Sex and the Prostate

Seek Help!

Erection problems aren't 'all in the mind'.

One quarter of men treated for localised prostate cancer with radiotherapy can experience erection problems.

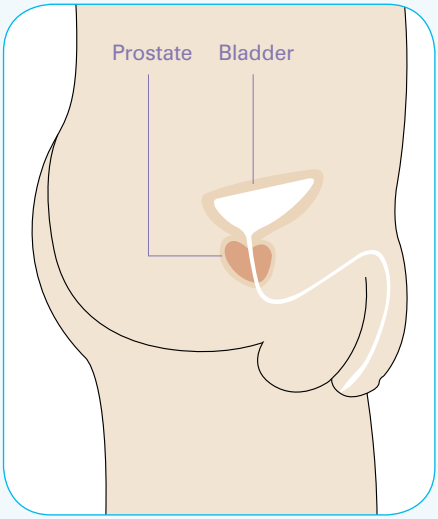
If you suffer from prostate disease and are concerned about how this could affect your relationship with your partner, seek help.

Don't worry about talking to your doctor or nurse about your sex life – they want to help and they understand that it is important to you – it's natural.

This leaflet is for men with prostate disease and their partners, who may want to find out more about sexual problems so that they can continue to enjoy or, indeed, return to an intimate and fulfilling sex life.

Pfizer

Sex and the prostate – two ‘intimate’ subjects



At whatever stage in life, sex is an important part of an intimate and happy relationship for most couples. A disappointing or unfulfilling sex life can often damage a relationship, leaving either partner with a feeling of loneliness, insecurity and often too embarrassed to seek help and/or to start a new relationship.

Although not typically described as a sexual problem, prostate disease and particularly its treatment, can be linked to, or be the cause of sexual problems in men. This booklet aims to explain some of the main reasons for this.

The prostate gland is part of the male genito-urinary system. It is a small organ that lies just below a man's bladder. It surrounds the urethra, the tube that carries urine from the bladder out of the body through the penis. The prostate gland produces most of the fluid in semen.

In the past, doctors and the public have been led to believe that both male sexual problems and prostate disease are just an inevitable consequence of growing older.

This misconception, coupled with a man's natural reluctance to discuss any ‘private’ problem leads to many couples believing that ‘nothing can be done’. Nowadays, however, knowledge of male sexual function and the workings of the prostate gland, is increasing rapidly and as a result medical experts and couples themselves are able to manage these conditions more effectively.

Although not inevitable, it is true that the likelihood of male sexual dysfunction and prostate disease both increase with age.

- Approximately half of men aged 40-70 years admit to some level of erection problems and the severity of the problems can increase as a man advances within these decades.
- Nearly half of all men over the age of 65 suffer from Benign Prostatic Enlargement (BPE), sometimes also called BPH (Benign Prostatic Hyperplasia).
- Prostate cancer is rare before the age of 40, and more than 80 per cent of cases are diagnosed in men over 65 years.

Any man who notices problems with their 'waterworks' or a difference in their sex life should talk to their doctor or nurse – the two may or may not be related.

So what are the most common conditions affecting a man's sex life?

Sexual dysfunction in men can have a range of causes involving not only physical, but also psychological factors. In fact, it is difficult to separate the two since successful sexual intercourse involves both the mind and the body working together. Some of the most common male sexual problems are:

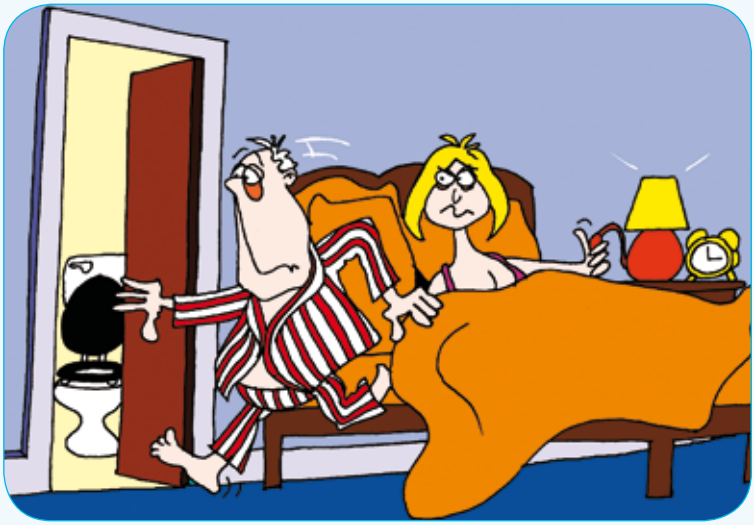
- **Erectile Dysfunction** – ('ED') – the medical terms for difficulty in achieving or keeping an erection satisfactory for a fulfilling sex life.
- **Ejaculation problems** – including premature (early) ejaculation, delayed ejaculation and retrograde ejaculation. Retrograde ejaculation is when a man senses ejaculation, but there doesn't seem to be any fluid. Semen passes into the bladder and out of the body in the urine, rather than out of the penis during orgasm. It does not affect getting an erection or achieving orgasm in any way and causes no harm in the body. However, it will reduce fertility and the chances of fathering a child.
- **Reduced sexual desire** (libido) – resulting from various psychological or physical problems depending on age, sex, sexual history and other factors.

Common Causes of Erectile Dysfunction

Erectile dysfunction ('ED') has many causes, most of them physical including heart disease, high blood pressure, diabetes, certain types of medication and surgery such as those for prostate disease. However, most men with erection problems will have a mix of both physical and psychological causes.

Erectile dysfunction may sometimes occur suddenly, particularly linked to an emotional event. When morning and night-time erections becoming increasingly uncommon, it is more likely that ED is linked to a physical cause.

So what are the most common conditions affecting a man's prostate?



From birth to young adulthood, the prostate grows from about the size of a pea to about the size of a walnut. Most men experience a second period of prostate growth in their mid-to-late 40s. There are primarily three conditions that affect the prostate.

- **Prostate Cancer** is probably the most heard-of and is indeed the most common form of cancer to affect men with about 30,000 UK men diagnosed each year.
- **BPE (Benign Prostatic Enlargement)** or often also called BPH (Benign Prostatic Hyperplasia). This is the most common condition to affect the prostate, causing significant discomfort because of the need to frequently urinate, a reduced stream, hesitancy in starting to urinate and getting up at night to pass urine.
- **Prostatitis** is an inflammatory disease, less common than BPE or prostate cancer, generally affecting younger men. Prostatitis can cause problems of pain and discomfort around the anus, scrotum and the area in between.

How exactly does the prostate cause sexual problems?

The presence of prostate disease in itself can be a significant cause of sexual problems by the very nature of the distressful 'waterworks' symptoms which are associated with BPE or prostate cancer.

The prostate lies around the urethra and gradual enlargement of the prostate can push on the urethra causing urinary problems and this may affect a man's sex life. However, when sexual problems are linked to prostate disease, it may be most frequently the actual treatment for prostate disease – both medical and surgical – that cause a problem.

Before looking further at the prostatic causes of sexual problems, it is important to know and understand that sexual problems, and in particular erection disorders, can also be caused by heart diseases of all types, high blood pressure, narrowing arteries, diabetes and side-effects of medication. Lower urinary tract symptoms (LUTS), most commonly caused by BPE, can be an indicator for erection problems as well as the other way round.

The following tables provide an overview only of the link between treatments for prostate disease and sexual side-effects. The doctor or nurse will be able to advise in more detail on this subject.

