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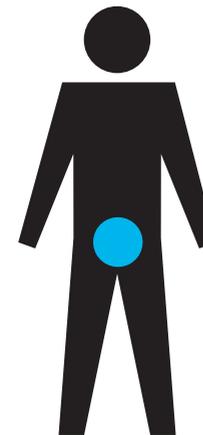
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PROSTATE INFORMATION ●

SPOTLIGHT ON

Prostate conditions and erectile dysfunction



Introduction

Erectile dysfunction (ED) (sometimes called impotence) is the term used when a man is unable to get or keep an erection firm enough to have sexual intercourse. Not being able to get an erection can affect men at different ages and stages in their life and for different reasons, but being able to get an erection can be important to men, no matter what their age. That said, as men get older blood vessels to the penis can narrow, meaning less blood can flow in to cause an erection so it can take longer to achieve an erection and the erection may not be as firm as before. (The penis is made up of two erectile bodies that fill with blood during erection.)

There are various treatments that can help with ED; each individual man and/or his partner may want to think about and talk through how he/they want to manage and move forward with intimacy and sex. There is no age limit where the man would be considered 'too old' to think about treatments or help for ED, should he wish to have an intimate relationship.

So, although erectile dysfunction is a fairly common problem and becomes more common as men get older, some men are embarrassed and don't like to talk about it or ask for help.

ED can be a symptom of some other health problem and may be a side-effect of another treatment, a medication, a symptom of some other disease or it can be psychological.

While you (and your partner) may be upset and worried about it, there are now many things that can be done to help. If this is a difficulty or worry for you then you should mention it to your clinical nurse specialist (CNS), urologist or GP to get some help with ED. Perhaps you and your partner could do this together. CNSs and doctors are used to helping men with this difficulty so you don't have to put up with it because of embarrassment.

- There are medical treatments available to help with ED when the mechanics of getting an erection are no longer functioning well in some men. (Please see section on 'How do erections happen');
- Counselling may also help; talk this through with the CNS. It may be possible to be referred to a sexual counselling service by the CNS, urologist or GP, if this is available in your area.

You may prefer to do this on your own or as a couple if you are in a relationship.

There are other organisations that can help and these are given in the contact lists at the back of the booklet.

- Pelvic floor exercises and ED may be mentioned at a pre-assessment clinic before you have any treatment for prostate cancer.

How do erections happen?

To help you understand why ED occurs, it may help to know how erections happen in the first place.

In order to get and keep an erection, messages travel from the brain through the nerves to the penis. These nerves lie close to the prostate. Messages travelling through the nerves relax the muscle in the penis letting more blood flow into the tissues surrounding the penis. As a result, the penis becomes larger and erect.

So, for a man to have an erection he needs stimulation, a good blood supply, functioning nerves, and the desire to be intimate, which relies on normal levels of testosterone (the 'male' hormone). If one or more of these aren't working properly, a man may not be able to get or keep an erection long enough for sexual intercourse.

How is the prostate involved in erections?

Although your prostate isn't involved in helping you achieve an erection, it does play a part in sexual intercourse. It supplies a thick, clear fluid that mixes with sperm to form semen, called the ejaculate. This fluid helps to nourish and protect sperm.

The prostate also makes Prostate Specific Antigen (PSA). PSA is a protein that makes semen more fluid and helps sperm to move more easily.

The nerves that help a man achieve an erection run very close to the prostate and may be damaged by some of the treatments for prostate cancer and sometimes for treatment of benign prostatic hyperplasia (BPH).

Some studies have shown that there is a possibility of ED for a short time after Transperineal Biopsy. This usually recovers six months after the biopsy samples are taken.

Causes of ED

ED can be a symptom of, or caused by, another health condition or treatment. The most common causes of ED are:

Other medical conditions

- Drug treatment for high blood pressure;
- Drug treatment for heartburn and tummy acid;
- High cholesterol levels in your blood;
- Heart disease;
- Diabetes;
- Smoking;
- Drinking too much alcohol;
- Being very overweight;
- Some medicines may cause difficulties with erections.

How you are feeling can also affect your ability to get and keep erections.

These include:

- Feeling anxious or worried;
- Feeling depressed;
- Stress;
- Being unable to talk about it with your partner.

