Love, Sex and Intimacy
after Prostate Cancer

Frequently Asked Questions
Men and Their Partners Want Answered.

Patrick Lumbroso

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Over the next few pages, you will find the answers to many of the questions men and their partners want answered, but are too afraid to ask.

Should you have a question that hasn’t been covered by this e-book, please feel free to write to us at info@lifeafterprostatecancer.com.au or call us on Sydney (02) 9262 9992.
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Sexual Preparations Before Undergoing Treatment for Prostate Cancer

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I’m aware that undergoing treatment for prostate cancer may have a huge impact on my sex life. Sexually speaking, is there anything I can do to prepare myself for recovery?

Age, physical fitness, health, lifestyle (how stressed you are, whether you smoke or drink etc.) and relationship factors can each play an important role in determining how quickly you are able to adjust and recover from prostate cancer treatment.

**Physically, the fitter you are, the greater your chances of recovery.** If time permits and surgery or radiation treatment can be delayed for a few months without risk, improving your physical fitness (and where necessary dropping to a healthier weight range) may aid your chances of sexual recovery. Working with a professionally accredited personal trainer that understands your physiological needs could also assist in reaching these aims.

Urinary incontinence is a major challenge many men face following treatment for Prostate Cancer. To address this issue, most men are instructed to commence pelvic floor (Kegel) exercises. Put simply, Kegel exercises strengthen the muscles you squeeze when trying to stop urinating mid-stream. These exercises can be combined with biofeedback programs that help you train these muscles even better. Your doctor should be able to recommend you to a health care professional who can help you with Kegel training exercises.

**Learning how to handle the stress of getting prostate cancer is also important.** Relaxation and stress management techniques will aid your physical, mental and sexual recovery. Here at MindFocus, we run courses specially aimed at teaching men these skills.

**Sexual recovery following Prostate Cancer will take time, patience and most importantly, access to specialist expert advice and direction.** This is particularly crucial during those times following treatment when problems arise (and they will!), when frustrations mount and recovery progression doesn’t appear to be going to plan. Having a sex and psychology expert help you both sort through your concerns and to answer your questions will assist you and your partner to develop a physical and sexual recovery plan following and after prostate cancer treatment.

Put simply, the more information you have, the more empowered you and your partner will feel and the better your treatment choices will be.
I’ve recently been diagnosed with Prostate Cancer, but I haven’t undergone any treatment as yet. When would be the best time to talk about my sexual options?

Finding out that you have prostate cancer can be incredibly traumatic for yourself, your partner and your family. Understandably, many couples choose to concentrate on “fighting cancer” first, and worry about sex later. If however your sexual recovery is a major concern for you at the time you receive your diagnosis, it may benefit you to arrange for an appointment with one of our specialist team of prostate cancer recovery advisers to discuss treatment options, sexual adjustment issues and recovery time tables.

Factors to be considered in planning your sexual recovery include:

- The nature and scope of your sex life before treatment. This includes developing a detailed understanding how sexually active you were prior to Prostate Cancer diagnosis, as well as your sexual values (likes, dislikes, cultural influences and so on).
- Whether you or your partner experienced any physical, sexual or relationship issues prior to your diagnosis.
- Your physical, psychological and sexual health.
- Other lifestyle factors (work pressures, family issues etc.) that may influence sexual outcomes.

If you decide to wait until “things settle down” after your treatment, then it is highly advisable that you and your partner seek professional sexual and relationship instruction even before you feel yourselves ready to recommence sexual activities.

By seeking early assistance, you and your partner will be able to:

- start and maintain a penile rehabilitation program,
- to address sexual adjustment issues before they become overwhelming, and
- ensure that both of you are less likely to experience relationship problems and psychological distress (such as depression, stress and anxiety).

As far as my future sex life is concerned, why is it important that I seek specialist advice from sex psychologists and sexual health clinicians?

Research that shows that post-treatment men who receive detailed instruction and counselling every three months from specialist sexual health physicians and psychologists, are more likely to experience higher levels of erectile treatment satisfaction, better intimacy outcomes and higher levels of sexual achievement.

By comparison, post–treatment men that receive minimal levels of specialist sexual treatment are:

- far less likely to receive correct instruction as to erectile treatment usage,
- more likely to receive unsuitable erectile treatment dosages,
- less likely to learn how to incorporate erectile treatments within sexual activities,
- are more likely to experience continued erection problems together with accompanied declines in sexual activity, and
- are more likely to cease treatment without ever having experienced erectile recovery.

In cases such as these, it is common for sexual activity to cease altogether.
Most physicians know little about ED and its treatment, especially when it comes to relationship issues. Seeking the aid of a certified sex therapist is the quickest route to resolving bedroom relationship issues.

