

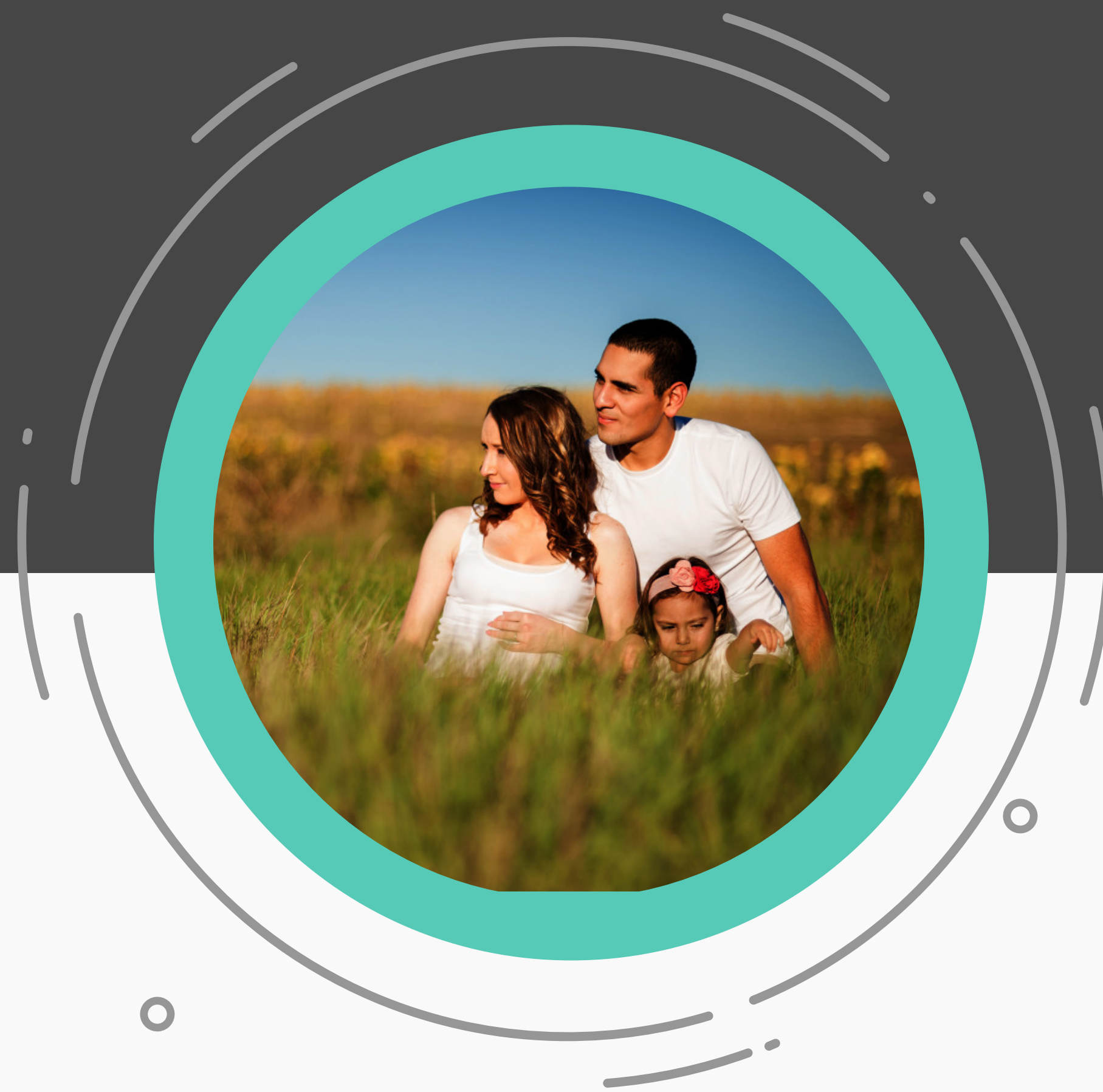


The Prostate Clinic

# Prostate Cancer and Erectile Dysfunction

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What you can expect and how  
we can help



