VANCOUVER PROSTATE CENTRE
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Information for Physicians about the Sexual Health Service offered by the Prostate Cancer Supportive Care (PCSC) Program

Your patient has been assessed and treated by a specialty trained sexual health clinician, Christine Zarowski, RN and/or seen by the sexual medicine physician, Stacy Elliott, MD. This letter is to explain the why and how of our treatments offered to your patients for your information. Please note there are other referral sources noted within our PCSC program at the end of this document.

The Sexual Health Service (SHS) is part of a comprehensive survivorship program for prostate cancer patients and their partners available at the Vancouver Prostate Centre. Please visit www.prostatecentre.com/PCSC to learn more about PCSC Program and the other modules associated with the program. All services are available free of charge to patients. We offer both educational group sessions and individualized assessments.

Coping with sexual changes after prostate cancer treatment can be difficult for patients and partners. Self-esteem and confidence can be altered, and many men/couples find this can put a strain on their relationship. We consider the various dimensions of intimacy in the relationship (sexual, emotional and relational) and promote the sexual health of both single and partnered men and their partners. Recovering from prostate cancer treatments can sometimes create opportunities for couples to redesign their sexual life together, which can bring new experiences allowing the couple to grow closer together.

The purpose of SHS is to:

1) Review the patient's sexual and medical history,
2) Provide information on the changes following prostate cancer treatments to sexual functioning (sexual desire, erection, ejaculation and orgasm) and information on penile rehabilitation if appropriate,
3) Provide individualized strategies (recommendations of medications, devices, resources, etc.) to promote sexual functioning and couple intimacy.

We regularly hold group education events, the first of which serves as an introduction to the SHS:

- Managing the Impact of Prostate Cancer treatments on Sexual Function: Recommended for patients *pre-treatment or within six months of primary treatment for prostate cancer.* This education session is held every second Wednesday of each month. Patients are expected to attend this session prior to individual assessments.

- Couples Intimacy Workshop: This workshop is for *patients being seen in the SHS* and in this session the impact of sexual changes on relationships is discussed and strategies are presented on how to enhance intimacy and talk about sexual issues. There is a resource

package provided to each couple to take home to help re-establish and/or strengthen their various dimensions of intimacy.

For more information about these education events contact our Program Coordinator, Monita Sundar, at 604-875-4485.

Erectile Dysfunction

If your patient has ***erectile dysfunction (ED)***, all options for erection enhancement including combination therapy were reviewed with him. Pre-treatment erectile function, age, tumor size and co-morbid conditions and medications all influence the outcome of erectile quality after prostate cancer treatments. After treatment/s, orgasm is still possible with or without an erection in most men (but ejaculation is lost post-surgery).

ED is between 50 – 80% even with nerve sparing surgery despite excellent surgical technique. During the 12 to 24 month period after radical prostatectomy there may be some return of natural erections especially with bilateral sparing of the cavernosal nerves. Medical literature cites nerve regeneration can occur up to four years after surgery. During the recovery time it is crucial to maintain a good penile rehabilitation protocol to maximize the chance of erectile function.

Men who have undergone brachytherapy or external beam radiation may not notice an initial effect on erectile function, but notice a decline in their erectile quality as time passes as the radiation damage to the nerves and vessels takes effect over a longer period. By the end of 4 years, the rate of ED approximates that of radical prostatectomy.

The importance of ***penile rehabilitation*** (which helps to maintain penile tissue integrity) was reviewed with your patient along with protocols for penile rehabilitation, which could include partnered or self sexual stimulation and penile massage (if this can successfully bring blood into the penis causing tumescence), use of low dose of PDE5 inhibitors (PDE5i), such as Cialis 5mg daily, or nightly Viagra or Levitra several times per week, use of the vacuum pump erection device (VED) daily or minimally 3 times a week, and intracavernosal (penile shaft) injections. Penile erections, natural or induced, promote oxygenation of the tissues and reduced smooth muscle apoptosis and penile atrophy.

To obtain an erection for sexual purposes, we can use any of the strategies noted above. In general, combination of therapies above should only be done after consultation with the Sexual Medicine Physician and/or an urologist.

Phosphodiesterase V inhibitors (PDE5i) include the 'on demand' Viagra 50-100 mg, Levitra 10 – 20 mg, Staxyn 10 mg and Cialis 10 – 20 mg (prn for sexual activity). Cialis also comes in a daily form (2.5 mg and 5 mg Cialis) to be taken the same time each day. Cialis 20 mg will remain active in the body for up to 36-48 hours whereas the maximal efficacy for Viagra, Levitra and Staxyn is within 1 - 4 hours, although it may continue to work for up to 8 – 12 hours. Cialis is not affected by food but high fat meals prior to taking the other pills may slow absorption. Since PDE5i work via the NO-cGMP

pathway (nerve conduction), release of nitric oxide by mental stimulation must occur, and additional physical stimulation helps. Individuals who have had nerve sparing surgery usually respond better to PDE5 inhibitors than those who have had compromise to their neurovascular bundles. In some cases, combination therapy of a daily PDE5i, along with a booster of a short acting PDE5i prior to sexual activity, is safe and more effective than either alone and may be recommended to your patient. It is important to note that PDE5i do not work well in a low testosterone environment.

