CANCER AND YOUR SEX LIFE
— INFORMATION FOR MEN
About this booklet

This information is about how cancer and its treatment can affect your sexuality, sex life and relationships.

The information covers how side effects may affect your sex life, and the support and treatment that is available. We hope this information will help you cope with any changes in your sex life, and help you feel more comfortable when talking to your healthcare team about these changes.

This information is for you, whatever your sexual orientation and whether you have a partner or partners, are between partners or have chosen to be single. If you have a male partner with cancer, you may also find the information useful.

We can’t advise you about your own situation. This can only come from your healthcare team, who are familiar with your medical history. It is important that your needs are individually assessed so you (and your partner, if you have one) can get the right help.

In this booklet we have included quotes from people affected by cancer, which you might find helpful. Some are from the website healthtalk.org and others are from people who have chosen to share their story with us. If you would like to share your story, visit macmillan.org.uk/cancervvoices We have also included quotes from sex therapists.

We also have several videos on our website about sexuality and cancer. You can watch them at macmillan.org.uk/cancerandsexuality
At the end of this booklet you will find some useful addresses and websites (see pages 83–89). On pages 90–92 you can write down any questions you might have for your doctor or nurse.

If you’d like to discuss this information, call the Macmillan Support Line free on 0808 808 00 00, Monday to Friday, 9am to 8pm. If you are hard of hearing, you can use textphone 0808 808 0121, or Text Relay. For non-English speakers, interpreters are available. Alternatively, visit macmillan.org.uk

Your data and the cancer registry

When you are diagnosed with cancer in the UK, some information about you and your health is collected in a cancer registry. This is used to plan and improve health and care services. Your hospital will usually give this information to the registry automatically. There are strict rules to make sure the information is kept safely and securely. It will only be used for your direct care or for health and social care planning and research.

Talk to your doctor or nurse if you have any questions. If you do not want your information included in the registry, you can contact the cancer registry in your country to opt out. You can find more information at macmillan.org.uk/cancerregistry
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SEX AND CANCER

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What is sexuality?

Sexuality is how people express and experience themselves as sexual beings. This means different things to different people. Your sexuality is personal to you and is part of your identity.

Your sex life and your sexuality may play a central part in your life, and in how you see and express yourself. Or it may be something you take for granted as part of the background routine of your life. But, for most people, if the ability to have sex or sexual activity is suddenly affected, it can feel like a big loss. You don’t need to be in a relationship to feel this loss.

Sexuality is more than the physical ability to have sex. It can be a way we meet important needs. It can help us to feel wanted, accepted and loved. It is also a way we can show desire and love, and give comfort to another person. In a relationship, it is a way of feeling emotionally close. It can help you bond with your partner.

Sexual attitudes and behaviour vary a lot from person to person. They can be influenced by our backgrounds, our experiences, our genetic make-up, our culture and our religious beliefs.

People’s sex lives can often follow a routine or involve a similar range of activities. For example, you may tend to have sex at a certain time or on certain days. You may prefer certain types of foreplay or sex play, or favour certain sexual positions. Your sexual behaviour may be quite adventurous or more limited. Everyone is an individual and their sex life reflects this.
A physical or emotional change may affect your sex life. But this doesn’t necessarily mean sexual activity has to stop, or that you have to give up on closeness and sharing pleasure. It is often possible to adapt and find different ways of doing things.

Exploring new ways of sharing sexual pleasure can help strengthen emotional bonds, and maintain or improve intimate relationships.

‘We both got used to the actual intercourse not being as satisfying as it was. But with a bit of imagination you can make it up in other ways. You don’t expect that bit to be the main part of the sex act. And I think we still have fulfilling sex.’

Tim
Cancer and your sex life

Cancer and cancer treatment may affect your sex life. Side effects are often short term. As people recover, their sex life can go back to the way it was before cancer. But this is not always the case. Some changes can be permanent. You may need to find new ways to give and receive sexual pleasure. But with support and clear communication, you can still enjoy a fulfilling sex life.

Some cancers and their treatments may directly affect a man’s sex organs (see pages 34–36). This can cause difficulty getting or keeping an erection, which is called erectile dysfunction (ED) (see pages 41–42).

Sometimes cancer or cancer treatments may cause changes in other parts of the body. These may affect your self-confidence and how you feel about yourself sexually (see pages 22–25).

If you develop sexual problems, there are often things that can help. You can read more about this on pages 58–75. Your healthcare team can talk to you about this, and answer any questions you may have.
**Sex during treatment**

In general, if you feel like having sex then it is fine to do so. Your doctor or nurse will tell you if you need to avoid sex for any reason. For example, you may need to avoid sex and some sexual activities for a few days or weeks after some types of surgery. If you are not sure, you can check with your doctor or specialist nurse.

Some people worry if it is safe to have sex after being diagnosed with cancer. It is important to know that:

- you cannot pass cancer on through sex
- having sex will not affect the cancer, or how well your treatment works
- sex does not make cancer more likely to come back.

During treatment, it is common to lose interest in sex. Side effects, such as tiredness or pain, may affect your desire for sex. Or you may feel that with so many things to cope with, sex is not a priority. But not everyone feels this way. You may want sex, and the comfort that sex can bring, more than before. There is no right or wrong way to react.

‘When I was on chemotherapy I was quite unwell. Feeling like that, I think it’s natural that you’re not so interested in sex. And I wasn’t.’

Graham
Contraception
Some cancer treatments may damage sperm and harm a baby conceived during treatment. It is important to use contraception if your partner could become pregnant. This is the case even if your treatment may make you infertile in future. Your cancer doctor or specialist nurse will explain this to you.

Protecting your partner
If you have sex, including giving or receiving oral sex, within the first two or three days of having chemotherapy, you will be advised to use a condom. This is to protect your partner in case there is any chemotherapy in your semen.

Fertility
Some treatments for cancer can affect fertility. If you may want to have children in the future, talk to your cancer specialist about this. There may be things that can be done to protect your fertility.

We have more information about ways of preserving fertility and treatments for infertility. You can order a copy of our booklet Cancer treatment and fertility – information for men by calling 0808 808 00 00 or visiting be.macmillan.org.uk

How cancer can affect sexuality
There are three main ways that cancer or its treatment can affect your sexuality. It can affect your:

• thoughts and feelings
• relationships
• physical ability to give and receive sexual pleasure.
These areas are linked, so if there is a problem with one of them, it may have an impact on another. This means help for sexual difficulties may involve working on all three areas together.

Thoughts and feelings
Your state of mind greatly affects your desire for sex (see page 22). Your levels of desire will probably change at different times during your diagnosis and treatment. If you feel stressed, depressed or anxious, you may find it more difficult to be sexually aroused. Any changes in how you feel about yourself and your body (your body image) can also affect sexual desire (see pages 22–25).

Relationships
If you and your partner are having relationship problems, it can affect your sex life. Coping with cancer can put a strain on existing relationships, or it can affect how you feel about starting new ones. In many relationships, one partner is more interested in sex than the other. Cancer can exaggerate this. You can read more about relationships and sex on pages 27–31.

Physical effects
Changes in your body can affect your sex life. For example, if you are tired or in pain, your desire or ability to have sex can be affected. Cancer or cancer treatments that affect your sexual organs, or the balance of sex hormones in your body, can directly affect sexual function (see pages 38–55).
Who can help?

If you have sexual difficulties, there are several services that can help. These include:

- cancer specialist services
- your GP
- erectile dysfunction clinics
- sexual medicine services in the NHS and the private sector.

Most people start by talking to their GP, specialist nurse or cancer specialist. They may offer treatments that can help you. Or they may suggest that you see an expert in sex and relationships, such as a sex therapist or counsellor (see pages 18–19). Sex therapists are not always available through the NHS. Ask your cancer team or GP to advise you on what is available locally.

You can also find organisations that can provide details of sex therapists on pages 85–86. For example, the College of Sexual and Relationship Therapists has a list of nationwide counsellors and therapists who can offer advice and support.

You can also call our support line free on 0808 808 00 00. Our cancer support specialists can talk to you confidentially about any problems you have, and they can also help you find a counsellor or psychologist who can offer you help and advice.
Talking about sex with your healthcare team

It is important that you feel you can talk to your healthcare team about sexual issues or sexual difficulties.

You may want to ask about the possible effects on your sex life before you start a treatment. Sometimes there may be a choice of treatments, which may have different effects on your sex life. Talking about this with your healthcare team could help you make the best choice for you.

If you find you are having difficulties with your sex life, try to ask for help sooner rather than later. It is very common for people to delay asking for help. But ignoring sexual difficulties can lead to more problems, including relationship difficulties. There are many treatments for erection difficulties and other sexual problems.