The “sex conversation” is very difficult to conduct in 10 to 15 minutes. It is a very sensitive topic and, whether your partner is present or not, it is a difficult conversation. However, experienced sexual medicine physicians are used to discussing these issues and it is our task to do whatever we can to restore intimacy to the relationship. *

*Excerpt from Saving Your Sex Life: A Guide for Men with Prostate Cancer
Dr. John Mulhall. C-I- ACT Publishing © 2010
Preparing for Sex After Prostate Cancer

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My wife has asked me as to when our sex life will recommence, but I’m not ready to restart it quite yet. What should I do?

There may be any one of a number of reasons why you may not be ready to recommence your sex life. Incontinence issues, pain, lack of libido, fear, lack of sexual confidence. You may be feeling depressed. You may be playing the waiting game as far as your erectile recovery is concerned. Many men shut off at this time, not willing to discuss sex, intimacy, or any of the many issues that keep the awake at night.

Being consciously aware of and professionally treated for any of the psychological and the physical factors that are putting your sex life on hold is critically important towards resolving sexual, and relationship issues.

In our experience that the longer a couple goes without experiencing any form of physical intimacy, the more difficult it is for them to break the cycle and to re-establish it. This is one of the reasons why we like to see men early after treatment so as to maintain sexual momentum within the relationships.

If you find yourself in the position of being asked to resume sexual activity, but feel unsure or uncomfortable in taking the next steps, we highly recommend that you make a time to see us.

We can help you overcome the issues that may be holding you back, as well as helping increase levels of sexual confidence. We can help you and your partner to become emotionally and physically ready towards resuming your sex lives, as well as teaching you both how to integrate treatments into your sexual repertoire, and help restore levels of intimacy and communication.
I’ve been prescribed injection treatments, but I’m really scared to self-inject. What should I do?

(Please refer to our disclaimer and note that the information provided on this e-book is, at best, of a general nature and cannot substitute for the advice of a medical professional.)

Injection phobia is quite common amongst men, however with correct instruction from a specialist sex practitioner (and in some cases, a sex psychologist) most men can be ‘taught’ how to relax and self-inject. The good news is that a wide range of men uses the injection method to obtain erections. In general, these men are active in life and would like to remain sexually active.

As far as pain is concerned, the needle generally utilised for this injection is a 30 gauge ultra-fine needle. Some medical reports have shown that for many men using injection therapies, they are often surprised at how relatively painless the injection actually feels. Furthermore, since the needle hole is very tiny, very little bruising or bleeding occurs. Many users of injection therapy report that like many things in life, injection therapy is something that one gets used to over time.

It has been reported that Prostaglandin E1 (one type of injection medication) may result in a transient dull ache at the base of the penis, however some doctors have reported that the pain is generally well tolerated by the patient and does not interfere with intercourse. If present, the pain typically subsides within 15 minutes.

Occasionally, the medication may produce a painful, sustained, prolonged erection, known as priapism. A priapism (a rigid erection that lasts for more than 4 hours) requires immediate medical attention, however is easily reversed when treated early.

For more information about injection therapy please click on this link, or contact our office on Sydney (02) 9262 9992 to arrange for an appointment to speak with one of our sex professionals.

I’m about to talk to my doctor about getting treatment for my erectile problems. Should I involve my partner in helping me select a treatment?

Research shows that in cases where partners are actively involved in treatment selection, men (and their partners) are more likely to experience higher degrees of sexual and psychological adjustment following prostate cancer treatment.

We certainly understand that some men may have very good reasons for wanting to see a sex-physician on their own, however if your partner is willing to be present with you during treatment selection, this can provide each of you with enormous benefits as far as sex, your relationship and your combined mental well beings are concerned.

Should you or your partner have concerns about having your partner present at either a physician’s appointment, or at one of our consultations with you, we are more than happy to discuss your concerns and if necessary, make alternate arrangements for their involvement in supporting your recovery.
Resuming Sexual Intimacy
What advice can you give me for resuming our sex lives after treatment?

Open a dialogue with your partner.

A critical step in getting closer to where you were earlier in your sexual relationship is to open a dialogue with your partner. More than ever, the successful communication of sexual needs and limitations between partners is vital following treatment for prostate cancer.

A problem many couples will face is that when it comes to communicating sexual essentials, fears and desires, both parties will often feel challenged; both in understanding the needs of the other and in making their own sexual needs and wants understood. Sexual requests are too often ambiguous and open to misinterpretation. As a result, feelings are more likely to be easily hurt.

Couples are often surprised to discover that what they perceived to be sexually true, can be often substantially different to their partner’s sexual reality.

One thing is absolutely certain... sexual avoidance and silence are both extremely detrimental towards successfully handling sexual problems. So too are statements such as “He should know what it takes to satisfy me sexually... I shouldn’t have to tell him...”. Statements such as these are both unhelpful and destructive.

The good news however is that sexual communication counselling can often help resolve such matters and can help each of you to regain sexual trust and intimacy and to become physically and emotionally ready to resume love-making.

Sexual outercourse.