Dr Tom Shannon

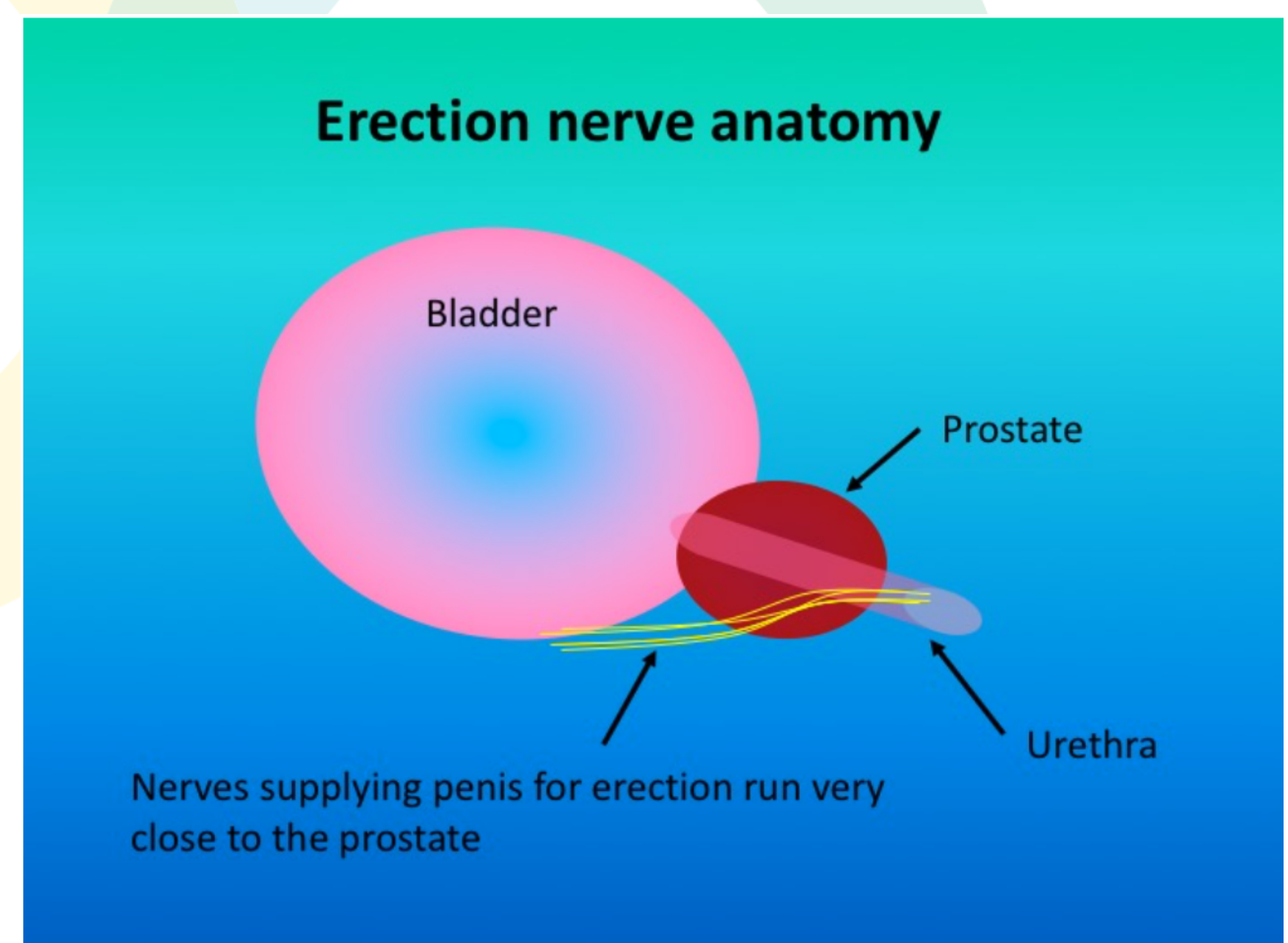
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Erectile and sexual function are an important part of life for many men. Erections need to be of good quality to be useful and need desire, healthy blood vessels and nerves to occur. It is important to understand your own situation and have a realistic idea of the how your prostate cancer is likely to impact on your disease.