Many people find it embarrassing or difficult to talk about personal and intimate issues. You may be uncomfortable discussing your sexual needs because of your religious, cultural or personal beliefs.

‘It might reassure people to know that we have heard it all before. These are very common difficulties that people experience after cancer or a cancer treatment.’

Isabel, a sex therapist
If you feel unsure about how to begin talking about sex, it can help to prepare before you see your doctor or nurse. Here are some tips:

• Write down any questions you have in advance.
• Practise what you want to say before the appointment. This can help you overcome embarrassment. Try practising in front of a mirror. Or you could practise with your partner, if you have one.
• When you go in for your appointment, tell the doctor or nurse you would like some time to ask questions.
• Make your questions clear. For example: ‘Will this treatment affect my ability to have an erection?’, or: ‘I’ve lost interest in sex since starting this treatment. Why might this be? Will it improve? What might help?’
• Consider calling a confidential helpline. A helpline is anonymous, so it might feel easier to talk about sex and ask questions. This can make you feel more confident about talking to health professionals.

Our cancer support specialists can talk to you confidentially and listen to your concerns. This includes any issues you might feel embarrassed to talk about with your healthcare team, such as sexual difficulties. You can call for free on 0808 808 00 00, Monday to Friday, 9am to 8pm.

Most of the time, people find that when they do start talking to a health professional about sex and relationships, it is not as difficult as they thought. Sexual problems are common during and after cancer treatment. And most health professionals are used to dealing with sexual issues.
Many people use slang words when talking about sex and the sexual areas of the body. This can lead to misunderstandings if you or your healthcare team are not using the same words to describe things. It is important that you understand each other so you can get the right help. Your healthcare professionals will be happy to talk to you using the words and expressions you’re used to.

Some people also benefit from seeing an expert in sex and relationships, such as a sex therapist or counsellor (see pages 18–19).
If you are gay, bisexual or transgender

If you are gay, bisexual or transgender, there can be extra barriers to talking about sex and relationships with health professionals. You may worry about being judged or treated insensitively or unfairly. You may not be ‘out’ to everyone. Or you may worry that people you don’t know well will not know how to respond. But telling your healthcare team can help you get appropriate help. And having your sexual or gender identity acknowledged may also help you feel better supported.

Many people who are gay, bisexual or transgender have good relationships with their healthcare team. But occasionally a health professional may not be helpful when a patient comes out to them. This may be due to prejudice or ignorance.

If you feel you have been treated unfairly or are unhappy with your treatment, you have every right to complain.

Sometimes a health professional may lack knowledge about some of the sexual issues you want help with. In this situation, you may want to ask to be referred to a sex therapist who will have more specialised knowledge.

If you don’t want to talk to anyone face to face, you could call the Macmillan Support Line in confidence. You do not need to give your name. This might make it easier for you to talk. Our cancer support specialists can listen to your concerns and suggest what may help. Call us free on 0808 808 00 00, Monday to Friday, 9am to 8pm.
Sex therapy

Sex therapists are experts in all aspects of sexuality and sexual problems. They can help you with any physical, emotional and relationship issues affecting your sexual function or well-being. Some sex therapists also have medical or nursing qualifications. If you have a physical problem that is affecting your sex life, they may be able to give you advice about it. If not, they will refer you to your GP or specialist.

The sex therapist will ask questions to find out what is worrying you, and how they might help. It can be reassuring to discuss any sexual problems you have.

You can talk to them about:
• your sex life before cancer and cancer treatment
• any physical causes for your sexual difficulties
• your thoughts and feelings
• your relationships.

Sex and relationship therapy is confidential. You don’t have to answer any questions you feel uncomfortable with. It can sometimes take a couple of sessions of therapy before you feel happy enough to talk openly about your feelings and concerns.

Sex therapy can also help you think about any physical changes, and how to adjust to those changes. It can also help you explore different ways of getting sexual satisfaction.
A sex therapist cannot fix all your problems. But they can help you explore the issues, and work out ways for you to get what you want. They can also help your partner, if you have one.

The therapist may suggest some exercises to help you overcome the problem. You do not have to follow their advice if you don’t want to, or if you feel uncomfortable.

Your cancer doctor, specialist nurse or GP can refer you to a sex and relationship therapist. You can also find a therapist privately. See the organisations listed on pages 85–86 for more information on private therapists.

‘The positive thing is that there is lots of help out there and lots of information compared to many years ago.’

Isabel, a sex therapist
YOUR FEELINGS AND RELATIONSHIPS

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Your thoughts and feelings

Being diagnosed with cancer usually causes strong emotions. Your thoughts and feelings can have a very powerful influence on your sexuality and sexual behaviour. If you feel depressed or anxious, you are less likely to be aroused by thoughts of sex. This is also true if you are worried about the cancer, its treatment or your relationship.

Sexual self-confidence is often related to how you feel about yourself. If you feel unsure about yourself and lack confidence because of the cancer, you may also lack confidence sexually.

Some men say that cancer and cancer treatment affects how they feel about themselves as a man. This may be because of:

- not feeling in control
- loss of strength or energy
- changes in roles at home or work
- effects on fertility
- effects of treatment on sex organs or sex hormones.

These feelings usually get better with time. Recovering from treatment and getting back to everyday activities can help. But some cancer treatments may have longer-lasting effects. It can take longer to accept and adjust to these.
Changes in body image

Your body image is how you feel and think about your body. If cancer or cancer treatment affect your body image, you may feel less sexually attractive. Also, your ability to feel aroused may be reduced.

Many different things can affect body image, including:

• appearance
• trust in your body
• control of bodily functions
• sense of health and well-being
• self-esteem
• sense of sexual attractiveness
• sexual identity
• gender identity
• sexual functioning.

Throughout our lives, our body image changes. Your body image can be affected even if cancer or its treatment has not caused changes to your appearance.

If you have a sudden or dramatic change to your body image, you may feel ashamed, embarrassed or angry. When the change is visible, other people’s reactions can reinforce these feelings.

The effect a change has on your body image is not always related to how big, severe or visible it is. A small, hidden scar can still affect a person’s mood, confidence and sexuality.
Some changes can be hidden under clothes, such as a colostomy bag. In this case, it is common to pretend that nothing has changed. You might hide the change, avoid looking at it and not tell other people about it. But this can lead to increasing feelings of anxiety about the thought of someone finding out.

Our booklet *Body image and cancer* has more information about the effects of cancer and its treatment on body image.

**Coping with your feelings**

Whatever feelings you have, it can help to talk about them with someone who will listen and not judge you or tell you what to do. This might be your partner, a family member or close friend. Talking to someone who has been through a similar change can also help. You could join a cancer support group or online community where you can share experiences with men in similar situations. Or your cancer doctor or nurse may be able to put you in touch with someone who had a similar treatment to you in the past.

Some people find it helpful to talk to a counsellor. If you would prefer to talk to someone anonymously, you could talk to our cancer information specialists on **0808 808 00 00**.

Some people may find they come to value how their body has coped with treatment. Even if your body looks or feels different, you can feel good about it getting you through the treatment. You may find you appreciate what it does for you every day.

If you have a partner, it may take time for them to accept and adjust to changes in your body. They may need to talk about their thoughts and fears with someone. You could ask your doctor or nurse for advice. They can tell you what help is available.
Taking care of yourself and your body is important. It may help you develop a more positive body image. Feeling good about yourself makes you more confident and self-accepting. Confidence can be an attractive quality that is about more than how you look. You may also discover other qualities you did not know you had, or find certain relationships are now closer than before.

Take time out regularly to do nice things for yourself. Show your body you appreciate it. This could include having a relaxing bath, going to the gym or spending time somewhere you find peaceful.

The suggestions below may help build your confidence:

• Be kind to yourself.
• Spend time with people who support and encourage you.
• Write down the things you like about yourself and your appearance.
• When you see yourself in your mind, or in a mirror, look at all of yourself. Don’t focus on parts of your body you don’t like.
• Try to replace negative thoughts about your body with positive thoughts.
• Look after your body and general health (see pages 73–75).

‘I don’t think my partner’s perception of me as a man has a great deal to do with appearance. I don’t think gender identity is about body shape anyway. It certainly isn’t purely about that.’

Martin
If you are in a relationship

Some people find their relationship changes because of cancer. This is a stressful time, and disagreements and misunderstandings may happen. For some people, working through these difficulties and facing cancer together makes their relationship stronger.

Many people say they:
- become more honest with their partner
- stop putting off things they want to do, sexually or otherwise
- start to be more realistic about life in general
- take up new interests that they have been putting off for years.