In the initial stages following treatment when sex is being resumed, it is advisable for couples to move their focus from erection to what we call sexual outercourse. Start with kissing and cuddling and non-genital massage. Learn to focus on sensations (the touch of skin, sounds of breathing, heart beats, smell and taste, and so on). These are often overlooked in traditional lovemaking.
As time progresses, introduce non-penetration based activities, such as oral sex, massage, and direct finger clitoral stimulation are useful steps to take before launching back into penetrative relations.

We generally encourage men to progress slowly towards sexual intercourse during the period of time when physical relations resume. Learning how to successfully incorporate treatments (whether they be pills, injections and or vacuum devices) with your sexual practices is extremely important.

Too often, men will cease treatments for erectile dysfunction because of initial difficulties experienced when first attempting to integrate treatments within sexual practices. For example, each year, thousands of men will take pills for erectile dysfunction incorrectly, at the wrong time, with full stomachs, at strengths too weak to work, or without knowing how they are meant to perform. Vacuum pumps and injection treatments can offer effective forms of treatment so long as couples have been trained as to how to use such devices and treatments correctly.

Please Note:
Whilst some erectile treatment challenges may appear insurmountable, with appropriate specialist instruction and guidance many of these problems can be resolved. Before you make any decision to cease any form of prescribed erectile treatment, please call us. With expert instruction, you may find yourselves achieving greatly improved levels of treatment results.

It’s been a long time since my prostate cancer treatment...
Erection wise, nothing seems to be happening and I’m thinking about stopping treatment. What should I do?

There can be many reasons as to why treatments for erectile dysfunction do not appear to be working. (In some cases they may be working, but have not reached a point at which visible differences are apparent.) Sometimes, use of a particular treatment may be inappropriate for your body type. At other times, it may be that you may not be taking the correct strength of medication or you may be using the treatment incorrectly.

For example, in one study of 100 Viagra users, researchers found that in 56% of cases, men had been prescribed incorrect treatment dosages and or were improperly using the drug. As a result, each of these men had prematurely declared the drug to be ineffective and had ceased taking treatment. What was interesting about this study was that after some re-education (as to correct usage) and subsequent adjustment in medication strength, almost half of the men were later able to experience erectile benefits and to resume penetrative sexual activities.

Often penile rehabilitation and the return of erectile functioning can take time, however if you feel that too much time may have passed since you were last able to function sexually, do not despair. We can help put you in contact with sexual health physicians who specialise in helping men regain erectile functioning and in getting their sex lives back on track.
My urologist keeps on moving the timetable for my erectile recovery back. It’s been more than 12 months since my operation and nothing seems to be happening. I’m getting a little more than despondent with this situation. What should I do?

Put simply, you need to make a time to come and see us. The sooner, the better.

Extensive research (including our own university research) shows that “the wait and see approach” to erectile recovery and intimacy return is heavily flawed. Men instructed to indefinitely continue a ‘wait and see’ approach towards erectile recovery are far more likely to report experiencing distress over the loss of their erectile functioning and subsequent declines in sexual confidence. The belief that they are no longer capable of ‘performing’ sexually, together with the added embarrassment of urinary incontinence, often will provide considerable motivation towards avoiding all intimate contact with partners.

Throughout the world, respected sexual health and urological researchers report that such men are more likely to cease initiating lovemaking and subsequent declines in relationship intimacy. Once all sexual activity ceases, the cessation of erectile treatment is likely to follow, and the chances of eventual erectile recovery fade.

Research shows that patients who receive detailed immediate instruction (preferably in the presence of a sexual partner) and sexual counselling, as well as receiving specialist medical follow ups every three months following surgery, are likely to experience higher levels of treatment satisfaction and compliance, erection recovery and sexual confidence.

In closing the message is clear... Do not depend on the “wait and see” approach. Seeking immediate specialist sexual health assistance will aid sexual recovery.
Medications and devices for treating erectile problems

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**Phosphodiesterase type 5 inhibitors (PDE5’s).**

PDE5’s (include Viagra, Cialis and Levitra) are often prescribed as first-line oral agents to treat erectile dysfunction due to their ease of use and perceived clinical value.

Whilst PDE5 use has improved erectile functioning in up to 70% of cases, levels of erectile recovery success levels have been reported in some studies to be as low as 29%.

Factors that affect levels of treatment success include, age, treatment dosage, the extent of damage to penile nerves, and the amount of time between surgery and the commencement of treatment for erectile dysfunction.

As easy as they are to use, researchers have found inappropriate use of these drugs to occur in as many as 56% of men. Treatment glitches included patients being prescribed incorrect treatment dosages, improperly taking medication with a full stomach immediately following a meal; taking medication immediately before the initiation of sexual activity and not knowing that sexual stimulation was mandatory towards achieving an erection.

**Intracavernous injections (ICI)**

Intracavernous injections are a standard treatment of erectile dysfunction in cases where the use of medications (such as Viagra) have been found to be unsatisfactory.

Understandably, patients are often negative towards injection treatments due to the common perception that they are painful and they interfere with the spontaneity of intercourse.

