



Prostate Cancer  
Supportive Care

# MANAGING THE IMPACT OF PROSTATE CANCER TREATMENTS ON SEXUAL FUNCTION AND INTIMACY

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**Sexual Health Clinician**

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**Sexual Health Clinician**



VANCOUVER  
PROSTATE CENTRE  
A UBC & VGH Centre of Excellence



Department of  
**UROLOGIC SCIENCES**  
UBC

# WELCOME!

From the physicians and staff of the Vancouver Prostate Centre. Support for this initiative has been provided from a number of government and non-government organizations including:



We are also very grateful for the philanthropic donations made by individuals to the PCSC Program.

# OVERVIEW

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Today's presentation will cover the following:

- Prostate Cancer Supportive Care (PCSC) Program
- Sexual Health Clinic
- Sexuality and Intimacy
- Normal Sexual Function
- The Impact of Prostate Cancer Treatment on Sexual Function
- Management Approaches

# THE PROSTATE CANCER SUPPORTIVE CARE (PCSC) PROGRAM

Our program designed to provide supportive care for both patients and their partners from the time of diagnosis onwards:

- This is both a supportive care program and a research initiative
- A set of “modules” or programs that provide supportive care beyond treating the cancer itself
- Most ‘modules’ in the program include preemptive and educational themes
- Patients choose modules of interest. We believe that knowledge is empowering, and educational sessions can help answer questions and relieve stress

# THE PCSC PROGRAM

The program is currently comprised of eight modules:

1. Introduction to Prostate Cancer & Primary Treatment Options
- 2. Managing the Impact of Prostate Cancer Treatments on Sexual Function and Intimacy**
3. Exercise for Prostate Cancer Patients
4. Recognition & Management of Treatment Related Side Effects of Androgen Deprivation Therapy (ADT)
5. Pelvic Floor Physiotherapy for Bladder and Bowel Concerns
6. Counselling Services
7. Metastatic Disease Management
8. Nutrition Advice for Prostate Cancer Patients

# PCSC MODULE 2



## Sexual Health Clinic

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**Goal:** To provide education, supportive care, medical and surgical therapy to enhance sexual functioning, intimacy, and quality of life.

# MODULE 2: SEXUAL HEALTH TEAM

## Physician

- Dr. Ryan Flannigan (Clinical Lead)

## Sexual Health Clinician

- Christine Zarowski, RN BSN
- Meghan Lui, RN BSN

## Administrative Leads

- Dr. Celestia Higano (PCSC Medical Director)
- Monita Sundar (PCSC Provincial Program Manager)
- Judy Shih (PCSC Program Coordinator)



# MODULE 2: CLINICAL CARE MODELS

## **Sexual Health Clinic**

- Offers up to 7 one-on-one visits with a Sexual Health Clinician
- Appointments can be done in-person, virtually, or via telephone appointment for personalized care
- Access to personalized educational resources

## **Online SHAReClinic**

- Initiative in partnership with TrueNTH SHAReClinic created in Toronto
- Offers personalized education online
- Access to message or converse with a health coach for personalized care



George Thomps...  
Male, 58 yr



Online

Mr. George Thompson (George)

Male, 58 yr

What personal goal do you want to achieve?



Dashboard

Care Plans

Wellness Plan

Schedule

Circle of Care

Health Library

### To Do Today

20 Thursday, July 20, 2017

Initial Meeting with Health Coach  
Jul 23, 2017

Clinic Visit 1 (Surgery)  
Aug 31, 2017

### Trackers

Firmness  
Low (A moment ago)

Intimacy  
High (A moment ago)

Sexual distress  
Moderate (A moment ago)

Sexual satisfaction  
Moderate (1h ago)

COMPARE   ADD TRACKER

### Circle of Care

Christine Thompson  
Wife (Caregiver)

Natalie Stratton  
Health Coach (Caregiver)

INVITE



Patient Dashboard

Natalie Stratton  
Health Coach  
SHAREclinic

CARING FOR  
George Thomp...  
Male, 58 yr

- Dashboard
- Care Plans
- Wellness Plan
- Schedule
- Circle of Care
- Health Library



Mr. George Thompson (George)  
Male, 58 yr

Online



PROFILE MESSAGING

### Basic Information

58 years old, Male  
Member of: SHAReClinic, Patient, Surgery, Heterosexual, Couple  
Married

### About

Treatment Date Aug 25, 2017	Treatment Prostatectomy (Surgery) – I am having my prostate removed surgically.
City Toronto	Province Ontario
Sexual Orientation Heterosexual	Year of Birth 1959
Month of Birth April	Single or Partnered I am in a romantic relation partner.

### Contact Information

✉ Default    george.thompson@shareclinic.local  
☎ Mobile    (416)555-1142

### Recent

There are no recent interactions.

### Upcoming

Health Coach Appointment (Phone)  
George Thompson

George Thompson has connected with you. 12:06 PM

You  
Hi George, welcome to the SHAReClinic - I am your health coach, Natalie. Once you invite your partner and schedule an initial meeting, we can begin to prepare for your upcoming treatment. 2:04 PM

Enter your message. SEND

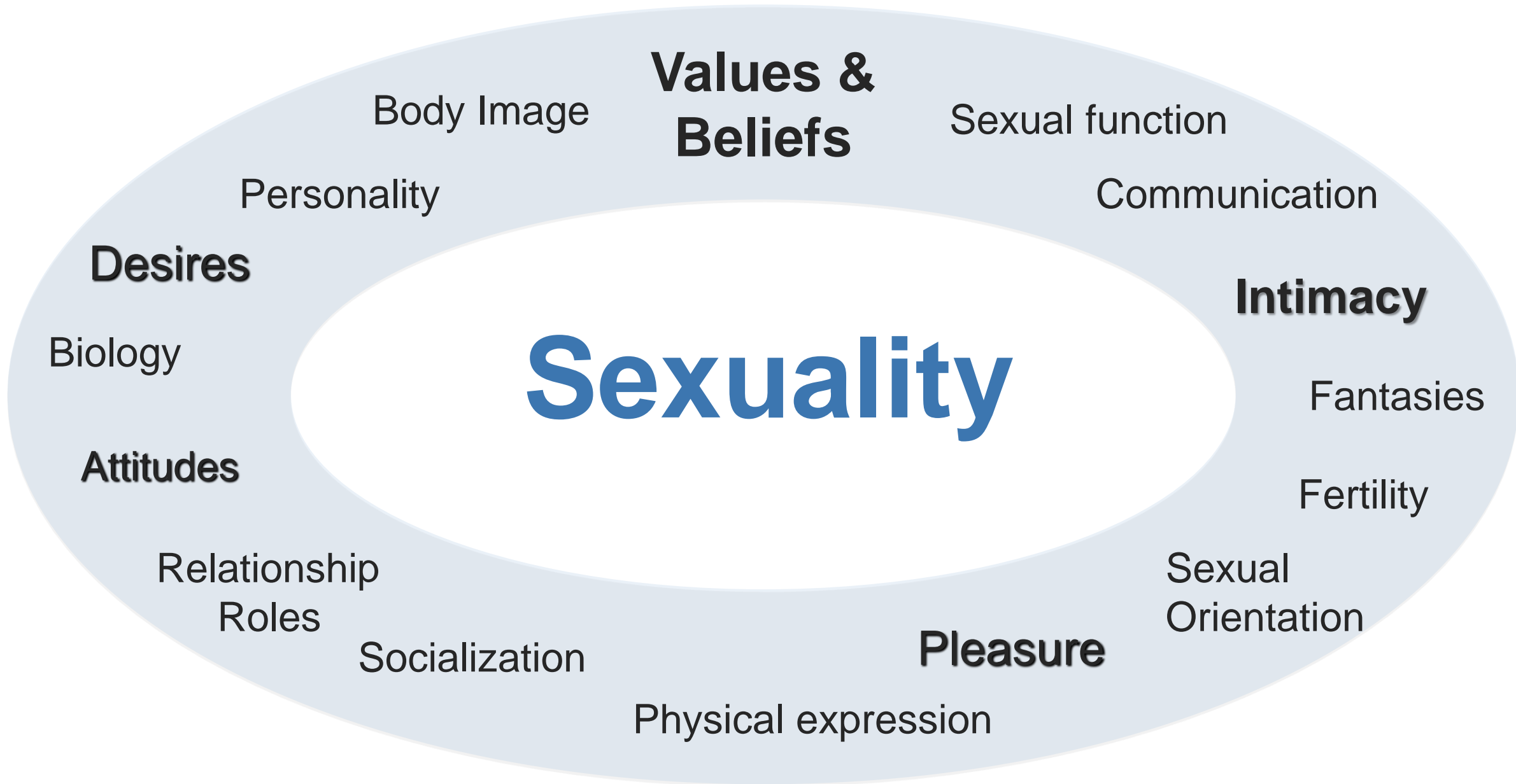
**Patient  
Communicating  
with Health Coach**

