Maintain Your Sexual Health During and After Bone Marrow Transplantation: Men

Key Messages:

- Cancer treatment and bone marrow transplantation can cause physical and emotional changes that affect a man’s desire and ability to have sex.
- Managing treatment-related side effects that cause sexual problems is an important part of cancer treatment, and men should not be embarrassed to ask their doctors or other members of the health care team about the available solutions.
- There are several ways you, as well as your partner or spouse, can get support for sexual concerns, including working with a sexual health expert, talking to your doctor, working with a social worker or a psychologist. Many men experience physical and emotional changes during and after cancer treatment and bone marrow transplantation that affect their desire and ability to have sex. Although it may seem difficult, it is important to speak openly with your clinical team about any sexuality and intimacy concerns, even before treatment starts, as there are ways to cope with these concerns.

Ways to Enhance Sexuality:

Manage emotional issues and boost your self-esteem:

It is common to feel depressed or anxious following a cancer diagnosis and treatment with bone marrow transplant. Talking with a member of your treatment team can help. You do not have to cope alone.

Relieving the emotional side effects, in addition to the physical ones is just as important for your sexual health. Your clinical team (including social workers or psychologists) can help you develop effective coping strategies, provide education, and give you referrals to community resource.

Some men struggle with body image after treatment. Issues like hair loss, weight gain, and effect of chronic graft-versus-host disease on skin and appearance are common. Working to boost your self-esteem with the help of a psychologist or social worker may help. Changing diet and exercise may also help increase one’s self-esteem.

Working with your doctor on managing skin graft-versus-host disease and other changes in your body can be very helpful to help you look and feel your best.

Changes from Treatment That Affect Sexual Health

You may experience the following changes as a result of your cancer treatment. You should talk with your treatment team about any questions you may have.

- Decrease or loss of sexual desire
- Inability to get or maintain an erection (erectile dysfunction)
- Ejaculation and orgasm problems including premature ejaculation, urinating during ejaculation, and not release semen during orgasm (dry ejaculation.
- Pain during sex
- Increased unpleasant sensation or numbness in the genitals

These problems can be due to many of the changes your body goes through during treatment including:

Physical Changes:

After bone marrow transplantation:
- Sex hormonal deficiencies leading to decreased desire and/or pleasure
- Fatigue/ weakness
- Hair loss
- Chronic graft-versus-host disease affecting the genital area
- Increased skin sensitivity in the genitals
- Problems with erection or ejaculations

Emotional Changes:
- Lack of sexual desire
- Decreased self-esteem
- Depression
- Anxiety
- Stress
- Fear of recurrence
- Sadness
- Physical changes in appearance that affects your body image
Managing physical side effects:
Relieving the physical side effects that influence your ability to have and enjoy sex is an important part of cancer care and treatment. Your doctor can give you information on management of tools, including:

Oral drugs:
Drugs such as sildenafil (Viagra), tadalafil (Cialis), or vardenafil (Levitra), can help a man get and maintain an erection. There are many ways to dose and give these drugs, so talk to your doctor on what is the right treatment for you.

Hormonal treatment:
For some men, chemotherapy can affect their body’s production of testosterone. Low testosterone can lead to low sexual desire and pleasure. Testosterone can come in tablets, patches, or injections. Talk to your doctor to see whether taking testosterone supplementation is right for you.

Penile Injections:
Men self-inject medicine into the penis with a small needle to achieve an erection. This includes medications to increase blood flow to the penis, such as intraurethral alprostadil (Caverjet, Edex, or Muse) and intracavernous papaverine (sold under multiple brand names).

Penile Implants:
A device that enables a man to have an erection is surgically place inside the penis.

Vacuum constriction device:
A small pump is placed over the penis to encourage blood flow and erection.

Genital treatment for chronic graft-versus host disease:
Chronic graft-versus-host disease can cause dryness affecting the genital area. It can also cause scarring, skin sensitivity, and pain with penetration. There are treatments that can be applied to the genital area such as local steroids or other creams, which can help treat chronic graft-versus-host disease. Talk with your doctors to see if local treatment of chronic graft-versus-host disease is right for you.

Talk with your doctor about the potential risks and side effects before using any medication or device.

Resources

- The Maxwell V. