

Male Sexual Dysfunction - Cancer

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Intimacy

- Intimacy is complex and is comprised of different types including intellectual, emotional, physical, experiential, conflict/crisis, and spiritual.
- Preserving intimacy is critical to maintaining a healthy relationship.
- Couples who succeed in maintaining sexuality and intimacy have been shown to have higher quality of life and more satisfying relationships.
- Male sexuality encompasses more than intercourse, but includes body image, identity, romantic and sexual attraction, sexual thoughts and fantasies.

Male Sexual Function

- Requires input from the vascular, neurologic, hormonal, and psychological systems.
- Neurological control involves the sympathetic and parasympathetic nervous system.
- During sexual arousal, nerve impulses from the brain and local nerves result in increased penile blood flow allowing the penis to expand and become erect.

Biological model vs Biopsychosocial model

Cancer affects a variety of physical and psychosocial domains that collectively represent the Biopsychosocial model.

Male Sexual Dysfunction

- Any physical or psychological problem that prevents you or your partner from achieving sexual satisfaction.
- Erectile dysfunction
- Ejaculatory/orgasmic dysfunction
- Orgasm-associated incontinence, Urinary incontinence in relation to sexual stimulation, Altered perception of orgasm, Orgasm-associated pain, Penile shortening, Penile deformity
- Reduced libido
- Infertility

Implicated Cancers

- Prostate cancer.
- Penile cancer.
- Testicular cancer.
- Colorectal cancer.
- Bladder cancer.

Sexual Dysfunction Related To Cancer Treatment

- Surgery
- Radiation
- Hormone therapy
- Medications

Mechanism

- Damage to the autonomic nervous system and/or reduced blood flow to the penis.
- Altered penile anatomy.
- Hormonal impairment.

Evaluating Male Sexual Function

- Male Sexual Health Questionnaire (MSHQ) – subjective review of erections, orgasm, ejaculation, desire, satisfaction.
- Sexual Health Inventory for Men (SHIM) – focused on erectile function.
- Brief Male Sexual Function Inventory (BSFI) .
- Sexual Self-schema Scale for Men.

Surgery

- Radical prostatectomy (non-nerve sparing vs unilateral vs bilateral nerve-sparing)
- Cystoprostatectomy
- Abdominoperineal resection
- Total pelvic exenteration
- Retroperitoneal lymph node dissection

Surgical Technique

- Robotic vs open technique
- Nerve-sparing vs non-nerve sparing
- Minimizing nerve damage (minimizing cautery, tension, cold irrigation)

Penile Rehabilitation After Surgery

- Encourage an erection following surgery.
- Oxygen-rich blood delivered to the penile tissue may help maintain penile health.
- PDE-5 inhibitors (tadalafil, sildenafil, vardenafil).
- Penile injections or vacuum devices.
- Goal = erection 2-3x per week.

Treatment for Erectile Dysfunction

- PDE-5 Inhibitors
- Medicated urethral system for erections (MUSE)
- Penile pump.
- Penile injection therapy.
- Penile prosthesis.

What to do?

- Talk with your doctor.
- Talk with your partner.
- Talk with cancer survivors.

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