Time, developing courage and the assistance of supportive partners, are critical for treatment execution. For some men, self-injection is considered too large a challenge to overcome, so often, their partners assist in the administration of injection treatments.

Studies show however that for some men, once they were able to overcome their fears of penile injection, the use of injections have allowed them to experience increases in levels of sexual confidence and satisfaction as well as improvements in relationships with partners.
Penile vibratory stimulation therapy

Penile erection is a nerve reflex. Millions of nerve receptors line the surface of your penis. Their stimulation trigger centers in the spinal cord and brain to start a process that lead to penile erection, firmness and ejaculation.

With specific frequency and amplitude, Penile Vibratory Stimulation safely stimulates these sensors. Through gentle and painless vibrations, Penile Vibratory Stimulation helps initiate the flow of blood into your penis and stimulates the muscles that keep it there longer, making it more rigid.

Medical vibrators like the Viberect® (www.viberectaustralia.com) generate high amplitude necessary for scientific nerve stimulation and can help generate sexual reflexes. Nerve stimulation after 2-3 minutes strong activates spinal cord sensors that originate the injured Cavernous nerves and instruct it to “wake up from sleep”. If done on a daily basis, this has shown in much neurophysiology literature to help in regeneration of nerves and functional recovery. This modality can help treat men with erectile dysfunction and urinary incontinence at all 3 fronts:
- Improve nerve conduction to the penis
- Improve blood flow (Pudenda Cavernous reflex and Bulbo Cavernous reflex),
- Help strengthen muscles around the penis that act as physiological “penis rings”

Men who use Penile Vibratory Stimulation on daily basis report progressive improvement in rigidity and spontaneous night time erections. In addition, vibratory stimulation can help correct poor and lack of orgasm after prostate cancer treatments.

For more information about penile vibratory stimulation therapy please visit www.viberect.com.au or contact our office on (02) 9262 9992 to speak with one of our sexual health professionals.
Vacuum erection devices

Vacuum erection devices (Vacuum devices) are often used as first-line penile rehabilitation therapies. A Vacuum device generally takes the form of a tube that is placed over the penis, to which a vacuum pump is attached, resulting in increased penile blood flow and oxygenation of nerve and muscle tissues.

Whilst men often will be willing and able and “making the time” to use a vacuum device whilst on leave from work, once work resumes some men will consider vacuum device usage to be impractical and it is often abandoned.

For more information about vacuum erection devices please visit www.erectionrehab.com or contact our office on 9262 9992 to arrange for an appointment to speak with one of our sexual health professionals.

ANDROMEDICAL ANDROVACUUM

Androvacuum is a medically proven, top quality penis pump. The medical penis pump can be used with erectile dysfunction and impotence treatments for longer and stronger erections while designed to be non-invasive, safe and effective.

Used as part of a sexual fitness routine, the Androvacuum helps to improve sexual health and the erectile capacity of the penis. The device is also a great solution to induce drug-free, instant erections. Ergonomically designed and engineered, the Androvacuum consists of a cylinder that is fitted over the penis with an electronic motor to create suction and induce a vacuum chamber around the penis. This process draws blood into the penis and helps it to become engorged and hard, ultimately facilitating penile enhancement.

Androvacuum is a penis enhancement pump that applies medical vacuum therapy specially designed for those who want to improve their sexual performance by practicing the innovative concept of sexual fitness. Vacuum therapy is also a safe and very effective treatment to solve erectile dysfunction (E.D.).

Ergonomically designed and engineered, Androvacuum consists of a cylinder that is fitted over the penis with an electronic motor to create suction and induce a vacuum chamber around the penis. This process draws blood into the penis and helps it to become engorged and hard, ultimately facilitating penile enhancement.
What to do if and when things don’t go to plan
I’ve been to a doctor and he has prescribed tablets for my condition. Shouldn’t this be enough as far as adapting to life after prostate cancer is concerned?

Advances in treatments for erectile dysfunction now allow many men to experience the resumption of at least some erectile functioning following prostate cancer procedures. Resurrecting erectile functioning and re-establishing an environment of recurrent, satisfying sexual interaction with a partner are however, two different things. When problems arise in the latter, a man will often contend that he has experienced “treatment failure” and may either cease following penile rehabilitation instruction, or may withdraw from treatment altogether.

Doctors and urologists tend to focus on the penis as being the dysfunctional element, and all too often, will fail to appreciate that erectile dysfunction can result from psychological issues (such as sexual performance anxiety, stress, depression, low levels of sexual desire and so on) as well as potential problems in partner physical and sexual health.

Relationship difficulties can also lead to sexual dysfunction, which in turn can lead a man towards experiencing anxiety over whether he will have an erection, as well as concerns as to any of his partner’s reactions towards his lovemaking abilities.

So whilst it is true that erectile dysfunction may be caused or aggravated by cancer treatment, the presence of other related and unrelated sexual problems in either the man or the woman, (such as difficulty with arousal, lack of desire, or fear of intimacy) will require treatment and resolution in order to allow the “pills” to work.