We also recommended self or partnered sexual stimulation and penile massage 3 times per week. This can help the patient reconnect with his body and to become more comfortable with stimulating a flaccid or semi-rigid penis. Lubrication will help to protect the penile tissue. This may or may not result in orgasmic release.

A Vacuum Pump Erection Device (VED) is a non-medicinal way of creating an erection and is successful over 90% of the time. This technique has been explained by us or through VED clinics run by our VED Advisor, Lou Rioux, who is the manager of Shoppers Home Health Care in the Diamond Health Care Centre. The purpose of the clinics is to learn how to safely and effectively use the VED, for both sexual erections and for penile rehabilitation. The VED Advisor will also discuss maintenance of erections with proper use of tension rings and will explain additional ways to enhance orgasm with the tension rings in situ. A prescription for the VED can be provided to save on GST. The Shopper's Optima Card will allow for a further discount of 20%. A justification letter filled out by the doctor can also be submitted to an insurance company. If the insurance company does not cover the cost of the VED, then receipts can be submitted as medical expenses at income tax time.

Intracavernosal injections (ICI) are injections of Prostaglandin E1, Papaverine or Phentolamine alone or in combination directly into one side of the shaft of the penis. Your patient may be on standard doses of prostaglandin E1 alone (Prostin VR, Alprostadil, or Caverject), Bimix (Papaverine and Phentolamine) or Trimix or Triple P (Prostaglandin, Papaverine and Phentolamine). There is a 4% risk of scarring over time (and resultant bending, Peyronie's Disease) especially with Papaverine and Phentolamine. Your patient has been carefully instructed in the technique of ICI and dosing to avoid a prolonged erection (priapism), and told not to inject more than 3 times a week with a minimum time lapse of 24 hours between injections. If priapism occurs (where the erection strength is of penetration quality and lasting for more than 4 hours) he must seek emergency medical attention. At two hours if the erection is still very firm (and probably becoming painful) we advise implementing practical measures such as trying to have an orgasm, voiding, applying cool compresses on the erection, take a shower, go for a walk and/or step up and down on stairs. If the erection is still firm then the recommendation is to take regular Sudafed (pseudoephedrine hydrochloride) 60 mg as long as the patient is not hypertensive, and to take repeat Sudafed 60 mg in 45 minutes if the erection is still penetration quality. If at 4 hours after the injection the erection is still firm, all the practical measures have been performed, and a total of 120 mg regular Sudafed has been taken, he should go to Emergency to have the penile blood aspirated or given a sympathomimetic drug directly into the penis.

Combination therapy: more than one erectogenic agent or device can be used at once, but only after a thorough evaluation and recommendation by the sexual medicine physician or urologist. Otherwise, we discourage combination therapy, especially when it includes ICI. However, combination therapy is often tried in order to avoid having to undergo penile implant surgery, which is a permanent but irreversible solution.

Penile prosthesis: if all reversible methods have been maximally tried and failed, a referral to a urologist expert in penile prosthesis will be made. Most of the time this option is covered by MSP, but the waiting list is long for this surgery, as the numbers are limited per year by the government.

Delayed orgasm or anorgasmia

If your patient has *difficulty reaching orgasm*, it may or may not be related to his testosterone level (i.e. it is more difficult for men with low levels of testosterone (due to androgen deprivation therapy or natural hypogonadism), lack of arousal or other factors to reach orgasm. Interventions encouraging orgasm include:

- changing breathing patterns: experiment with the depth and the frequency of breath. Sometimes hastened breath can bring about orgasm sooner whereas slow deep breath can prolong the actual orgasm,
- performing Kegel exercises to help strengthen the pelvic floor,
- adjusting the sexual stimulation by starting and stopping the stimulation allowing for build up of sexual tension before allowing the orgasmic release,
- introducing different types of stimulation such as male vibrators to help stimulate the nerves responsible for orgasms, and/or
- changing the style of lovemaking, such as introducing more psychologically (versus genitally) based arousal techniques into the sexual profile.

Some vibrators that may be useful include the WeVibe 4 ($160.00) which is a vibrator that can be used during intercourse or can provide stimulation to the penis before penetration, Pulse ($100), which is a cuff like vibrator, or WeVibe Touch vibrator ($90). These vibrators can be purchased at Adult Love Shops. A 10% discount is offered at Ultra Love, Honey's Gifts and The Art of Loving for patients of the PCSC SHS. There is also A:Muse from Lifestyles at Shoppers Drug Store that runs about $20. This comes with a finger vibrator and a vibrating tension ring that sits at the base of the penis.