# How does Prostate Cancer affect ED?

Erection nerves are very fine, unprotected structures that run very close to the prostate, often next to the cancer. Prostate cancer and prostate cancer treatments can interfere with erections in many ways. Cancer can invade erection nerves directly, medications can alter testosterone and erection quality, surgery can disrupt or remove nerves and radiotherapy can cause damage to nerves that affect their function.



## What can I expect after treatment?

All treatments can affect erections, but will do so differently. Results depend on the quality of erections pre treatment, age, other medical factors, treatment performed and how well rehabilitation is done.

Testosterone lowering drugs - affect sexual desire and can reduce erectile quality soon after taking.

Radiotherapy - damages small blood vessels around the nerves and base of the penis. Gradual decline in erectile quality over time, like an accelerated ageing process is the typical process. Erections will be much worse if testosterone lowering drugs are used also. Once erections are lost it is difficult to get recovery after radiotherapy due to the irreversible damage to blood vessels and nerves.

Surgery - Results from surgery vary depending on how many erection nerves are spared and how difficult it is to separate them from the prostate. Nerves may need to be resected if they are invaded by cancer and these may need to be removed for the best cancer outcome. Nerves can be injured by traction or diathermy or heat. Good technique limits this. Erections generally cease after surgery and then recover. In an ideal situation this is quick, but for most men erections take months to years to recover, if at all in some situations. We will provide you with clear advice on expected outcomes.

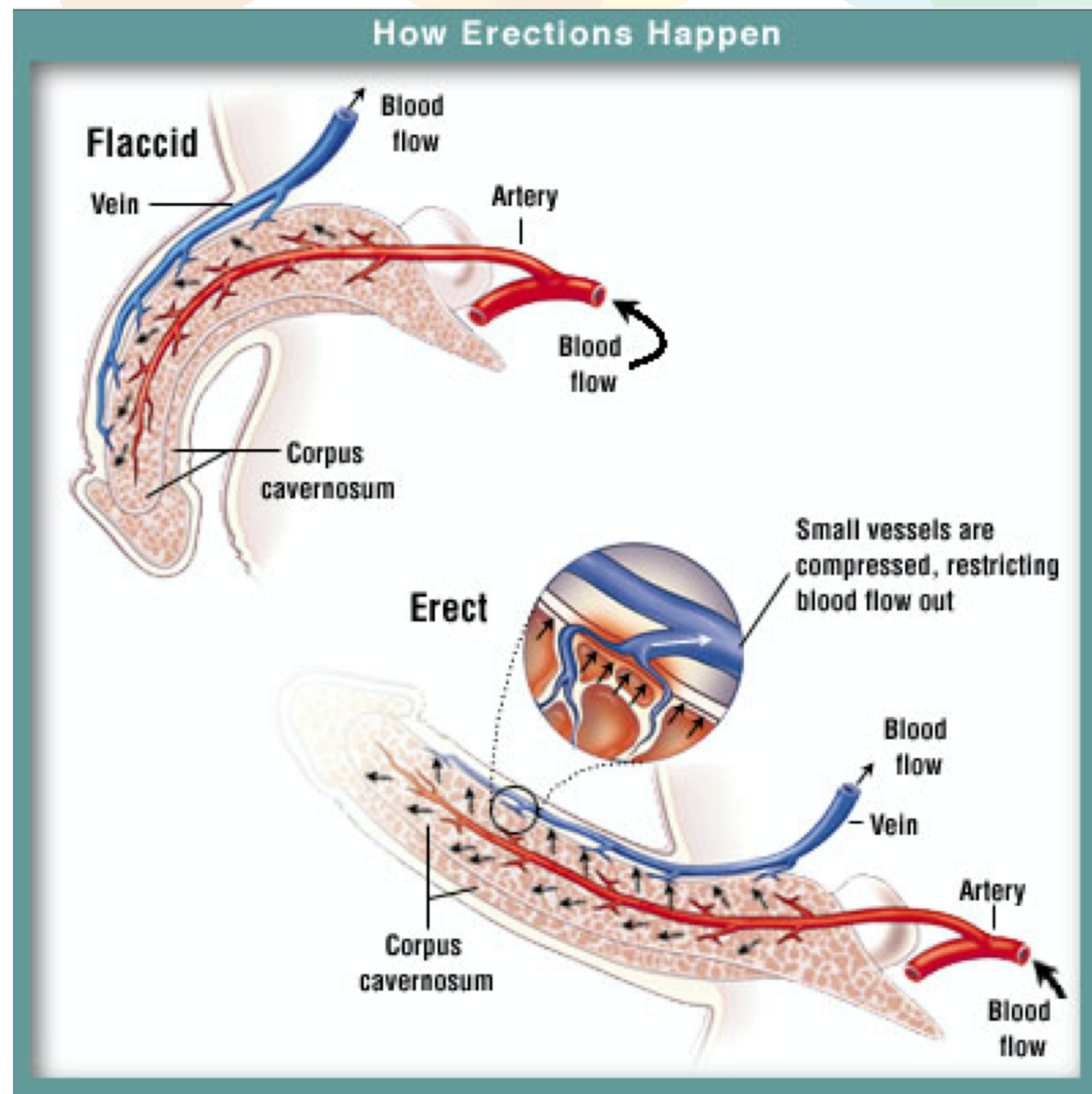
Chemotherapy - affects sexual desire and can cause fatigue that can affect erection quality.