Whilst many couples will find navigating their ways through such troubled waters to be extremely difficult, and talking about sex and addressing sexual problems is rarely easy, not talking about sex can lead to depression, anxiety and marital breakdown.

The good news is that much can be done to help the two of towards enhancing your chances of sexual recovery.

Our sex and relationship counselling service can help both you and your partner with:

- Opening up the channels of sexual communication. Communicating openly your fears and concerns, and in adapting towards what is inevitably will become a new sexual dynamic.
- Knowing what your next steps should be when treatments for erection problems fail to work to plan.
- Learning how to incorporate treatments for erectile dysfunction within a sexual environment.
- Developing new techniques and strategies that take the focus off erections and will allow you both to find new ways of giving and receiving sexual and non-sexual pleasure and in enhancing levels of relationship intimacy.
- Finding specialist treatment providers that focus primarily on helping people resolve sexual challenges.
The treatments I’ve been taking don’t seem to be helping. I’m frustrated and upset and I can’t help but feel that my sex life is over... What should I do?

As far as the treatments not working for you, please refer back to answers provided in an earlier question, “It’s been a long time since my prostate cancer treatment. Erection wise, nothing seems to be happening and I’m thinking about stopping treatment. What should I do? ”

First things first... Your sex life need not be over. If the two of you were sexually active before treatment, there is every reason why the two of you should both be considering eventually moving back to that level of activity. Whilst sex after prostate cancer will never be the same as it was before treatment, with some guidance and adjustment in expectations, sex (both with and without an erection) can still be enjoyable, intimate and exceptionally satisfying.

That being said, many couples will require some instruction as to new ways of achieving sexual enjoyment both with and without treatments. Tackling these issues can be complex and dependent upon successfully addressing a number of factors that go beyond prostate cancer treatment. These include:

- Medical factors relating to your health. This includes taking medication that may interfere with levels of sexual arousal, and or treatment effectiveness.
- Psychological factors such as depression, anxiety, job related stressors and histories of trauma or sexual abuse.
- Social factors such as whether the two of you have children that may interfere with your abilities to work on intimacy matters.
- Partner health factors such as their physical, emotional and sexual health.
- Relationship factors such as inadequate or ineffectual communication; as well as discrepancies in levels of sexual desire. (An important indicator we look at would include examining sexual preferences and how sexually active the two of you were before treatment.)
- Cultural and religious factors that limit or prohibit certain sexual practices (such as masturbation).

I seem to be experiencing negative physical reactions to the drugs I’m taking for my erection problems... What should I do?

It is not uncommon for there to be negative treatment side effects experienced for many of the traditional erection treatment regimens. Men frequently report that using specific types of PDE5is can lead to severe headache, sore bones, and feelings akin to a hangover.

Some side effects can be eliminated through treatment fine tuning and continued physician education; however in some cases, men may find relief through changing from one treatment brand to another; for example, changing from Viagra to Cialis. In cases such as these, we believe that the advice of a specialist sexual health physician can be invaluable in helping someone over-come such problems.
I’ve been prescribed injection treatments, but I’m really scared to self-inject. What should I do?

(Please refer to our disclaimer and note that the information provided on from this booklet and on our website is, at best, of a general nature and cannot substitute for the advice of a medical professional.)

Injection phobia is quite common amongst men, however with correct instruction from a specialist sex practitioner (and in some cases, a sex psychologist) most men can be ‘taught’ how to relax and self-inject. The good news is that a wide range of men uses the injection method to obtain erections. In general, these men are active in life and would like to remain sexually active.

As far as pain is concerned, the needle generally utilised for this injection is a 30 gauge ultra-fine needle. Some medical reports have shown that for many men using injection therapies claim that although they can feel the needle, they are often surprised at how painless it feels. Also, since the needle hole is very tiny, very little bruising or bleeding occurs. Many men have also reported that like many things in life, using injection therapy is something that one gets used to over time. It has been reported that Prostaglandin E1 (one type of injection medication) may result in a transient dull ache at the base of the penis, however some doctors have reported that the pain is generally well tolerated by the patient and does not interfere with intercourse. If present, the pain typically subsides within 15 minutes.

Occasionally, the medication may produce a painful, sustained, prolonged erection, known as priapism. Priapism (a rigid erection for more than 4 to 8 hours) requires immediate medical attention, but is easily reversed when treated early.

For more information about injection therapy please click on this link, or contact our office on 9262 9992 to arrange for an appointment to speak with one of our sexual health professionals.
I’m having trouble incorporating treatments within sex. What should I do?

So many factors come into play when trying to successfully integrate treatments for erectile problems within a sexual setting. Even the simplest of treatments, PDE5 tablets can cause men and their partners to experience stress, frustration and disappointment.

The key to success in this case is to not see your attempts as be all and end all. Rome wasn’t built in day. Reestablishing a physical sexual connection will take time. Figuring out how to integrate treatments will usually require some experimentation as well as a willingness to contemplate and practice new ways of making love.

