

# Sexuality and Prostate Cancer

Reanne Booker, MN BScN  
September 12, 2017



# CONFLICT OF INTEREST DISCLOSURE

I have no relevant financial relationships with members of the pharmaceutical industry or medical supply companies

# DISCLAIMER

This presentation is intended for educational purposes only and is not a substitute for medical advice.

Please consult your physician or healthcare provider if you have any questions regarding the treatment of medical conditions and before making any changes to your current treatment plan.

# OBJECTIVES

To discuss the following:

- What is sexuality?
- What are common changes in sexuality that may occur after prostate cancer?
- How can altered sexuality and altered sexual function be managed?
- Q&A



## Sexuality after Prostate Cancer

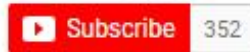
Reanne Booker, BSc, MN



Sexuality after Prostate Cancer - Reanne Booker, BSc, MN



PCCN Calgary



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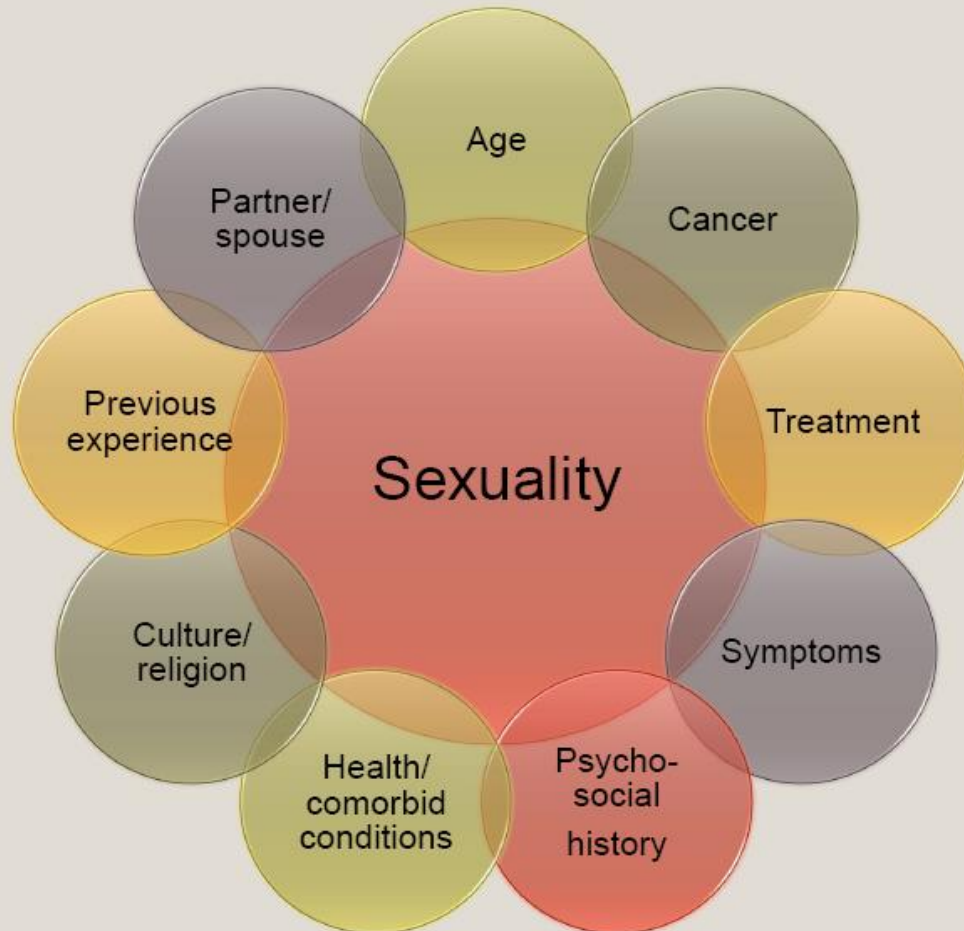
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# SEXUALITY

“...**a central aspect of being human throughout life** encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.” (WHO, 2006a)



# CANCER AND SEXUALITY



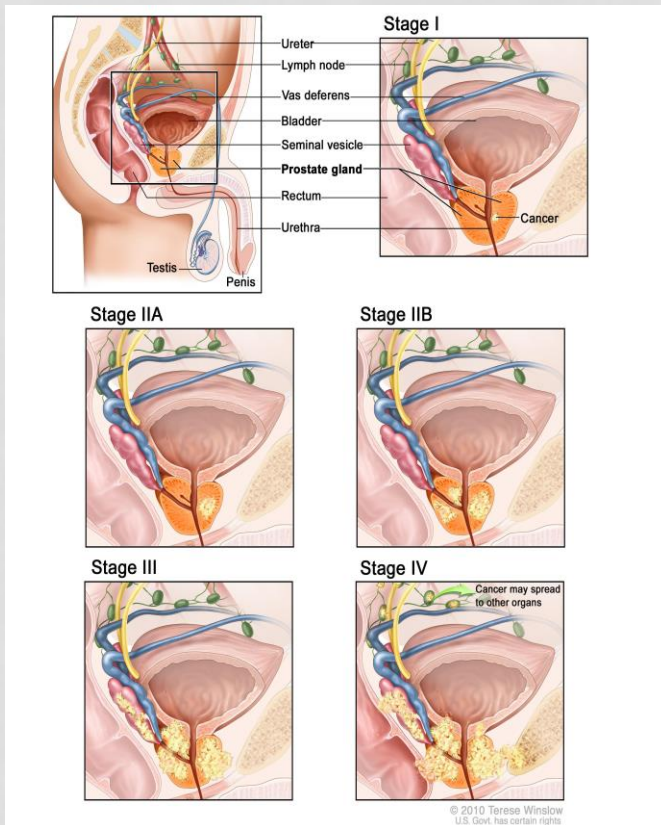
Booker, 2007



# SEXUALITY ACROSS THE ILLNESS TRAJECTORY

- At diagnosis
- During treatment (surgery, chemo, radiation, hormone therapy)
- Recovery & survivorship
- During advanced disease and at end-of-life

# PROSTATE CANCER AND SEXUALITY



- Watchful waiting/surveillance
- Surgery
- Radiation therapy
- Hormone therapy
- Combination
- Supportive care



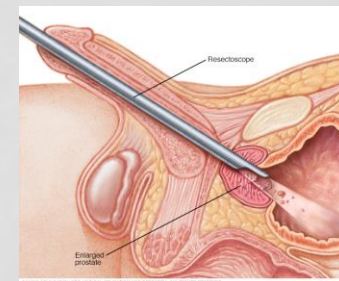
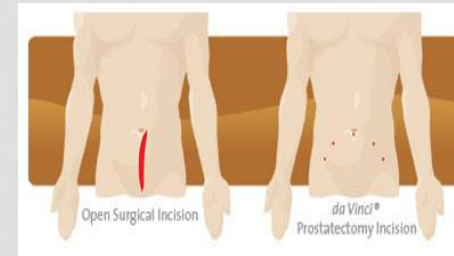
Sexual Rehabilitation After Treatment for Prostate Cancer—  
Part 1: Recommendations From the Fourth International  
Consultation for Sexual Medicine (ICSM 2015)

Sexual Rehabilitation After Treatment For Prostate Cancer  
—Part 2: Recommendations From the Fourth International  
Consultation for Sexual Medicine (ICSM 2015)

1. Clinicians should discuss post-op ED (temporary or permanent)
2. Validated instruments for assessing erectile function recovery are available to monitor erectile function recovery
3. There is insufficient evidence that a specific surgical technique (open vs laparoscopic vs robot assisted RP) promotes better results in post-op EF recovery
4. Predictors of EF recovery (not limited to):
  1. Younger age
  2. Pre-op EF
  3. Bilat. Nerve sparing surgery
5. Patients should be informed about the key elements of pathophysiology of post-op ED (such as nerve injury and cavernous venous leak)
6. Recovery of post-op EF can take several years
7. Conflicting data as to whether penile rehab with PDE5i improves recovery of spontaneous erections
8. Data are inadequate to support any specific regimen as optimal for penile rehab
9. Men undergoing RP (any technique) are at risk of sexual changes other than ED (including decreased libido, changes in orgasm, anejaculation, Peyronie-like disease, changes in penile size)

# SURGERY FOR PROSTATE CANCER

- Radical prostatectomy (RP)
  - Open RP (ORP)
  - Robot-assisted/laparoscopic RP (RARP/RALP)
- Orchiectomy
- Transurethral resection of the prostate (TURP)

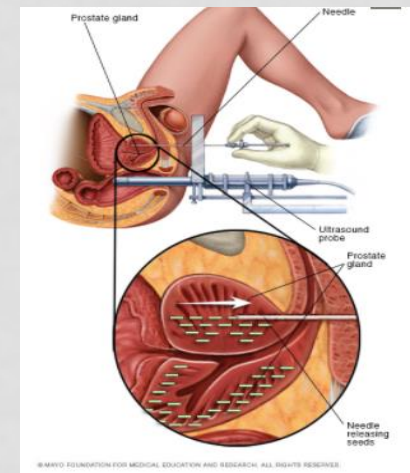
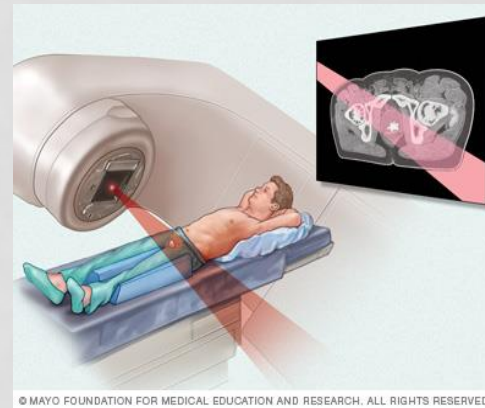


# RADIATION FOR PROSTATE CANCER

External beam

Brachytherapy

Combination

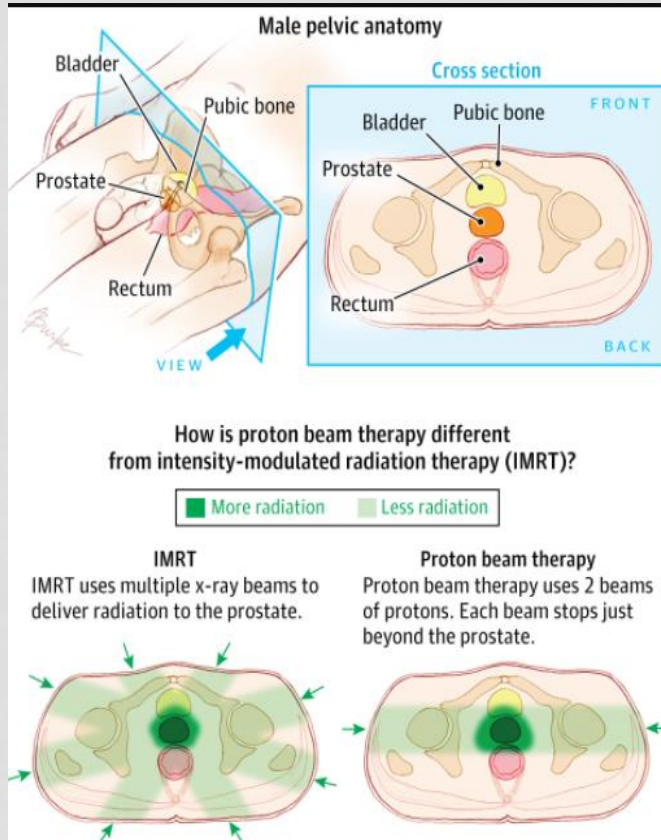


Incrocci. 2015. Transl Androl Urol, 4(2): 124-130

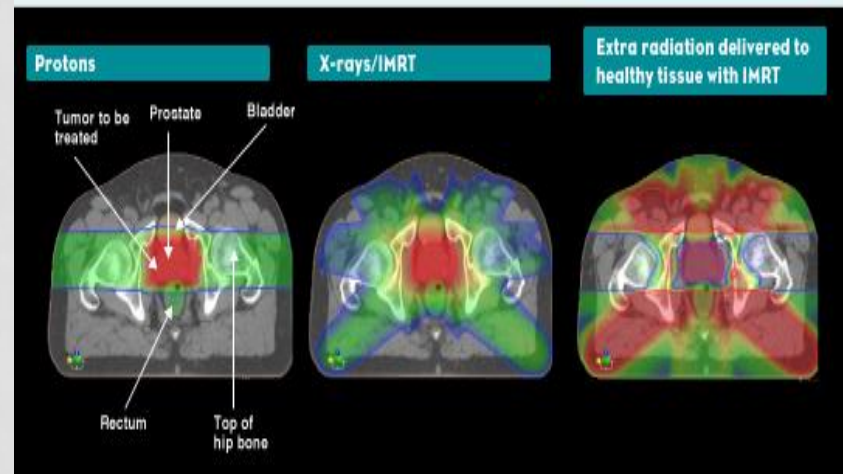
[www.mayoclinic.org/tests-procedures/prostate-brachytherapy/home/ovc-20271519](http://www.mayoclinic.org/tests-procedures/prostate-brachytherapy/home/ovc-20271519)

[www.mayoclinic.org/tests-procedures/external-beam-radiation-for-prostate-cancer/home/ovc-20204694](http://www.mayoclinic.org/tests-procedures/external-beam-radiation-for-prostate-cancer/home/ovc-20204694)

# PROTON THERAPY VS PHOTON THERAPY



Proton Therapy Achieves Better Conformation to the Tumor and Minimizes the Dose to Healthy Tissue



[www.praxis-margareten.at/2013/proton-therapy/](http://www.praxis-margareten.at/2013/proton-therapy/)

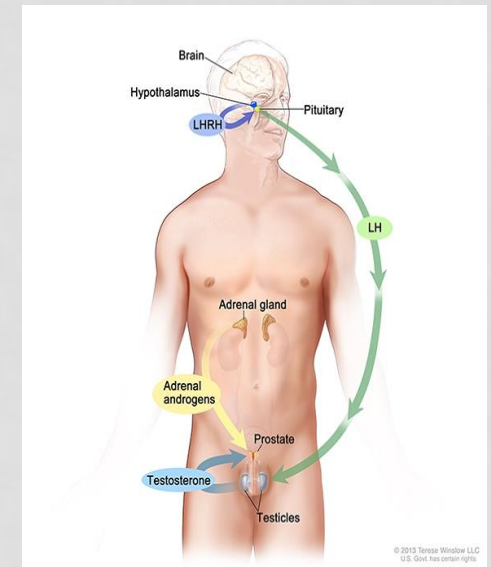
<http://jamanetwork.com/data/Journals/JAMA/929972/jpg140007fa.png>

Mahmood et al. 2016. Advances in Radiation Oncology, 1(3):161-169.

# HORMONE THERAPY FOR PROSTATE CANCER

Achieved by:

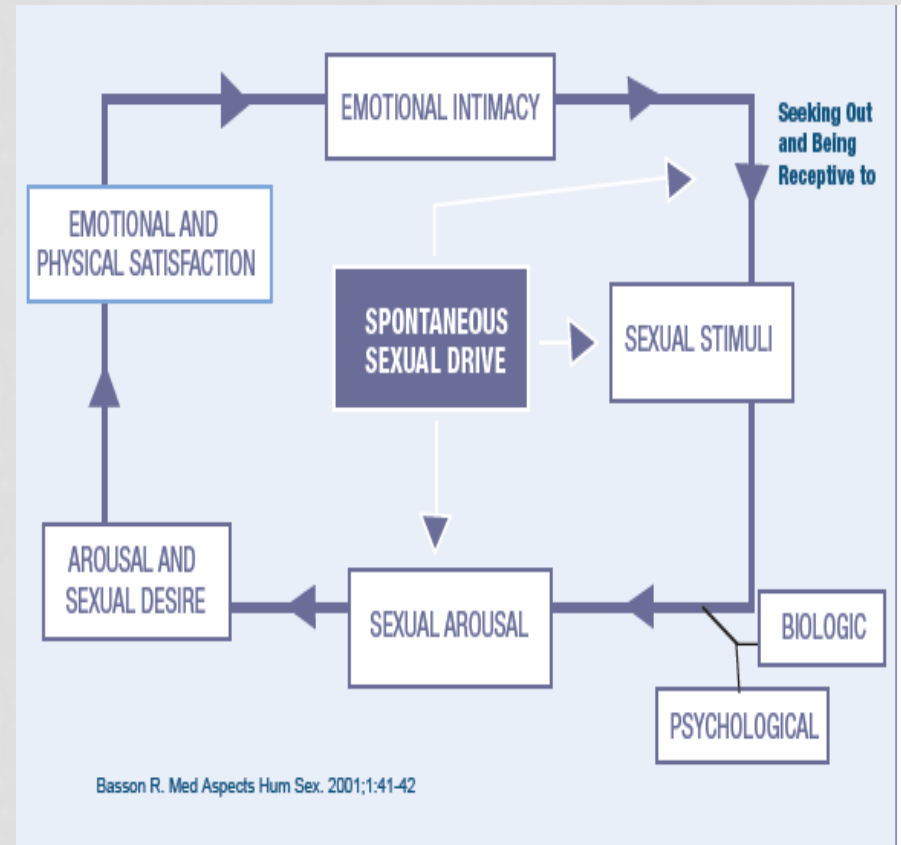
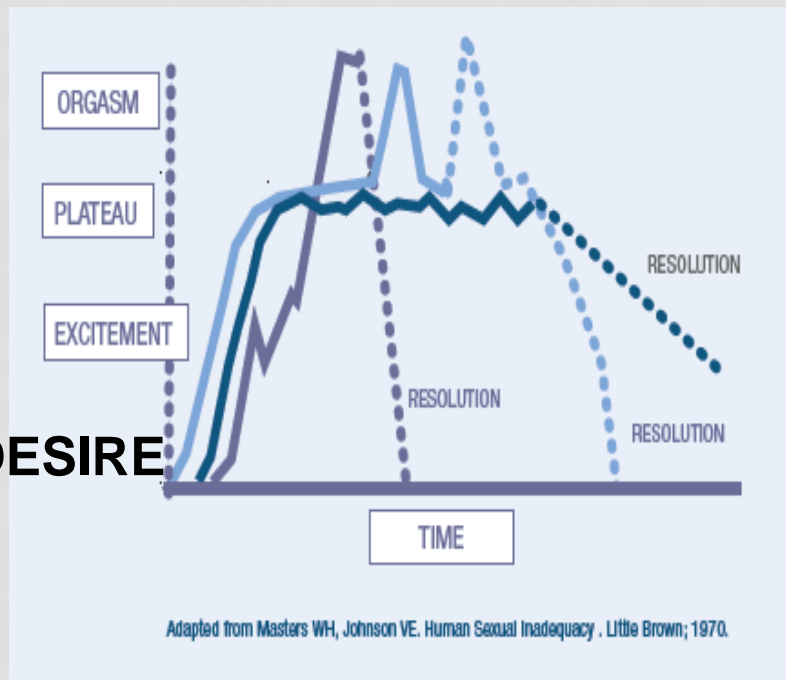
- ↓ androgen production by the testes
- Blocking the action of androgens in the body
- Blocking the production of androgens throughout the body



# CHANGES IN SEXUAL FUNCTION



# CHANGES IN LIBIDO/DESIRE



# CHANGES IN ERECTILE FUNCTION

- Difficulty achieving erections
- Difficulty maintaining erections
- Insufficient firmness for penetrative intercourse (vaginal or anal)
- Loss of spontaneous erections  
Loss of nocturnal/early morning erections

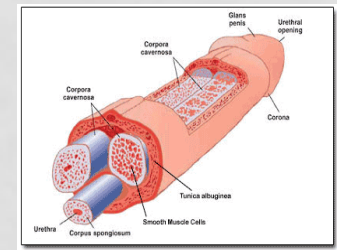
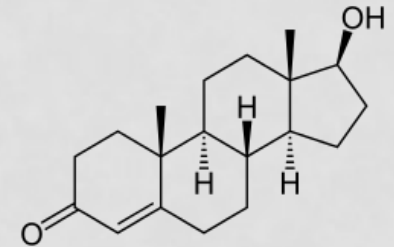
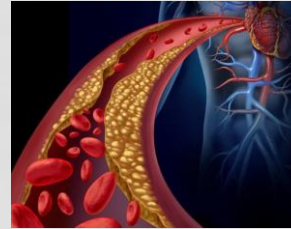
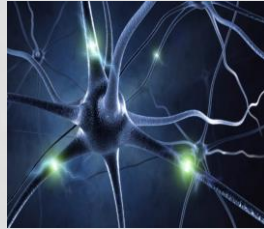
Albaugh et al. 2017. BMC Urol, 17(45): 1-9.

Canalichio et al. 2015. Transl Androl Urol. 4(2): 103-109.

Incrocci. 2015. Transl Androl Urol. 4(2): 124-130.

# MECHANISMS OF ERECTILE DYSFUNCTION

- Neurogenic
- Vasculogenic:
- Hormonal
- Anatomic (cavernosal)/musculogenic
- Psychogenic
- *Combination of any or all of the above*



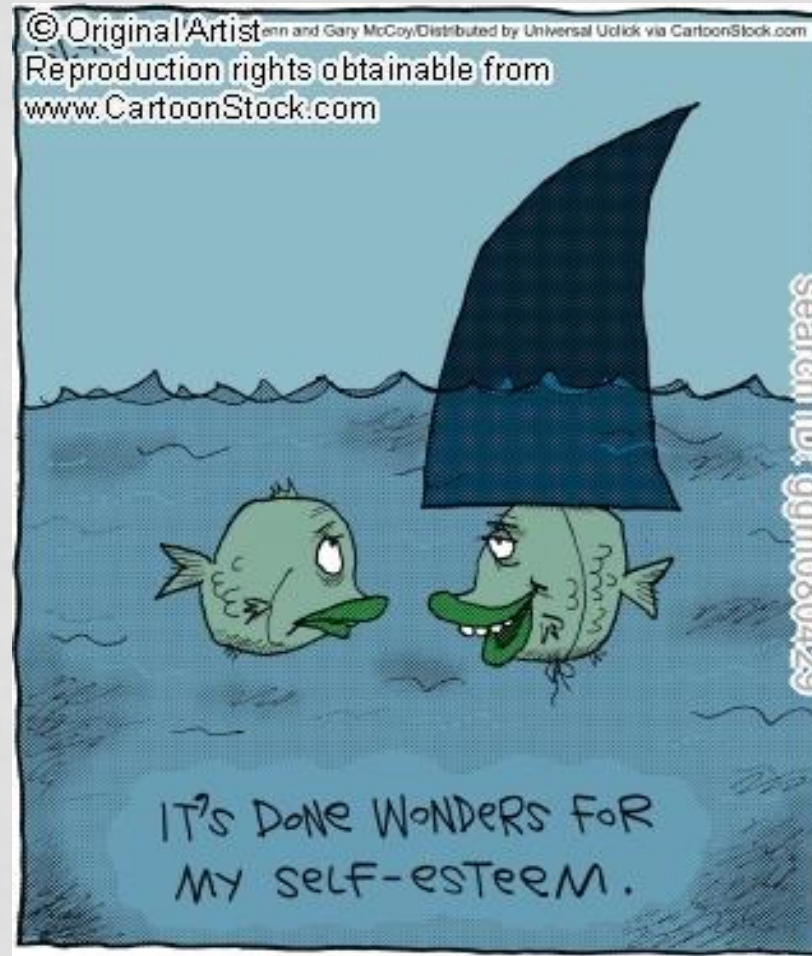
# CHANGES IN EJACULATION

- Delayed or premature ejaculation
- Little or no ejaculate ('anejaculation')
- Urine leakage during ejaculation ('climacturia')
- Pain with ejaculation ('dysejaculation')

# CHANGES IN ORGASM

- Changes in orgasmic sensation
  - Decreased intensity
  - Increased intensity
- Painful orgasm ('dysorgasmia')
- Loss of orgasm ('anorgasmia')

# BODY IMAGE



# CHANGES IN FERTILITY

## Fertility preservation:

- semen collected for freezing
- can be stored and used at a later date
- *Collection needs to happen before treatment starts*



# FERTILITY PRESERVATION

- If possible, talk to your health care team *before* treatment about effects on fertility and options
- If desired, request a referral to a fertility preservation specialist

Financial assistance for fertility preservation:

## **Generations of Hope**

(P: 403-2849103; Email: [info@generationsofhope.ca](mailto:info@generationsofhope.ca))



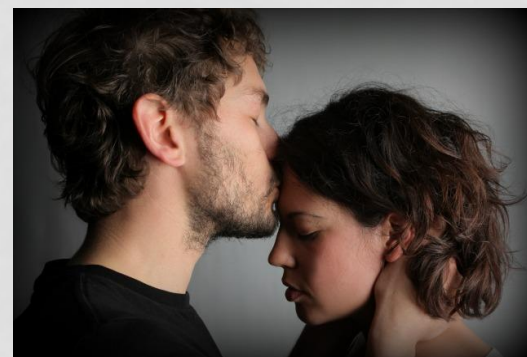
## **Fertile Future**

(1-877-HOPE-066; [fertilefuture.ca](http://fertilefuture.ca))





# RELATIONSHIP CHANGES



[www.cancer.net/navigating-cancer-care/dating-sex-and-reproduction/dating-and-intimacy](http://www.cancer.net/navigating-cancer-care/dating-sex-and-reproduction/dating-and-intimacy)

