

# **GUIDELINES FOR SEXUAL HEALTH CARE FOR PROSTATE CANCER PATIENTS**

These guidelines have been adapted for prostate cancer patients and their partners, families and support networks from Wittmann et al., Guidelines for Sexual Health Care for Prostate Cancer Patients: Recommendations of an International Panel. *J Sex Med.* 2022; 19(11)1655-1669.



# INTRODUCTION

Patients frequently report sexual problems after treatment for prostate cancer. It is important to try to preserve sexual function and address these issues as part of the ongoing care for patients with prostate cancer and their partners. These guidelines have been created through the collaboration of experts in sexual health, including clinicians, researchers, and prostate cancer survivors and their partners. They carefully review the existing research on sexual dysfunction and recovery and provide a framework for the care of individuals and their partners.

Sexual dysfunction can have a complex impact. Its effects can vary for patients and their partners depending on factors such as:

- Age
- Race
- Sexual orientation
- Gender identity
- Personal relationships
- Existing medical conditions
- Treatment methods
- Cultural context

These guidelines aim to recognize, appreciate, and address the wide range of patient experiences, taking into account their individual circumstances.

## HOW THESE GUIDELINES WERE MADE

The guidelines are based on 602 articles published from 1995 to 2022. The approach to evaluate these articles was systematic: we reviewed all the relevant information available. To make sure the guidelines were accurate, we evaluate each statement using a strict evaluation system, following the same process used by the American Urological Association.

## GUIDING PRINCIPLES

1. Healthcare providers should regularly and openly discuss sexual health concerns with prostate cancer survivors to address their needs effectively.
2. Sexuality is a personal experience that involves sexual function and pleasure. It impacts both the partner and the couple. Social and cultural factors also influence sexual practices and beliefs. Sexual recovery should consider all these aspects of sexuality.
3. Finding new ways to express sexual intimacy despite sexual dysfunction is a multi-step journey. Recognizing and grieving changes is a central part of the coping process.
4. Research shows that most patients do not fully regain their before treatment level of sexual function after prostate cancer treatment, but they can still experience pleasure.
5. In cases where the patient is in a relationship, involving the partner in all stages of before and after treatment evaluation and counseling is best. Couples working together as a team tend to have better sexual recovery outcomes.
6. It is important to have a diverse team of healthcare providers with expertise in various fields to give comprehensive sexual healthcare for patients and their partners after prostate cancer treatment. This team can include professionals from primary care, urology, radiation oncology, medical oncology, sexual health, gynecology, physical therapy, nursing, social work, psychiatry, and psychology.

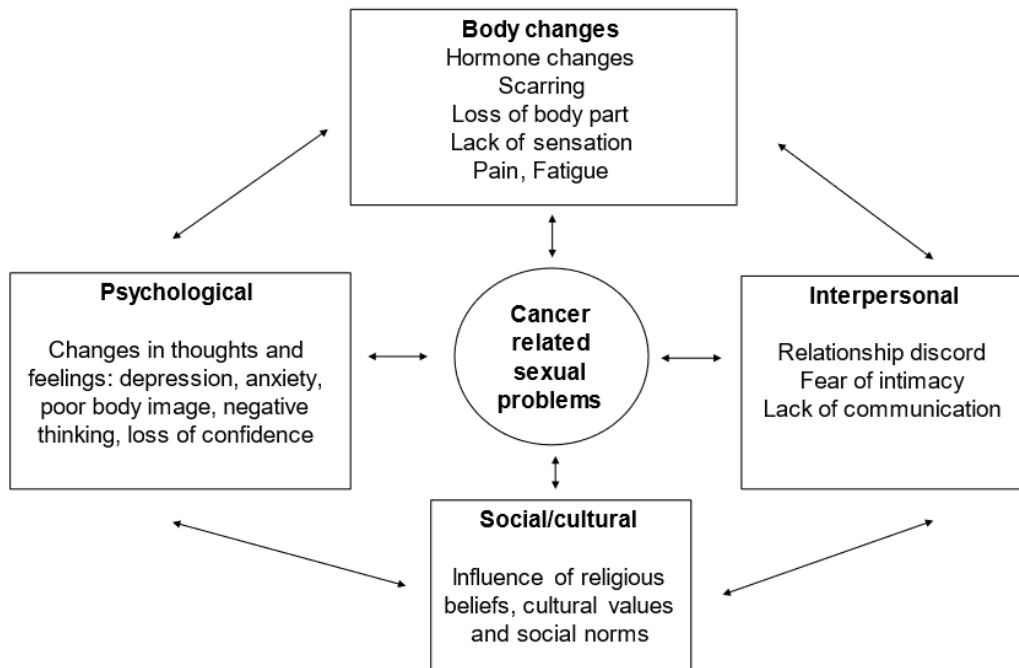


Figure 1. The Impact of Cancer on Sexuality (adapted from an article by Bober and Varella, Cancer, 2012).

