses, you may find some new caresses to enhance your sex life.

Sexual activity with your partner
When you first think of restarting sexual activity, you may be afraid it will be painful, or that you’ll never reach orgasm again. Your tries may not be what you expected. But just as you learned to enjoy sex when you started having sex, you can relearn how to feel pleasure after cancer treatment. Try to make the most of this chance to look at your sex life in a new way.

**When you feel ready to try sexual touching with your partner, start with plenty of time and privacy.** Plan for a time when you aren’t too tired and you’re not having pain. You may want to set the scene to be especially relaxed. For instance, you could light the room with candles or put on some soft, romantic music. Although you may feel a little shy, let your partner know, as clearly and directly as you can, that you would like to have some time to be physically close.

You could even make a date for this purpose. You might say, “I feel ready for sex again, but I’d like to take things slowly. Would you be in the mood tonight to try a little touching? I can’t promise how well it will go, but we can have fun trying.”

It’s a good idea for couples to put some limits on their touching the first few times they try sexual activity after cancer treatment. A good way to start is with a special session of all-over body touching. This is the way body touching works:

- Each partner takes a turn touching and being touched. One partner lies face down on the bed, allowing the other partner to touch the entire back, from toes to scalp. After about 15 minutes, the partner lying down turns over so the front of the body can be touched.
- The first time you try a touching session, avoid the breasts and genitals. Your goals are to feel relaxed and to experience sensual pleasure. It’s not important to get sexually excited. If you agree on these goals before starting, the touching should not be frustrating. This type of session can help take the nervousness and pressure out of being close again.
- While being touched, your job is to be self-centered and tuned in to your own feelings. Don’t worry about your partner’s thoughts or feelings. When you’re doing the touching, enjoy the shape and texture of your partner’s body. Try many types of touching, varying light stroking and a firmer touch, much like a massage.
- If you both feel relaxed during the first touching session, you can add some genital touching the next time. Over a few sessions, you can slowly spend more time on genital caresses, until each of you can reach an orgasm through stroking with a hand or through oral sex, if that’s comfortable for both of you.

Many couples don’t talk much about sex. But after cancer treatment, how you approach
sex may need to change. This calls for clear communication. This is not the time to let embarrassment silence you. Be sure to let your partner know, either in words or by guiding with your hand, the kinds of touches you like best. Try to express your desires in a positive way. For example, “You have the right place, but I’d like you to use a light touch,” rather than, “Ouch! That’s too rough!” Save sex until both partners really feel ready for it.

If cancer treatment has caused erection problems, penetration may no longer be possible. Yet a couple can enjoy all the other parts of sex. Don’t give up touching and caressing, just because one aspect of sex has changed.

**Making sex more comfortable**

**If you still have some pain or feel weak from cancer treatment, you may want to try new positions.** Many couples have found one favorite position and rarely try another.

The best-known way to have sex is in the “missionary position,” with the man lying on top of the woman. But if you are feeling weak or out of breath, this kind of position may take too much effort. You may be able to enjoy sex more if both of you lie side by side, either facing each other or with your partner’s back next to your front side. Or your partner can be on top. This allows your partner to move more freely while you relax or touch them.

You can look at this as a good chance to learn other ways to enjoy sex with your partner. The drawings below are some ideas for positions that may help in resuming sex.
There’s no magic position that’s right for everyone. You and your partner need to find the one that’s best for you. Small and large pillows can help as supports. Keeping a sense of humor can always lighten up your efforts.

Hyperlinks


References

American Association of Clinical Endocrinologists. American Association of Clinical


Cancer, Sex, and Single Men

The single man and cancer

Getting through cancer treatment can be harder in some ways for a man who’s not in a long-term relationship. You may not have a friend or family member who can be there for you like a partner could be. You may also worry how a current or future partner will react when they learn you’ve have or had cancer.

Some of the scars left by cancer are clearly visible. Others can’t be seen by a casual onlooker. For instance, there’s no way to know that a man walking down the street has a colostomy or only one testicle. But these private scars can be just as painful, because the few people who do see them are often the ones whose acceptance matters most.

Perhaps the most private scar left by cancer is the damage done to how you see yourself. You may wonder about how active you can be and even how long you will live. If you had hoped to marry or remarry, you may not want to involve a partner in an uncertain future. Homosexual men who are not in committed relationships have the same worries.

