During and after receiving treatment for cancer, men of all ages, with early and advanced diseases, will have concerns and questions about sexuality and sexual activity. It is common for men with different types of cancer to struggle with their body image; have less desire for sexual intimacy and/or have a change in their ability to achieve or maintain an erection during sexual activity or a change in orgasm or climax. Even if your health care providers do not ask about this normal and important aspect of health, you should not hesitate to discuss your feelings or ask questions about the impact of cancer treatments on your sexual health. This article attempts to answer common questions that arise, but certainly does not address every question. As with any concern, talk with your health care providers about your particular situation.

What concerns could arise?

Some men experience a loss of desire for sex, an inability to achieve or maintain an erection, inability to reach orgasm or have a change in orgasm (duration, intensity or dry ejaculation), experience pain during sex or just do not find sex pleasurable. Sexuality is an important factor in quality of life for many men. Know that these concerns are not uncommon and your healthcare team can provide guidance. Write down your questions and concerns so you don’t forget to ask about them. If your provider cannot help, ask them to recommend someone who can.

Can I have sex during treatment?

There are a few factors that determine if sexual activity is safe during treatment.

- In general, sexual activity is fine during treatment as interest, energy and comfort levels allow. While you may not feel up to sexual intimacy after surgeries or during chemotherapy and radiation; hugging, kissing, holding hands and massages may feel good and be comforting.
- If you had surgery involving the pelvic area (prostate, testicular and penile cancers, colorectal and anal cancers), you may need to allow extra time for healing before having sex that involves penile stimulation or vaginal or rectal penetration (with penis, toys, vibrators or dilators). If you are being treated for an oral cancer, use caution during oral sex.
- If you have a low white blood cell count or low platelet count (concern arises with platelets below 50,000), you may need to refrain from any sexual activity that involves vaginal or anal penetration. This is because there is an increased risk of infection or bleeding when your counts are low.
- If you received brachytherapy for prostate cancer (seeds), be sure to follow your oncology team’s guidance about limiting close physical contact to avoid exposing your partner to radiation.

Tips for healthy and safe sexual activity:

- Be sure to use a reliable form of birth control to prevent pregnancy- even if you believe you are not producing sperm, you could still be fertile and conceive.
- Chemotherapy can be excreted in semen for 48-72 hours after a treatment. You should use a condom for oral sex or intercourse during this period to prevent your partner from being exposed to the chemotherapy. (This includes IV and oral chemotherapy – even those chemotherapy medications that are taken daily).
- Think outside the box about sexual activity - it does not have to involve intercourse or oral sex. Try kissing, touching, caressing to satisfy each other.
- Keep communication open. Talk about what feels good and what doesn’t; communicate with your partner when you are tired or uncomfortable.
- Cancer surgery may result in a particular position being painful. Try different positions to find what is best for you and your
partner. For example, if positioning on top during penetration is painful or too much exertion, having both partners lying on their sides, or your partner on top, may be more comfortable.

- Talk with your healthcare team about coping with changes in your body image and sexual health. For some, talking with other men in a men’s support group or an online discussion board can help. While others may find more intensive help from a mental health provider, with expertise in working with men with cancer, useful.
- Some practical tips for body image concerns: exercise, maintaining a healthy weight and eating well can improve fatigue, mood and self esteem. If you lose your hair, try a comfortable hat. If you have an ostomy, using an ostomy cover as camouflage can help with concerns about others noticing the bag (do an online search for ostomy covers for men).

### Potential Effects of Cancer Treatment on Sexual Activity

Different cancer treatments can have different effects on your sexual function. This overview will give you an idea of the potential problems that a man may experience. However, you should discuss your particular case with your care providers. In many of these situations, a man can still feel pleasure and achieve orgasm. If you are experiencing sexual problems, you may want to see an urologist (a doctor specializing in genitals and the urinary system), who can offer treatments for erectile dysfunction and other sexual concerns. You can learn more about the many options for treating erectile dysfunction on OncoLink.

#### Surgery

- Pelvic surgery can result in changes to nerves and blood vessels responsible for erections. This can result in decreased ability to obtain and maintain erections. Even "nerve-sparing" surgery results in some damage to the nerves. For some men, it can take up to 2 years to regain erectile function. Experts recommend starting "penile rehabilitation" (achieving erections with the help of medications) be started soon after surgery to achieve the best outcomes.
- Surgery can affect ejaculation when it involves the removal of certain parts or damage to nerves that play a role in ejaculation. This will result in a "dry" ejaculation, where the man achieves orgasm, but no semen is released. The semen is either reabsorbed by the body or diverted into the bladder and excreted in the urine at a later time.
- Surgery for prostate cancer can also result in "dry" ejaculation because the prostate and seminal vesicles are no longer present and these are responsible for secreting the fluid that makes up ejaculate. It is important to remember that there is no danger to this and the man can still achieve orgasm without ejaculation.

#### Radiation

- Radiation to the lower abdominal area can damage the blood vessels or nerves involved in achieving an erection. For some men, this happens slowly over a year or more after treatment.
- The chance of developing erectile dysfunction due to radiation damage increases with age, with older men and those who had poor function before treatment being at highest risk. In addition, other medical problems can increase risk, such as diabetes, heart disease, high blood pressure and some medications that treat these conditions.
- Radiation therapy for prostate cancer can also result in "dry" ejaculation because the prostate and seminal vesicles are damaged and unable to secrete the fluid that makes up ejaculate. It is important to remember that there is no danger to this and the man can still achieve orgasm without ejaculation.

#### Chemotherapy & Hormone Therapy

- Chemotherapy does not often cause erectile dysfunction, though it may affect desire for sexual activity. Your desire may fluctuate over the course of treatment.
- Hormone therapy for prostate cancer is designed to decrease testosterone levels or prevent your body from using testosterone. This can result in loss of desire for sex, erectile dysfunction and difficulty achieving orgasm, which tends to develop slowly over the first few months of hormone therapy.

### How to Get Started
You've had a period of time without sex and now feel ready to rekindle your sex life, but how do you get started? Set the mood—what sparked romance for you and your partner before cancer? Music, a romantic meal or an evening out? Relax and don't pressure yourselves to have sex the first go at it. Take your time, enjoy each other and most of all, communicate.

**Sexuality After Cancer**

Sexuality encompasses much more than sex; it includes the physical, psychological, emotional and social aspects of sex. In the real world, this means how you see yourself, how does your partner view you, how do you date after cancer, how do you fulfill your need for sexual relationships after cancer and so much more.

How cancer affects your sexuality is different for every person. Some find the support they need through their healthcare team, their partner, friends or fellow survivors. You may find the support you need to reconnect with your own sexuality through a support group or a close friend. There are a number of online groups that host discussion boards where you can "talk" about concerns with someone who has been there.

For those that find things more difficult, a mental health provider can help you cope with the physical and emotional trauma cancer brings and determine how to move forward, whether with a partner or looking for one. Look for a therapist with expertise in working with people with cancer and/or sexual and relationship issues.

**Resources & Further Reading**

- The American Cancer Society's section about [Sexuality for the Man with Cancer](#) and the [Look Good.Feel Better For Men](#) (program to help you cope with how cancer treatment affects your appearance – many know the program for women, but they also have one for men!).
- NCI's "[Self Image and Sexuality](#)," "[Sexuality and Fertility Problems](#)," and "[Facing Forward: Life After Cancer](#)" (Includes good information on communicating with your partner).
- Us TOO Prostate Cancer Education & Support – [Post-Treatment Issues](#) – Check the "related links" on the right side for more information and the "prostate cancer & intimacy" email list. This is a good resource for all men, not just prostate cancer survivors.
- [Testicular Cancer Resource Center](#): Sex and Testicular Cancer
- [LIVESTRONG](#): Male Sexual Functioning After Cancer.

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