Loss of ejaculation - all of the above can affect ejaculation volumes. When the prostate is removed there can be lubricant seen at the tip of the penis, but no ejaculate is seen.



# Use it or lose it

To preserve penile health, men naturally have 3-5 erections each night, with the penis filling with blood and the tissues being stretched. Blood vessels need to be healthy and responsive to work well. Exercise (in the form of erections) is the best way to keep blood vessels healthy. Failure to do this will result in scarring deep in the penis that is irreversible, resulting in a loss of length and rigidity.



## Approach to maintaining penile health

Prehabilitation is the maximisation of function before treatment. Erections are all about blood vessels. Many patients have suboptimal function before starting treatment. This can be corrected with weight loss, exercise, fixing diabetes, lowering of blood pressure and ceasing medications. We may also start medications like viagra or suggest using a penile pump to improve function. This will be discussed with you at your pre surgery sexual health review. Erectile dysfunction can be a sign of more serious disease which may require investigation.

Good surgery is essential to keeping erectile function. Erectile nerves are very delicate and are close to critical structures. Surgical technique needs to achieve cancer resection also and it is this balance of achieving resection whilst maintaining function that requires experience and good technique.

Rehabilitation will start soon after surgery. It is important that you start having erections again soon after surgery to maximise chances of recovery. Treatment options are listed below.



# Treatment options

Medications: Phosphodiesterase type 5 inhibitors (PDE5i), medications such as Viagra and Cialis are useful in many men. PDE5i's improve blood flow and increase erections. They are generally not helpful if there is no erection, but can be used after surgery even when erections are yet to start to keep penile tissue healthy. Some men, including those on certain heart medications may be unsuitable for PDE5i's. 'On demand' medication involves taking a full dose of a PDE5i, such as Viagra, to achieve or boost an erection. Desire and sexual stimulation are necessary for the medication to work.

Viagra - 15 - 30 mins delay and 2-3 hours effect

Cialis - 30 mins delay and 48 hrs effect.

Priapism, or painful prolonged erections are almost unheard of with tablet medications.

Vacuum Devices: Vacuum devices are cylindrical tubes placed over the penis. Air is pumped out of the cylinder and as the vacuum builds, blood is drawn into the penis. Brining blood into the penis helps maintain delicate tissues. Vacuum devices can be used to achieve erections for sex, with a constriction ring placed to keep the erection long enough for sexual intercourse. The constriction band must only be on for 30 minutes at a time. These devices can be purchased from the clinic, and some health funds may reimburse you for the purchase of the device. You will need instructions on how to use these devices and we will show you.

Intracavernosal injections (ICI) offer an alternative for men who are unsuitable for PDE5i or who do not respond to them. ICI's do not require the nerves to be functioning, so they have a low failure rate. The injections relax smooth muscle, increasing blood flow to the penis. Interested men will be helped to overcome the apprehension of self-injecting, and be taught how to inject into the penis. Your specialist nurse will teach you how to draw up and administer the medication, how to titrate the dose and provide ongoing support for you.