[www.cancer.ca/en/cancer-information/cancer-journey/life-after-cancer/relationships-after-cancer/?region=on](http://www.cancer.ca/en/cancer-information/cancer-journey/life-after-cancer/relationships-after-cancer/?region=on)

[www.dana-farber.org/For-Adult-Cancer-Survivors/Caring-For-Yourself-After-Cancer/Social-Relationships.aspx](http://www.dana-farber.org/For-Adult-Cancer-Survivors/Caring-For-Yourself-After-Cancer/Social-Relationships.aspx)

[www.cancervic.org.au/about-cancer/information\\_for\\_carers/changing-relationships](http://www.cancervic.org.au/about-cancer/information_for_carers/changing-relationships)

[www.healthtalk.umn.edu/2016/09/08/gay-prostate-cancer-patients/](http://www.healthtalk.umn.edu/2016/09/08/gay-prostate-cancer-patients/)

<https://www.sovhealth.com/health-and-wellness/spouse-cancer/>

<http://lgbtcancer.org/>

# PARTNERS

May feel:

- Fearful of causing pain/discomfort during sexual activity
- Unwanted/unattractive/rejected due to decreased sexual activity
- A change in role from partner to caregiver
- Worried about loss of partner



Albaugh et al. 2017. BMC Urology. 17:45  
Hawkins et al. 2009. Cancer Nursing. 32: 271-280  
Taylor. 2015. Sex Disabil. 33: 365-374  
Taylor. 2014. Palliative Medicine. 28: 438-447

# POTENTIAL CHALLENGES FOR GAY, BISEXUAL AND MEN WHO HAVE SEX WITH MEN

- Prostate as site of sexual pleasure during receptive anal sex
- Loss of ejaculate, inability to participate in semen exchange
- Rectal irritation or pain → painful receptive anal sex
- Inadequate penile rigidity for insertive anal sex
- Change in sexual roles (top, bottom)
- Absence of erection
- Change in penile size



Rosser et al. 2016. *LGBT Health*. 3(1): 32–41.

Ussher et al. 2017. *Archives of Sexual Behavior*. 46(7): 2043–2057

[www.prostate.org.au/media/246182/3\\_side-effects.pdf](http://www.prostate.org.au/media/246182/3_side-effects.pdf)

# PROSTATE CANCER AND TRANSGENDER WOMEN

- Most transgender women will still have a prostate
- Feminizing hormone therapy may include estrogen as well as anti-androgen and/or alpha reductase inhibitor therapies
  - Prostate is androgen-deprived
  - PSA not a reliable indicator for prostate pathology
- Risk of prostate cancer is thought to be low but not zero

Deebel et al. 2017. *Urology*. pii: S0090-4295(17)30906-8. doi: 10.1016/j.urology.2017.08.032. [Epub ahead of print]

Sharif et al. 2017. *Prostate*. 77(8): 824-82.

Turo et al. 2013. *Can Urol Assoc J*. 7(7-8): E544–E546.

# SEXUALITY IN ADVANCED DISEASE AND AT END-OF-LIFE

Research has found that:

- The importance that people place on sexuality does not change at EOL but the expression of sexuality may change as disease advances
- Sexuality is a key component of quality of life for many people

Barriers to maintaining sexuality:

- Lack of privacy, shared rooms
- Uninviting space
- Intrusion of staff
- Single beds
- Equipment: oxygen, IV tubing, feeding tubes



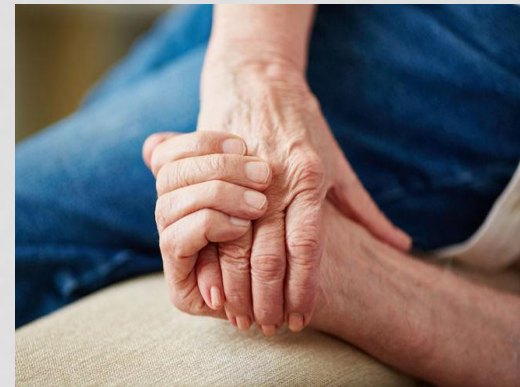
Lemieux et al. 2004. Palliative Medicine. 18: 630-637

Taylor. British Journal of Occupational Therapy. 2011; 74: 435-442.

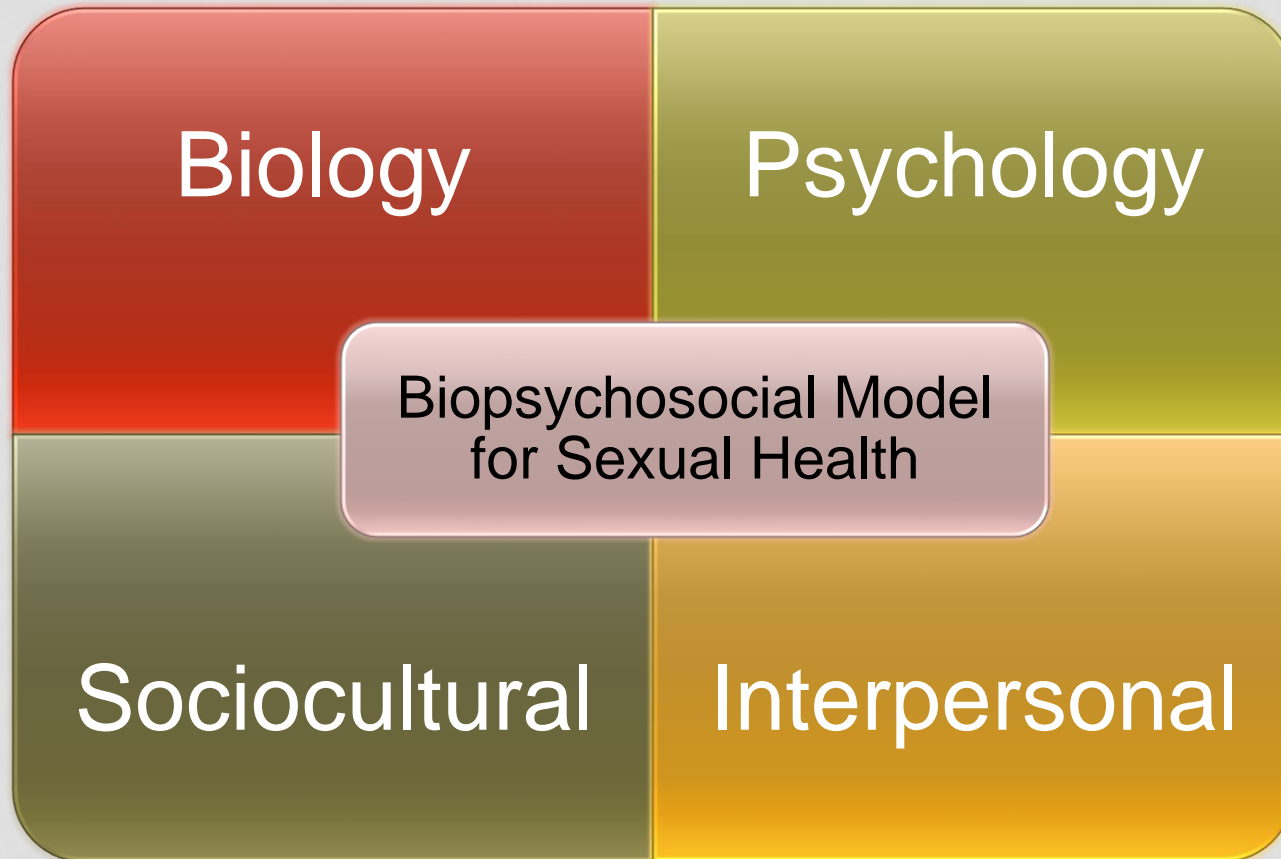
# CONSIDERATIONS AT EOL

## Symptoms

- Pain
- Dyspnea
- Fatigue/weakness
- Nausea/vomiting
- Dry mouth (xerostomia)
- Cognitive changes



# INTERVENTIONS



Althof et al. 2005. J Sex Med, 2(6): 793-800  
Thomas & Thurston. 2016. Maturitas, 87: 49-60

# INTERVENTIONS

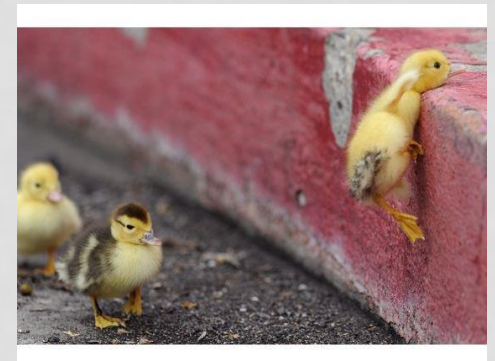
- Partner/person
  - self-awareness
  - communication
  - adaptability
- Psychology/counseling
- Non invasive assistive devices
- Medical interventions
  - Medications, assistive devices, injection therapy, implants
  - Referrals to urology, gynecology, endocrinology, pelvic floor physio, others





# THINGS TO THINK ABOUT WHEN TRYING INTERVENTIONS

- Acknowledge the change/loss of sexual function → grieving process
- Be aware of potential failure of strategies
- Consider sexual activity despite low libido
- Consider flexibility in sexual practices
- Work with erections of reduced quality
- Persistence; don't give up!



