Sexual Health Issues in Men with Cancer

Men being treated for cancer may experience changes that affect their sexual life during, and sometimes after, treatment. While you may not have the energy or interest in sexual activity that you did before treatment, being intimate with and feeling close to your spouse or partner is probably still important.

Your doctor or nurse may talk with you about how cancer treatment might affect your sexual life or you may need to be proactive and ask questions such as: What sexual changes or problems are common among men receiving this type of treatment? What methods of birth control or protection are recommended during treatment? Other questions to consider asking are listed at the end of this page. For more information about how treatment may affect your fertility, see Fertility Issues in Boys and Men, https://www.cancer.gov/about-cancer/treatment/side-effects/fertility-men [You can also find it in the Patient Education Library in the Patient Portal and on the Roswellpark.org website.]

Whether or not you’ll have problems that affect your sexual health depends on factors such as:

- the type of cancer
- the type of treatment(s)
- the amount (dose) of treatment
- the length (duration) of treatment
- your age at time of treatment
- the amount of time that has passed since treatment
- other personal health factors

Cancer Treatments May Cause Sexual Problems in Men

Many problems that affect a man’s sexual activity during treatment are temporary and improve once treatment has ended. Other side effects may be long term or may start after treatment.

Your doctor will talk with you about side effects you may have based on your treatment(s):

- Chemotherapy may lower your testosterone levels and libido during the treatment period. You may be advised to use a condom, because semen may contain traces of chemotherapy for a period of time after treatment. Chemotherapy does not usually affect your ability to have an erection.
• External-beam radiation therapy to the pelvis (such as to the anus, bladder, penis, or prostate) and brachytherapy (also called internal radiation therapy) can affect a man’s sexual function. If blood vessels or nerves are damaged, it may be difficult to get or keep an erection; this is called erectile dysfunction. If the prostate is damaged, you may have a dry orgasm.

• Hormone therapy can lower testosterone levels and decrease a man’s sexual drive. It may be difficult to get or keep an erection.

• Surgery for penile, rectal, prostate, testicular, and other pelvic cancers (such as the bladder, colon, and rectum) may affect the nerves, making it difficult to get and keep an erection. Sometimes nerve-sparing surgery can be used to prevent these problems.

• Medicines used to treat pain, some drugs used for depression, as well as medicines that affect the nerves and blood vessels may all affect your sex drive.

Health problems, such as heart disease, high blood pressure, diabetes, and smoking, can also contribute to changes in your sexual health.

Ways to Manage Sexual Health Issues

People on your health care team have helped others cope during this difficult time and can offer valuable suggestions. You may also want to talk with a sexual health expert to get answers to any questions or concerns.

Most men can be sexually active during treatment, but you’ll want to confirm this with your doctor. For example, there may be times during treatment when you are at increased risk of infection or bleeding and may be advised to abstain from sexual activity. Depending on the type of treatment you are receiving, condom use may be advised.

Your health care team can help you:

• **Learn about treatments**: Based on symptoms you are having, your oncologist or a urologist will advise you on treatment options. For example, there are medicines and devices that may be prescribed once a sexual health problem has been diagnosed. Medicines can be given to increase blood flow to the penis. There are also surgical procedures in which a firm rod or inflatable device (penile implant) is placed in the penis, making it possible to get and keep an erection.

• **Learn about condoms and/or contraceptives**: Condoms may be advised to prevent your partner’s exposure to chemotherapy drugs that may remain in semen. Based on your partner’s age, contraceptives may be advised to prevent pregnancy. For more information, see Fertility Issues in Boys and Men.

• **Manage related side effects**: Talk with your doctor or nurse about problems such as pain, fatigue, hair loss, loss of interest in activities, sadness, or trouble sleeping, that may
affect your sex life. Speaking up about side effects can help you get the treatment and support you need to feel better.

- **Get support and counseling:** During this time, it will help to share your feelings and concerns with people you are close to. You may also benefit from participating in a professionally moderated or led support group. Your nurse or social worker can recommend support groups and counselors in your area.

## Talking with Your Health Care Team about Sexual Health Issues

As you think about the changes that treatment has brought into your life, make a list of questions to ask your doctor, nurse, or social worker. Consider adding these to your list:

- What sexual problems are common among men receiving this treatment?
- What sexual problems might I have during treatment?
- When might these changes occur?
- How long might these problems last? Will any of these problems be permanent?
- How can these problems be prevented, treated, or managed?
- What precautions do I need to take during treatment? For example, do I need to use a condom to protect my partner?
- Should my partners and I use contraception to avoid a pregnancy? What types of contraception (birth control) do you recommend?
- Is there a support group that you recommend?
- What specialist(s) would you suggest that that I talk with to learn more?

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