So here are some initial recommendations:

1. Treat every attempt at sex and in using erectile treatments as a learning experience. It’s not about getting a perfect score. It’s about learning what works and what doesn’t; what feels good, and brings you and your partner closer towards experiencing intimacy and sexual connection.

   If something doesn’t go perfectly to plan, don’t let it worry you. There are often many other approaches you can experiment with in order to discover new and better ways of giving and receiving sexual pleasure.

   Changing the type of treatment you are using, medication strengths, sexual timing, sexual techniques and physical environments can all lead to experiencing different sexual outcomes. There are literally hundreds of sexual, medical and environmental variables that can be tried and fine-tuned in order to experience sexual pleasure and intimate connection. Remember that each day provides another opportunity to learn more about what may or may not work and to discover something new.

2. Try to include your partner within treatment selection decisions. Research that shows that men who receive detailed instruction in the presence of a sexual partner, as well as sexual counselling and medical follow ups every three months, are more likely to experience higher levels of treatment satisfaction and sexual fulfilment success.
3. **Make sure you really understand how the treatments are meant to work.** For example, Most PDE5i treatments require some degree of arousal before they will start to work. Some pills won’t work on a full stomach. Some treatments take more time to work than others. History is filled with examples of men that have been unsuccessful in achieving appropriately timed, firm erections after failing to correctly follow treatment instructions. Literally millions of men around the world have given up trying to have sex, incorrectly believing that treatment-wise, ‘nothing works’.

It is also important that you be aware of potential treatment side-effects and that you document any negative side affects you may be experiencing as a result of treatment usage.

4. It is important to figure out the timings of various treatments you may be trialling. How soon before sex does a treatment need to be taken? How long do they last? What happens if nothing appears to be happening?

5. **Know what you should do if treatments work too well.** For example, if you are using injection therapy and your erection becomes uncomfortable or lasts more than an hour, doctor prescribed anti-erection medication should be on hand as a precaution.

6. Discuss with your partner the idea of **creating a sexual Plan B, Plan C and even Plan D** if erection-wise, things don’t go to plan. Such strategies may include slow and passionate kissing, applying manual stimulation and/or massage (both genital and non-genital), oral sex, the use of sex toys, and any other forms of sexual outercourse. That way, if your erection appears to be waning, you need not let it worry you. Simply switch to plan B, C or D and allow the music to continue!

7. Keep notes. This will enable you to fine tune your treatment regimen. It’s also a good idea to write any other information that may relate to your sexual outcomes. For example, emotionally, physically, sexually...how were you feeling? What was the environment like? Was it planned or spontaneous? How was your partner? How did you feel during and afterwards? What went right? What went wrong? All of this information can be invaluable for you, your partner and most definitely, a sexual health therapist/psychologist in your quest towards realising successful sexual adjustment and intimacy.

8. Get help in putting it all together. Our experience in helping patients adjust sexually psychologically and physically after prostate cancer shows that where treatments are perceived to be working, relatively easy to use and without physically debilitating side effects, sexual outcomes are more likely to be positive. However, if any of these factors are negative, treatment use tends to decline and in many cases, sexual activity is more likely to cease.

It will therefore pay you (and just as importantly your partner) to seek professional sexual health advice when trying to incorporate any type of treatment, into your love-making practices.
Seeking Help & Advice From a Sexual Health Practitioner

lifeafterprostatecancer.com.au {●●●}
Why should I seek professional advice from clinicians such as yourselves?
Research shows that men who receive detailed instruction (preferably in the presence of a sexual partner), sexual counselling and specialist medical follow ups every three months following prostate cancer treatment, they are likely to experience higher levels of erectile treatment satisfaction, better relationships and higher levels of sexual achievement.

Put simply, without sufficient and professional advice and assistance, men are more likely to cease treatment without ever having experienced erectile recovery. Where men receive minimal to zero levels of specialist sexual medical treatment and psychological counselling as to erectile treatment usage, how to incorporate such treatments within sexual activities, they are more likely to experience continued erection problems together with accompanied declines in sexual activity. It is common in these cases for sexual activity to cease altogether.

There are things I need help with, but I don’t feel comfortable in having my partner involved. Is it possible to see someone at your clinic on my own?
It is possible to see one of our clinicians without your partner being present. We certainly understand that some men may have very good reasons for wanting to see a sex-physician on their own.

It should be noted however that in cases where partners are actively involved in treatment selection, research shows that men are more likely to experience higher degrees of sexual and psychological adjustment following prostate cancer treatment.
What we recommend is that should you have concerns about having your partner present at one of our consultations with you, that we discuss your concerns and if necessary, make alternate arrangements for her involvement in supporting your recovery.