However, your ability to get erections can be affected by prostate conditions, surgical treatments for your prostate, radiotherapy, brachytherapy, hormone therapy and sometimes by medications for prostate conditions.

After a radical prostatectomy

This is the operation that removes the prostate with the intention of curing cancer contained within the prostate and hasn't spread away from the prostate. The nerves necessary to have an erection run very close to the prostate, and may be divided or damaged by stretching during this operation. It is difficult to predict which men are prone to get ED due to

damage of these nerves; but it's very common for a man to have difficulties getting natural erections after this operation. In many cases the nerves (and normal erections) recover with time. However, there are treatments available to help if ED has become a persistent difficulty.

After a radical prostatectomy, although the man will not be able to ejaculate he can still experience orgasm and he may find that a small amount of urine leaks out instead. This won't do any harm to the man or his partner.

A few things which may affect your erection:

- After the operation your body needs time to heal. It's common not to have an erection in the first six or nine months after surgery and it may take up to 18-24 months before you can have a natural erection.
- Your age.

Men under 60 tend to have better quality/firmer erections before surgery and, therefore, are more likely to recover erections after surgery.

- Recovery of erections can therefore depend on:
 - How good or firm your erection was before your operation;
 - How sexually active you were before your operation;
 - Whether the surgeon was able to save the nerves (called nerve sparing surgery) that lie very close to the prostate and that are responsible for erections.

How much effort is made to rehabilitate erectile function post-operatively.

Going for long periods of time without having erections isn't very healthy for the tissue inside the penis and can be linked to damage of the tissue. Many doctors think that the sooner you start having stimulation or trying to have an erection may help keep the tissue healthy so, the better the chances are of regaining the same kind of erection that you had before your operation. A lot of evidence shows that introducing rehabilitation of erectile function early after a prostate operation may improve your chance of regaining erections. This may include the prescription of drugs to help your erections.

Stimulation is important too; touching, caressing, holding, massage and the right mood helps.

Radiotherapy treatments to the prostate to treat prostate cancer.

Difficulties in getting and keeping erections may occur in up to 60% of men after radiotherapy. This is because the blood vessels and nerves needed to get an erection can be damaged during the treatment. As this happens gradually, sometimes up to 2 years after treatment, you may not notice any difficulties with erections at first. However, if you have had hormone therapy along with radiotherapy you may already have had difficulties with getting and keeping an erection.

Hormone therapy to treat prostate cancer.

Because of the way hormone treatment works, by switching off or blocking testosterone, common side-effects are ED and loss of libido. If you have intermittent hormone therapy, (having hormone therapy followed by stopping hormone therapy) then during the ‘stop’ time, you may find that you get back the same kind of erection that you had before starting hormone therapy.

After a transurethral resection of the prostate (TURP).

5 – 30% of men have problems with ED after a TURP. In many, this is likely to be temporary. If this happens it is most likely to be in men over 70 or those who had difficulties with erections before the operation.

Treating the ‘mechanics’ of erectile dysfunction

(Please note: The information given about treatments is meant as general guidance. As there is more than one approach, and treatments may vary slightly from hospital to hospital, ask for more advice from staff at the hospital you are attending or your GP. If you are given specific information by your GP, consultant or CNS, then it is important that you follow their instructions and guidance.)

There are many treatments available for ED. The treatment will depend on why ED is happening and how healthy you are in general.

Usually treatments include:

- Taking medication or tablets;
- External vacuum pump;
- Vitaros cream®.

- MUSE® (medicated urethral system for erections) using an applicator;
- Injection into the penis using aviptadil/phentolamine (Invicorp®);
- Injection into the penis using alprostadil (Caverject®).

Medication as a tablet

This may be the most commonly used treatment for ED. Your GP or possibly hospital consultant may prescribe these tablets for you. There are 4 types:

- Sildenafil: you may know this as Viagra®;
- Tadalafil : you may know this as Cialis®;
- Vardenafil: you may know this as Levitra®;
- Avanafil: you may know this as Spedra®.

These work by increasing the flow of blood into the penis to help you have an erection. These work best if the nerves running alongside the prostate are not damaged so may not be suitable for all men.