BPE treatments linked to sexual problems

Adapted from information provided by Prostate Research Campaign UK: www.prostate-research.org.uk

Treatment	Potential sexual side-effects
Tablets - alpha blockers (used to treat LUTS and high blood pressure)	Retrograde ejaculation but the effect is reversible
Tablets - 5-alpha reductase inhibitors (used to reduce size of prostate)	Erection problems and loss of libido and reduction in volume of ejaculate
Surgery – Transurethral Resection of the Prostate (TURP)	Retrograde ejaculation and, rarely, erection problems
Surgery - Transurethral Incision of the Prostate (TUIP)	A much lower risk of retrograde ejaculation than with a TURP
Surgery - Open Prostatectomy	Similar risk of retrograde ejaculation as TURP and the possibility of erection problems
Surgery - Laser Prostatectomy	Lower possibility of retrograde ejaculation than with a TURP

TURP is a common operation for the treatment of BPE. The portion of the prostate that is blocking the urethra (the tube that carries urine from the bladder) is removed via an instrument inserted down the urethra. The sexual side-effects associated with a TURP can include: semen that flows backward into the bladder during ejaculation (retrograde ejaculation) and erection problems, although erection problems aren't always directly associated with the surgery.

Laser Treatment innovations are continuously being tested to improve on the traditional TURP technique, one being laser prostatectomy. Both microwave and laser treatments appear to be effective. With laser treatment bleeding is less common and the technique is probably less likely than a TURP to affect ejaculation.

Prostate cancer treatments linked to sexual problems

Adapted from information provided by Prostate Research Campaign UK: www.prostate-research.org.uk

Treatment	Potential sexual side-effects
Hormone treatments	Erection problems and decreased libido. Side-effects can be reversed on stopping therapy
Surgery - Radical Prostatectomy	No ejaculate and erection problems
Radiotherapy	Erection problems and reduced ejaculate
Surgery - Orchidectomy	Loss of libido, fertility and ability to attain an erection. Effects are irreversible

What about prostatitis?

Bacterial causes of prostatitis are commonly treated with antibiotics which do not generally cause significant sexual side-effects. Some of the most common forms of the condition are chronic prostatitis and chronic pelvic pain syndrome. Unfortunately there are no universally effective treatments for these two conditions. The doctor may prescribe different tablets dependent upon individual symptoms. Sometimes, alpha blocker tablets (as prescribed for BPE) can be taken and the sexually-related side-effects may be the same as detailed above.

Your questions answered

It's very common for men to be too embarrassed to ask questions about their sex life. These are just some of those that they often do ask when they pluck up the courage. If you are reading this for your partner, you will be able to reassure him with the answers – try to put yourself in his place.

Q. I feel embarrassed enough talking to my female doctor, about prostate disease, I can't face talking about sexual side-effects as well. How can I overcome this?

A. All doctors are more than used to talking about intimate male problems but if you really cannot pluck up the courage try either asking to see one of the male doctors or try calling NHS Direct on 0845 46 47. This is a 24-hour service.

Q. If I have prostate cancer rather than benign disease, am I more likely to suffer sexual problems?

A. Any form of prostate disease can contribute to a sexual problem. More often than not a sexual problem related to prostate disease will be the result of treatment for BPE or prostate cancer. It is important to discuss your concerns about sexual side-effects before embarking on a treatment course for BPE or prostate cancer.

Q. I am being treated for BPE with tablets. But I'm finding I can't get an erection like I used to. Is it me or is it the medication?

A. It may well be a combination of the two. Men with severe urinary symptoms report more than 50% less sexual activity compared with men without these symptoms. This could be primarily the psychological effect of having, or continuing to suffer from, problems with your waterworks. However your tablets may be having an effect.

Some tablets for BPE can cause loss of libido and erections problems. This is because these drugs work by reducing the effect of the male hormone, testosterone.

Q. So should I stop taking the medication?

A. No. Talk to your doctor about these effects first. It may be that switching to another type of tablet will continue to reduce your BPE symptoms with fewer sexual side-effects or there are options to help you overcome the sexual side-effects whilst staying on the same treatment for your BPE.

Q. I have been told that a common side-effect of a transurethral resection of the prostate (TURP) is retrograde ejaculation. How much of a problem is this?