## GUIDELINES SECTIONS

These guidelines are divided into six main sections covering recommendations for pre-treatment education/counseling, early post-treatment assessment, and initiation of bio-psycho-social sexual health treatment.

**Section 1:** Counseling Patients and Partners about the Impact of Prostate Cancer Therapies on the Biopsychosocial Aspects of Sexuality

**Section 2:** Counseling Patients and Partners about the Specific Impact of Individual Prostate Cancer Therapies on Sexual Function

**Section 3:** Assessment of Sexual Function and Sexual Distress

**Section 4:** Psychosocial Treatment

**Section 5:** Medical Treatment

**Section 6:** Lifestyle Modification Strategies





## 1. HOW SHOULD CLINICIANS COUNSEL PATIENTS AND PARTNERS ABOUT THE SEXUAL IMPACT OF PROSTATE CANCER TREATMENT?

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Clinicians should take the lead in discussing sexual health to normalize conversations about sexual concerns, sexual dysfunction, and intimacy during visits with your healthcare professional. It is important for clinicians to proactively raise the topic of sexual health regularly and consistently throughout the entire journey of prostate cancer treatment, rather than waiting for the patient and partner to start the conversation. These recommendations aim to overcome the stigma of discussing sexual health concerns and make sexual healthcare a core part of prostate cancer care.

Clinicians should adopt an inclusive approach and ensure that counseling is tailored to the patient's cultural background, ethnicity, race, sexual orientation, and gender identity.

Clinicians should provide patients and their partners with realistic expectations regarding the impact of prostate cancer treatment on sexual function and their sexual relationship. They should also inform them about available rehabilitation strategies to help them return to sexual activity.

Clinicians should address the emotional distress that patients and their partners may feel as a result of these sexual changes. This includes acknowledging feelings of grief and mourning. A sex therapist or counselor can give support to help you cope with these challenges.

## 2. WHAT SHOULD PATIENTS AND PARTNERS KNOW ABOUT THE IMPACT OF INDIVIDUAL PROSTATE CANCER THERAPIES ON SEXUAL FUNCTION?

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These guidelines recommend telling patients about sexual side-effects that may happen from prostate cancer treatment:

- Problems with erections (erectile dysfunction, or ED) is a common side-effect after all treatments. The outcome differs depending on which treatment you get. After surgery, ED is immediate, and recovery is possible based on the patient's erectile function before any prostate cancer treatment. After radiation, ED tends to happen gradually. Hormonal therapy can cause ongoing erectile dysfunction for as long as the therapy is continued. Patients should be aware that there may be a loss of penile length, girth, and volume following treatment.
- After surgery, the patient will no longer ejaculate. After radiation and hormonal therapy, there may be a decrease in how much ejaculate comes out with orgasm.
- Changes in orgasm may happen. It may take longer to reach orgasm and it can be less intense, rarely painful after surgery or radiation. These changes can improve over time with stimulation. Hormonal therapy may lead to loss of orgasm.
- Patients should be informed about the possibility of penis curving, known as Peyronie's Disease.
- After surgery, patients may be unable to father a child (infertile). We are not sure how radiation and hormone therapy impact sperm health, so providers should discuss saving and freezing your sperm to use after treatment.

It is important for healthcare providers to discuss these potential side-effects with patients to ensure they have a full understanding of what to expect and can make informed decisions about their treatment and sexual healthcare.



### 3. WHY IS IT IMPORTANT TO ASSESS SEXUAL FUNCTION AND SEXUAL DISTRESS IN PATIENTS AND PARTNERS?

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Patients should be screened and assessed for sexual function, concerns, and distress before treatment and throughout the survivorship phase. This helps healthcare providers understand the impact of treatment on sexual health and to identify any issues that may come up.

The partner should also be assessed for sexual function, concerns, and distress. This helps healthcare providers to have a full understanding of the couple's sexual health.

By assessing both the patient and their partner, healthcare providers can gather valuable information that helps them plan personalized rehabilitation strategies and address any sexual concerns or distress effectively.





#### 4. COUNSELING PATIENTS AND PARTNERS ABOUT THE IMPORTANCE OF PSYCHOSOCIAL TREATMENT

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Psychosocial treatment provides education to patients and their partners about the expected sexual side-effects of treatment, rehabilitation strategies, and the emotional impact of these side-effects on both the individual and the couple. Patients and partners should be reassured that emotional distress that they may feel is a normal response.

People with different sexual orientations and gender identities, such as gay and bisexual men, men who have sex with men, transgender women, and those who do not identify as male or female may have unique needs that require tailored treatment approaches. For instance, counseling for gay and bisexual men should address topics like the importance of a firmer erection for anal penetration or the significance of ejaculate.

Psychosocial treatment should also consider the cultural, ethnic, and racial values and preferences of patients and partners so they feel understood and respected. Incorporating these tailored approaches can increase the couple's engagement in rehabilitation.

Patients and partners should be encouraged to seek support from support groups and online support programs whenever possible. Patients who identify as gay, bisexual, have sex with men, are transgender, or are non-binary may have non-traditional support systems, and this should be considered when discussing available support resources.

Patients and couples may benefit from referral to a sex therapist who specialises in addressing the mental health and relationship aspects of their experiences, especially when:

- distress related to sexual losses does not resolve.
- there are pre-existing sexual and relationship difficulties.

#### 5. COUNSELING PATIENTS AND PARTNERS ABOUT BIOMEDICAL TREATMENT

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Patients and their partners should be informed about the available treatments for erectile dysfunction. Treatments can be tailored to their specific stage of recovery or changes after treatment, as well as their personal preferences. Treatment options include:

- Pills: Prescribed medications taken by mouth that can help improve erectile function.
- Injections: Prescribed medications injected directly into the penis to make an erection.
- Suppositories: Prescribed medications that are inserted into the opening at the end of the penis to create an erection.
- Vacuum pumps: Devices that create a vacuum around the penis to help get or keep an erection.
- Penile implants: Surgical implants that can provide a rigid erection when desired.

Patients should get advice on techniques to minimize urine leakage if they are leaking when turned on or during climax/orgasm. However, it is important to reassure most patients that this issue will usually get better on its own, over time.

Psychological strategies can help patients accept this stage of sexual recovery as normal and without health risk.

A vacuum device or penile lengthening devices recommended by a urologist can help patients who have penile shortening after radical prostatectomy. It is best to start using these devices soon after surgery, within several weeks rather than waiting for months.

Patients with penis curving should discuss medical and surgical treatment options with their healthcare providers.

Low desire, orgasmic problems, and unresolved feelings about sexual changes are best addressed through sex therapy. Patients may find it helpful to seek the assistance of a sex therapist who can provide guidance and support in managing these challenges.



## 6. WHAT KINDS OF LIFESTYLE CHANGES CAN HELP?

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Patients and their partners should be advised that certain lifestyle factors can have a positive impact on erectile function. They should get the following information:

- **Quitting smoking:** Stopping smoking can improve erectile function. Patients should be encouraged to quit smoking and offered support and resources to help them in the process.
- **Moderate alcohol consumption:** Consuming alcohol in moderation is associated with better erectile function. Patients should be advised to limit their alcohol intake to moderate levels. This means having two drinks or less per day.
- **Plant-based or heart-healthy diet:** Following a plant-based or heart-healthy diet can contribute to improved erectile function. Patients should be encouraged to incorporate more fruits, vegetables, whole grains, and lean proteins into their diet while minimizing the consumption of processed foods, meat, saturated fats, and added sugars.
- **Regular exercise:** Engaging in regular physical activity is associated with better erectile function. Patients should be encouraged to incorporate exercise into their routine, aiming for at least 150 minutes of moderate-intensity aerobic activity or 75 minutes of vigorous-intensity aerobic activity per week, along with strength training exercises.

By adopting these healthy lifestyle practices, patients may improve their overall erectile function and enhance their overall well-being. It is important to provide guidance and support to help patients and their partners make sustainable lifestyle changes.





## SHARING THESE GUIDELINES WITH YOUR HEALTHCARE PROVIDER

Prostate cancer treatments can cause sexual changes that impact not only the patient but also their partners and the overall relationship. Using comprehensive rehabilitation strategies that address the various aspects of sexuality and associated distress can help maintain or restore sexual intimacy.

We encourage you to actively engage with your healthcare providers by sharing these guidelines. By discussing the guidelines during appointments, you can ensure that your healthcare team is aware of your specific needs and concerns regarding sexual health. This collaborative approach facilitates open communication and enables healthcare providers to tailor the treatment and support to meet the unique requirements of each individual and couple.

Sharing the guidelines with healthcare providers can increase open discussions and guide the development of personalized rehabilitation strategies. We hope these guidelines will give you confidence to speak with your healthcare provider, making sure that you are involved in your own sexual health care and decisions for recovery and feel supported throughout your journey to maintaining or recovering sexual intimacy after prostate cancer treatment.





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