Penile Prosthesis: Men who are unsuitable for, or fail the above mentioned treatments may wish to discuss the option of a permanent penile prosthesis. A prosthesis is a mechanical device implanted into the penis, which is activated via an implanted activation button in the scrotum. It involves a surgical procedure, but once implanted, can offer a long term solution for erectile dysfunction. Your urology nurse or urologist can discuss the prosthesis and procedure in detail with you.

## About Us

The Prostate Clinic is Perth's first multidisciplinary centre dedicated to the prevention and management of prostate disease and men's health based at Hollywood Private Hospital, Nedlands. Prostate disease is a common condition, affecting 1 in 2 men in their lifetimes, making it a problem that we all need to think about. Prostate cancer affects 1 in 5 men during their lifetime and is the second most common cause of cancer death in Australian men. However, prostate cancer is highly curable if found early and at The Prostate Clinic we are devoted to reducing the impact of this disease through awareness, early detection and expert care. With over 15 years' experience and thousands of prostate cancer patients treated, The Prostate Clinic brings together a team of doctors, nurses, physiotherapists, dieticians, exercise physiologists and psychologists to deliver optimal patient care.

## Contact Us

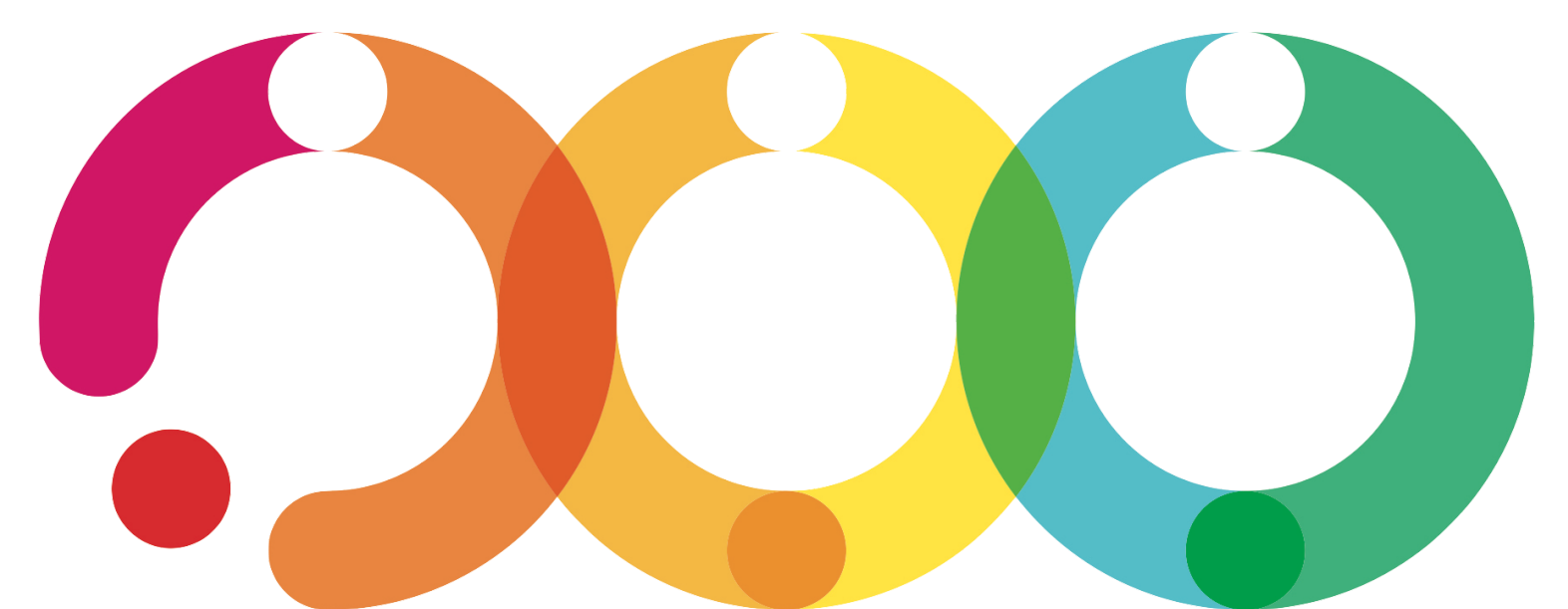
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