I’m interested in seeking your assistance, but I don’t want to be seen going in or coming out of a clinic that specialises in helping men with sexual problems. How can you help me avoid this situation from occurring?
Firstly, you should know that our offices are discrete and do not make reference to any condition that we treat. Our twin reception areas are private and patients are normally escorted to our meeting rooms soon after arrival. Nevertheless, we appreciate and understand that some men and women find it easier (and more convenient) being able to talk about their sexual problems to a therapist either over the telephone or online via Skype. To this end we offer online sexual and psychological counselling services by trained psychologists and/or sex therapists.

Services can be provided by any combination of regular telephone conversation, Skype face to face (or voice to voice) communications and via online chat.

For more information, please visit the online counselling section of our website by visiting www.lifeafterprostatecancer.com.au/online.html.
Information for Partners

lifeafterprostatecancer.com.au
How do I support my partner to get through this major life challenge?

Partners will often play a critical role in helping men before and after treatment for prostate cancer. Our own research has shown that adjusting sexually, psychologically and socially to a life with postoperative erectile dysfunction is a major life challenge for all men. Men have often reported that successful psychological and sexual adjustment, as well as penile rehabilitation adoption and adherence is highly dependent on their partner, in particular:

- the quality of their relationships,
- the partner’s involvement in the recovery process and erectile treatment selection, and
- whether or not the partner had a positive attitude towards sex.

Successful partner support is often dependent upon the following factors:

- Getting help for yourself. It’s important to make sure you are taking care of yourself; physically, emotionally and sexually. Having a partner that has undergone treatment for prostate cancer can have a serious sexual, psychological and physical toll. Sexual dysfunction is common amongst the partners of men that have undergone prostate cancer treatment. As are increased levels of both depression and anxiety. If the relationship between the two of you was troubled before prostate cancer, then chances are that life after prostate is going to require the two of you to learn new relationship and communication skills.
- Getting help for him. Allowing others to help both of you soon after surgery/treatment can make a huge difference towards recovering sexual and emotional intimacy and in avoiding practices that can be destructive and distressing.
- Patience and persistence. Sexual dysfunction following prostate cancer treatment is a lifelong chronic condition. It can be successfully managed, and couples can often regain sexual intimacy, however continued perseverance towards physical and emotional recovery is key.
- Supportive your partner in the use of erectile aids such as vacuum pumps, pills, and where necessary, penile injections. Knowledge is power. Learning how to successfully incorporate erectile aids within lovemaking practices is critical.
Learn as much as you can about:

- How to recognise and handle the various psychological and relationship challenges many couples experience after prostate cancer treatment ends. This can include depression, grief and anxiety.
- The various treatment options available for erectile dysfunction and penile rehabilitation. A good place to start is to visit the ‘Treatments’ section on this eBook.
- Sex adjustment and sexual re-skilling. This includes:
  - Learning how to incorporate treatments for erectile dysfunction within a sexual environment.
  - How you can help your man ‘win in the bedroom’. Sexual and intimacy techniques that provide each of you with pleasure despite the absence of an erect penis. (Lesbians have been managing to do this for quite some time!).
  - The joys and pleasures of ‘planned sexual spontaneity’.

Once again, knowledge is power. For example, did you know that:

- A man can have an orgasm without having an erection?
- Depending on the type of treatment a man has received for prostate cancer (for example, radical prostatectomy versus radiation therapy), he may still experience high levels of sexual desire even though sexual arousal may be lacking?
- As many as 50% of all men incorrectly use Viagra that has been prescribed to them to treat their erectile dysfunction.
- Out of all men that were found to be sexually active prior to receiving treatment for prostate cancer, as many as 50% fail to commence treatment for their erectile problems following prostate cancer surgery. A further 50% of those that remain will stop taking treatments within the following 12 months due to a lack of treatment success.

For many partners, ‘the right information’ is often difficult to find, and often will come from an unreliable source. In response to this situation, here at MindFocus™ we run special education workshops and support groups for partners of prostate cancer survivors. For more information about our next partner support group meeting, please call (02) 9262 9992.

“My partner has recently been diagnosed with Prostate Cancer, but hasn’t undergone any treatment as yet.

Sex has always been an important part of our lives together. I’m aware that this is going to have a huge impact on our sex lives, but right now, beating cancer is our highest priority...

How do I support my partner to get through this major life challenge?”
Following his treatment for prostate cancer, my partner and I have stopped having sex all together. What should I do?

Successful loving after prostate cancer therapy requires both partners to be active. The partner plays a key role in rebuilding the man’s confidence. There are a number of key events in which the partner’s reaction makes a critical difference to the future of the relationship. The woman’s reaction may cause the man either to withdraw or to be encouraged. Sending a positive message can make a big difference in reestablishing the man’s ego and in rebuilding the sexual foundation for the couple.

Being supportive and loving is critical in these situations. After a man has cancer treatment, the woman should show her desire by initiating sexual touching and lovemaking, and express her interest and support. She can help reduce the man’s anxiety by showing and saying that she is interested in lovemaking, whether there is an erection or not.