# COMMUNICATION

- Talk openly with your partner about your feelings (emotional and physical)
- Be concerned about how your partner feels
- Plan ahead (may lessen fatigue/pain)
- Take it slow
- Be patient

**Table 2: Questions to Promote Couples' Communication about Sexual Renegotiation (Wassersug, Walker & Robinson, 2014, p. 107)**

The patient may want to ask the partner:

- What should we do when you get aroused and I don't?
- Is it okay if I bring you to orgasm through touching or oral caressing even though I no longer have full erections?
- How do you feel about me using or exploring ED treatments and/or sex toys?

The partner may want to ask the patient:

- Do you still enjoy me touching you even though you don't get fully sexually aroused?
- What kinds of touching do you most enjoy now?

Each may ask each other:

- Are you comfortable with one of us reaching orgasm even if the other does not?
- How do you feel about us touching, caressing, and cuddling without either of us reaching or attempting to reach orgasm?
- What do you think about us acquiring a sex toy to use in our sex play?

# IMPROVING INTIMACY

- Intimacy:
  - Emotional, sensual, sexual
- Sensual activities
- Non-intercourse sexual activities, 'outercourse' or 'othercourse', very erotic non-insertive sex (VENIS)
- Special exercises: sensate focus



Albaugh et al. BMC Urology (2017) 17:45

Cialis.com

Katz. 2005. Can Fam Physician, 51:977-982.

[www.hotoctopuss.com/the-ultimate-guide-to-outercourse/](http://www.hotoctopuss.com/the-ultimate-guide-to-outercourse/)

# IMPROVING DESIRE

- Awareness of responsive desire (vs spontaneous)
- Counseling
- Mindfulness-based medication
- If on ADT, possible intermittent dosing (if non-metastatic disease)



<https://health.clevelandclinic.org/2014/03/how-you-can-help-a-spouse-with-cancer/>  
Abrahamsson. 2017. Asian Journal of Urology, In Press.  
Nguyen et al. 2015. European Urology, 67, 825–836

# IMPROVING ERECTILE FUNCTION

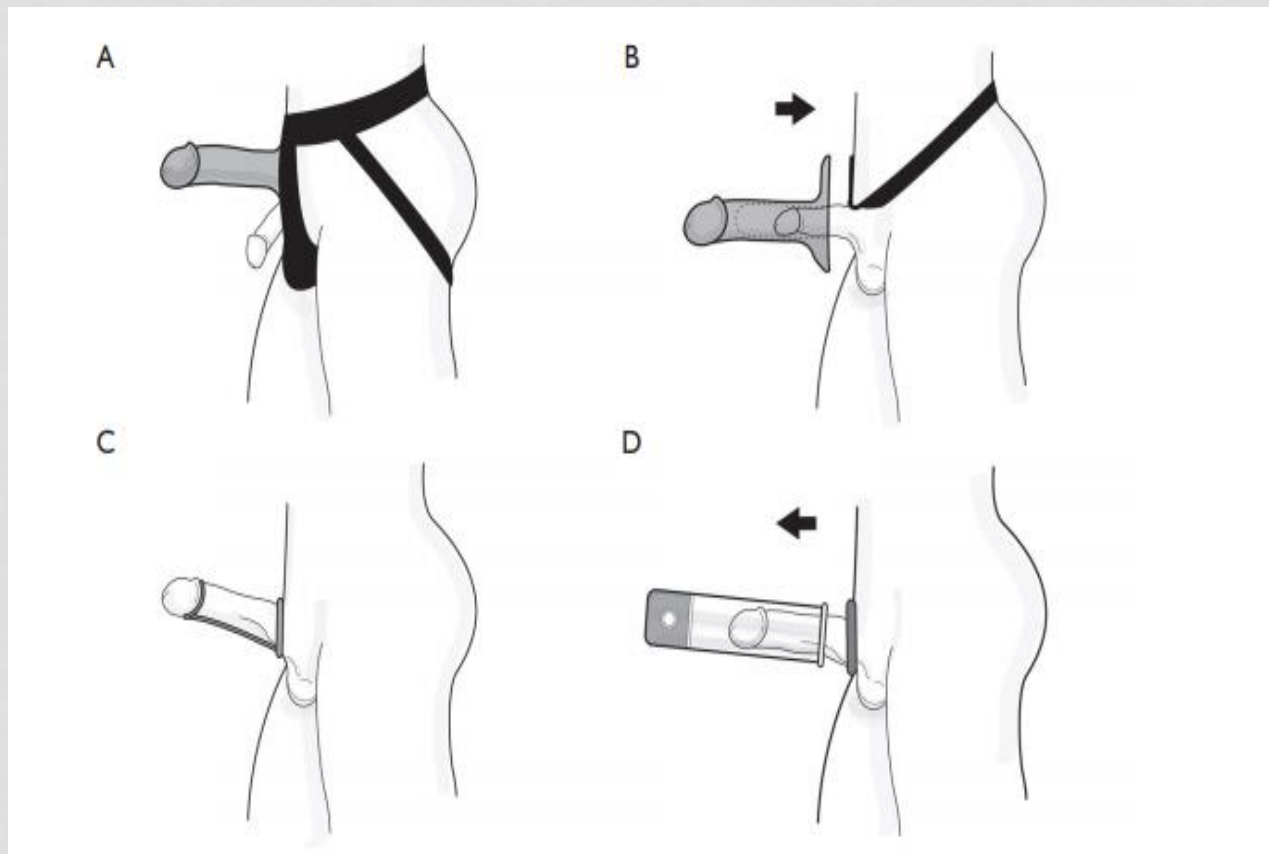
Assess reason(s) for erectile difficulty

Potential strategies to assist with EF:

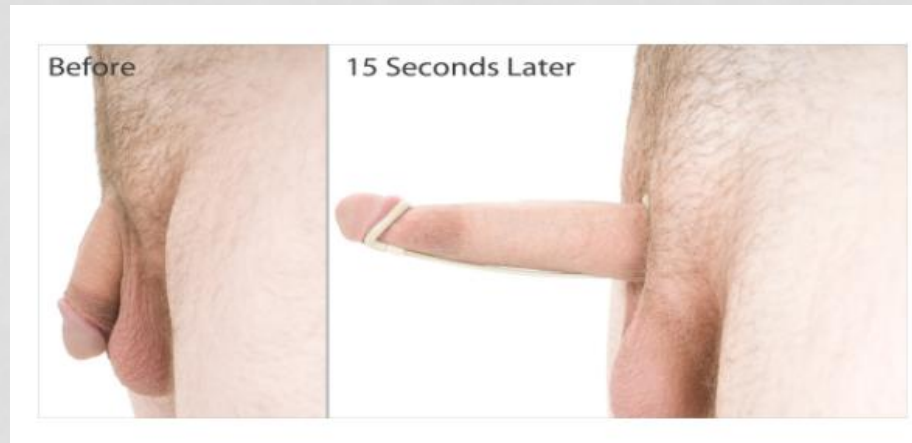
- Medications: PDE5 inhibitors, alprostadil cream
- External penile prosthesis
- Elator
- Constriction ring
- Vacuum erection device (VED)
- Penile injections
- Penile implant



# EXTERNAL AIDS FOR ERECTILE FUNCTION



# the Elator

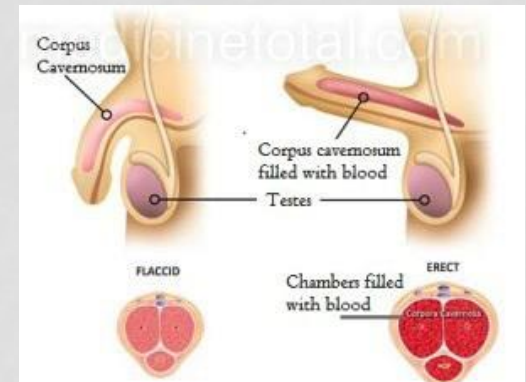


[www.theelator.com/photosandvideos](http://www.theelator.com/photosandvideos)



# PDE5 INHIBITORS

- sildenafil, vardenafil, tadalafil
- PDE5i → cause smooth muscle relaxation and increased blood flow into the penis
- As needed/on-demand or daily dosing



Bella et al. 2015. Can Urol Assoc J. 9: 23-29

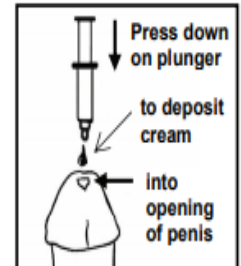
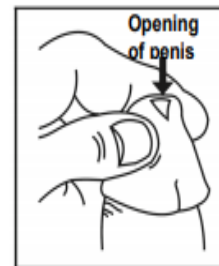
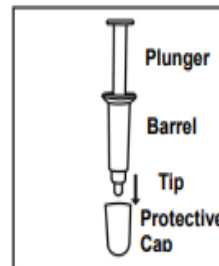
Hatzimouratidis et al. 2016. J Sex Med. 13(4): 465-488.