Guidance on using the tablet medication

<p>Dosage (amount to take)</p>	<p>It’s important to follow the instructions given by your doctor or CNS on how to take these. Generally a low dose is prescribed in the first instance with an increase as necessary until the best dose is identified.</p> <p>Don’t increase the dose yourself but ask your doctor or CNS for more advice.</p> <p>It may be that you will need to try different tablets, what works for one man may not work for another. Tell the doctor or CNS about any concerns or difficulties that you have and they may change the dose or prescribe a different tablet for you to try.</p>
<p>When and how to take</p>	<p>The tablet has to be taken at least 30 minutes to an hour before sexual intercourse. It is best to avoid a heavy meal and a lot of alcohol as it may take longer to have an erection, although you can take them with food. This is particularly true with Viagra®.</p>

Time to get an erection	The time varies depending on which tablet you have been prescribed but it usually works in about 30-60 minutes. Although it helps increase blood flow to the penis, it still requires sexual stimulation to get an erection.
Side-effects	The side-effects are not usually too troublesome and usually only last an hour or so. The higher the dose the more likely you are to have some of the side-effects. The most common side-effects are: <ul style="list-style-type: none"> • Headache; • Flushing; • Indigestion; • Blocked nose; • Blue tinge to your vision perhaps with some dizziness.
Is there anything else I should be aware of?	Although this is not very common, if you have an erection that lasts for more than 3-4 hours, (called priapism), without sexual stimulation there is the risk of permanently damaging tissues in the penis. It needs to be treated urgently so contact your doctor, NHS 24 or go to the closest A&E department if this happens.
Is there anything that I can do to help these drugs work well?	<ul style="list-style-type: none"> ▪ Allow enough time to let the drugs take effect before trying to have sexual intercourse; ▪ Try to be calm and not too anxious or worried; ▪ Stimulation (such as touch or foreplay) is necessary; ▪ Avoid having too much alcohol as this can affect your ability to get and keep an erection; ▪ Avoid having a fatty meal when taking Viagra® as this can delay the drug getting into your bloodstream.
Not recommended	Men who also have heart conditions or who take drugs to treat angina should tell the CNS, urologist or GP about the other medicines they are taking before taking Viagra®, Cialis®, Levitra® or Spedra®.

Buying these drugs

These drugs can be prescribed on the NHS for ED caused by some treatments for prostate cancer, so you don't have to buy them. However, the drugs are not available to all patients on the NHS. Your doctor can still write a prescription but you may have to pay for the tablets. Ask your GP or CNS for more information.

Some men may decide to buy these drugs because they're too embarrassed to mention the difficulty to their doctor or CNS. There are many internet sites that offer Viagra®, Cialis®, Levitra® and Spedra® for sale or 'online prescriptions' for men with erection difficulties. The drawbacks are that these sites don't know the cause of your ED, which other medicines you are taking, how these medicines might affect you, what these medicines actually contain and also most importantly how pure these medications are. If you buy from these sites try to make sure it is a reputable site and let your CNS, urologist or GP know that you plan to take these or other products or herbal remedies.

Treatment of erectile dysfunction after a radical prostatectomy

As treatments will vary from man to man ED is treated according to what suits the individual man best. So once you've been diagnosed with ED after having a radical prostatectomy or if you feel there was an issue before surgery, the urologist or CNS looking after you will advise on the most suitable treatment for your ED taking into account your wishes.

(As there is more than one approach, and treatments may vary slightly from hospital to hospital ask for more advice from staff at the hospital you attend.)

A common way to begin treatment is to:

1. Start off with medications such as sildenafil (Viagra®), vardenafil (Levitra®), tadalafil (Cialis®) or avanafil (Spedra®). These will usually be prescribed to be taken once or twice per week and should be taken even if you're not planning on being intimate as there is evidence that earlier treatment results in a better response to treatment. It's important that you don't increase the dose yourself without speaking to your doctor.

Your doctor may advise you to take these for a period of time. As doctors differ in how long they prescribe these medications for, ask how long you

might be on this type of treatment before they might consider introducing MUSE® or Vitaros Cream®.

2. If you are still not able to have an erection or if you can't take the medication mentioned above, then treatment with MUSE® or Vitaros Cream® (see following sections for more information) is usually recommended once a week. Again, always keep to the dose recommended by your doctor.
3. If neither of these treatments work individually, then your doctor may combine the tablets and MUSE® or tablets and Vitaros Cream®.
4. Where none of these treatments are successful then your doctor may suggest:
 - a. An external vacuum pump (see following section);
 - b. An injection into the penis (see following section);
 - c. Very rarely a doctor will suggest penile implants after radical prostatectomy.