# CREATING PERSPECTIVE

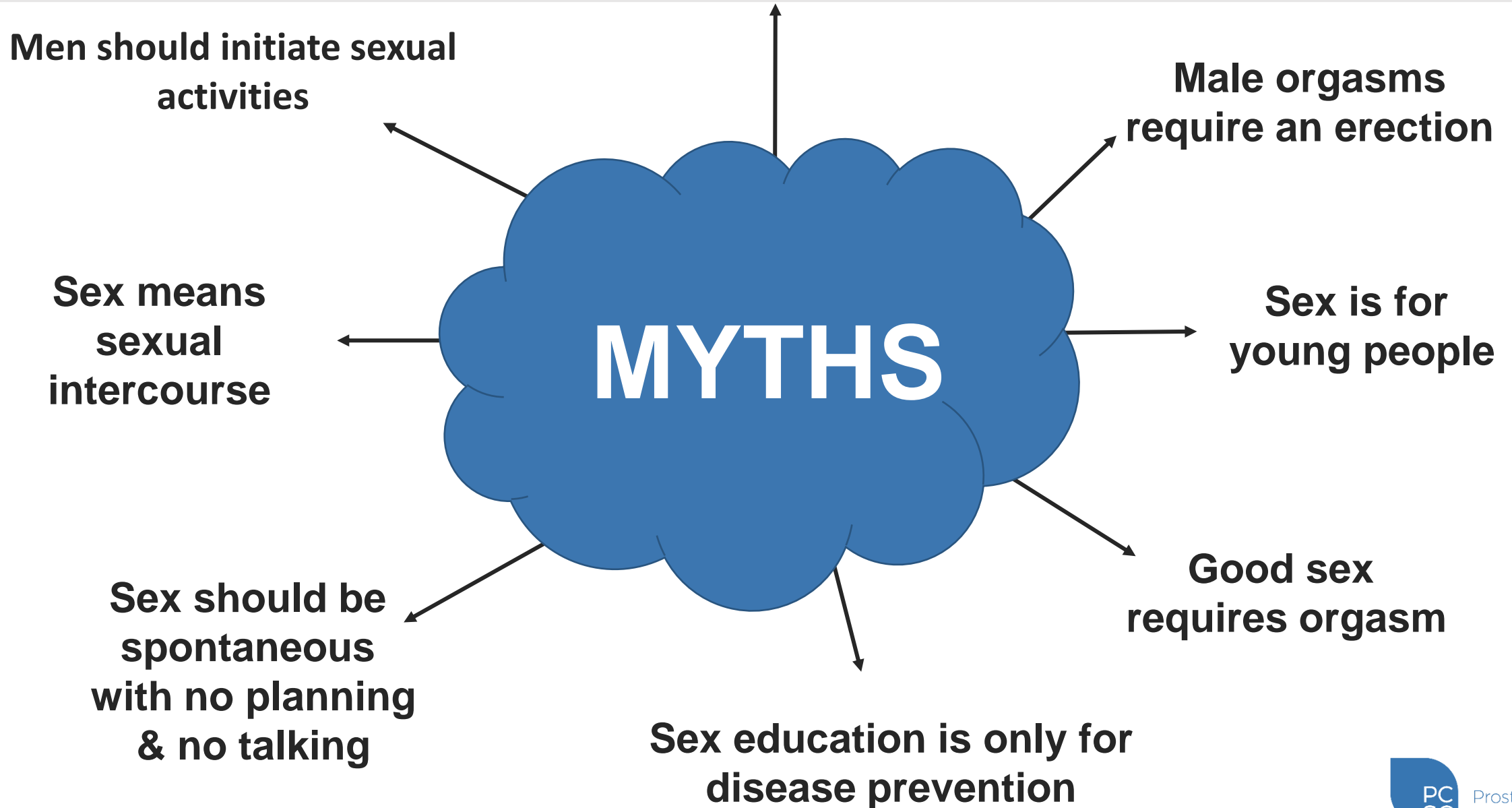


Treatment for Prostate Cancer often impairs erectile function, and thus global sexual functioning and intimacy with one's partner.

Let's add perspective by understanding intimacy, normal sexual functioning, and specifically erectile function.

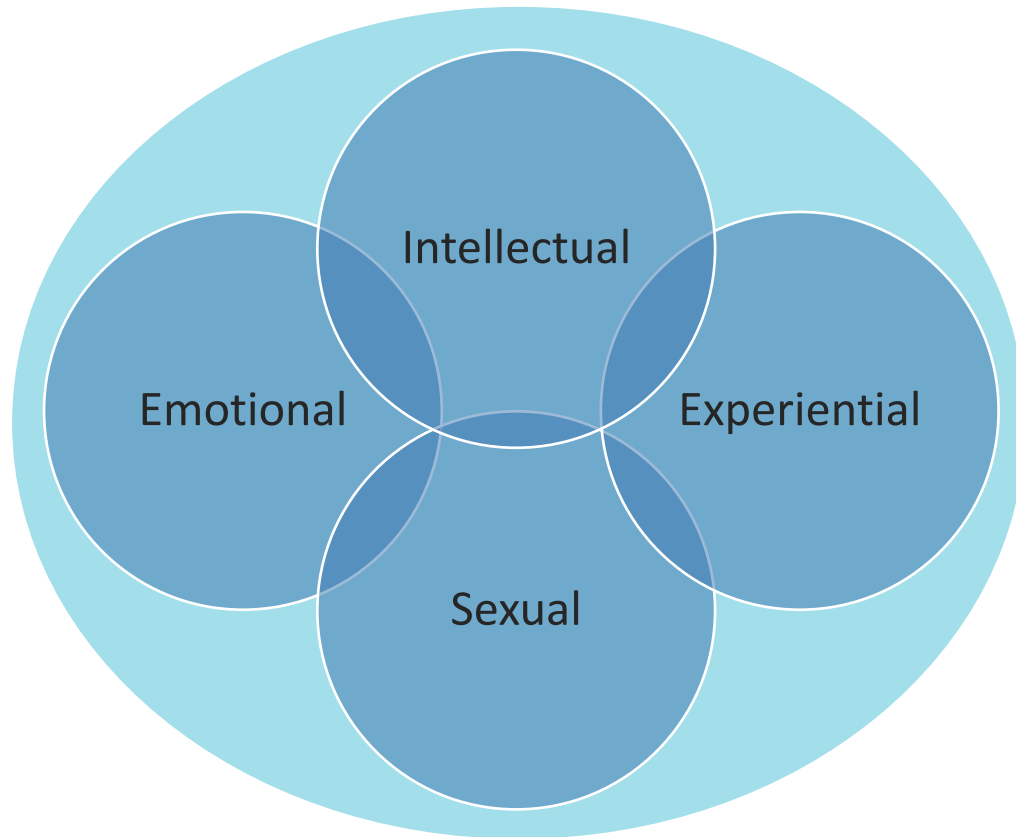


# People with health challenges have no interest in sex?



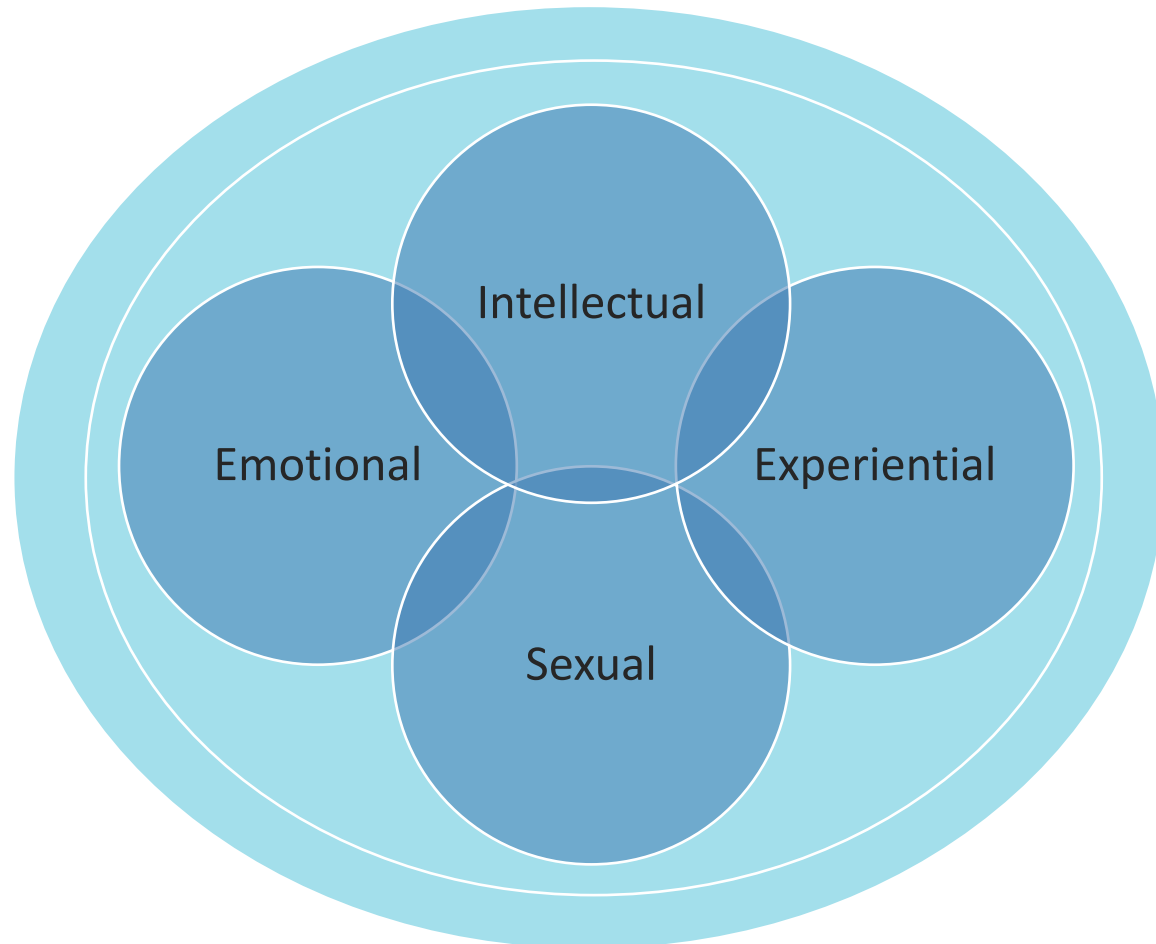
# INTIMACY

Intimacy – ‘affectionate or loving personal relationship with another person’