[www.cialismd.com/mechanism-of-action.html](http://www.cialismd.com/mechanism-of-action.html)

<http://medicinetotal.com/how-does-viagra-work-the-principle-of-action-of-the-famous-blue-pill/>

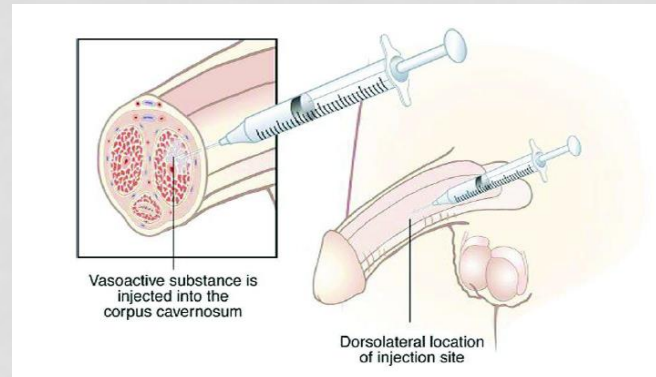
# ALPROSTADIL CREAM

- Topical transdermal alprostadil cream
- Applied to tip and head of penis prior to sexual activity
- May cause penile pain and redness
- Considered 2<sup>nd</sup> line for ED

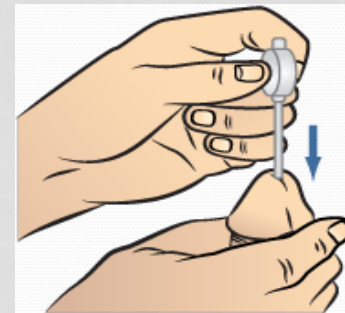


# OTHER OPTIONS FOR ERECTILE DYSFUNCTION

- Intracavernosal injection (ICI) therapy



- Transurethral therapy  
*medicated urethral system for erection [MUSE]*



Hatzimouratidis et al. 2016. J Sex Med. 13(4): 465-488.

[www.mskcc.org/cancer-care/patient-education/penile-injection-therapy](http://www.mskcc.org/cancer-care/patient-education/penile-injection-therapy)

[www.muserx.com/hcc/about-muse/how-to-use-muse.aspx](http://www.muserx.com/hcc/about-muse/how-to-use-muse.aspx)

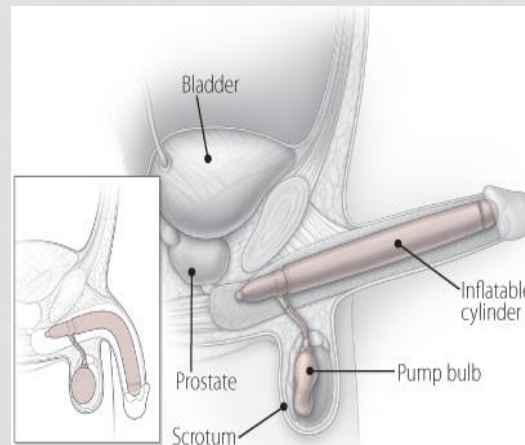
[www.urologic-specialists.com/sites/default/files/patient\\_information/Intracavernosal%20Self%20Injection%20Information.pdf](http://www.urologic-specialists.com/sites/default/files/patient_information/Intracavernosal%20Self%20Injection%20Information.pdf)

# OTHER OPTIONS FOR ERECTILE DYSFUNCTION

- Vacuum devices



- Penile implants



Hatzimouratidis et al. 2016. J Sex Med. 13(4): 465-488.

[www.urologygroupvirginia.com/adult-patient-library-web-pages/erectile-dysfunction/erectile-dysfunction/](http://www.urologygroupvirginia.com/adult-patient-library-web-pages/erectile-dysfunction/erectile-dysfunction/)  
[www.harvardprostateknowledge.org/treating-erectile-dysfunction-with-penile-implants](http://www.harvardprostateknowledge.org/treating-erectile-dysfunction-with-penile-implants)

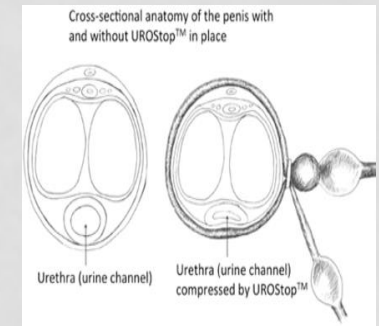
# MANAGING EJACULATORY CHANGES

## Lack of ejaculate

- awareness
- discussion with partner

## Climacturia

- Empty bladder before sexual activity
- Avoid caffeine, alcohol, etc.
- Constriction ring
- Condom
- Pelvic floor physio



## Painful ejaculation – will discuss on slide about orgasm

<https://zionhealth.myshopify.com/products/urostop-stop-urine-leak-during-sex>  
Mehta et al. 2012. BJU International. 111: 500-504

# ORGASM

*Limited studies done on orgasmic dysfunction after prostate cancer*

Possible strategies:

- Psychotherapy: counseling, mindfulness
- Penile vibratory stimulation (PVS)
- Medication: pain medication, tamsulosin, cabergoline



Capogross, 2017. World J Mens Health, 35(1): 1-13.  
Hollander et al. 2016. Sex Med. 4(1): e28–e33.  
Jenkins & Mulhall, 2015. Fertil Steril. 104(5): 1082-1088.

# PENILE VIBRATORY STIMULATION (PVS)

**ClinicalTrials.gov**

A service of the U.S. National Institutes of Health

Saved Studies (0)

[Give us feedback](#)

[Find Studies](#) ▾ [About Studies](#) ▾ [Submit Studies](#) ▾ [Resources](#) ▾ [About Site](#) ▾

[Home](#) > Study Record Detail

## Vibrect Penile Vibratory Stimulation to Enhance Recovery of Erectile Function and Urinary Continence Post-Prostatectomy

**This study is currently recruiting participants.**

See [▶ Contacts and Locations](#)

*Verified September 2016 by Johns Hopkins University*

**Sponsor:**

Johns Hopkins University

**Information provided by (Responsible Party):**

Johns Hopkins University

ClinicalTrials.gov Identifier:

NCT01718704

First received: October 24, 2012

Last updated: September 20, 2016

Last verified: September 2016

[History of Changes](#)



[Full Text View](#)

[Tabular View](#)

[No Study Results Posted](#)

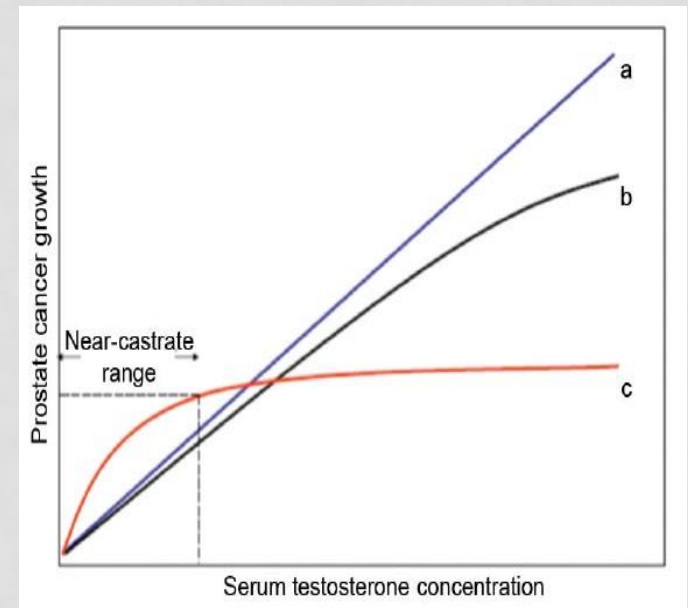
[Disclaimer](#)

[? How to Read a Study Record](#)

# TESTOSTERONE REPLACEMENT AFTER PROSTATE CANCER



- *Talk to your doctor*
- Injections, patches (Androderm<sup>®</sup>), gel (Androgel<sup>®</sup>), topical underarm solution (Axiron<sup>®</sup>)



Khera. 2014. European Urology, 65(1): 115-123

Morgentaler et al. 2015. Asian Journal of Andrology, 17(2): 206-211.

[www.harvardprostateknowledge.org/testosterone-supplementation-after-prostate-cancer](http://www.harvardprostateknowledge.org/testosterone-supplementation-after-prostate-cancer)





# HHS Public Access

Author manuscript

*Eur Urol.* Author manuscript; available in PMC 2017 May 01.

Published in final edited form as:

*Eur Urol.* 2016 May ; 69(5): 894–903. doi:10.1016/j.eururo.2015.12.005.

## Testosterone Therapy in Men With Prostate Cancer

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**Conclusions**—An improved understanding of the negative effects of testosterone deficiency on health and health-related quality of life—and the ability of testosterone therapy to mitigate these effects—has triggered a re-evaluation of the role testosterone plays in prostate cancer. An important paradigm shift has occurred within the field, in which testosterone therapy may now be regarded as a viable option for selected men with prostate cancer suffering from testosterone deficiency.

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# SEXUAL ENHANCERS

# LUBRICANTS

## Lubricants

Available in gels or liquids

Applied in/around the genitals (partner too) prior to sexual activity.  
May need to be replaced during sexual activity.

Used to minimize dryness and pain during sexual activity and pelvic exams

Water and silicone based recommended; water based wash away more easily

Used immediately before and during sexual activity

Examples: Good Clean Love<sup>®</sup>, Liquid Silk<sup>®</sup>, KY<sup>®</sup>, Gun Oil<sup>®</sup>, O'My<sup>™</sup>

# LUBRICANTS: EXAMPLES



<https://goodcleanlove.com/product-category/personal-lubricants/>

<http://liquidsilk.com>

<http://sliquid.com/>

[www.yesyesyes.org/](http://www.yesyesyes.org/)

[www.gunoil.com](http://www.gunoil.com)

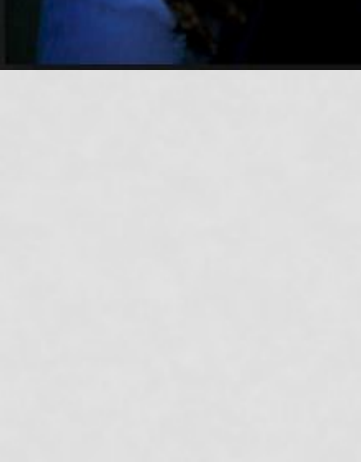
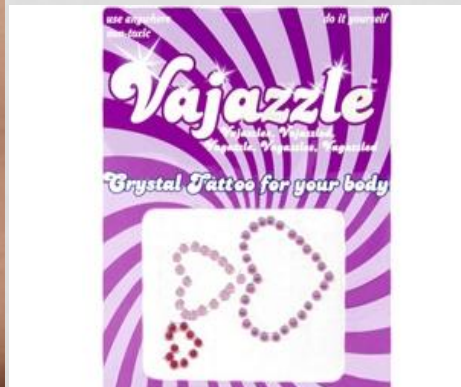
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Pejazzle.me

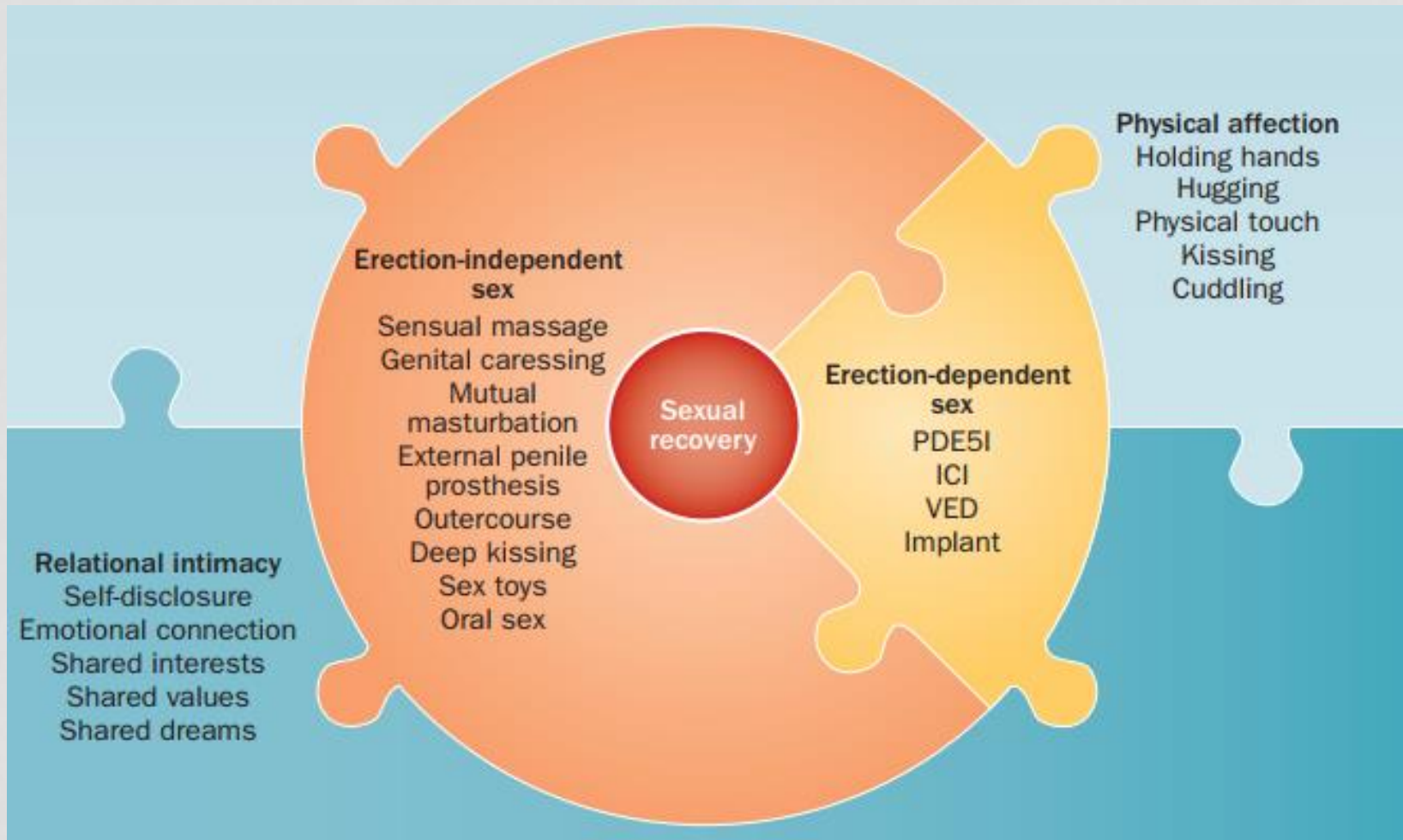
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Vajazzle.me

The block contains the Pejazzle.me logo, which consists of the brand name in a blue, sans-serif font next to a circular icon made of small blue dots. Below the logo is a promotional message: "Check out our new Vajazzle's Exclusively for men". At the bottom left of the block, there is a small pink logo for "Vajazzle.me" with a heart symbol.