Concerns about having children can also affect your new relationships. You might not be able to father children because of cancer treatment. Or maybe you can still have children but are afraid that you won’t live to see your child grow up.

When dating, people who have had cancer often avoid talking about it. At a time when closeness is so important, it can seem risky to draw a potential lover’s attention to this scary part of your life. During treatment, you may want to be brave and not complain. And afterward, you might want to forget that it ever happened.

Sometimes you can ignore it. But when a relationship becomes serious, silence is not the best plan. Before you and your partner decide to make a strong commitment, you should talk about the cancer. This is especially true if the length of your life or your fertility has been affected. Otherwise, cancer may become a secret that’s very hard to keep.

When to talk about cancer

It may be hard to decide when to tell a new or prospective lover about your cancer history. Still, it’s important to do this when a relationship starts to get serious.
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.

If you have an ostomy, large scars, or a sexual problem, you may be worried about when to tell a new dating partner. There are no hard-and-fast rules. It’s often better to wait until you feel a sense of trust and friendship with your partner – a feeling that you’re liked as a total person – before sharing such personal information.

The possibility of rejection

The reality is that you may be rejected you because of your history of cancer or the changes it’s brought into your life. Even without cancer, people reject each other because of looks, beliefs, personality, or their own issues. But the sad truth is that some single people with cancer limit themselves by not even trying to date. Instead of focusing on their good points, they convince themselves that no partner would accept them now. You can avoid rejection by staying at home, but you’ll miss the chance to build a happy, healthy relationship.

Here are some tips to help you make decisions about talking about your cancer:

- Tell a potential partner about scars, an ostomy, or sexual problems when you feel that the person already accepts you and likes you for who you are.
Discuss your cancer in depth when a new relationship starts to deepen, especially if you have life expectancy or fertility issues.

Prepare for the possibility of rejection: imagine being rejected by a new potential partner, and how you would respond. But don’t let fear of being rejected keep you from going after a relationship that might work.

When you feel some confidence in yourself and your ability to handle rejection, you are ready for the real world. Then, when you start to meet people or to date, think of it as part of a learning process – not something you must do well on your first try.

**Improving your social life**

Try working on areas of your social life, too. Single people can avoid feeling alone by building a 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.

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 mate. What do you like about your looks? What are your talents and skills? What can you give to 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.

**References**


Questions Men Have About Cancer, Sex, and Getting Professional Help

Frequently asked questions about sex during and after cancer
Can sex during treatment be harmful to a patient or partner?

A few chemo drugs can be present in small amounts in semen. You may want to use condoms while you are getting chemo and for about 2 weeks afterward. Some types of radiation treatment require special precautions for a certain amount of time, too. For instance, a man who is having “seed implants” (brachytherapy) for prostate cancer should check with his doctor about safety precautions, like using condoms, because sometimes the seeds can move.

Men who are getting chemo also should avoid causing pregnancy during and for some time after treatment because chemo may damage the DNA in sperm cells. This could lead to birth defects. Ask your doctor about birth control if your partner might get pregnant. You will also want to know when you can stop using birth control for this reason.

Although sexual activity is usually safe for your partner during your cancer treatment, some couples just stop having sex, without checking out their fears with the health care team. If you have been cleared medically to resume sex, but are still unsure, you may just need more time.

Be sure to let your partner know that you’ll want to have sex as soon as you feel better. Give your partner some ideas on helping you feel more sexual again, such as, “Let’s try being affectionate in a relaxed way,” or “I’d like to know that you still find me attractive.”

You may also need to reassure your partner that your cancer treatment does not make sex dangerous. Cancer can’t be caught from another person. If you have external radiation treatments, having sex with you does not expose your partner to radiation.

When should a person with cancer not have sex?

Ask your cancer care team if sex may be a problem at any time during or after your treatment. Here are some general guidelines:

- When recovering from surgery, sex can cause bleeding or strain the cut (incision). Sex may also increase your chance of an infection. The time between surgery and when it’s safe for sex varies. It depends on the type of operation and how well you are healing. Your surgeon can tell you when it’s safe to try sex again.
- Some types of cancer, like cancer of the bladder, may cause bleeding in the genital area or urinary tract. If this bleeding is worse after sex, talk with your doctor about it. You may need to wait until the bleeding has stopped and the area has healed.
- During chemo, a person with an infusion catheter sometimes worries that sexual
activity will harm it. As long as you take care not to rub against it, sex should not cause any problems.