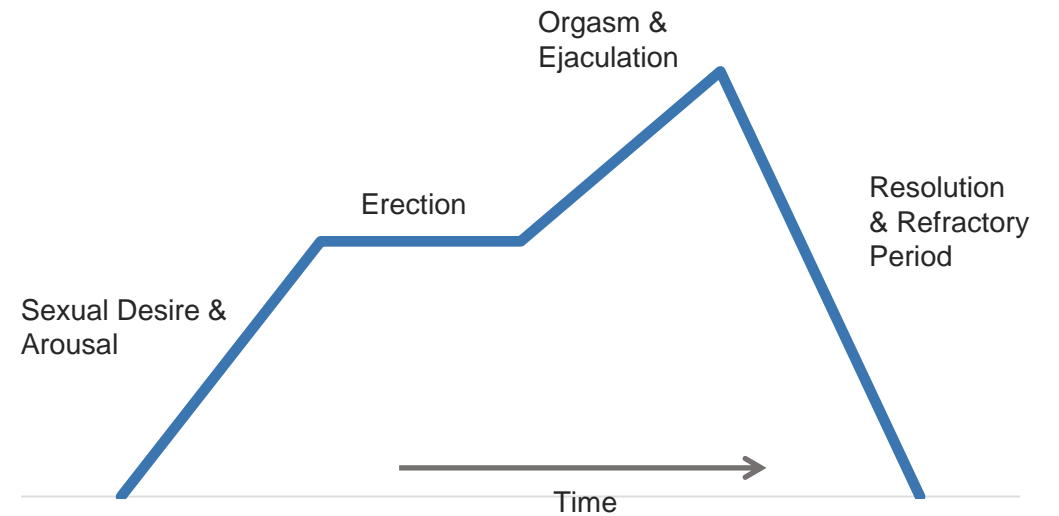
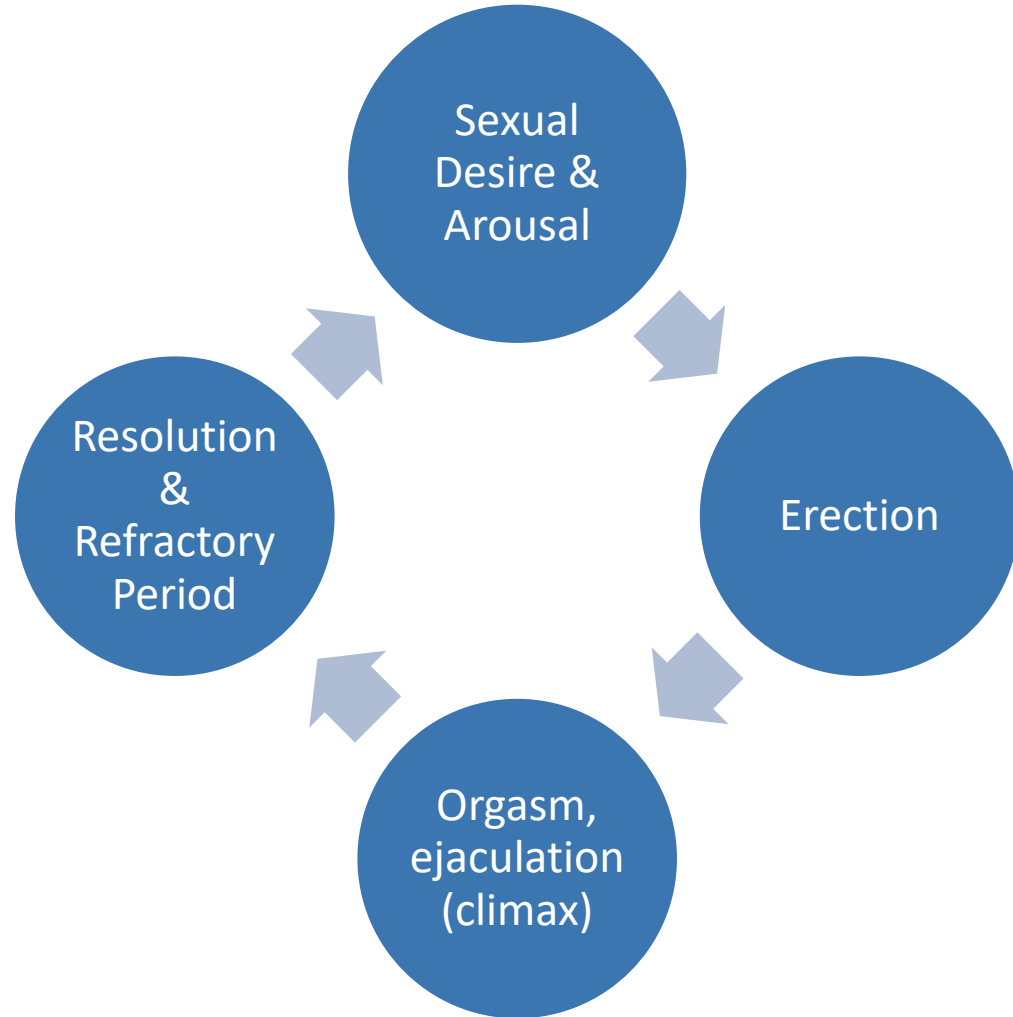
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# SEXUAL FUNCTION