Painful orgasm

Painful orgasm most often occurs within the first 3 – 6 months post radical prostatectomy and is usually self limiting. Continuation of pain can be assessed by urology and/or a pelvic floor therapist. We can arrange for these referrals within PCSC. Sometimes medications can be tried.

Climacturia

If you patient has climacturia (release of urine at the time of orgasm), the following interventions can be tried to help manage climacturia or leakage of urine during sexual play:

- avoiding fluids that are irritating to the bladder (caffeine, alcohol, carbonated beverages),
- perform Kegel exercises regularly,
- emptying the bladder prior and after being sexual,
- avoid pressure on the bladder,
- try using an Actis or tension ring or Venoseal (adjustable loop),
- be sexual in an environment where it is okay to have some urine leakage, such as a shower, or
- protect the sexual play area with waterproof padding or towels.

It is common for patients to be concerned about urine leakage and risk to their partners. Normally the urine is sterile and does not pose a risk to a partner. Furthermore, cancer is not transmitted this way.

Low libido

Libido is a combination of biopsychosocial elements. We reviewed all the possible factors for your patient's changes in libido as well as strategies that may include further referrals to appropriate individuals (endocrinologists, psychiatrist or psychologist, sex therapists, relationship counseling, etc).

When sexual interest or drive is lost it becomes even harder for couples to connect. If a couple can set up a dedicated time to be sexual or intimate this can help maintain the connection, plus even those who are sexual neutral will still enjoy the sexual/intimate experience once they become engaged.

Psychological approaches to sexual difficulties

It is very important for individuals to stay "present" when being sexual. Distractions can take away from the engagement in the sexual activities and therefore interfere with a successful sexual response or satisfying sexual experience. When a person is distracted during sexual play, thinking about how their body looks or how their body is functioning, means they cannot be "present" during the sexual encounter and this can interrupt the sexual response. This action of "spectatoring", or being up in the bleachers rather than on the playing field, invariably causes further sexual dysfunction. We encourage patients/couples sexual activity to be pleasure focused versus goal directed. Pressure to have an erection can be anxiety producing and can take away from the arousal needed for a successful sexual experience.

"Simmering" is a process of nurturing a conscious thought around something that is sexually appealing. Throughout the day there are different bursts of sexual energy that a person can experience, but sometimes because of busy schedules, pain or fatigue, one may not be in tuned to

the sexual messages. Anything can stir sexual energy… a thought, a sound, a touch, a smell or a certain visual. Being aware of sexual energy, and holding that thought, helps a fantasy to grow, especially if this is done consistently for a few times. Then, when you choose to be sexual with yourself or in a partnered situation, there is a stronger chance that sexual arousal and desire will be present allowing for the sexual response cycle to begin.

Sometimes couples are encouraged to experiment with "Sensate Focus". This is where a couple explores each other's body parts that are comfortable and stress free, using different types of stimulation, being aware of all of their senses allowing for discovery of what is pleasurable. As the comfort and arousal increases, more specific sexual acts can be tried. This is an intimacy building exercise which can facilitate sexual connection and understanding. Sex therapists are private therapists that can be very helpful in this regard. We can provide your patient with a list of therapists in the Lower Mainland.

Sexual Aids

Various sexual aids can be helpful for couples to enhance sexual play if erections are not possible or required. Some examples include:

- The Deuce Male Harness from Spareparts: is a pelvic harness that supports penile prosthesis (Tex-Vix Skin Vanilla www.vixencreation.com) while also allowing access to genitals for stimulation.
- The Elator, which is a *penile brace* that can be used for penetrative sexual activity, although it is expensive ($300). Visit www.TheElator.com to request a free educational DVD to learn more about the product.

Jane Langton, a certified Sexual Health Educator, helps individuals and couples with the different sexual aids. Jane uses the Deuce Harness and other non-medical approaches to increase sexual pleasures. Her websites are www.janelangton.com and www.sexualhealthinc.com, her email is jane@janelangton.com and her phone number is 604-908-5263.

Dealing with emotional changes after prostate cancer treatments

At the PCSC Program, we have a clinical counselor, **Kevin Lutz**, who helps patients and/or partners navigate the various emotions they may encounter during the cancer experience. Your patient can contact Monita at 604-875-4485 if he and/or his partner would like to arrange an appointment with Mr. Lutz.

Please address further queries about our program to the Vancouver Program Manager (Monita) at 604-875- 4485. Christine Zarowski and Dr. Stacy Elliott can be reached at 604-875-4328.