Loss of interest in sex is common during and after treatment. It can take time to recover physically and emotionally.

It is important to let your partner know if you don’t feel interested in sex. They may worry that it is because you no longer find them attractive. Explaining why you don’t feel like having sex can help reassure them.

If your partner is feeling frustrated, it may be helpful for them to reduce their frustration through masturbation, either with you or alone.
If you are not able to have sex, try to find other ways to feel physically and emotionally close. You could try the suggestions below:

• Talk about your thoughts, interests, wishes and needs with each other.

• Think about the things that you like about each other, and tell each other what you like.

• Make time to do things together that you both enjoy, like going on dates or going for walks.

• Show your partner you care about them in physically affectionate ways, such as holding hands, touching, hugging and cuddling.

You may worry that you will lose your partner if you can’t fulfil their sexual needs. It is important to keep talking to them about sexual issues. This can help you avoid misunderstandings and find ways to overcome problems.

Sex is one way couples can be close physically and emotionally. But finding other ways to be intimate can help you both feel more comfortable with each other. Being more relaxed and intimate with your partner may gradually lead to more sexual contact.
Talking about sex with your partner
If you are concerned about sex and intimacy, it can be difficult to talk about it with your partner. But finding ways to talk openly can help you feel closer, adapt and make changes to your sex life if needed.

It may be helpful to get support from a counsellor or sex and relationship therapist (see pages 18–19).

Here are some tips for talking to your partner:
• Find a quiet time to talk when you are not likely to be interrupted.
• If you are not sure how to start a conversation, you could try saying something like: ‘I have something to say but I find it difficult to talk about’.
• Describe what you feel the problem is, but don’t place blame on yourself or on them. For example, you could say: ‘I worry that if we have sex I might not be able to be aroused’.
• Pay attention to your partner’s feelings and thoughts.
• Don’t expect to solve everything with one conversation. It can take time to work things out.

You might find it easier to write down your concerns for your partner to read first. You can then talk about them together.

‘Talking about sex with your partner can be very difficult when you feel vulnerable and not very confident. We can suggest ways you can plan time together. This can give you the time and space to talk about how you feel, how the treatment has affected you and what that means for you.’

Lynne, a sex therapist
Starting again
Being open with each other can often have a positive effect on an intimate relationship. If having sex is a worry, it may help if you agree to avoid it for a while. This can take the pressure off and let you concentrate on rebuilding intimacy. You can focus on spending time together and going out, holding hands or kissing and cuddling. Learning to massage each other can be supportive.

If you have had a break in sexual contact, it may be important to start again and rebuild intimacy. You may need to start very slowly and gently. Try caressing each other without a goal of penetration or orgasm. Remember that there are lots of loving and erotic activities other than intercourse.

If you are single
After cancer, you may have some concerns about starting a new relationship or having sex with someone new. If you have sexual difficulties or your body has changed, you may worry about how a new partner will react. You may want time to come to terms with what has happened before you start having sex or dating.

It can help to talk over your worries with a friend or someone in your family who you feel comfortable with. Or you could talk to a counsellor or sex therapist.
A new relationship may be one of the challenges you want to face in a positive way. The following tips might help:

• Get involved in activities you enjoy and where you can meet other people. This can help boost your confidence.

• Get advice from other people who have been through a similar experience. You could try using social networks, such as the Macmillan Online Community (see page 81).

• Think about when you might want to tell someone about your cancer experience. You may want to wait until you feel comfortable with them. It is usually a good idea to talk about it sooner rather than later, before the relationship gets serious.

It can be difficult to decide what to tell a new partner, and when to tell them. There is no simple answer that will work for everyone.

You may find it helpful to think about how safe you feel with the person, and if you feel that you can trust them. This is particularly important if you have a body change that you keep hidden and are anxious about revealing.

Before making a strong commitment to a new partner, it is best to make time to discuss your situation. This is especially important if cancer could affect the length of your life, or if it has affected your fertility. Lasting relationships are based on honesty, and keeping the cancer from your new partner may affect your future together. A loving partner should accept you as you are, and if they don’t then they are probably not the right partner for you.

If you need help, you can usually find support from family and friends. You can also get support from the organisations listed on pages 83–89.
PHYSICAL EFFECTS ON YOUR SEX LIFE

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Your body and sex

This information is about the parts of your body that are involved in sex and sexual response.

The male sex organs

- Spine
- Rectum
- Seminal vesicle
- Bladder
- Prostate
- Penis
- Urethra
- Testicle
- Scrotum
The penis

The outside of the penis is partly covered by the foreskin, unless it has been removed (circumcision). At the very top of the penis is a slit that opens to the urethra. This is a tube that carries urine and semen through the penis.

Two cylinders of spongy tissue (the corpus cavernosa) run the length of the inside of the penis. When a man becomes sexually excited, blood flows into these, making the penis stiff and erect.

The testicles and sperm

At the base of the penis is the scrotum. This is a bag of wrinkly skin that contains two testicles. The testicles make the hormone testosterone, which is important for sex drive. They also make sperm. Just before orgasm, sperm leaves the testicles through two long tubes. These are called the spermatic cords. They carry sperm to the ejaculatory duct inside the prostate gland.

The prostate gland and seminal vesicles

Sperm mixes with different fluids to form semen. These fluids are made in:

• the prostate gland, which is just under the bladder

• the seminal vesicles, which are two pouches between the bladder and the rectum. They are joined by tubes to the ejaculatory duct in the prostate gland.

During orgasm the prostate contracts, pushing semen out of the penis. This is called ejaculation. The contractions help create the intense sensations felt during orgasm.
Erogenous zones

These are sensitive areas of the body. When touched or stimulated, they may produce sexual arousal.

Your penis, testicles, prostate and anus are erogenous zones. Your chest and nipples can also be sensitive. You may have other erogenous zones on your body that respond to touch. The sensitivity of these areas varies from man to man.

Hormones

Hormones are substances that occur naturally in the body. They influence the growth and activity of cells.

The main sex hormone in men, testosterone, is made in the testicles. Testosterone helps make sperm and influences sex drive. Men also make a small amount of the female sex hormone oestrogen, which helps sperm production and maintains sex drive.

Changes in the level of sex hormones in your body can cause some physical symptoms that can affect your sexuality. These include:

• reduced sex drive
• erection difficulties
• tenderness in the breast tissue behind the nipples
• tiredness.
The stages of sexual response

There are four possible stages of sexual response.

- **Arousal** or excitement is the awakening of sexual feelings. It is when you feel ‘turned on’ and ready for sex. You may feel aroused by thinking about sex, seeing someone you are attracted to, touching someone or being touched by someone. During arousal, your brain sends signals to nerves close to your penis. The nerves increase the blood flow to your penis and it becomes erect. Arousal may or may not lead to orgasm.

- **Plateau** is the phase where your body maintains a heightened state of arousal. Your body is very sensitive during this phase.

- **Orgasm** is the sexual climax. This is the feeling of intense pleasure that happens as areas of your body go into a series of regular contractions. You will ejaculate semen from your penis.

- **Resolution** is the phase that comes after sexual arousal and orgasm. This is when the sexual changes in the body go back to normal. Men cannot usually be sexually excited again for a while. How long this lasts is dependent on age. In young men, it may only last for a few minutes. In older men it may last for hours or even days.

‘I’ve enjoyed a good sex life, so a diminished sex drive is something I fear.’

John
Cancer and your sex life – information for men

How cancer treatments may affect your sex life

Cancer and cancer treatments can affect your sexual function directly or indirectly. Direct effects can be caused by treatments that affect the sex organs or sex hormones (see pages 40–55). Indirect effects can be caused by side effects like tiredness, or by changes in a part of your body other than your sex organs (see pages 66–72).

Surgery

If surgery changes how you look or how a part of your body works, this can have emotional as well as physical effects. Some types of surgery may not affect your physical ability to have sex, but could affect how you feel and think about yourself sexually (see pages 22–25). If surgery affects how a part of your body works, you may need to make adjustments to your sex life (see pages 58–72).

Radiotherapy

Radiotherapy treats cancer by using high-energy rays that destroy the cancer cells. It can either be given as external radiotherapy from outside the body using x-rays, or from within the body as internal radiotherapy (brachytherapy).

Usually, there will be no medical reason to stop having sex during external radiotherapy. But, if you have unpleasant side effects during treatment, you may lose interest in sex until you recover.
If you have radiotherapy to the area between the hips (pelvis), or if you have internal radiotherapy, your doctor or specialist nurse can tell you if this will affect your sex life during treatment.

Our booklet *Understanding radiotherapy* has more information about radiotherapy and its side effects.

### Chemotherapy

Chemotherapy can cause temporary side effects such as tiredness, which may make you less interested in sex. It can also reduce the number of blood cells in your blood. This can increase the risk of infection, and the risk of bleeding and bruising, for a few days during treatment. Your doctor or nurse will tell you if you need to take more care than usual during sex.

Our booklet *Understanding chemotherapy* has more information about chemotherapy and its side effects.
Treatments that may directly affect sexual function

Certain cancer treatments may directly affect sexual function. It is important to remember that not everyone will have the side effects we mention in this section. Your cancer doctor or nurse can answer any questions you may have about your treatment, and how it might affect you.

Treatments for cancers in the pelvic area (area between the hips) are the most likely to affect sexual function. These can include treatment for cancers of the prostate, rectum, anus, bladder, penis or testicles.

Surgery

Some operations may directly affect sexual function. These include:

- prostatectomy – removal of the prostate gland
- cystectomy – removal of the bladder and the prostate gland
- abdominoperineal resection – removal of the anus, rectum and lower part of the colon
- transanal resection – removing a tumour from the rectum through the anus
- penectomy or partial penectomy – removal of the penis or part of the penis
- orchidectomy – removal of one or both testicles.

Before any surgery your surgeon will talk to you about possible side effects, including any effects on your sex life.
Effects on erections
Some operations may damage nerves and blood vessels that control blood-flow to and from the penis.

They include:
- prostatectomy
- cystectomy
- abdominoperineal resection
- transanal resection.

Damage to these nerves or blood vessels can affect your ability to get or keep an erection. This is called erectile dysfunction (ED). It can be temporary or long-term. The risk of ED after these operations is higher for men who had erection difficulties before the surgery, and for older men. The older a man is, the greater the risk of long-term ED.

Surgeons cannot predict which men will have long-term erection problems. So, if you are having an operation that could cause ED, it is important that you’re fully aware of the risks. Your surgeon will discuss the operation, its possible side effects and other treatment options with you.
What can help
A type of surgery called nerve-sparing surgery can reduce the risk of long-term ED. But it isn’t suitable for all men. If the cancer is growing into or close to the nerves, it is not usually possible to protect the nerves with this type of surgery.

After nerve-sparing surgery, it may take time for the nerves to recover. Men may have ED for some time. It can take several months for erectile function to recover. Your surgeon can tell you more about nerve-sparing surgery.

After an operation that can cause ED, some men are put on to an ED recovery package. This is sometimes called penile rehabilitation (see page 59). The aim is to increase blood-flow to the penis to keep it healthy.

There are several treatments that can help men with ED to have erections again (see pages 58–65).

Changes to ejaculation
Some types of surgery may cause changes in ejaculation. These include the following:

• Cystectomy.
• Prostatectomy.
• Retroperitoneal lymph node dissection. This is when lymph nodes are removed in the tummy area. Lymph nodes are small, bean-shaped structures that help the body fight infection. It is sometimes done during testicular surgery.
If you cannot ejaculate, it is not possible to father a child through sex. But you may be able to father a child with the help of fertility treatment. Your doctor can talk with you about fertility treatments if this is important to you.

**Dry ejaculation**

After prostatectomy or cystectomy, it is still possible to have an orgasm, but there will be no ejaculation. This is called a dry ejaculation or dry orgasm. It happens because the prostate gland has been removed. You still make sperm, but it is re-absorbed back into the body.

**Leaking urine at orgasm**

After prostatectomy, some men leak a small amount of urine at orgasm. This is called climacturia. Urine is sterile and won’t cause an infection for your partner.

If you have had a prostatectomy, you may also have leakage of urine (incontinence) at other times. There is more information on coping with incontinence on pages 67–70.

**Ejaculating into the bladder (retrograde ejaculation)**

As part of treatment for testicular cancer, some men have an operation to remove lymph nodes in their lower abdomen. This surgery may affect nerves that control ejaculation of semen. At orgasm, semen and sperm go into the bladder instead of leaving the body through the penis. This is called a retrograde ejaculation. It is harmless but orgasms will feel different. You may notice urine you pass after ejaculation is cloudy. This is caused by semen in the urine.
Changes to penis size
Some men notice their penis is slightly smaller after prostatectomy. This may also happen after other operations that affect the nerve supply to the penis. There can be two causes:

• **Damage to the nerves that supply the penis** can cause it to be pulled tighter to the body, so it looks smaller. This is similar to the effect that happens when the penis is exposed to cold temperatures. As the nerves recover in the months following surgery, the penis returns to its normal size.

• **Damage to tissue inside the penis.** Men normally have erections during sleep. These help keep the penis healthy. If nerves to the penis are damaged, night-time erections do not happen. Over several months this can damage the penis, causing it to shrink.
Surgery for cancer of the penis
If you have surgery to remove cancer from the penis, your penis will be smaller and may have scars. Your surgeon will remove as little of the penis as possible. Most men can have a fulfilling sex life after this surgery. The head of the penis, which is the most sensitive part, will have been removed. But erections and orgasms are still possible.

If more of the penis needs to be removed, you may be able to have surgery to reconstruct the penis later. After penile reconstruction, you may be able to get an erection, but this will depend on the type of reconstructive surgery you have had. Your surgeon and specialist nurse will talk about this with you.

If your whole penis has been removed (penectomy), you will no longer be able to have penetrative sex or receive oral sex in the ways you did in the past. It may be possible for some men to have a new penis reconstructed. Your surgeon can talk about this with you.

Not having a penis can be very difficult to come to terms with. But you may find new ways to enjoy sexual activity. The areas around your scrotum and testicles will still be sensitive. You may still be able to have orgasms through stroking and other stimulation.

‘I can’t have sex as we all experience it, but it’s just as good in a different way.’

Christopher
Removal of one or both testicles (orchidectomy)

Removal of one testicle
Men with testicular cancer usually have only one testicle removed. This will not cause infertility and it doesn’t usually affect your sex life. In some men, the remaining testicle may not make enough testosterone. This is more common in men who are having chemotherapy. Testosterone levels usually get back to normal slowly once treatment is over.

Low testosterone levels can cause a loss of interest in sex or difficulty getting or keeping an erection.

A blood test can check testosterone levels. Men whose testosterone levels are too low may be prescribed testosterone replacement therapy. This can be given as gels, injections or capsules. While having this treatment, you will have regular blood tests to check your levels of testosterone are within normal limits.

‘The loss of a testicle was a big thing for about a week and a half maybe, but very quickly I was moving on to chemotherapy and I had other things to worry about.’

Arthur
Removal of both testicles
If you have both testicles removed, for example as treatment for prostate cancer, you will be infertile following the surgery. You may also lose interest in sex and be unable to have a natural erection, because of a lack of testosterone (see page 36).

Testosterone replacement treatment is not usually an option for men who have been treated for prostate cancer. This is because it increases the risk of the cancer coming back or growing more quickly.

Life after an orchidectomy
If you have had your testicle(s) removed, you may feel less masculine. However, neither the operation nor hormonal changes will make you feminine, as some men fear.

Your surgeon or specialist nurse will discuss the surgery with you and answer any questions you have.

‘There is no reason whatsoever for you to feel any less of a man. And that is very, very, important. Don’t ever feel any less of yourself because a small part of your body has been removed.’

Michael
Surgery to the anus and rectum

Surgery to remove an anal or rectal cancer may affect your sex life if you enjoy receptive anal sex or anal play.

If you have a type of operation called an abdominoperineal resection, the entrance to the anus will be surgically closed. This means anal sex is no longer possible. Bowel motions pass out of the body through an opening (stoma) in the tummy. For more information about stomas, see page 70.

After some types of surgery for bowel cancer, a stoma is made but the anus and part of the rectum are left in place. The remaining part of the rectum is surgically sealed and is no longer connected to the rest of the bowel. This leaves a ‘rectal stump’. It may be possible to have receptive anal sex or anal play after the wounds from your operation have fully healed. This depends on the depth of the stump. It is important to check with your surgeon before attempting this.
Pelvic radiotherapy

This type of radiotherapy may be used to treat cancers of the prostate, anus, rectum and bladder. Radiotherapy to the pelvis may also be given as part of total body irradiation for some people having a stem cell transplant. Because it is given in the area close to the sex organs, this type of radiotherapy may directly affect your sex life.

During treatment with pelvic radiotherapy, you might not feel interested in having sex due to side effects in the area. Skin in the treatment area often becomes red, and may be sore or itchy. The skin in the groin and anal areas are very sensitive, so this can make sex difficult.

