

Sexual Side Effects for Gay and Bisexual Men

Changes in a man's sex life are common and can be managed.

Even without prostate cancer, getting older can cause changes in a man's sex life.

Prostate cancer and its treatment may bring more changes. The good news is that you and your partner, if you have one, can still enjoy sex.

What changes are most likely and why do they happen?

Changes in your sex drive

There are many reasons why you may feel that your interest in sex is changing.

- Your feelings about having cancer and concerns about the treatment side effects can lower your interest in sex. It's common for men and their partners to feel worried, sad, or tired even before cancer treatment starts. This makes it hard to think about sex and pleasure. In time, your interest in sex may return, especially as your feelings about cancer ease.
- Cancer treatments such as chemotherapy and radiation can cause fatigue and result in less interest in sex. Hormone treatment reduces your testosterone and with it comes decrease in libido (sex drive). If your hormone treatment is temporary, your sex drive is likely to return. If it becomes the way you and



your doctor decide to control your prostate cancer on an ongoing basis, it will likely remain very low. Medications (such as those for pain or depression) can also lower sex drive.

Changes in erections

Prostate cancer treatments may change a man's ability to have or keep an erection. Treatment may cause damage to nerves or blood vessels, preventing blood from going into the penis to make it hard.

- *After prostate surgery*, erections are usually weak for the first few months. They may improve over the next year or two if the nerves near the prostate were not removed. Erections return more easily if a man is under age 65 when surgery is done and had erections firm enough for penetration before surgery. Men also notice that their penis is a bit shorter. It is called "penile shrinkage" and can be reversed when a man engages in what is called "penile rehabilitation" (see below).

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- *After radiation treatments*, erections gradually decrease in firmness. This may develop even years after treatment.
- *After hormone treatments*, the loss of testosterone causes erection problems. Erections become weaker and genitals may shrink a bit. Like after surgery, men can work on maintaining the length of the penis if they engage in penile rehabilitation. The changes caused by the treatments may disappear in a few months after the end of treatment, unless the treatment lasted for a very long time, such as several years.

Changes in orgasms

- *After surgery* for prostate cancer, men experience “dry orgasms.” They do not ejaculate fluid. They still feel the pleasure of orgasm, but little or no fluid (semen) is released. This is because the prostate gland is no longer making the fluid that carries sperm out of the body. Many men miss having an ejaculation because it was a part of their experience of pleasure. Feelings of loss or sadness are normal.
- *After radiation*, men ejaculate increasingly smaller amounts of semen. This is because radiation impairs the ability of the prostate to make semen.
- *After hormonal treatment*, it may be difficult for a man to have an orgasm. This is because of the loss of testosterone which is the energy behind sexual excitement. However, some men are still able to experience an orgasm. While there is gradual loss of semen, if ejaculation occurs, some semen may be available.

Urine leaks during orgasm

- *After surgery* for prostate cancer, men may experience urine leakage during orgasm for several months, even if they are otherwise dry. This can improve with time. Urine squirted into the partner’s body is sterile and does not put the partner at risk for an infection.

Changes in the rectum and colon

- *After surgery*, internal healing will take place over a period of 6 weeks or longer. *After radiation*, men may experience bowel irritability with irregular and occasionally bloody stools.

Changes in anal penetration

- *Anal sex after surgery*. Talk to your doctor about when you’re ready again for penetrative sex. If you are the receptive partner, it is important to wait until the tissue of your rectum and colon have well healed after your surgery. If you’re the penetrative partner, you can learn about erectile aids that may be most effective for you as your natural erections will most likely not return to the firmness you will need for anal penetration.
- *Anal sex after radiation* can be uncomfortable and the tissues of the rectum and colon can be vulnerable to infection. Talk to your doctor about when it is safe to get back to anal sex.

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How do men and their partners deal with sexual changes and concerns?

Here are tips to deal with sexual changes whether you're single or in a relationship. Even if you are single, you may eventually have a relationship and find these tips useful. Keep in mind that if you have a partner, prostate cancer cannot be spread to your partner. Your partner cannot "catch it" from having penetrative sex, kissing, or other intimate contact with you.

- *Talk openly and honestly with your partner.* It's not easy to talk about sexual concerns, but sharing your feelings and needs will make it easier for both of you. Encourage your partner to read this information and to share his concerns about it with you.
- *Plan sexual activities for times when you're well rested.* Empty your bladder before having sex. If you're worried about leaking urine, wear a condom. But remember, urine will not harm you or your partner. Take your time.
- *Be willing to try new ways to stay physically close and share intimacy.* Many couples share physical intimacy and pleasure without sex or penetration. Hugging, kissing, cuddling, and holding hands can help you stay close. Lying next to each other and making skin-to-skin contact can be intimate and loving.
- *Be creative in your lovemaking in ways that suit you and your partner:*
 - ✓ Using your hands, lips, or tongue can be very pleasurable.
 - ✓ Orgasms can occur from a hand job or oral sex for both partners.
 - ✓ Vibrators can increase pleasure for both partners. They increase blood flow which is healthy for the parts of your body involved in sex.
- *Masturbation* is a good source of pleasure either for you to enjoy by yourself or to enjoy mutually with your partner. Regular sexual stimulation brings blood flow into the penis which is healthy for the recovery of sexual function. Sexual stimulation supports the ability of a man to maintain sexuality as a normal body function.