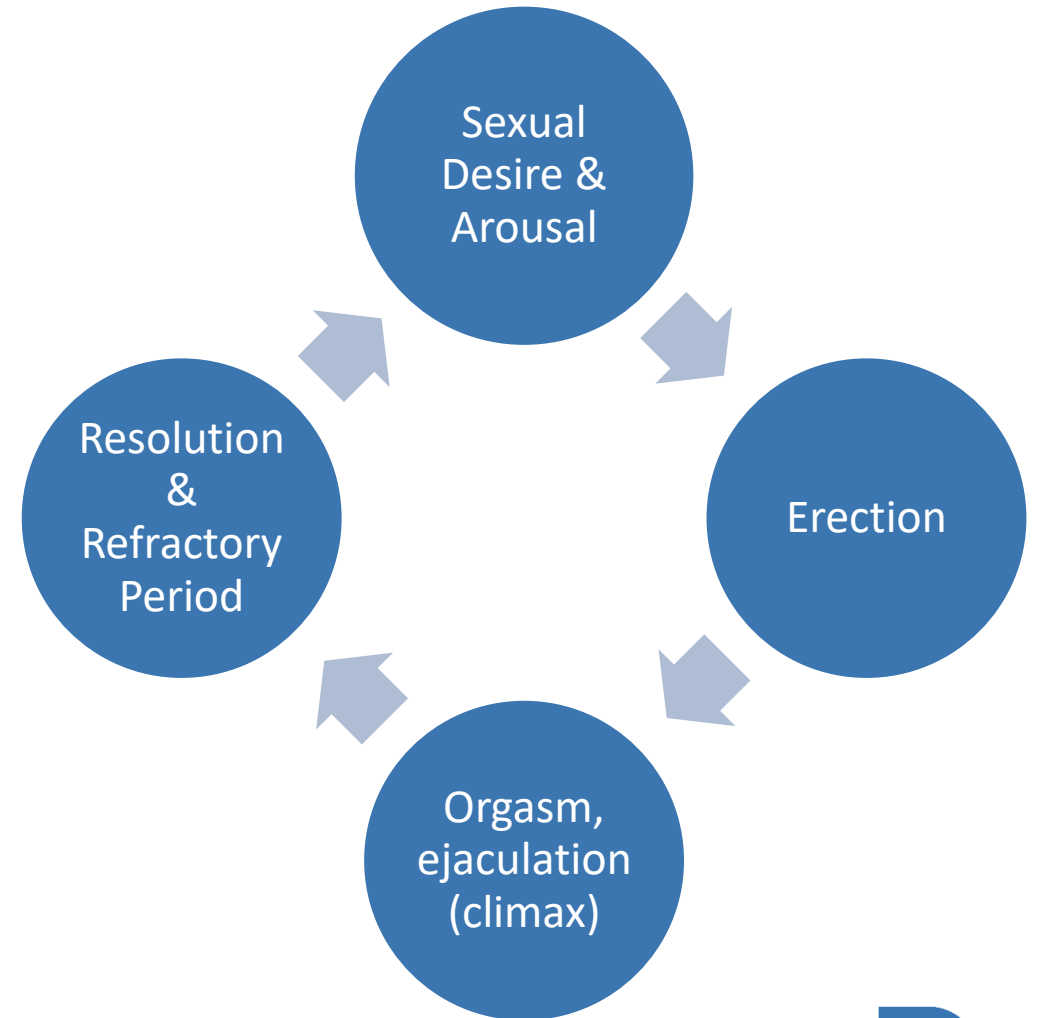
## Sexual Response Cycle



# SEXUAL FUNCTION

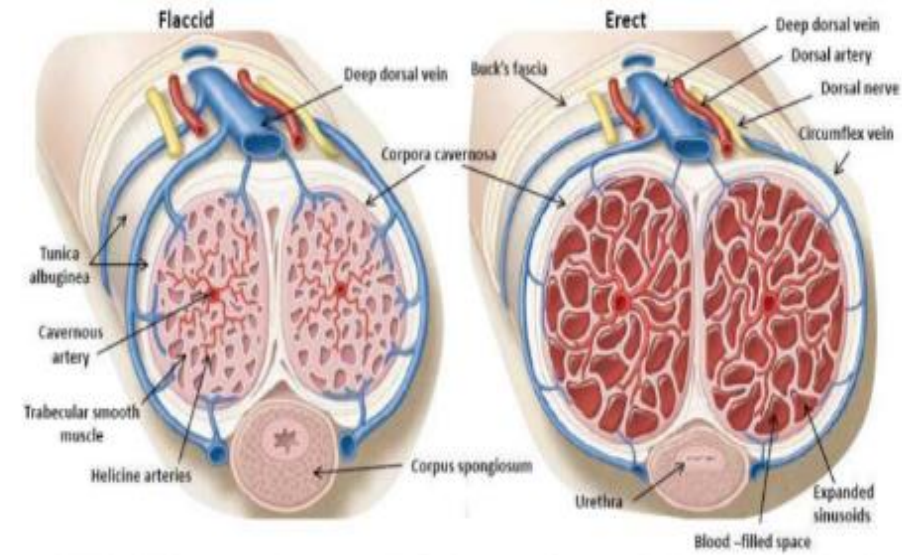
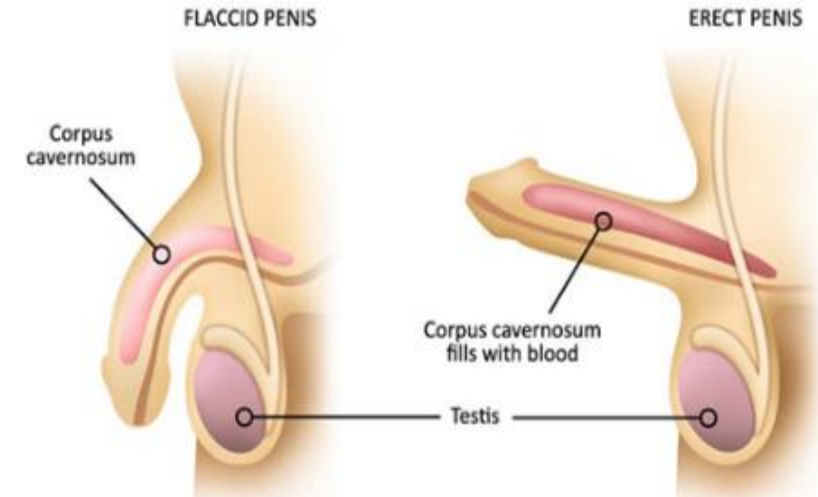
## Factors Affecting Sexual Response Cycle:

- Lifestyle Factors
- Psychological and/or Emotional Issues
- Medical Conditions and Medication
- Sexual Dysfunction
- Age
- Treatments for Cancer



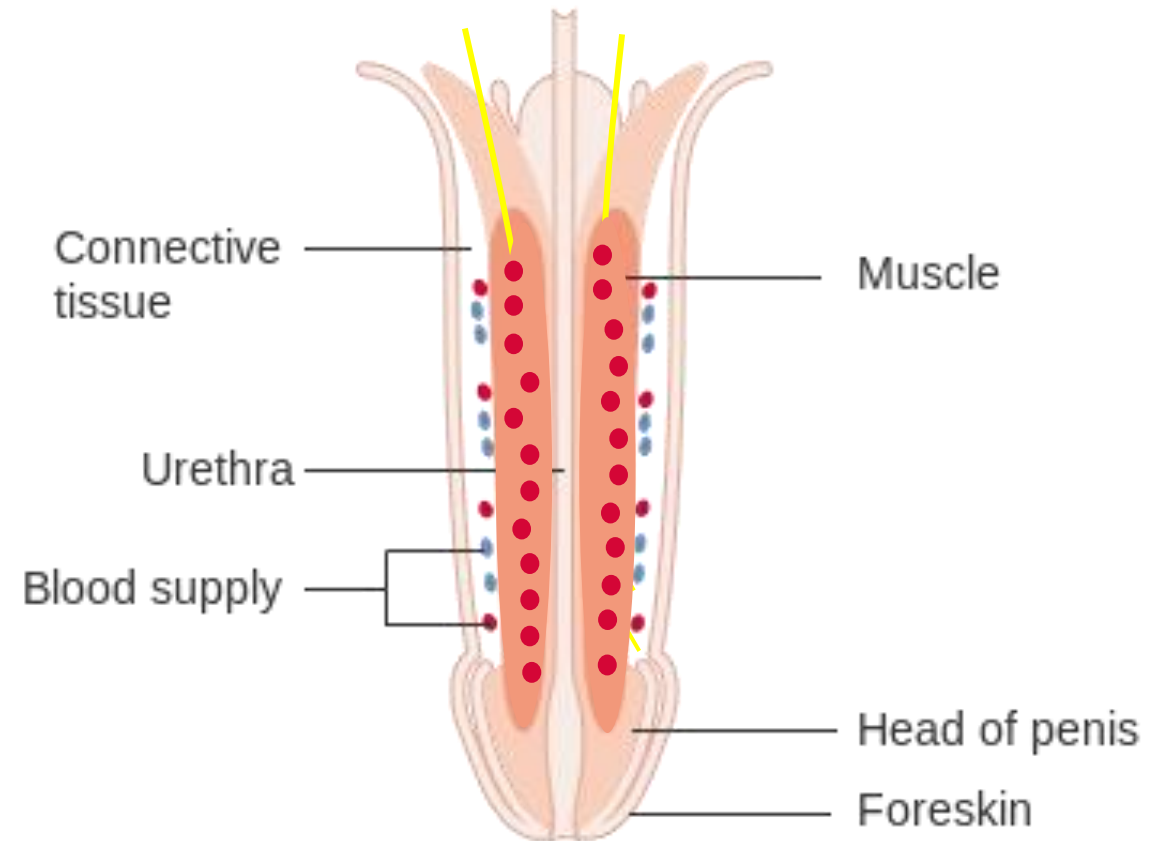
# ERECTILE FUNCTION

- Erections occur from **thinking** sexual thoughts, from sexual **touch**, or in our **sleep**
- All forms of erections, require a signal to be transmitted from the spinal cord to the penis, via an important **nerve**
- Upon receiving the signal, the blood flow to the penis increases, and is trapped in the expanding spongy muscle resulting in erection