Pelvic radiotherapy can also cause side effects such as diarrhoea and feeling sick (nausea). Your bladder or rectum may be sore and may bleed. You may need to pass urine or bowel motions more often and more urgently than usual. Most of these side effects are temporary, but rarely some can be permanent. See pages 67–70 for ways to cope with urinary and bowel changes.

You may find it helpful to read our booklets Pelvic radiotherapy in men – managing side effects during treatment and Managing the late effects of pelvic radiotherapy in men.
Erectile dysfunction (ED)
Pelvic radiotherapy can reduce your ability to have an erection. You may get an erection but then lose it, or you may be unable to have an erection at all. This can happen because blood vessels in the area narrow and don’t let enough blood through to fill the penis.

After pelvic radiotherapy, ED usually starts slowly a few months after treatment. It can continue to get worse for up to three years after treatment.

Your doctor or specialist nurse may suggest a recovery package, called penile rehabilitation (see page 59) to try to reduce ED.

Changes in ejaculation
During radiotherapy, and for a few weeks afterwards, some men have a sharp pain when they ejaculate. This is because radiotherapy can irritate the tube that carries semen out of the body (the urethra – see pages 34–35).

After pelvic radiotherapy, you will make less semen. This happens gradually after external radiotherapy. But after internal radiotherapy (brachytherapy) for prostate cancer, it happens soon after treatment.

When you ejaculate, you may notice only a small amount of fluid comes out. Some men don’t make any semen. You will still orgasm (climax), but it may feel different from before. If you cannot ejaculate, it is not possible to father a child through sex. Your doctor can talk with you about fertility treatments if this is important to you.
Changes to the anus and rectum
Pelvic radiotherapy can affect the anus and rectum. This can affect your sex life if you take part in anal sex or anal play as the receiving partner.

During radiotherapy, and for a few weeks afterwards, rectal pain may make anal penetration very uncomfortable or not possible. Side effects during treatment, such as diarrhoea or incontinence, may cause embarrassment and discomfort (see pages 67–70).

Radiotherapy treatment can cause long-term changes to the rectum. How much the rectum is affected depends on where the cancer was in the pelvis, and the type of radiotherapy you had. In some people, the rectum loses its stretchiness and can be injured more easily. Sometimes anal sex may no longer be possible. Your cancer doctor can tell you more about this.

After pelvic radiotherapy, if you want to have receptive anal sex, you may need to start gradually before building up to full penetration. You may need to be more cautious than before. The anal and rectal tissues are more fragile and less able to heal after pelvic radiotherapy. It is important to prevent injury to your rectum, as it can be a very serious problem. You can speak to your doctor about whether it is safe for you to have receptive anal sex.

Hormonal changes
Occasionally, men who have had pelvic radiotherapy make less testosterone (see page 36). You may be able to have testosterone replacement therapy (see pages 46–47). But this is not usually suitable for men who have had treatment for prostate cancer.
Chemotherapy

Chemotherapy does not usually affect erectile function. But it can cause temporary side effects such as tiredness, which may make you less interested in sex. Chemotherapy can reduce the number of blood cells in your blood. This can increase the risk of infection and of bleeding and bruising. Your doctor or nurse will tell you if you need to take more care than usual during sex.

Rarely, certain chemotherapy drugs may affect nerves that are needed for the penis to become erect. This may cause erectile dysfunction. The drug most likely to do this is vincristine. Other drugs that may have this effect are cisplatin and doxorubicin. If erectile function is affected, it is usually temporary and gets better a few weeks after chemotherapy ends.

Sometimes chemotherapy can cause testosterone levels to fall. This is more common in men who are being treated with high dose chemotherapy. Testosterone levels usually go back to pre-treatment levels a few weeks after chemotherapy ends.
Hormonal therapy

Some cancers, such as prostate cancer, need hormones to grow. These cancers can be treated with drugs that change hormone levels. This is called hormonal therapy.

We can send you more information about the commonly used hormonal therapy drugs.

Low testosterone

Prostate cancer often depends on the male hormone testosterone (see page 36). If you have prostate cancer, you may have treatment to lower your testosterone level. We can send you information about prostate cancer, which has more detail about this.

Low testosterone levels may cause:

• reduced or loss of interest in sex
• erection problems
• the penis and testicles to get smaller (if hormonal therapy continues for a long time)
• difficulty reaching orgasm
• breast swelling and tenderness
• less body and facial hair growth
• weight gain and reduced muscle mass.

There aren’t any treatments that can increase sexual desire while you are on hormonal therapy. But treatments for erectile dysfunction may help you get an erection (see pages 58–65).
Eating a healthy diet and exercising regularly can help control your weight (see pages 73–75). Resistance exercises such as lifting weights may help you to reduce loss of muscle strength. Ask your doctor or nurse for advice.

You can also ask your doctor about the possible advantages and disadvantages of having breaks from hormonal treatment. This is called intermittent hormonal therapy. When you stop taking hormonal therapy, many side effects gradually go away. But some men may still have ED. Different factors can affect this, including:

• your age

• your erectile function before treatment

• if you have other medical conditions that can cause ED

• the length of time you were on hormonal therapy.
MANAGING PHYSICAL EFFECTS ON YOUR SEX LIFE

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Treatments for erectile dysfunction

If you have problems getting or keeping an erection, there are lots of options that can help you. Many treatments work by increasing the blood supply to the penis.

The most commonly used treatments are:

• penile rehabilitation
• tablets taken before sex
• injections into your penis
• a pellet or cream you put into the opening of the penis
• vacuum pumps that pull blood into the penis
• sex therapy (see pages 18–19).

A treatment may not always work the first time you use it. You may need to try several times before you know how well a treatment works for you.

After nerve-sparing surgery (see page 42), it can take damaged nerves several months to heal. In this situation, if a treatment doesn’t work at first, you may get better results with it a few months later.

It is often worth trying different ED treatments, as some may work better than others. For some people, using a combination of treatments works best. Trying different ED treatments may be frustrating at times, but most men will find what works best for them.
Managing physical effects on your sex life

It can take time to get used to some of the treatments for erectile dysfunction. If you have a partner, it’s a good idea to ask them to come to appointments with you. This will help them understand how a treatment is used before you try it at home. Treatments for ED may not feel very sexy to use. And you may worry you will lose the desire when preparing for an erection. Involving your partner can help you overcome any difficulties together. Some couples use the treatments as part of their foreplay. Having sex therapy alongside using these treatments may help you work through changes to your sex life and talk openly with your partner.

Penile rehabilitation

Most of the time, ED treatments are designed to be used when needed. You usually use them just before sexual activity. But some men are offered a ED recovery package soon after treatment. This is sometimes called penile rehabilitation.

Your doctor may ask you to use it after surgery or radiotherapy that can damage nerves to the penis. You are given ED treatments to use regularly. You can use them even if you do not plan to have sex. This is similar to having physiotherapy to recover from an injury. The aim is to keep the penis healthy and increase your chance of good erectile function. It involves regularly using treatments that encourage blood flow to the penis, such as tablets (see page 60), a vacuum pump (see page 63) or a combination of both.

Penile rehabilitation is not always available through the NHS. This is because there is not enough evidence at present to prove if it works better than just using an ED treatment before having sex.
Tablets

This is the most widely used treatment for ED. It may not be recommended for you if you have heart problems. It should not be taken with certain prescription drugs, such as nitrates or recreational drugs such as amyl nitrate (poppers).

**Sildenafil** (Viagra®) increases and maintains the blood supply in the penis. It is usually taken about 60 minutes before sex, on an empty stomach. Then, after direct sexual stimulation, an erection can occur.

Sildenafil should be prescribed by your GP. It can cause side effects for some people, including heartburn, headaches, dizziness and changes in eyesight.

**Vardenafil** (Levitra®) tablets are similar to sildenafil. They work within 30 to 60 minutes. The most common side effects are headaches and facial flushing.

**Avanafil** (Spedra®) is similar to sildenafil and vardenafil. It is taken 15 to 30 minutes before sex.

**Tadalafil** (Cialis®) helps increase blood-flow to the penis during sexual arousal. Your doctor can prescribe it to you in two different ways:

- You can take it once a day. In this case, it takes about 5 to 7 days to build up in the body. Once you have started, you need to take it every day for it to work.
- You can take it just when needed. In this case, you take it between 30 minutes and two hours before sexual activity. The medicine stays active for about 36 hours.
Injections

This treatment may be more effective than tablets for men who have erectile dysfunction due to nerve damage.

A drug called alprostadil (Caverject®, Viridal®) is injected directly into the shaft of the penis, using a small needle. This causes an erection in 5 to 20 minutes. The drugs restrict blood-flow out of the penis, making it hard. The head of the penis may not become as hard as the shaft.

A healthcare professional will give you the first dose and teach you how to do this yourself. It is recommended that the injections are only used once in 24 hours and no more than three times a week. You should also change the site of the injections regularly.

A possible side effect of this treatment is having an erection that lasts for several hours. Doctors call this priapism. It is a serious side effect, as it can damage the tissues of the penis. If your erection lasts longer than two hours, you should always get medical help as soon as possible.

To reduce the risk of priapism, you will be prescribed a low dose of the injection to begin with. This is gradually increased to find the right dose for you. The person who prescribes your injections or tablets will explain the risk of priapism and how it can be treated.

‘I use either injections or a machine to get an erection. Even my consultant said you need a sense of humour to use them!’

Mark
Pellets or creams

Alprostadil can also come as pellets (MUSE®) or a cream (Vitaros®). You insert it into the opening of the penis using a specially designed applicator. The cream or pellet is absorbed into the penis and produces an erection. You need to pass urine before inserting the pellets. This wets the urethra and helps the pellet dissolve. Inserting the pellet or cream does not cause any discomfort. But the drug may cause a burning feeling in the urethra or pain in the penis.

Your first dose will be given to you in hospital. You will be prescribed a set dose of the drug to begin with. This can then be adjusted until you find the right dose for you. Priapism (see page 61) may occur with this treatment, but this is rare.
Pumps

Vacuum pumps can also be used to produce an erection. They are also called vacuum erection devices (VEDs).

The pump is a hollow tube that you put your penis into. The pump makes the penis fill with blood by creating a vacuum. You then put a stretchy constriction ring around the base of the penis to hold the erection. The erection can be maintained for up to 30 minutes. Once you have had sex, you take the ring off and the blood flows normally again. The pump can be used as many times as you want, as long as you leave half an hour between each use.

The advantage of the pump is that it doesn’t involve any medication, so it doesn’t interact with other medicines you are taking. You may need to try it a few times before you get used to using it. The pump may make your penis slightly bigger, but colder than usual. The pumps are available on the NHS.

Your doctor or nurse may encourage you to use a pump routinely to help the penis recover, and not just for sex. This is so that when you are ready to start sexual activity, you will have a better chance of getting an erection (see page 59).
Implants

A penile implant is sometimes used after all other methods have been tried. It is inserted into the penis during an operation.

There are two main types of implant:

• The first type uses semi-rigid rods that keep the penis fairly stiff all the time. They allow the penis to be bent down when an erection is not needed.

• The second type uses two inflatable rods that are inserted into the penis. A pump is put into the scrotum (see pages 34–35) and a small balloon filled with water is put into the tummy (abdomen). When the pump is activated, the rods fill with water and this causes an erection.

Your doctor can fully discuss the benefits and risks of penile implants with you.

Other things you can do

It is a good idea to follow healthy living guidelines (see pages 73–75). Doing this will give the treatments you are using the best chance of working.
Other things to know

You do not need to have a hard penis to give a partner pleasure. Having sex is not just about having erections or penetrative sex. And you don’t need to have an erection to ejaculate or have an orgasm.

There is more than one way to have sex or experience sexual pleasure. You can take time to try new things, and find other ways of experiencing and giving pleasure. This could include oral sex, mutual touching, using sex toys such as a dildo or vibrator, watching erotic films or reading erotic books.

When trying new things, it is usually best to do so gradually. That way you and your partner can make sure you both feel comfortable.
Coping with other physical effects that may affect your sex life

Pain

Pain can reduce sexual feelings and desire. If you have pain or are worried about pain, it may be helpful to:

• have sex after taking painkillers and wait a short time for them to work
• learn some relaxation techniques to use before having sex
• take control of the depth and speed of penetration
• try to ensure you and/or your partner are close to orgasm before penetration
• try types of sexual contact that you don’t find painful – this could be sexual contact without penetration
• use pillows and cushions to help you feel more comfortable and supported
• have sex side by side, to reduce body weight on a sore area.

We have a booklet called Controlling cancer pain that might help.
Tiredness

You may feel tired for weeks or months after treatment. This may affect your sexual desire.

If you don’t feel like having sex because of tiredness, talk to your doctor. They can check if there is anything causing your tiredness that could improve with treatment.

If you feel tired but would like to have sex, you may want to try:

• having sex in the morning, or at a time when you have the most energy
• experimenting with less demanding sexual positions
• making sure you and/or your partner are close to orgasm before penetration.

Urinary problems

After some types of cancer treatment, some people can have problems with leaking urine (incontinence) or difficulty passing urine. This may be temporary, but it can sometimes be permanent. It can affect your confidence and how you feel about yourself sexually.

If urine leakage is a problem for you, talk to your doctor or specialist nurse. They may suggest pelvic floor exercises to improve control. A technique called bulbo-urethral massage may also reduce the amount of urine you leak at orgasm.
Some men use a constriction ring around the base of their penis when it is erect. The ring presses down on the urethra, stopping urine from passing through. You can keep this ring on for a maximum of 30 minutes. Keeping it on for longer periods may damage the tissues in the penis. You may need to experiment until you find the right tightness so that it prevents urine leaking, but is still comfortable for you.

Other things you may want to try include:

- emptying your bladder before sex
- wearing a condom
- having sex in the shower
- keeping a towel or tissues close by.

**If you have a catheter**

Sex is still possible if you have a urinary catheter (a tube in the bladder and penis that drains urine out of the body). You can fold the catheter back along the penis using surgical tape and cover it with a condom to keep it in place. You may need to use extra lubrication during sex. Always wash around the catheter after having sex.

In some situations, it may be possible to remove the catheter before sex. Your nurse, or a continence adviser, can show you how to remove your catheter.

**If you do not have a catheter**

Avoid drinking too much fluid for an hour or so before you have sex. Make sure you pass urine before sex so your bladder is as empty as possible. It is sometimes possible to empty your bladder by putting in a catheter – your nurse or a continence adviser can discuss this with you. You may also want to have a shower or bath before having sex, which you could do alone or with your partner.
Bowel problems

Bowel problems are sometimes a side effect of cancer treatment, especially pelvic radiotherapy. These problems include loose bowel motions (diarrhoea), and needing to open the bowels with very little or no warning (faecal incontinence). These effects may be temporary, but they can sometimes be permanent.

Having problems with your bowels can have a huge impact on your life. It may make you feel less interested in sex. You may feel embarrassed and your confidence may be affected. You may feel unclean or unattractive, and you may want to avoid intimate contact.

You can discuss bowel problems with your doctor or specialist nurse, or with a dietitian. They may be able to reduce the side effects using a combination of medicines, dietary changes and exercises. They can also help you cope with the way the problems are making you feel.

There are things you can do to help you cope with bowel problems:

• Avoid eating foods that cause you bowel problems for several hours before sex.
• Empty your bowels just before you have sex.
• Good personal hygiene will help boost your confidence.
• Scented candles may help if you are concerned about smells.
• Let your partner know that you may have to rush to the toilet.
• Make sure you can get to the toilet quickly and easily.
• Have tissues and towels nearby during sex.
• You could use an anal plug. These are available online. Your doctor or specialist nurse can give you advice.
Stoma

Sometimes surgery for bowel or bladder cancer involves having an opening made in the abdominal wall. This is called a stoma. A stoma allows waste from your body (either urine or bowel motions) to drain into a bag that covers the stoma. This is called a colostomy bag.

Having a stoma can make some sexual positions uncomfortable. It can also affect your self-confidence and the way you feel about your body (see pages 22–25). You can reassure your partner that sex will not harm the stoma. To reduce rubbing against the stoma, choose positions that keep your partner’s weight off it.

It is not recommended to use a stoma for penetrative sex. Your doctor or specialist nurse can discuss this with you further.

Make sure the bag fits well and does not leak. It is a good idea to empty the bag before sex. Some foods can cause the bag to fill quickly, so avoid eating or drinking anything that usually causes you problems. You may be able to plug the stoma or wash it out, so that a bag is not needed for a short time.

Stoma nurses can advise and help you with all the sexual effects a stoma may cause. Information is also available from the Ileostomy and Internal Pouch Support Group (see page 83) or the Sexual Advice Association (see page 86).
Managing physical effects on your sex life

Treatment for head and neck cancer

The face, mouth and speech can play important parts in your sex life. Changes to any of these can affect how you interact sexually. They can also affect your confidence and how you feel about yourself (see pages 22–25).

Changes to speech
If there are certain things you do or do not want your partner to do sexually, let them know before having sex. You can also agree on alternative ways to communicate what you want during sex.

Changes to your mouth
Surgery or radiotherapy may affect your ability to kiss or give oral sex. It may also cause problems making saliva or controlling saliva. If you have a dry mouth, deep kissing and giving oral sex may be uncomfortable.
Loss of a limb

Very occasionally, a surgeon may need to amputate an arm or leg when treating some types of cancer (such as primary bone cancer). The limb will often be replaced with an artificial arm or leg (a prosthesis).

It can be very difficult to come to terms with a major body change like amputation. The feeling of looking different from other people can affect your self-confidence (see pages 22–25).

Whether to wear your prosthesis when having sex is a personal choice. You may find it helps with positioning and movement. Or you may find sex easier and more comfortable without it. Some sexual positions you enjoyed before surgery may no longer be comfortable. You may need to try different positions to find what you now prefer. You can use pillows to help with positioning and balance. Your physiotherapist or occupational therapist can give you advice if needed.

Lymphoedema

Lymphoedema is swelling that develops because of a build-up of fluid in the body’s tissues. It can affect your sex life and change the way you feel about your body. The following advice might make sex more comfortable and enjoyable:

- Try sexual positions that don’t put weight on the area affected.
- Have sex at times when the swelling is low. This might be in the morning, or after you have worn a compression garment for a few hours.
- If you have genital lymphoedema, use extra lubricant to reduce friction to the skin.
Health and well-being

Your physical health and well-being can affect your sexual function and self-confidence.

Your GP, cancer doctor or nurse can tell you if there are any health and well-being clinics in your area. These clinics are run by volunteers and Macmillan professionals. They can give you support and advice on diet, lifestyle and adjusting to life after treatment.

Reduce stress

There are different ways of reducing stress. You could try:

• taking part in regular physical activity
• eating a healthy diet
• making time to do things you enjoy
• spending time with people
• relaxation or breathing exercises.

Physical activity

Being more physically active is an important part of your recovery and improves your long-term health.

During treatment, you may have been less active. This can make you feel more tired. Your muscles may have lost some strength. Even a little regular physical activity, like short walks, will help to increase your energy levels. It can also make you feel stronger and less stressed.
Aerobic activity can help protect your heart and improve your circulation. Aerobic activity includes brisk walking, running, skipping, cycling, dancing or swimming.

It is a good idea to talk to your cancer doctor or GP before you start. They can advise you on the type and amount of exercise that is safe for you to do. Some hospitals have exercise programmes especially for people recovering from cancer treatment.

**Stopping smoking**

Most people know that smoking increases the risk of several types of cancer, as well as heart and lung diseases. But it can also harm blood vessels and reduce blood flow to the penis. Nicotine makes blood vessels contract, which can also reduce how much blood reaches the penis. Your GP can give you advice and help on stopping smoking.

**Cutting down on alcohol**

NHS guidelines suggest that both men and women should:

- not regularly drink more than 14 units of alcohol in a week
- spread the alcohol units they drink in a week over three or more days
- try to have several alcohol-free days every week.
Eating well

Eating a healthy, balanced diet can:

- protect your heart
- reduce the risk of some cancers
- reduce the risk of erectile problems
- help you keep to a healthy weight.

Try to eat five portions of fruit and vegetables a day. Increase your fibre intake by eating wholegrain foods, beans and brown rice. Protein from meat, fish and pulses helps our body cells to grow and repair.

Cut down on fat and salt. Unsaturated fats in nuts and seeds are good for us, but saturated fats found in fried food, chocolate and cheese are bad for us and make you put on weight.

We have more information on physical activity, stopping smoking and healthy eating. Call us for free on 0808 808 00 00 or visit be.macmillan.org.uk to order copies of our information.
### Further Information

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About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Order what you need

You may want to order more leaflets or booklets like this one. Visit be.macmillan.org.uk or call us on 0808 808 00 00.

We have booklets on different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer and information for carers, family and friends.

All of our information is also available online at macmillan.org.uk/cancerinformation. There you’ll also find videos featuring real-life stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- Easy Read booklets
- ebooks
- large print
- translations.

Find out more at macmillan.org.uk/otherformats. If you’d like us to produce information in a different format for you, email us at cancerinformationteam@macmillan.org.uk or call us on 0808 808 00 00.
Help us improve our information

We know that the people who use our information are the real experts. That’s why we always involve them in our work. If you’ve been affected by cancer, you can help us improve our information.

We give you the chance to comment on a variety of information including booklets, leaflets and fact sheets.

If you’d like to hear more about becoming a reviewer, email reviewing@macmillan.org.uk You can get involved from home whenever you like, and we don’t ask for any special skills – just an interest in our cancer information.
Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we’re here to support you. No one should face cancer alone.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our free, confidential phone line is open Monday–Friday, 9am–8pm. Our cancer support specialists can:

• help with any medical questions you have about your cancer or treatment
• help you access benefits and give you financial guidance
• be there to listen if you need someone to talk to
• tell you about services that can help you in your area.

Call us on 0808 808 00 00 or email us via our website, macmillan.org.uk/talktous.

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. There, you can speak with someone face to face. Visit one to get the information you need, or if you’d like a private chat, most centres have a room where you can speak with someone alone and in confidence.

Find your nearest centre at macmillan.org.uk/informationcentres or call us on 0808 808 00 00.
Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That’s why we help to bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting macmillan.org.uk/selfhelpandsupport

Online community

Thousands of people use our online community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people’s posts at macmillan.org.uk/community

The Macmillan healthcare team

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

‘Everyone is so supportive on the online community, they know exactly what you’re going through. It can be fun too. It’s not all just chats about cancer.’

Mal
Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you’ve been affected in this way, we can help.

Financial guidance
Our financial team can give you guidance on mortgages, pensions, insurance, borrowing and savings.

Help accessing benefits
Our benefits advisers can offer advice and information on benefits, tax credits, grants and loans. They can help you work out what financial help you could be entitled to. They can also help you complete your forms and apply for benefits.

Macmillan Grants
Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to a much-needed break.

Call us on 0808 808 00 00 to speak to a financial guide or benefits adviser, or to find out more about Macmillan Grants. We can also tell you about benefits advisers in your area. Visit macmillan.org.uk/financialsupport to find out more about how we can help you with your finances.

Help with work and cancer
Whether you’re an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit macmillan.org.uk/work

Macmillan’s My Organiser app
This free mobile app can help you manage your treatment, from appointment times and contact details, to reminders for when to take your medication. Search ‘My Organiser’ on the Apple App Store or Google Play on your phone.
Other useful organisations

There are lots of other organisations that can give you information or support.

**Bladder or bowel changes**

**Bladder and Bowel Community**
7 The Court, Holywell Business Park, Northfield Road, Southam CV47 0FS
**Tel** 01926 357220
**Email** help@bladderandbowelfoundation.org
**www.bladderandbowelfoundation.org**
Provides information and advice on bladder and bowel symptoms.

**Colostomy Association**
Enterprise House, 95 London Street, Reading RG1 4QA
**Tel** 0800 328 4257 (24-hour helpline)
**Email** cass@colostomyassociation.org.uk
**www.colostomyassociation.org.uk**
Assists and supports people who have or are about to have a colostomy.

**IA – the Ileostomy and Internal Pouch Support Group**
IA National Office, Danehurst Court, 35–37 West Street, Rochford, Essex SS4 1BE
**Tel** 0800 018 4724
**Email** info@iasupport.org
**www.iasupport.org**
Aims to help anyone who has had, or is about to have, their colon removed and has an ileostomy or internal pouch.
Urostomy Association
4 Demontfort Way,
Uttoxeter ST14 8XY
Helpline 01889 563191
Email secretary@urostomyassociation.org.uk
www.urostomyassociation.org.uk
Aims to assist people who are about to have, or have had, surgery resulting in the diversion or removal of the bladder. Provides information, help and advice on appliances, work situations, and relationship problems.

Body image

Changing Faces
The Squire Centre,
33–37 University Street,
London WC1E 6JN
Tel 0345 450 0275
Email info@changingfaces.org.uk
www.changingfaces.org.uk
Provides support and information for people who have any sort of disfigurement (and their families), with the aim of building effective coping strategies and self-confidence. Publishes a wide range of self-help booklets and DVDs.

Let’s Face It
1 Victoria Place,
Westgate-on-Sea CT8 8NG
Tel 01843 491291
Email chrisletsfaceit@aol.com
www.lets-face-it.org.uk
An international network for people with facial disfigurement. Links together patients, their families, friends and professionals for self-help, information and mutual support.

Outsiders/Sex and Disability Helpline
West End, Redwood Farm,
Barrow Gurney,
Avon BS48 3RE
Helpline 07074 993 527
(11am to 5pm weekdays)
Email sexdis@outsiders.org.uk
www.outsiders.org.uk
A UK-wide community of people who feel socially isolated because of physical disabilities. Helps people gain confidence, make new friends and find partners. Runs a helpline for disabled people with sexual problems. Produces leaflets covering all aspects of sex for disabled people.
Counselling and sex therapy

**College of Sexual and Relationship Therapists (COSRT)**
PO Box 13686, London SW20 9ZH
**Tel** 020 8543 2707
**Email** info@cosrt.org.uk
**www.cosrt.org.uk**
Provides information and support on sexual problems.

**The Institute of Psychosexual Medicine**
Building 3, Chiswick Park, 566 Chiswick High Road, London W4 5YA
**Tel** 020 7580 0631
**Email** admin@ipm.org.uk
**www.ipm.org.uk**
Has a comprehensive list of doctors throughout the country who are trained in psychosexual medicine.

**Pink Therapy**
BCM 5159, London WC1N 3XX
**Tel** 0207 786 6647
**Email** admin@pinktherapy.com
**www.pinktherapy.com**
The UK’s largest independent therapy organisation. They provide an online directory of therapists of all sexualities and gender identities who work with gender and sexual diversity clients across the LGBTIQ spectrum from a non-judgemental standpoint.

**Relate**
Premier House, Carolina Court, Lakeside, Doncaster DN4 5RA
**Tel** 0300 100 1234
**www.relate.org.uk**
Offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support face to face, by phone and online.
The Sexual Advice Association (formerly the Sexual Dysfunction Association)
Sexual Advice Association, c/o Right Angle, 224, Building 3, Chiswick Park, 566 Chiswick High Road, London W4 5YA
**Helpline** 0207 486 7262
**Email** info@sexualadviceassociation.co.uk
**www.sda.uk.net**
A charity that aims to improve people’s sexual health and well-being and to raise awareness of how sexual conditions affect the general population.

LGBT support

LGBT Foundation
5 Richmond Street, Manchester M1 3HF
**Helpline** 03453 303030
**Email** helpline@lgbt.foundation
**www.lgbt.foundation**
Provides advice, support and information to people who are gay, lesbian, bisexual or transgender, and their families and friends.

Switchboard LGBT Helpline
PO Box 7324, London N1 9QS
**Helpline** 0300 330 0630 (Mon to Sun, 10am to 10pm)
**Email** chris@switchboard.lgbt
**www.switchboard.lgbt**
The helpline gives advice, information and referrals to people who are gay, lesbian, bisexual or transgender, and their families and friends.

Prostate cancer support

Prostate Cancer UK
4th Floor, The Counting House, 53 Tooley Street, London SE1 2QN
**Helpline** 0800 074 8383
**Email** info@prostatecanceruk.org
**www.prostatecanceruk.org**
Provides information and support, and funds research into prostate cancer. Runs a helpline with experienced nurses. Can arrange contact with other men and their families who are willing to talk about their experiences. Provides a range of free literature.
General cancer support organisations

Cancer Black Care
79 Acton Lane,
London NW10 8UT
Tel 020 8961 4151
Email
info@cancerblackcare.org.uk
www.cancerblackcare.org.uk
Offers information and support for people with cancer from ethnic communities, carers, their friends and families.

Cancer Focus Northern Ireland
40–44 Eglantine Avenue,
Belfast BT9 6DX
Helpline 0800 783 3339
(Mon to Fri, 9am to 1pm)
Email
hello@cancerfocusni.org
www.cancerfocusni.org
Offers a variety of services to people affected by cancer, including a free helpline, counselling and links to local support groups.

Cancer Research UK
Angel Building,
407 St John Street,
London EC1V 4AD
Helpline 0808 800 4040
(Mon to Fri, 9am to 5pm)
www.cancerresearchuk.org
Has patient information on all types of cancer. Also has a clinical trials database.

Cancer Support Scotland
Cancer Support Scotland Centre,
75 Shelley Road,
Glasgow G12 0ZE
Tel 0800 652 4531
(Mon to Fri, 9am to 5pm)
Email
info@cancersupportscotland.org
www.cancersupportscotland.org
Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.
Macmillan Cancer Voices
www.macmillan.org.uk/get-involved/volunteering/share-your-experience/cancer-voices
A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

Maggie’s Centres
The Gatehouse,
10 Dumbarton Road,
Glasgow G11 6PA
Tel 0300 123 1801
Email enquiries@maggiescentres.org
www.maggiescentres.org
Has a network of centres in various locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.

Penny Brohn UK
Chapel Pill Lane,
Pill,
Bristol BS20 0HH
Helpline 0303 3000 118
(Mon to Fri, 9.30am to 5pm)
Email helpline@pennybrohn.org.uk
www.pennybrohn.org.uk
Offers a combination of physical, emotional and spiritual support, using complementary therapies and self-help techniques.

Tenovus
Gleider House, Ty Glas Road,
Cardiff CF14 5BD
Helpline 0808 808 1010
(daily, 8am–8pm, free)
Email info@tenovuscancercare.org.uk
www.tenovuscancercare.org.uk
Aims to help everyone get equal access to treatment and support. Funds research and provides support such as mobile cancer support units, and an ‘Ask the nurse’ service on the website and benefits advice.

You can search for more organisations on our website at macmillan.org.uk/organisations or call us on 0808 808 00 00.
Cancer registries

The cancer registry is a national database that collects information on cancer diagnoses and treatment. This information helps the NHS and other organisations plan and improve health and care services. There is one in each country in the UK:

**National Cancer Registration Service**
Public Health England, Wellington House, London SWE1 8UG
**Tel** 020 7654 8000
**Email** enquiries@phe.gov.uk
**www.ncr.nhs.uk**

**Scottish Cancer Registry**
NHS Information Services, Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB
**Tel** 0131 275 7777
**Email** nss.csd@nhs.net
**www.isdscotland.org/Health-Topics/Cancer/Scottish-Cancer-Registry**

**The Welsh Cancer Intelligence & Surveillance Unit**
Floor 5, Public Health Wales, Number 2 Capital Quarter, Tyndall Street, Cardiff CF10 4BZ
**Tel** 029 3037 3500
**www.wcisu.wales.nhs.uk**

**Northern Ireland Cancer Registry**
Queen’s University Belfast Mulhouse Building Grosvenor Road Belfast BT12 6DP
**Tel** 028 9097 6028
**Email** nicr@qub.ac.uk
**www.ncras.nhs.uk**
Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information in this publication, or third-party information or websites included or referred to in it.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support’s Cancer Information Development team. It has been approved by our Chief Medical Editor, Dr Tim Iveson, Macmillan Consultant Medical Oncologist.

With thanks to: Dr Josie Butcher, Psychosexual Counsellor; Louisa Fleure, Lead Urology Clinical Nurse Specialist/Prostate Cancer Advanced Nurse Practitioner; Tara Hewitt, Equality, Diversity & Inclusion Lead/Psychosexual counsellor; Ben Heywood, Macmillan Survivorship Network Manager; Dr Martin Steggall, Researcher in Men’s Sexual Health and Erectile Dysfunction, Dean of Faculty of Life Sciences and Education; and the people affected by cancer who reviewed this edition.

Sources

We’ve listed a sample of the sources used in the publication below. If you’d like further information about the sources we use, please contact us at bookletfeedback@macmillan.org.uk


Can you do something to help?

We hope this booklet has been useful to you. It’s just one of our many publications that are available free to anyone affected by cancer. They’re produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we’re there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

Share your cancer experience
Support people living with cancer by telling your story, online, in the media or face to face.

Campaign for change
We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

Help someone in your community
A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

Raise money
Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

Give money
Big or small, every penny helps. To make a one-off donation see over.

Call us to find out more
0300 1000 200
macmillan.org.uk/getinvolved
Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £
(Please delete as appropriate)

I enclose a cheque / postal order / Charity Voucher made payable to Macmillan Cancer Support

OR debit my:

Visa / MasterCard / CAF Charity Card / Switch / Maestro

Card number

Valid from

Expiry date

Issue no

Security number

Signature

Date / / 

Don’t let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

☐ I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box.

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

If you’d rather donate online go to macmillan.org.uk/donate

Please cut out this form and return it in an envelope (no stamp required) to:
Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851, 89 Albert Embankment, London SE1 7UQ

27530
This booklet is about how cancer and its treatment can affect sexuality, sex life and relationships. It is for men affected by cancer, whatever their sexual orientation and whether they have a partner or partners, or if they are single.

The booklet explains how treatment side effects may affect sex life, and the support and treatment that is available.

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on 0808 808 00 00, Monday to Friday, 9am to 8pm, or visit macmillan.org.uk

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using NGT (Text Relay) on 18001 0808 808 00 00, or use the NGT Lite app.

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