

Sexual Function after Prostate Cancer

Erectile Dysfunction

Nearly all men undergoing robotic radical prostatectomy will experience difficulty getting an erection (erectile dysfunction, or “ED” for short) for a period of time after surgery, even if they have a “nerve-sparing” operation.

The nerves responsible for erection (the “cavernous nerves”) travel very close to the prostate gland and may be injured during removal of the prostate (Figure 1). This fact may get lost in the process of dealing with the initial diagnosis and treatment of the cancer, and men often become more acutely aware of their erectile dysfunction after they have successfully cleared these initial hurdles in treatment.

Psychological Support

Roswell Park offers the opportunity for couples who are considering surgery to meet with members of our Psychology Department, who may be of assistance in helping cope with this issue and its potential impact on a relationship. The relative importance of sexual function between couples is highly variable and dependent on many factors.

Our Psychology Department staff can also help with the greater issue of cancer treatment in general and the unexpected strains it might place on a relationship in hopes that couples who prepare for those challenges in advance will be better able to deal with them.

Recovering Erectile Function

The degree of recovery of erectile function depends on multiple factors, including the type of operation you had (one, both, or no nerves spared), your age, and your erectile function before surgery.

It is important to understand that time may be the most important factor in the recovery process. We know from studies of thousands of men who have had nerve-sparing prostate surgery (open or robotic) that the natural healing process often takes 18 to 24 months or more. This is due in part to the length of time required for healing of nerve tissue after surgery. It is also very common for a man to need medications after surgery to assist with erectile function even though he did not need them before surgery.

Through the use of standardized questionnaires, your questions and your surgeon’s inquiries, information is gathered at each visit to help evaluate your overall progress and make any changes in your treatment plan as needed.

Rehabilitation

There is some evidence that early rehabilitation designed to increase blood flow to the penis, starting about six weeks after surgery may speed up the ability to resume sexual activity. There are various methods available, depending on your particular case, your level of motivation, and the judgment of your surgeon.

See the included table and diagrams for descriptions and pictures of how some of these therapies are administered, and pros and cons of each. Instruction and assistance with these treatments would be supervised by the physicians and dedicated staff in the Urologic Oncology Clinic.

Support organizations, such as Us TOO International, are available to provide a forum for men who experience some of the common issues surrounding prostate cancer treatment, including erectile dysfunction. We have included a list of websites, books, and organizations that can offer assistance.

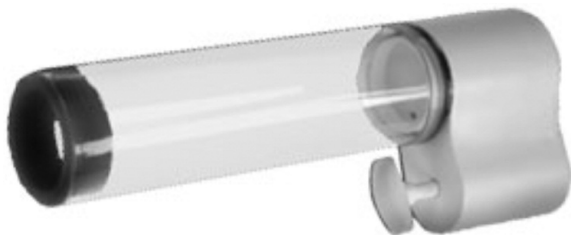
Penile Self-Injection (Intracavernous Prostaglandin)



Intraurethral Prostaglandin Suppository (MUSE[®])



Vacuum Erection Device



Multimedia Reference Sources for Men with Prostate Cancer

Books

- *The Lovin' Ain't Over: The Couple's Guide to Better Sex after Prostate Disease*, by Ralph and Barbara Alterowitz. Health Education Literary Publisher, Westbury, NY, 1999. ISBN:1883257034
- *Our Journey Through Prostate Cancer*, by Jim and Julia Miller. JJM Publishing, San Francisco, CA, 2003. ISBN: 0974317209
- *Couples Confronting Cancer: Keeping your Relationship Strong*, by Joy L. Fincannon and Katherine V. Bruss. American Cancer Society, Atlanta, GA, 2003. ISBN: 0944235255

Websites

- **Us TOO International** www.ustoo.org
- **Phoenix 5** www.phoenix5.org Phoenix 5's mission statement is to help men and their companions overcome the effects of prostate cancer.
- **Prostate Cancer Intimacy (PCAI)** www.prostatepointers.org PCAI offers an open and frank discussion about the problems associated with intimacy and prostate cancer

Other Sources

- **American Association for Marriage and Family Therapy**, 112 South Alfred Street, Alexandria, VA 22314-3061, (703) 838-9808
- **American Association of Sex Educators, Counselors, and Therapists**, P.O. Box 5488 Richmond, VA 23220-0488 www.aasect.org
- **Urology Care Foundation**, 1000 Corporate Blvd, Suite 410 Linthicum, MD 21090 (800) 828-7866 www.urologyhealth.org
- **The Sexuality Information and Education Council of the United States (SIECUS)**, 130 West 42nd Street, Suite 350 New York, NY 10036, (212) 819-9770
- **Sexual Medicine Society of North America, Inc.**, 1111 N. Plaza Drive, Suite 550, Schaumburg, IL 60173, (847) 517-7225 www.smsna.org

Treatments for Impotence

Type of Therapy	Pros	Cons
Oral Medication (Viagra [®] , Levitra [®] or Cialis [®])	<ul style="list-style-type: none"> • Pills taken by mouth • Effective in many men 	<ul style="list-style-type: none"> • Not effective unless nerve-sparing approach used. • Side effects including headache. Viagra and Levitra may cause blurry vision. Cialis may cause joint or back pain. • Should not be used in some patients. • 30-60 minute wait for response. • Cannot be taken with some medications.
Type of Therapy	Pros	Cons
Intra-Urethral Suppository (MUSE)	<ul style="list-style-type: none"> • Small pellet placed in the urethra without needles • Few systemic side effects • Effective in 43-62% of men 	<ul style="list-style-type: none"> • Can cause penile or urethral pain • Requires simple training • Refrigeration required • May require tension ring placed at base of penis for best effects • Side effects include (rarely) painful & prolonged erection (more than six hours), fainting, dizziness
Penile Injection	<ul style="list-style-type: none"> • Highly effective • Few systemic side effects • Works in three to five minutes 	<ul style="list-style-type: none"> • Some medications require refrigeration • Requires injection • Requires office training • Can cause penile pain • Can cause prolonged erection and penile fibrosis or scarring
Type of Therapy	Pros	Cons
Vacuum Device	<ul style="list-style-type: none"> • Least expensive • No systemic side effects • Effective in 66-71% percent of patients 	<ul style="list-style-type: none"> • May cause numbness or bruising • Less “natural” erection • Some find awkward to use
Penile Prosthesis	<ul style="list-style-type: none"> • Highly effective • For men who have failed/not satisfied with treatment of impotence 	<ul style="list-style-type: none"> • Small risk of infection • Requires anesthesia and surgery • May require replacement after many years of use