Some hospitals may advise that the vacuum pump is introduced at an earlier stage as it can be used for rehabilitation of the penis and can be used when you are taking the oral medications such as Viagra®, Levitra®, Cialis® and Spedra®).

MUSE® - medication using an applicator

MUSE® stands for Medicated Urethral System for Erections. The medicine, called alprostadil, works by widening the blood vessels going into the penis, allowing more blood into the penis and this gives an erection.

The medicine is given using a small applicator that holds a little pellet of the medicine inside it.

This medicine can be used by men who are taking another type of medicine that prevents blood clots such as warfarin. It isn't suitable for men who have inflammation in the urethra or at the tip of the penis.

How is it given?

Your doctor or CNS will show you how to use this medication and it may need some practice to get this right.

First of all, it's important to pass urine so the urethra (water pipe) is moist.

This makes it easier to slide the applicator into the urethra as well as helping the pellet of medicine to dissolve more easily. If you pass urine after the medicine is inside the urethra it may reduce the amount of medicine available.

The small tube is gently slid into the urethra inside the penis. By pressing a button on the applicator, the little pellet is released and taken into the tissues that give erections. After the medicine is inside the urethra you should roll the head of your penis in your hands for about 10-30 seconds so the medicine is spread evenly. It's best to stand or walk around for about 10 minutes while an erection is developing. If you lie down on your back too soon you may not get enough blood flowing into the penis and the erection may be lost.

An erection usually develops in about 10 minutes and lasts for at least 30 minutes.

Side-effects

Medicines and their possible side-effects can affect individual men in different ways and just because a side-effect is mentioned it doesn't mean that you will get these side-effects. Some of the potential side-effects are listed here:

- A mild burning feeling in the urethra that can last from 5 to 15 minutes. This isn't usually painful;
- Some mild pain in the penis;
- Minor bleeding from the urethra;
- Dizziness;
- Fainting;
- Headache;
- Aching in the testicles and legs;
- A painful erection that lasts for more than 3-4 hours (priapism). Contact your GP, NHS 24 or go to an A&E department as soon as possible if this happens as a long-lasting erection can permanently damage tissues inside your penis;
- Your partner may have some irritation such as an itching or burning

feeling, so it may be best to use a condom to stop this from happening. The doctor or CNS helping treat your ED will chat more about the side-effects with you and you should let him/her know of any concerns or worries.

Vitaros Cream®

The urologist, CNS or GP may prescribe Vitaros Cream®. They will give you instructions on how to use the cream and how often this cream can be used.

After washing your hands, carefully open the sachet then take off the cap from the 'syringe-like' device inside. As you can only use the contents of the sachet once, keep the sachet so you can put the used 'syringe' inside so you can dispose of the whole thing.

The tip of the 'syringe' is placed on the tip/opening of the penis. Press the plunger so the cream is squeezed out into the opening of the penis and the area around the tip of your penis. You shouldn't insert the tip of the 'syringe' into the opening of your penis. Hold your penis upright for about 30 seconds to allow the cream to run into the opening. Most likely, not all the cream will run into the opening of the penis. Any extra cream can be gently rubbed into the skin around the top of the penis with your fingertips.

Replace the cap on the syringe, put into the sachet and these can be thrown out. Then wash your hands carefully as Vitaros can sting your eyes.

An erection should develop within about 5-30 minutes of applying the cream and will last around 1 to 2 hours

Some of the possible side-effects include:

- Dizziness;
- Mild to moderate local aching;
- Burning or pain and redness of the penis;
- Rash or itching.

You can wear a condom during vaginal, anal or oral sex to prevent your partner experiencing any side-effects such as mild vaginal burning or itching.

Medication by injection

There are 2 medications that can be given by injection and are called second line treatments:

- Invicorp® (aviptadil and phentolamine);
- Caverject® (alprostadil) .

Your CNS, urologist, oncologist or GP will decide which one to try for you. It involves injecting the drug into the penis using a very fine needle (like the ones that diabetic patients use) so you can have an erection firm enough for intercourse.

