

Between the Sheets...

April 2020

This column provides the platform for experts in the field to help men and women by providing answers to questions about sexual health and intimacy challenges that can result from prostate cancer treatment.

This column was compiled with the help of Dr. Anne Katz, Certified Sexuality Counselor and Clinical Nurse Specialist at CancerCare Manitoba. She has educated thousands of healthcare providers and cancer survivors about cancer, sexuality and survivorship. She is the editor of the Oncology Nursing Forum, an avid blogger for ASCO Connections, and the author of 13 books on the topics of illness, sexuality and cancer survivorship. (www.drannekatz.com)

QUESTION FROM PROSTATE CANCER SURVIVOR:

I have chosen to go on active surveillance because I have low risk prostate cancer (diagnosed 6 months ago) and I do not want to deal with the prospect of sexual changes after surgery or radiation. I am recently divorced and sex is important to me, especially now that I am single (and looking!). I have noticed in the past few months that my erections are not as rigid as they once were. Could this have something to do with being on active surveillance? I am 61 years old and have never had this problem before.

RESPONSE FROM DR. ANNE KATZ:

It is said that the brain is the biggest sex organ and there is truth to that. Erections are not purely mechanical or hydraulic and your mood and general emotional status can and do affect multiple aspects of sexual functioning. You have experienced a LOT of change recently – the diagnosis of prostate cancer, making a treatment decision, divorce, perhaps moving to a new home or adapting to living alone in your old home... This is a lot of change and any and all of these may be involved in how your penis is acting and reacting. A diagnosis of prostate cancer itself and the very real potential for the sexual side effects of treatment cut to the very heart of masculinity and masculine self- image. Add to that the challenges of projecting the challenges of establishing a new romantic or sexual partner and your erectile functioning is going to undergo some change. Add to that the fact that many men experience changes in erections as they age and in your 60s you may start to gain weight leading to medical issues such as early cardiovascular disease and diabetes.

There is almost no research on the sexual side effects of being on active surveillance but there are certainly studies that show that men experience anxiety when following this treatment strategy. This does not mean you should give up on it! But think about how you might be feeling, even subconsciously, about the regular monitoring of your PSA and perhaps repeated biopsies and what messages you might be hearing from your family and/or friends about “doing nothing” or “not being treated”. All of these potentially add stress that can lead to anxiety and second guessing your treatment decision.

In addition, failing to achieve or maintain an erection can become a self-fulfilling prophecy – or cause performance anxiety – so talk to your urologist or primary care provider about using one of the oral medications that can act as a ‘safety net’ and provide you with both confidence and assistance with your erectile function. A general check-up of your blood pressure, cholesterol and blood glucose is also warranted – the penis is the ‘canary in the coalmine’ for general health as changes in erections may be an early warning sign of underlying cardiac health.

Watch Dr. Katz’ presentation on sexual health and intimacy from the Prostate Cancer Pathways for Patients and Caregivers event recorded at Englewood Health in Englewood, NJ on September 29, 2018. <https://www.youtube.com/watch?v=A2ZdDHw2WGY&t=8542s>.

Read previous issues of *Between the Sheets* at www.ustoo.org/BTS.

Do you have a question about sexual health or intimacy? If so, we invite you to send it to Us TOO. We’ll select questions to feature in future *Between the Sheets* columns.

Please email your question to: ustooBTS@ustoo.org

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