# MECHANISMS OF ERECTILE DYSFUNCTION

1. Nerve Injury
2. Cavernosal Muscle Fibrosis
3. Compromised Arterial Inflow

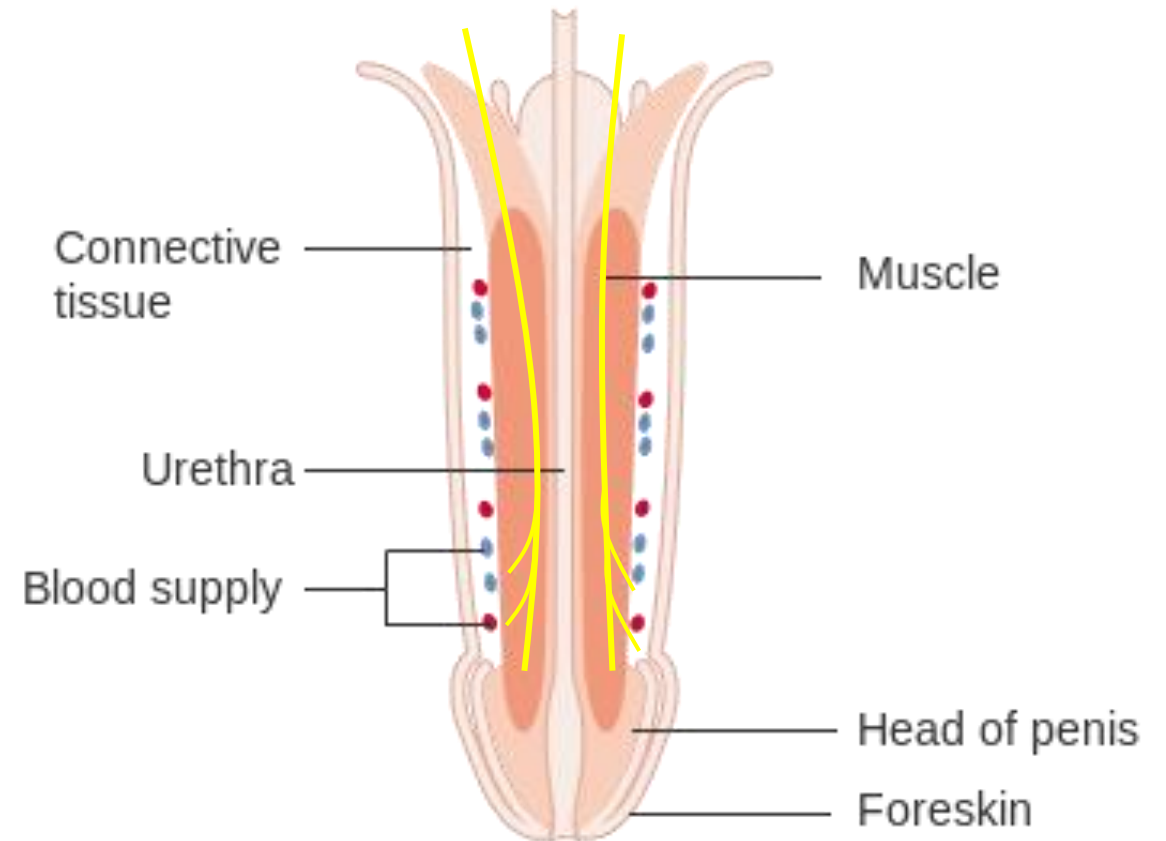


# MECHANISMS OF ERECTILE DYSFUNCTION

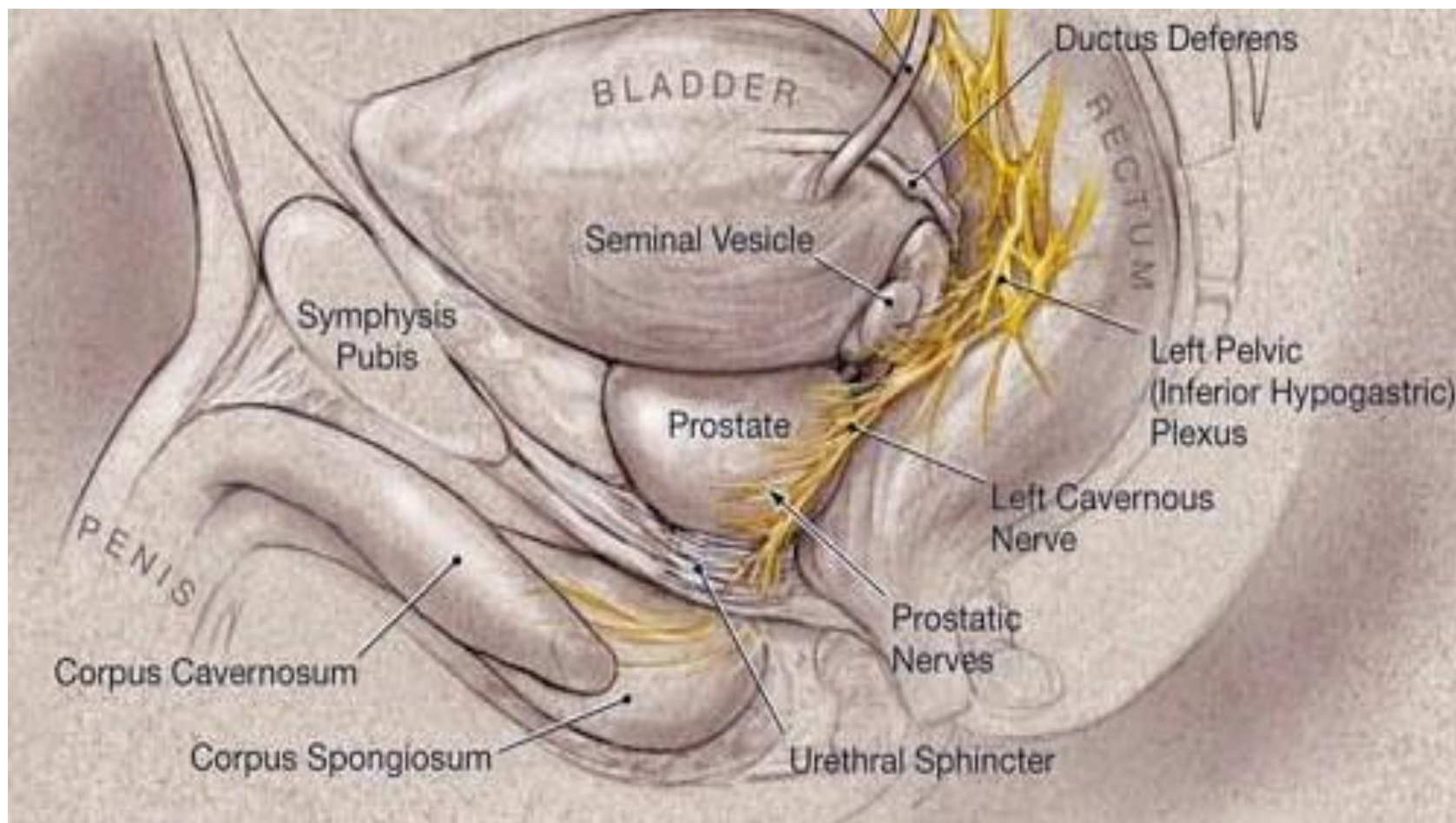
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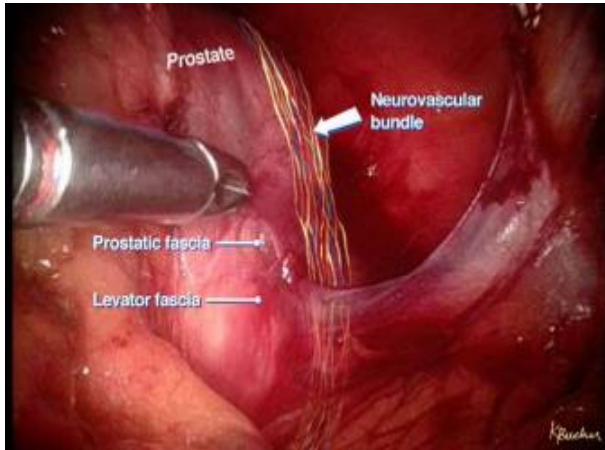
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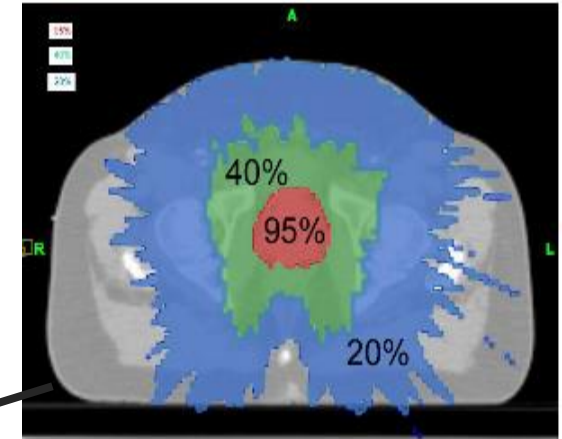
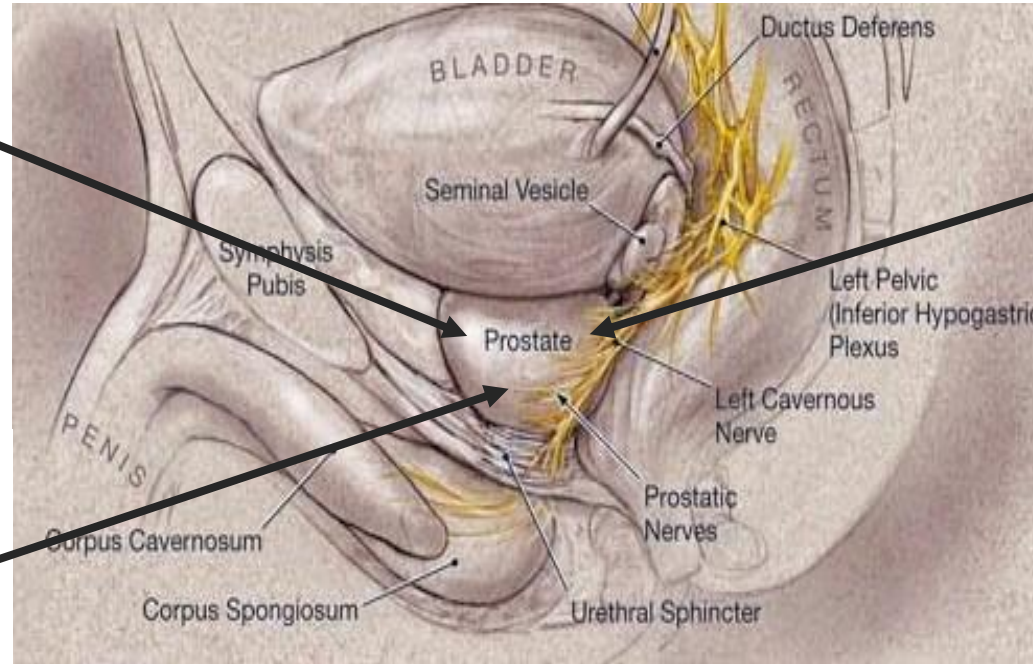
# CAVERNOSAL NERVES