Although injecting into your penis may sound a bit alarming at first, the CNS or your doctor will make sure that you know how to do the injection by showing you, then making sure that you can do this yourself. You won't need to have any kind of anaesthetic. Most men can learn how to do the injection themselves but it can take between 5 and 10 tries to get it completely right.

Finding the right amount of the drug needed to give an erection varies from man to man so it is important that the doctor treating your ED finds the right dose for you and it is usual to start off on a lower dose and build up to a dose that gives a firm enough erection.

Injections into the penis are useful for men when:

- Other forms of treatment haven't worked very well;
- They cannot tolerate other medications;
- They have severe forms of ED which have not responded to other medications well.

Invicorp®

The injection, Invicorp®, can be prescribed on the NHS for men with ED but only after other treatments haven't worked or are no longer working; such as those taken by mouth or as creams. When using Invicorp®, you shouldn't use any other medicine for ED at the same time.

How does the injection work?

One of the ingredients in Invicorp® increases the blood flow into the penis while another ingredient reduces blood flow out of the penis so helping obtain an erection more easily. Usually an erection starts to develop within 5 or 10 minutes of doing the injection and lasts for up to an hour.

How is it given?

Carefully follow all the instructions and guidance given by your CNS or doctor. If you're not sure or have forgotten how to do it, get in touch with them to go over it again.

You'll be shown how to inject Invicorp® by the CNS or doctor and you shouldn't do the injection without this guidance. The injection is given into the spongy tissue on either side of the penis not into the top or underside of the penis.

Invicorp® can be used up to 3 times per week and you should never have more than one injection a day.

What about side-effects?

You might have some side-effects from the injection such as:

- Some discomfort when you do the injection;
- Some bruising under the skin from the injection. This will go away after a few days but contact your GP if the bruise gets bigger;
- Flushing of the face;
- Although not very common, some men experience headaches or dizziness;
- An erection that lasts for more than 4 hours (called priapism) is very uncommon but should this happen, it needs urgent medical attention.

Caverject®

How does the injection work?

An injection of alprostadil is needed each time you want to have an erection. It works by opening up the blood vessels in the penis, letting them fill with blood and then stopping blood flow out. Usually an erection develops within about 10 minutes and lasts for about 30-60 minutes and will go on even after ejaculation/orgasm.

How is it given?

The injection is given into the side of your penis rather than on the top or bottom so that you don't damage important nerves, blood vessels or the water-pipe called the urethra. It's quite common to find that the injection is slightly painful. If you are in a lot of pain when you do the injection, stop straight away. If you are still in a lot of pain in about half an hour, then you should contact your doctor or NHS 24 for more advice.

What about side-effects?

You might have some side-effects from the injection such as:

- Pain or discomfort when you do the injection;
- Some bruising under the skin from the injection. This will go away after a few days but contact your GP if the bruise gets bigger;
- Thickening or scarring on the penis can happen if injections are given in the same area all the time;
- Priapism is an erection that lasts more than 3-4 hours and needs urgent treatment.

External vacuum pump

Vacuum pumps are available on prescription (see list of conditions on page 16) Although these can be bought 'over-the-counter' it's recommended that you use the type prescribed by the CNS, urologist or GP. Those bought over-the-counter may allow the pressure to build too high and cause injury to the tissues in the penis.

The vacuum pump is made up of:

- A clear plastic tube or cylinder;
- A pump that attaches to the tube and works either by using a battery or by hand;
- A band or ring (you may hear this called a constriction ring) that fits around the base of the penis.

How does it work?

Before using the pump, it may help to coat your penis and the constriction ring with a lubricant so you can create a good seal.

The clear plastic tube is put over your penis and should be held firmly against the skin around the base of the penis to create a good seal. All the air is slowly taken out by using the pump. As air is taken out of the tube, blood is drawn into your penis so it swells and becomes erect. Once you're familiar with using the pump, it may take only a few minutes to get an erection but when you first try it can take up around 10 minutes to have a full erection.

To keep your erection, the rubber ring is slipped around the base of the penis to stop blood flowing out of the penis. Your penis might feel cold or numb. You can keep the rubber ring in place for up to 30 minutes - if you leave the ring in place for longer than this it may cause some bruising or some permanent damage to your penis or the water-pipe (urethra).

After intercourse has finished, gently stretch the rubber ring so the blood trapped in the penis is released. This means that you will lose your erection and the ring can easily be taken off the penis.