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How do men and their partners deal with sexual changes and concerns?

Talk with your doctor after treatment about rehabilitation.

Ask your doctor about *penile rehabilitation*. This treatment may help give a man the best chance of restoring firmer erections after surgery. If you had radiation or hormonal treatment, ask which aspects of penile rehabilitation could help you, for example with penile length or ongoing blood flow. Generally, penile rehabilitation helps with stretching your penis so that you can regain your penile length. Rehabilitation may include using pills, urethral pellets, injections, and vacuum devices to stimulate blood flow.

For any man having problems with erections, you can ask your doctor whether the treatments listed below might work for you. All, but the vacuum device require a prescription. They all have some side effects. Some cannot be used if you are taking certain heart medicines.

Most *treatments for erection* problems involve some hassles. Having support from your partner and keeping your expectations reasonable will help.

Treatment—Medications taken by mouth

There are 5 common pills for erection problems:

- Viagra (generic name: sildenafil citrate)
- Cialis (tadalafil)
- Levitra (vardenafil)
- Stendra (avanafil)
- Revatio (generic Viagra)

These will help you get an erection with sexual stimulation. They do not cause an erection all by themselves. They work best if surgery did not

remove the nerves, or when you have partial erections and just need more firmness.

Treatment—Medications used in the penis

- MUSE (generic name: Alprostadil) is a small pellet which is inserted into the opening of the penis. The pellet melts and the medicine is absorbed. If it works, an erection will begin within 8 – 10 minutes and last from 30 – 60 minutes.
- Caverject (generic name: Alprostadil) is the same medicine as MUSE, but is injected into the base of the penis. The needles are tiny and cause very little pain.
- Bimix (Papaverine +Phentolamine) and Trimix (generic name: Papaverine +Phentolamine + Alprostadil) are also injectable medicines, usually made in compounding pharmacies.

Following injections, erections last between 40 – 60 minutes. Both of these treatments must be tried in the clinic with a doctor or nurse so the correct dose can be found for you.

Treatment—A vacuum erection device (VED)

This device is used to bring blood into the penis to create an erection. Here's how it works:

1. The soft penis is placed inside a plastic tube attached to a pump.
2. The pump creates a vacuum that draws blood into the penis.
3. A ring is placed at the base of the penis to keep blood from leaving.
4. The ring is removed within 30 – 40 minutes to allow the blood to flow out.

Some men feel the VED interferes with foreplay. But on the positive side, this is an erection aid that produces a firm erection in almost all men with the fewest side effects. Some, but not all men will be able to have an orgasm using this device.

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Treatment—Penile implants

A penile implant requires surgery in which a pair of cylinders are placed inside the penis. These are inflated with water to create an artificial erection. Surgery for an implant permanently removes tissue inside the penis and damages a man's natural ability to have erections. Recovery from the surgery takes from 1 – 3 weeks. Most men prefer to try other treatments before considering this option. Men with implants can have orgasms. Penile implants also help to have more spontaneous sex.

If you wish to consider this treatment, ask your doctor about different models of implants.

Working with health professionals on sexual side-effects

- Ask friends or healthcare providers you trust to refer you to a professional with sexual medicine and sexual health expertise who is known to be comfortable counseling gay and bisexual men about sexual concerns.
- You may also want to view the website [Malecare](#). This site has support and information for gay men with prostate cancer. Here you can get tips about how to get the best healthcare support for yourself.

Health professionals help men and their partners with sexual concerns every day. Once you've identified your healthcare team, contact your providers when:

- You have questions or concerns about your sexual functioning
- A referral to a certified sex therapist may help you and your partner. To search for a sex therapist in your local area, you can go to the

website of the [American Association of Certified Sexuality Educators, Counselors and Therapists](#). Ask a sex therapist in your area whether he can help with issues facing gay men.

- You want to try a different treatment for erection problems.
- Your treatment does not satisfy you or your partner.

Discuss all medicines with your healthcare team. Certain medicines, even those you buy over the counter, can cause problems with erections.



Even though men and couples may experience changes in their sex life following prostate cancer treatment, there are ways for them to continue to enjoy sex and have a close relationship.

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This guide contains general information and is not meant to replace consultation with your doctor or nurse.

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