A. The obvious effect is that little or no semen can be seen to be ejaculated during orgasm – it is instead ejaculated backwards into the bladder where it then mixes with urine. In itself there is no danger in this, although if you still want to have children this can cause a problem. Men with retrograde ejaculation can still conceive but you will need to seek further advice.

Q. I had a TURP and am worried about having sexual intercourse

A. There is no reason to stop or reduce sexual intercourse after a TURP after your doctor has given you the all clear from the operation.

Q. I have prostate cancer and am receiving hormone treatment at the moment. Why don't I feel like making love any more?

A. If you have prostate cancer which has spread outside of the prostate to other areas, you will probably be given hormonal treatments aimed at reducing or stopping the production of male hormones (they are the chemical equivalent of castration). The effect of this is very often a loss in sexual interest and a consequent lack of ability to achieve or to keep an erection. You should discuss your concerns with your doctor to see how you can best resolve this side-effect without compromising your treatment for the prostate condition.

Q. A friend of mine had a radical prostatectomy for prostate cancer and he cannot get an erection any more. Will this effect be permanent?

A. In the case of a radical prostatectomy, there is unfortunately a high likelihood of erection problems immediately following the operation. In time an increasing number of men will recover erectile function. However, in the short or longer terms erection problems can now be treated effectively with both tablets and injection therapies. Treatment should be started as soon as possible following the operation.

Q. Which treatments are the best for prostate disease and erection problems?

A. The number of treatments available for both prostate disease and sexual problems are increasing all the time. Only you, your partner, your doctor and nurse can really decide which is the best option or combination of treatments most likely to suit you. There is no right or wrong choice. What is important is that you try and be as open as possible about your relationship and the extent to which different side-effects of treatment could affect your relationship.

Bob's story

I am a 60 year-old taxi driver and had been experiencing increasing symptoms with my 'waterworks' over the last couple of years.

It was becoming a bit of a problem at work with always looking for the nearest toilet stop. I tried to ignore it, but in the end my wife convinced me I should talk to our doctor. It was obviously bothering her more.

My doctor did some tests for suspected prostate cancer and referred me onto my local hospital to see the specialist who after performing more tests confirmed that I had prostate cancer which was still confined to the prostate gland, but the best treatment was still an operation.

The specialist told me that this was not the only treatment option, but probably the most successful for the stage of cancer I had. Further talks with the doctors and nurses raised the question of side-effects from the operation and possible sexual side-effects such as not being able to get an erection. This was an added worry, and one that both my wife and I knew would probably affect our relationship unless I was one of the 'lucky ones'. Ever since we were married, we had enjoyed a very intimate relationship.

After an awful lot of thought my wife and I agreed together that the operation was the best option for me. It was reassuring to know that there were treatments available to help with sexual side-effects if necessary. Needless to say I noticed a problem with my erections the first time we made love after the operation. Having been forewarned about the possibility of erection problems made it much easier for me to discuss this with my doctor when it actually became an issue after the surgery.

Now, a year on from the operation, the surgery for my prostate cancer is thought to have been successful but obviously I need to go for regular check-ups. I have been prescribed a tablet and a vacuum device which has certainly helped me get my intimate relationship with my wife back to where it should be. I feel relief all round that this was the right decision for me!

TAXI

For further information on erection problems, treatments and other sexual conditions, contact:

The Sexual Dysfunction Association
Suite 301, Emblem House,
London Bridge Hospital
27 Tooley Street
London
SE1 2PR

Helpline: 0870 7743571
www.sda.uk.net

Sexual Dysfunction Association

Registered Charity No: 1104691

For further information on prostate disease and treatments, contact:

Tel: 020 8877 5840
E-mail: info@prostate-research.org.uk
www.prostate-research.org.uk/

Registered Charity No: 1037063

The Sexual Dysfunction Association wishes to thank the authors:

Prof Roger Kirby, Consultant Urologist, London and Chairman of the Prostate Research Campaign UK and Prof Michael Kirby, GP, Hertfordshire for developing this leaflet.

First published November 2005 Updated, December 2008
1304
Supported by an educational grant from Pfizer