Remember; always take the ring off after intercourse and don't go to sleep with the ring still in place.

Don't be disappointed if a vacuum pump doesn't work for you straight away - it may take a few times to be able to use the pump correctly. If you are finding it difficult, speak to your doctor or CNS for more advice.

Can any or all of these treatments be prescribed for me?

All the treatments outlined above can be prescribed for ED if you have had any of the following conditions or treatments:

- Prostate cancer;
- Radical pelvic surgery;
- Prostatectomy;
- Trans Urethral Resection of the Prostate (TURP).

Is there anything else that I could do that might help?

Pelvic floor exercises

You might like to ask your CNS or doctor if you would benefit from doing pelvic floor exercises. These exercises are done every day and are to strengthen the pelvic muscles around your urethra, back passage and

tummy. You may be referred to a specialist physiotherapist for more information on how to do these exercises or the CNS in the clinic can explain how to do these. Having strong pelvic floor muscles may also be beneficial in helping you to achieve and maintain an erection. There is a booklet on pelvic floor exercises available from Prostate Scotland 'Spotlight on Pelvic floor exercises for men'. This can be downloaded from our website, or request a copy by contacting us on info@prostatescotland.org.uk or call us and a copy will be sent to you.

Lifestyle factors

Your ability to get erections may be affected by some of the lifestyle choices you make.

Think about your lifestyle – do you have a healthy diet, do you take enough exercise, do you need to lose some weight, do you smoke, do you drink and if so how much? Do you take drugs that aren't prescribed?

If you're not too sure about any of these, then perhaps the following section on possible changes that you could make to your lifestyle will help or ask your CNS for more information. Often changes that you make to your lifestyle may not only help improve your general health and well-being but may also help with ED.

Healthy diet

A healthy diet is good for your overall health and wellbeing. All you need to do to eat sensibly and more healthily is to:

- Include a wide variety of foods in your diet;
- Start your day by having breakfast. Choose bran varieties rather than 'white' and avoid those with added sugar or coated with sugar or chocolate. Oats, porridge and sugar free muesli are very good choices for slow release carbohydrate;
- Choose wholegrain cereals, wholemeal bread, brown rice, wholewheat pasta;
- Try to include at least 5 portions of fruit and vegetables every day in a 'rainbow of colours';

- Swap full-fat dairy foods to low fat varieties and use semi-skimmed or skimmed milk;
- Cut down on the amount of fat, fatty foods and fries. Choose polyunsaturated varieties and spreads;
- Cut out or cut down on sugar by avoiding sweets, chocolate, cakes, biscuits and juices and fizzy drinks with sugar;
- Make sure you take enough fluid every day by having about 6 – 8 glasses each day whether this is as tea, coffee, sugar-free soft drinks, water, herbal or fruit teas. (Tea and coffee contain caffeine so perhaps try de-caffeinated varieties on occasion.)

If you would like more information, perhaps you could ask to see a dietitian.

Your weight

Being overweight can bring with it many health problems and can also reduce testosterone levels which can affect your sex drive and is associated with a high cholesterol which can 'fur up' arteries to your penis. This in turn can hamper your ability to get and keep an erection.

If you are overweight the best way to shed those extra pounds is to follow a healthy diet (see previous section) and also cut down or cut out sugar, sugary drinks, sweets, chocolate, cakes, puddings, fried foods, crisps and take-aways. If you are very overweight your doctor may refer you to a weight loss clinic.

Exercise

Recent studies have all pointed to the value of taking regular exercise which may help with your general health and feeling of wellbeing. If possible, aim for 30 minutes of moderate exercise, 5 times a week. This can include going for a brisk walk, swimming, mowing the lawn, doing the gardening or washing and polishing the car. If you haven't exercised for a long time then you will need to build this up gradually. Always check with your CNS, doctor, urologist or oncologist before starting to exercise.

Alcohol intake

As long as you have not been told otherwise, then a moderate amount of alcohol should be fine. However drinking too much reduces the ability to

have an erection so it's best not to go over the sensible drinking limits and have a couple of 'alcohol free' days each week.

Smoking

The ability to achieve an erection is affected by smoking. Cigarettes contain thousands of chemicals some of which cause damage and narrowing of the blood vessels in the body. Because blood vessels to the penis are narrowed, it means that it's more difficult for blood to flow into the penis so getting and keeping an erection is more difficult.