# PRESERVING INTIMACY – PHYSICAL AND BEYOND



# RESOURCES

OASIS Clinic at TBCC

PCCN, Prostaïd

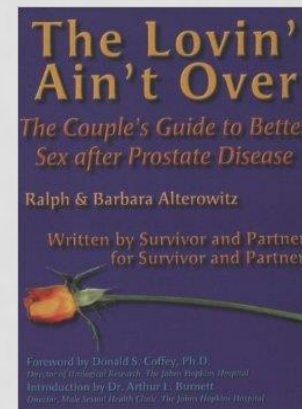
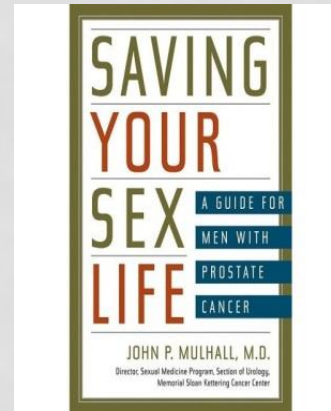
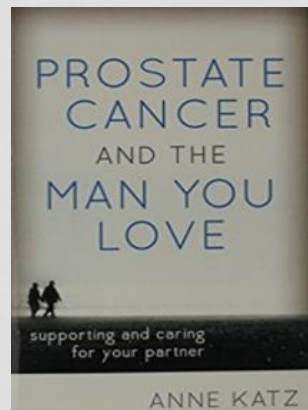
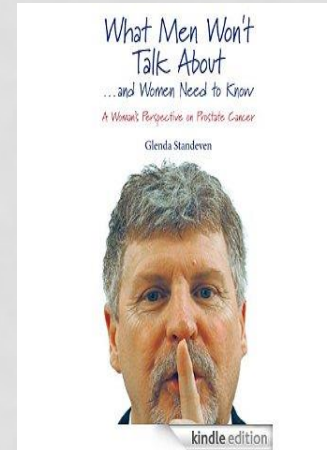
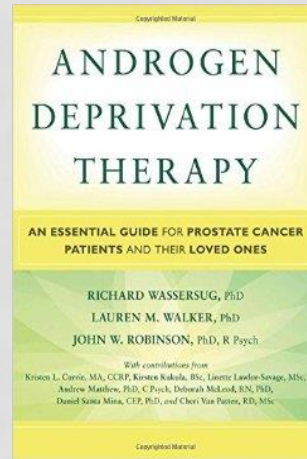
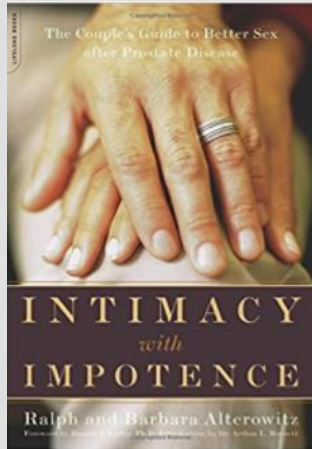
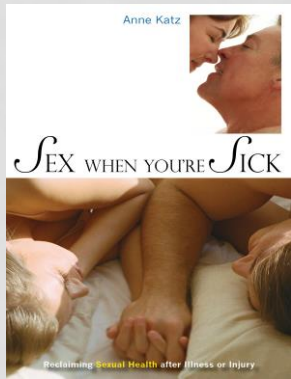
Prostate Cancer Centre Calgary  
→ Workshops on ADT, Intimacy

Books

Websites

Brochures



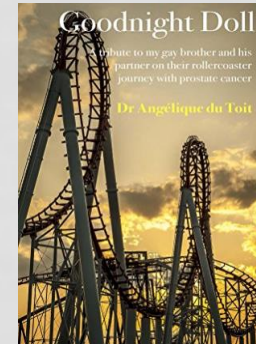
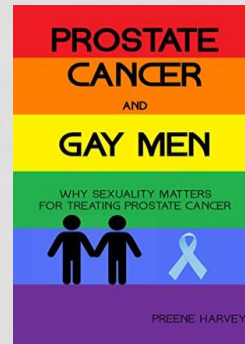
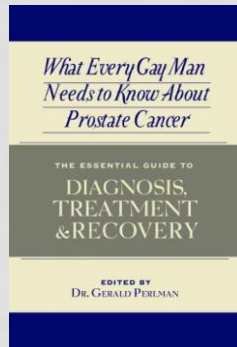


# WEBSITES

- [www.pccncalgary.org/](http://www.pccncalgary.org/)
- [www.prostatecancer.ca/](http://www.prostatecancer.ca/)
- [www.prostate.org.au/](http://www.prostate.org.au/)
- <https://prostatecanceruk.org/>



- [www.cancer.ca/en/cancer-information/cancer-type/prostate/prostate-cancer/](http://www.cancer.ca/en/cancer-information/cancer-type/prostate/prostate-cancer/)
- [www.cancer.org/cancer/prostate-cancer.html](http://www.cancer.org/cancer/prostate-cancer.html)
- [www.cancer.gov/types/prostate](http://www.cancer.gov/types/prostate)
- [www.mayoclinic.org/diseases-conditions/prostate-cancer/home/ovc-20317957](http://www.mayoclinic.org/diseases-conditions/prostate-cancer/home/ovc-20317957)
- [www.harvardprostateknowledge.org/](http://www.harvardprostateknowledge.org/)
- <http://urology.ucla.edu/body.cfm?id=526>



- <https://prostatecanceruk.org/prostate-information/living-with-prostate-cancer/gay-and-bisexual-men>
- [www.prostatecancer.ca/Prostate-Cancer/Facing-Prostate-Cancer/Gay-and-Bisexual-Men-Prostate-Cancer](http://www.prostatecancer.ca/Prostate-Cancer/Facing-Prostate-Cancer/Gay-and-Bisexual-Men-Prostate-Cancer)
- [www.prostate.org.au/awareness/for-recently-diagnosed-men-and-their-families/gay-and-bisexual-men/](http://www.prostate.org.au/awareness/for-recently-diagnosed-men-and-their-families/gay-and-bisexual-men/)
- [www.prostate.org.au/support/find-a-support-group/gay-mens-pcsg/](http://www.prostate.org.au/support/find-a-support-group/gay-mens-pcsg/)
- <http://malecare.org/gay-prostate-cancer-and-doctors/>
- <http://lgbtcancer.org/>
- <http://lgbt.foundation/get-support/Groups/other-groups-we-support/out-with-prostate-cancer/>





Canadian Cancer Society  
Société canadienne du cancer

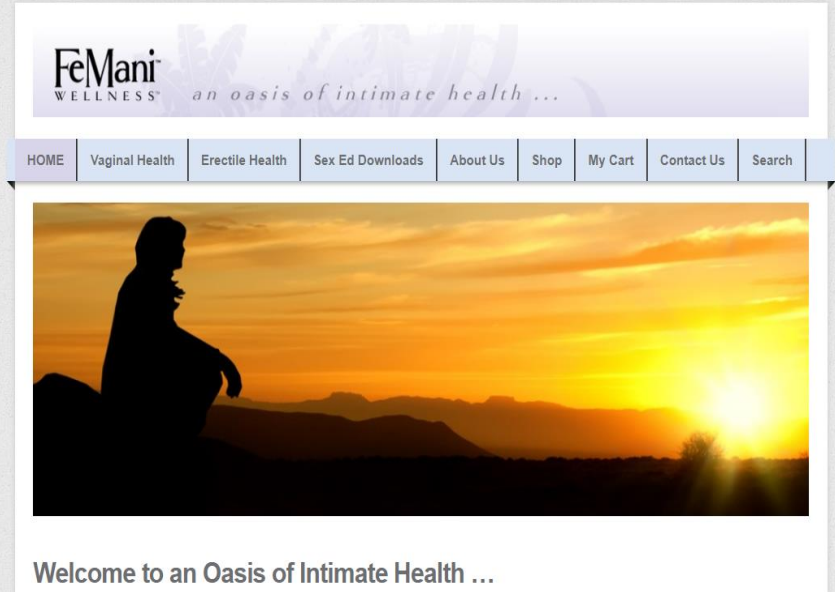
## Sexuality and Cancer



95 (1 of 49)

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[https://www.cancer.ca/~media/cancer.ca/CW/publications/Sexuality and cancer/Sexuality-and-cancer-2012-EN.pdf](https://www.cancer.ca/~media/cancer.ca/CW/publications/Sexuality%20and%20cancer/Sexuality-and-cancer-2012-EN.pdf)



<http://femaniwellness.com/>  
[www.hotoctopuss.com](http://www.hotoctopuss.com)

[www.comeasyouare.com/](http://www.comeasyouare.com/)  
[www.alittlemoreinteresting.com/](http://www.alittlemoreinteresting.com/)

# TAKE HOME MESSAGES

- It is common for changes in sexuality to occur after a diagnosis of prostate cancer....for both the patient *and* the partner
- There are a number of non-medical and medical interventions that may help to improve sexual function after prostate cancer
- Try to let go of assumptions and expectations about sexual function. There is no 'right' amount of desire, no 'perfect' relationship and no such thing as a 'normal' sex life!



# TAKE HOME MESSAGES

- Talk to your healthcare provider to find out what option(s) is(are) best for you
- If something isn't working, try something else!
- Keep talking...to your partner and to your healthcare provider. Don't give up!

THANK YOU!