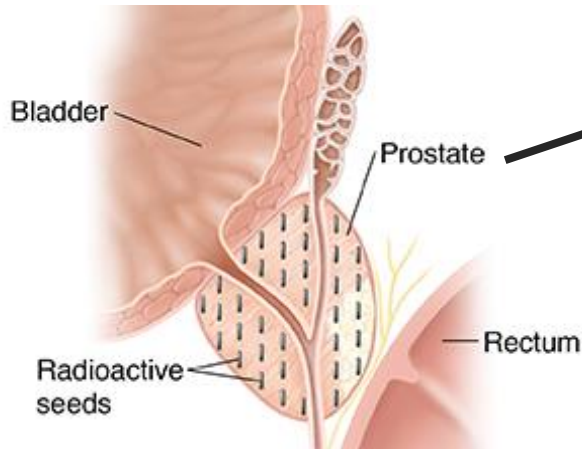
# CAVERNOSAL NERVE INJURY



Surgery



External Beam Radiation



Brachytherapy

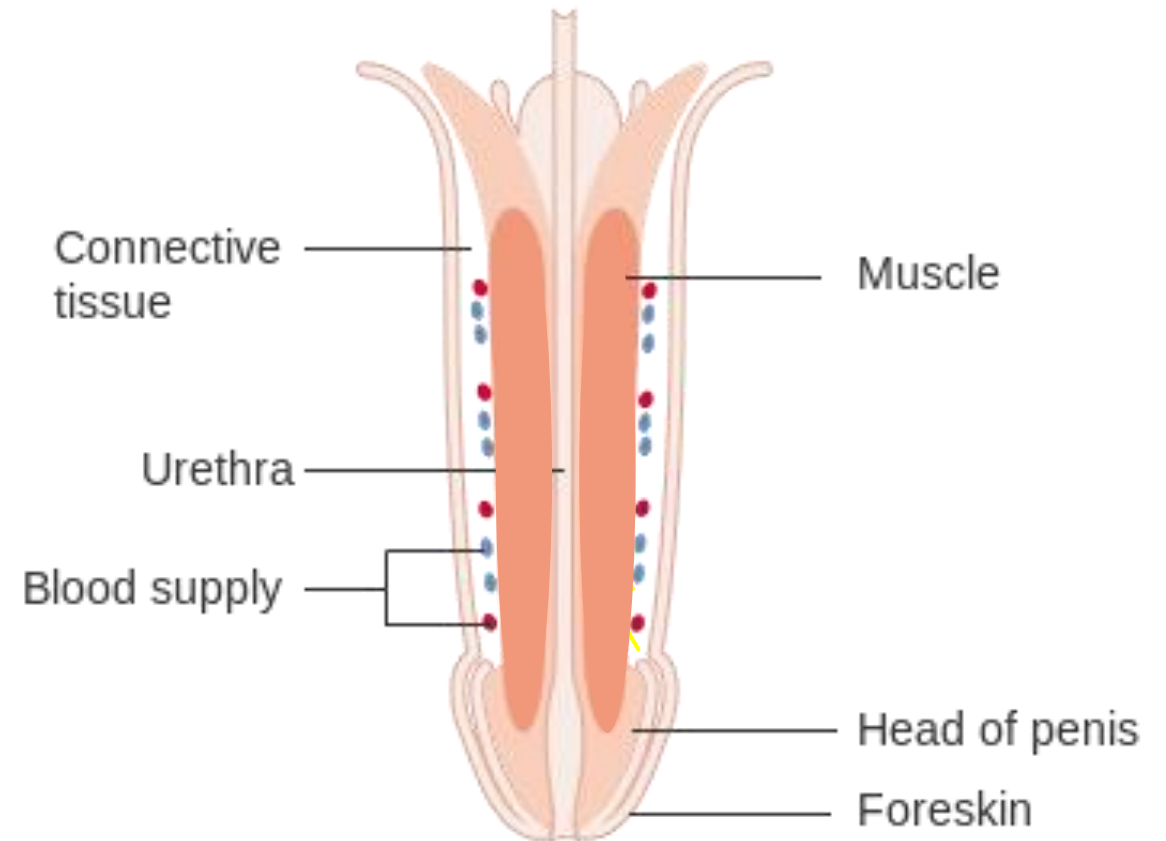
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<https://urology.ufl.edu/patient-care/robotic-laparoscopic-urologic-surgery/procedures/robotic-nerve-sparing-radical-prostatectomy/>  
[https://www.google.ca/search?client=safari&biw=1146&bih=524&tbm=isch&sa=1&ei=NmAIXZuCoHj-gSMylVo&q=brachytherapy&oq=brachy&gs\\_l=img.3.0.0i67j0i3j0i67j0i2.136049.136696..137851...0.0.0.49.272.6.....0....1.gws-wiz-img.ST-Tb3ckpl#imgrc=dQWHT5qslwpK7M:](https://www.google.ca/search?client=safari&biw=1146&bih=524&tbm=isch&sa=1&ei=NmAIXZuCoHj-gSMylVo&q=brachytherapy&oq=brachy&gs_l=img.3.0.0i67j0i3j0i67j0i2.136049.136696..137851...0.0.0.49.272.6.....0....1.gws-wiz-img.ST-Tb3ckpl#imgrc=dQWHT5qslwpK7M:)

# MECHANISMS OF ERECTILE DYSFUNCTION

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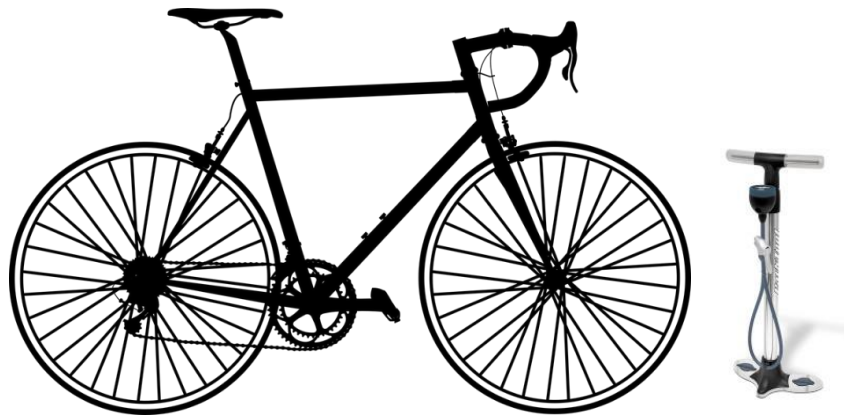
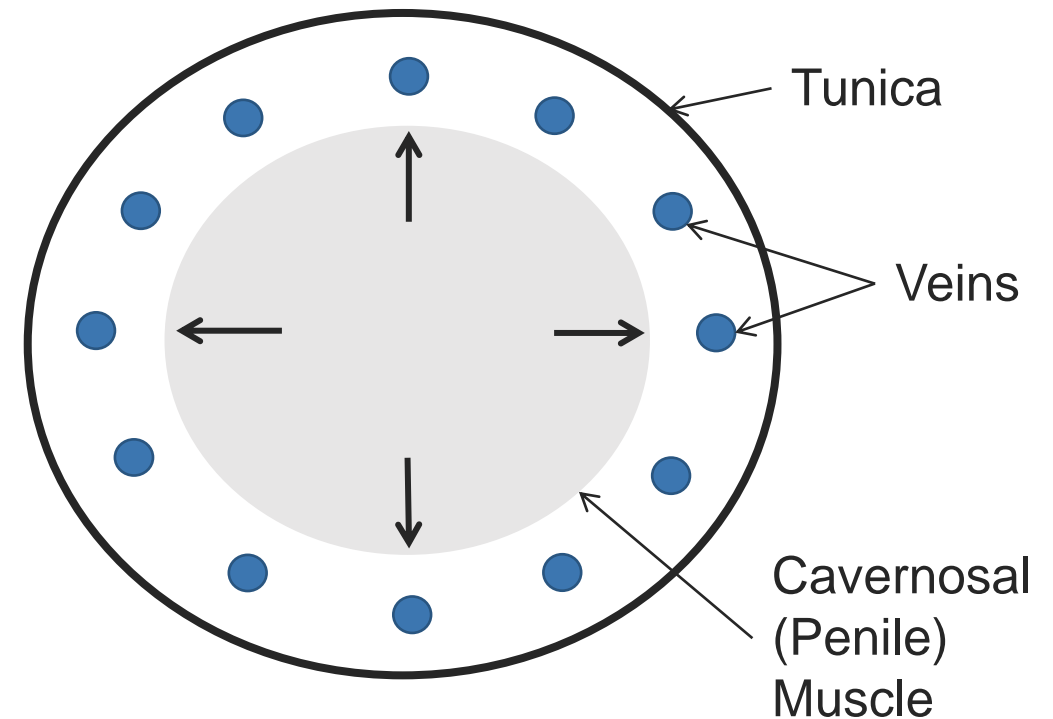
3. Compromised  
Arterial Inflow



# CAVERNOSAL MUSCLE FIBROSIS

Prostate cancer treatment can cause the penile muscle to become less healthy.