Nicotine itself has a direct effect on the blood vessels which carry blood to the penis by reducing blood flow into the penis, again causing difficulties getting and keeping an erection.

It is best to give up smoking, avoiding all types of tobacco and nicotine, including vaping.

Sex Therapy

Our experience of sex is a complex mixture of physical, psychological and social factors. Most sexual problems – even ones with predominantly physical reasons – will involve psychological factors or have an adverse psychological impact on us. They often also have an impact on our partners and how our relationships work. For example, a man who develops ED following a prostate problem may well have anxieties about:

- Will my erection return naturally or with treatment, or at all?
- What will my partner think of me?
- How will I cope if my erection doesn't return?
- What does having ED say about me as a man?
- What does taking medications to achieve an erection say about me as a man?

Sex Therapy is a 'talking' therapy which can help individuals and couples look at their relevant physical, psychological, and social factors and resolve or come to terms with the impact ED is having in their life. To see a sex therapist speak to your GP in the first instance who will check if NHS services are available in your area, or you can find private therapists through the COSRT website www.cosrt.org.uk

More information on what to expect in sex therapy may be found here:
www.nhs.uk/chq/Pages/1683.aspx?CategoryID=68

(With thanks to Nick Malone for the above paragraph).

Some other difficulties not to be confused with ED

Loss of libido

This is losing interest in having sexual intercourse or sex in general. It may result from psychological reasons such as depression, or may be a side-effect of some of the treatments for prostate disease/prostate cancer or medications used to treat other conditions.

Premature ejaculation

Premature ejaculation (PE) is ejaculation during sexual intercourse that happens sooner than the man and his partner would like and too soon for them to enjoy sex. It's a common problem as around 30% of men suffer from PE at some point in their life.

It seems that most experts tend to agree that premature ejaculation might be considered as:

- Sexual intercourse lasting less than 2 minutes before ejaculating;
- If you are unable to delay ejaculation during intercourse all or nearly all of the time.

For most men premature ejaculation matters; it can make men and their partners unhappy, frustrated, cause distress and put stress on relationships. So although not dealt with in this booklet, you can speak to your GP for more help and information.

Retrograde ejaculation or 'dry orgasm'

Retrograde ejaculation can be a result of certain prostate procedures. It means that at the end of sexual intercourse you will not ejaculate (semen does not come out of the penis), although you will still feel the same spasms and pleasure that accompany an orgasm. This is because the semen has passed backwards into the bladder rather than down the penis. This doesn't do any harm and passes out in the urine the next time the man passes urine but it will make the urine look cloudy. Retrograde ejaculation can of course affect your fertility as you won't ejaculate but it may be best

not to rely on this as a method of contraception. If fertility is an issue, then ask your consultant or CNS about the possibility of storing sperm.

Some men worry about the effect that retrograde ejaculation will have on their partner, but for most partners it's not a problem. Many men find that the sensation of orgasm may be changed or different.

It is, however, common to leak a little urine instead as the muscles relax at the point of orgasm. Don't worry as this will not harm your partner in any way.

So to sum up:

- If you have difficulties, worries or concerns with ED, the first thing you should do is speak to your partner and share any concerns or worries then possibly speak to the CNS or doctor together;
- Let the CNS, urologist, oncologist or your GP know as there is help available.
- Think about your lifestyle choices and how you can help yourself;
 - i. having a healthy diet;
 - ii. shedding those extra pounds if you're overweight;
 - iii. taking enough exercise;
 - iv. no more alcohol than the sensible guideline suggestion;
 - v. stopping smoking.

Your relationship and intimacy

Having sexual intercourse or being intimate with a partner will most likely be different after undergoing or still having treatment for prostate cancer. While it may be different, many men and their partners will still be able to get pleasure and fulfilment from a sexual and intimate relationship. It's really helpful if you can chat about this together, then talk it over together with the CNS, urologist, GP or counselling organisations.

Invariably, each man or couple will have different experiences, anxieties, concerns and questions. It's very important to give yourself/yourself time to adjust to the changes. It doesn't mean that your sex life will be over but it may take a bit more work, time and understanding that it will most likely be different. However, this doesn't necessarily mean that it will be less satisfying.