Saying that you’re not that interested in sex won’t help him (unless it’s the truth, and even then partners still need to discuss how sexual intimacy can be maintained and how frequently they still want to engage in sexual practices).

Telling him that you want to find ways to please him, along with sharing how he can please you, is also a good starting point. Reassuring him that he is still able to please you can make a big difference in the way he feels about himself.
• Your reaction to his suggestion to make love is very important in the beginning. So what do you do when you’re not up for it? Be honest. Explain to him that this is not due to a lack of sexual interest— but due to whatever the real reason is at that time. Remind him that you really love to make love to him. Ask him if it would be okay to reschedule love making to an alternate, specific time (such as the weekend). You can then reaffirm your sexual interest in your partner by initiating love-making at the next agreed upon date.

• In case there is no erection, reassure him that an erection is not the most important thing for you. Show him what to do so your sexual and emotional needs can be met. This can mean bringing you to orgasm, or touching and holding you in a certain way; whatever it will take to make you feel happy and satisfied. You can also suggest that you bring him to orgasm if he would like.

• He can learn from you that it’s not always necessary to have an orgasm in order to be sexually satisfied. Encourage him to try it. Many men have learnt to associate orgasm-less sex with failure and frustration. Letting go of this goal orientation can become both sexually satisfying and an emotional relief.

• If the man uses any aids that are supposed to produce an erection, you must both be aware that they may not work. Try them a few times, but if they do not work, make it clear you realise that it is not his fault. Equally important will be your reaction should he experience any incontinence during love-making. Remind him that this too may be over-come and that it is not his fault.

Should I be involved in helping my partner select a treatment for erectile Problems?

Research shows that in cases where partners are actively involved in treatment selection, men (and their partners) are more likely to experience higher degrees of sexual and psychological adjustment following prostate cancer treatment. We certainly understand that some men may have very good reasons for wanting to see a sex-physician on their own, however if you are willing to be present during treatment selection, this can provide the two of you with enormous benefits as far as sex, the relationship and their combined mental well beings are concerned.

For example, the successful use of erectile treatments often requires important information to be shared and considered by both parties. When men use treatments such as Viagra, Levitra, or Cialis to treat erection problems, it is important that their partner is made aware that they won’t be able to get erections without being aroused.

Should you or your partner have concerns about being present at either a physician’s appointment, or at one of our consultations with them, we are more than happy to discuss your concerns and if necessary, make alternate arrangements for your involvement in supporting their recovery.
“Men cannot get erections with Viagra, Levitra, or Cialis unless they are aroused...

These pills work on chemicals that get released in the penis during sexual stimulation...

[The partner is the one] who is stimulating him and not the pill.

For most men, the level of rigidity and the duration of erection that they obtain... is directly linked to how turned on they are.”

Excerpt from Saving Your Sex Life: A Guide for Men with Prostate Cancer
Dr. John Mulhall. C-I- ACT Publishing © 2010
DISCLAIMER

This eBook contains general information about medical conditions and treatments. The information is not advice, and should not be treated as such.

The information provided on this eBook is of a general nature and is only intended to provide an overview of the subject matter covered. It is not to be used as a substitute for medical advice. Always consult a trained healthcare provider practicing in the medical area for specific advice on your healthcare problems. You use the information provided on this eBook wholly at your own risk and no party involved in the production of the information can be held responsible for the use of the information.

The information contained in these topics is not intended nor implied to be a substitute for professional medical advice, it is provided for educational purposes only. You assume full responsibility for how you choose to use this information.

Always seek the advice of your physician or other qualified healthcare provider before starting any new treatment or discontinuing an existing treatment. Talk with your healthcare provider about any questions you may have regarding a medical condition.

Nothing contained in these topics is intended to be used for medical diagnosis or medical treatment.

PROFESSIONAL ASSISTANCE

You must not rely on the information provided within this eBook as an alternative to medical advice from your doctor or other professional healthcare provider.

If you have any specific questions about any medical matter you should consult your doctor or other professional healthcare provider.

If you think you may be suffering from any medical condition you should seek immediate medical attention.

You should never delay seeking medical advice, disregard medical advice, or discontinue medical treatment because of information on this eBook.
To make an appointment or to speak directly to one of the
MindFocus sexual health professionals about life after prostate cancer,
treatments for erectile problems or any other sexual or relationship matter:

Telephone Sydney: (02) 9262 9992 Monday to Friday during office hours or
E-mail: reception@lifeafterprostatecancer.com.au

Please note that a doctor’s referral is not necessary in order
to make an appointment.

PATRICK LUMBROSO - Sexual-Health Psychologist
Director - MindFocus Psychology Services for Men

Patrick Lumbroso’s primary focus is in the area of sex psychology, most notably in helping men
and their partners overcome sexual, psychological and relationship challenges that follow
treatment for prostate cancer.

Apart from treating clients for sexual and relationship issues, he is also conducting doctoral
research investigating factors that affect psychological and sexual adjustment in prostate
cancer survivors and their partners.

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