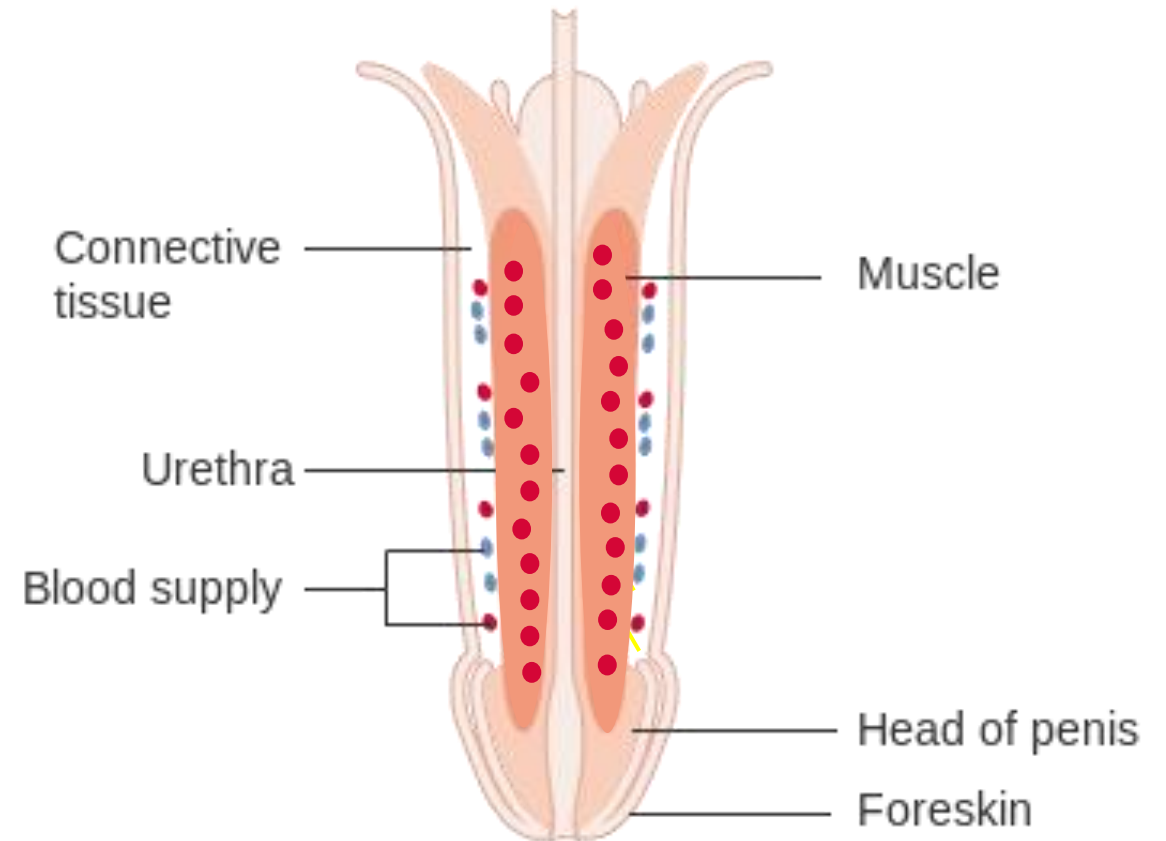
Results in **venous leak** = inability to keep blood in the penis under high enough pressure for erection.



Example: Imagine trying to fill a bicycle tire with a leak. Despite pumping more and more air into the tire, the leak will prevent the tire from inflating.

# MECHANISMS OF ERECTILE DYSFUNCTION

1. Nerve Injury
2. Cavernosal Muscle Fibrosis
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# COMPROMISED ARTERIAL INFLOW

Prostate cancer treatment can cause damage to the blood vessels in the penis.



This can limit blood flow, which may affect the ability to form an erection.

Compromised arterial inflow may be reversible, depending on the treatment and damage.

# PROSTATE CANCER TREATMENTS ON SEXUAL FUNCTION

	Onset	Sexual Drive	Erectile Dysfunction	Orgasm	Ejaculation	Penile Shortening	Urinary Issues	Bowel Issues	Other Common Changes
<b>Active Surveillance</b>	n/a	Not directly affected	Potential if anxiety present	Potential changes if anxiety present	n/a	n/a	n/a	n/a	n/a

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<b>Prostatectomy</b>	Immediate	Not directly affected	Immediate	40/40/20 may initially feel a burning or pain the first few orgasms	None "dry orgasm"	Possible	Possible leaking urine and/or climacturia (expulsion of urine with orgasm)	n/a	n/a

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<b>External Beam Radiation Therapy</b>	Potentially some decline in function as radiation is completed	Reduced if given ADT at same time	Most noted 1 to 3 years post treatment	Some men report decreased intensity or difficulty reaching orgasm	Decreased	Possible (rare)	Increased urinary frequency, difficulty urinating (retention), burning with urination	Diarrhea, increased frequency and/or urgency, abdominal pain, bleeding (rare), inflammation of rectum and anus (proctitis)	Possible radiation burns, skin irritation
<b>Brachytherapy</b>	Potentially short-term decline in function after procedure	Reduced if given ADT at same time	Immediately post procedure, improvement in first 6-12 months, with some decline after	Potential pain short-term, decreased intensity or difficulty reaching orgasm	Decreased, dry and/or blood tinged	Possible (rare)	Increased urinary frequency, difficulty urinating, blood in urine for first few weeks with brachytherapy, burning with urination	Diarrhea, increased frequency and/or urgency, abdominal pain, bleeding (rare), inflammation of rectum and anus	Some discomfort immediately after the procedure

# PROSTATE CANCER TREATMENTS ON SEXUAL FUNCTION

	Onset	Sexual Drive	Erectile Dysfunction	Orgasm	Ejaculation	Penile Shortening	Urinary Issues	Bowel Issues	Other Common Changes
Androgen Deprivation Therapy	Gradual	↓	Gradual	Decreased intensity	Decreased volume	More common	n/a	n/a	Weight gain, breast swelling, fatigue, hot flashes

Module 4: For more information about the side effects of ADT and their management

# FACTORS IMPACTING POST-TREATMENT FUNCTION

- Pre-treatment erectile function
- Age
- Medical conditions such as diabetes
- Type of cancer treatment



***“You can have a  
good sex life after  
prostate cancer treatment”***



# HOW TO MANAGE SIDE EFFECTS AND/OR SEXUAL CONSEQUENCES

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# APPROACHES

- Communication
- Refocus intimacy with your partner
- Sexual adaptation
- Therapies for improving erectile function
- Work with us, the sexual health clinicians in PCSC Program



# COMMUNICATION & INTIMACY



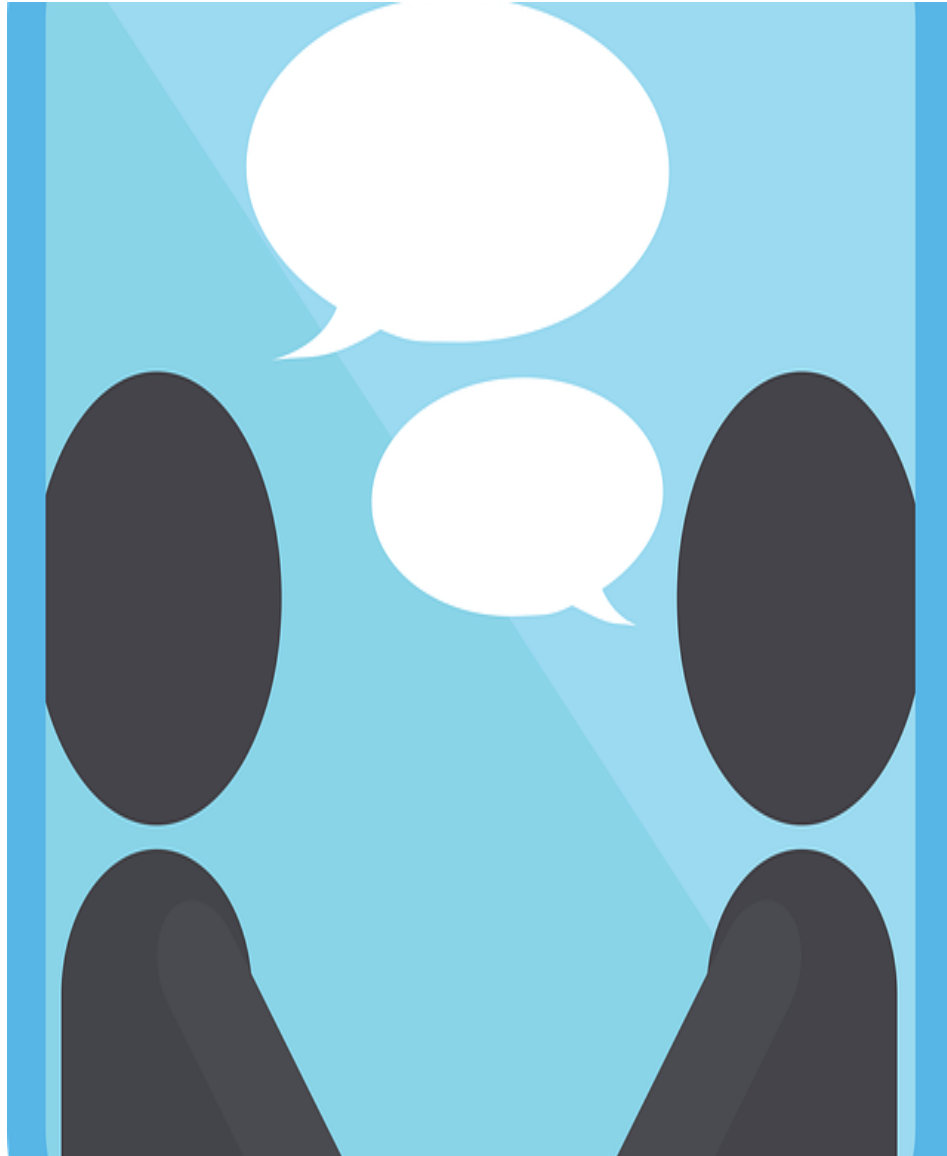
# COMMUNICATION

## Why talk?

- Among the most predictive factors of sexual satisfaction post-treatment
- Helps you both deal with any changes
- Enhances feelings of closeness and confidence together
- Try not to guess how your partner feels about things – guesses can often be wrong



# COMMUNICATION



## How?

1. Think about what you want from your sex life and relationship
2. Discuss both your thoughts and how you can make changes
3. Be clear, honest and open about your likes and dislikes
4. Pay attention to your partner's responses and acknowledge their feelings
5. Write down your thoughts and ideas in letters to each other
6. See a relationship counsellor or sex therapist together



# IF YOU'RE SINGLE

All the treatments are available to you whether you want to be able to masturbate, have sex, or want to start a new relationship

Take time to understand and come to terms with the sexual consequences of the treatment(s)

Think about how you may share your cancer experience with a new partner.