- When you’re being treated for cancer, there are often times when your immune system isn’t working as well as it should. At these times, it may be easier for you to get all kinds of infections. Again, ask your doctor if sexual contact puts you at too much risk for infection. Most doctors say that if you’re well enough to be out in public, you’re well enough to have sex. If you’re in the hospital because of weak immunity, ask your doctor’s advice on kissing, cuddling, or sexual touching.

- There are things you can do to try to prevent urinary tract infections. Some of the bacteria that can start infections in the urinary tract or genital area may wash away if you urinate a few minutes after sex. You might even want to drink a glass of water before sex, so it will be easier to urinate afterward.

- If you notice any sores, bumps, or warts on your partner’s genitals, or any unusual fluids or discharge, you should find out the cause and then decide if it’s safe to have sex.

- You can greatly reduce your chances of getting a sexually transmitted disease (STD) if you wear a latex or plastic condom for oral, vaginal, or anal sex from start to finish each time you have sex.

Other questions

You probably have many other questions that haven’t been addressed here. 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 at your next visit.

Getting professional help

Many health care professionals, including doctors, have little training in sexuality issues. They may not be at ease even talking about sex, but they can still help you find someone who is. Many doctors also fail to mention the sexual side effects of cancer and medical treatments. If they do talk about it, they might not give you a clear picture of what to expect. **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.**

If your cancer specialist can’t help you, you should 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 should be consulted. Endocrinologists are expert 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 should be able and willing to refer you for help. There are many different programs and specialists that can help you find the answers you need.

**Sexual rehabilitation programs in cancer centers**

A center that specializes in treating cancer may have experts on its staff that can assess and treat sexual problems. But these specialists may see only the patients who are being treated at their hospital. If you’re being treated at a cancer center, check to see what programs are offered.

**Sexual medicine clinics**

In recent years, medical schools and even private practice groups have begun treating sexual problems and/or promote sexual health. Such clinics provide psychological and medical exams through many different types of health care providers. Some clinics require both sexual partners to take part, but you may be seen alone if you’re not in a committed relationship.

**Sex therapists and counselors**

Sex therapy is a brief type of psychotherapy or counseling (about 10 or 20 sessions) focused on solving a sexual problem. Sex therapists believe that sexual skills are learned and that bad habits can be corrected by learning different sexual techniques. In between meetings with the therapist, a couple (or sometimes just one partner) is given homework assignments. The homework includes exercises to help you communicate and enjoy touching more. They can also help reduce anxiety that often interferes with good sex.

Sex therapists may practice in a clinic or alone. Most states have no laws regulating the title “sex therapist,” so people with no formal training can call themselves sex therapists. But a sex therapist should be a mental health professional (a psychiatrist, psychologist,
social worker, or psychiatric clinical nurse specialist or nurse practitioner) with special training in treating sexual problems with sex therapy. Some counselors may provide sexual counseling if a licensed professional supervises them.

It’s not always easy to find a well-trained sex therapist. It’s even harder if you live far from a city.

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.org
- National Association of Social Workers (NASW) www.helpstartshere.org

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.

**Other kinds of counseling**

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

The stress of being diagnosed and treated for cancer can worsen problems that already existed in your relationship. Poor or strained communication with your partner can be discouraging and frustrating. In this case, couples counseling may be helpful if your partner is willing to work with you. Individual therapy can also help you decide how to best deal with the problem.

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 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.

One way to get quality treatment for a lower fee is to find a nearby medical school with a psychiatry clinic. You can also go to a university that trains clinical psychologists and has a psychology clinic. You might be seen by a student in advanced training, but they will be supervised by a senior professional.

**What to avoid**

Sexual problems are common and upsetting, and men often seek help for them by going to someone who’s not really a health care provider or by trying unproven remedies or cures. Television, magazines, radio, and the Internet abound with ads for “natural” treatments that promise to give you better erections and longer sexual endurance. These heavily marketed herbs, creams, pills, and supplements have not been studied, and there’s no proof that they work: not herbal potency pills like “poppers” or “Spanish fly,” oysters, splints around the outside of the penis to stiffen it, muscle exercises that claim to make a man’s penis bigger, hypnotism by someone not trained as a mental health professional, or visits to an independent “sexual surrogate.” These treatments are not proven to work, and some of them might even be harmful. Talk to someone on your cancer care team about any treatment you’re thinking about trying before you try it.

**Hyperlinks**

1. [http://www.aasect.org](http://www.aasect.org)

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