Honesty: keeping it simple



# SEXUAL ADAPTATION

The process of *sexual adaptation* following prostate cancer treatment is complex and warrants the need to apply the principles of:

***Acceptance***  
***Flexibility***  
***Patience***  
***Persistence***



# SEXUAL OPTIMIZATION

**Sexual optimization begins with an awareness of the potential for sexual difficulties following any disruption in health.**

## **What is involved in Sexual Optimization?**

- Gaining knowledge
- Developing coping or communication skills
- Dealing with feelings of sexual inadequacy
- Understanding societal myths around sexuality
- Adjusting values and beliefs to help support sexual self-view
- Discovering new ways of supporting desired sexual activities and/or behaviors



# PENILE OPTIMIZATION

**Concept that early treatment to encourage penile blood flow and erections, protects the health of the penile tissue resulting in better erectile function recovery**

**What is involved in Penile optimization?**

- +/- Penis massage
- +/- Oral medications prescribed post treatment
- +/- Intra-cavernosal (penile) injections (ICI)
- +/- Vacuum pump erection device



Studies suggest that Penile Rehabilitation improves erectile function recovery by nearly 3x. (Liu *et al.* J, 2017)

# TREATING ERECTILE DYSFUNCTION

## 1. Oral Therapies (PDE5 inhibitors)

- Typically our first line treatment
- E.g. Viagra, Cialis, Levitra, Staxyn



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- Medication self administered in urethra



# TREATING ERECTILE DYSFUNCTION

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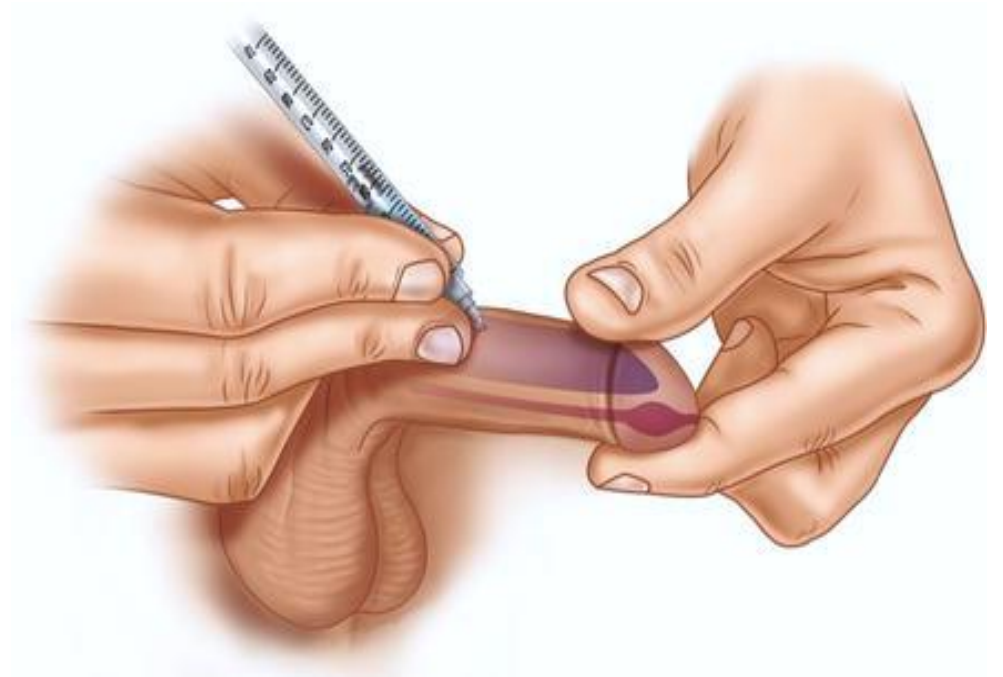
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## 3. Penile Injections

- Very effective for most men, works within 5-20 minutes, and ideally lasts for 30-60 minutes
- Requires teaching by the sexual health clinician



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  - Requires teaching by our sexual health clinicians
- 4. Vacuum Therapy**
  - Effective for non-medical treatment



Examples: Osbon ErecAid, Medintim Manual, etc.

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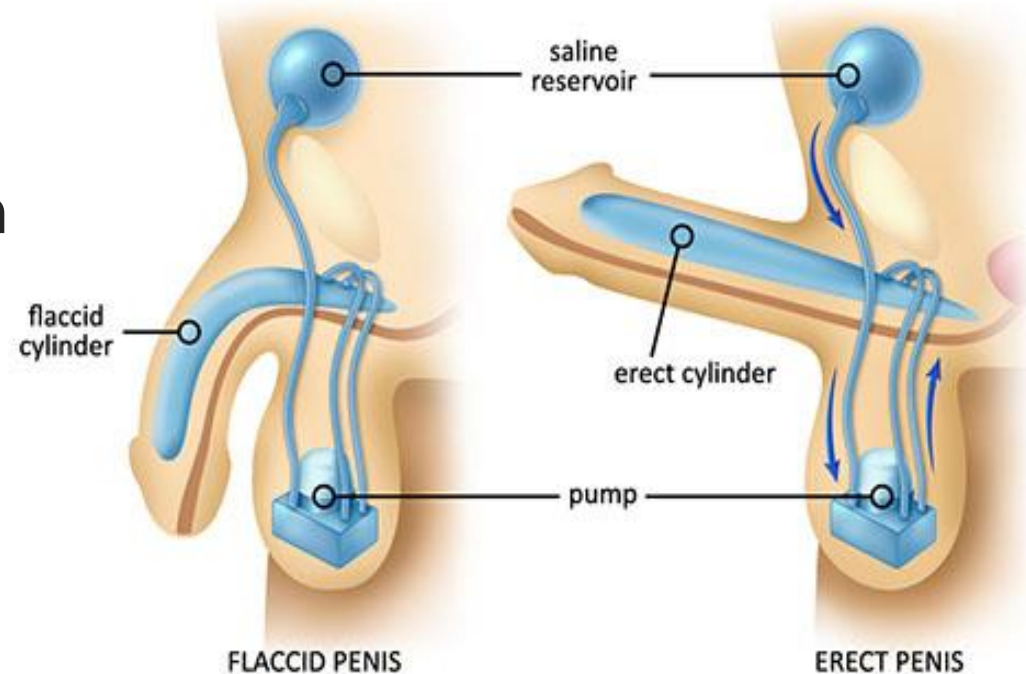
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- Requires teaching by our sexual health clinicians

## 4. Vacuum Therapy

- Effective for non-medical treatment

## 5. Penile Implant

- ~90% satisfaction rate among men that do not regain erectile function post-therapy
- Requires surgery to place implant



# HOW TO BEGIN



Talk about the changes and how that makes you feel



Discuss other ways you can enjoy sex without penetration



Let your partner know what feels good for you and ask them what feels good for them



Request an appointment with our Sexual Health Clinicians (Module 2)



See our counselor (Module 6) and/or community sex therapist

# PROSTATE CANCER & SEXUAL FUNCTION SERIES

## Educational Videos:

- [Setting Expectations: Sexual Function Changes Following Prostate Cancer Treatment](#)
- [Managing Sexual Dysfunction Following Prostate Cancer Treatment](#)
- [Penile Rehabilitation Following Treatment for Prostate Cancer](#)
- [PDE5 Inhibitor Pills for Erectile Dysfunction](#)
- [Vacuum Erection Devices](#)
- [Penile Injection Therapy for Erectile Dysfunction](#)
- [Treating Urinary Leakage with Sexual Activity](#)
- [Penile Implant Surgery for Erectile Dysfunction](#)
- [Optimizing Your Sexual Adaptation After Prostate Cancer Treatment](#)
- [Intimacy Tips for Prostate Cancer Survivors](#)
- [Orgasm After Prostate Cancer Treatment](#)



Prostate Cancer  
Supportive Care

Go to <https://pcscprogram.ca/> click on *Managing the Sexual Impact of Prostate Cancer Treatments*

# COUNSELLING SERVICES

- Sometimes talking about cancer can feel overwhelming.
- We recognize that educational sessions can sometimes feel a little overwhelming. There can be a lot of information that we are sharing that can have significant meaning for you.
- While we hope that learning more about prostate cancer and treatment options will ease some of your concerns and worries, we also understand that this information may add to feelings of uncertainty or anxiety. These feelings are normal. Our team is here to help with any questions or concerns you might have after attending this session.
- We also invite you to consider meeting with our counsellor to talk about some of these feelings.

# PCSC PROGRAM CONTACT DETAILS

Prostate Cancer Supportive Care (PCSC) Program  
Gordon & Leslie Diamond Health Care Centre  
Level 6, 2775 Laurel Street  
Vancouver, BC  
V5Z 1M9, CANADA

Patient inquiry form:



Judy Shih, MA  
PCSC Program Coordinator  
Telephone: 604-875-4485  
Fax: 604-875-4637



Email: [pcsc@vch.ca](mailto:pcsc@vch.ca)  
Website: [www.pcscprogram.ca](http://www.pcscprogram.ca)

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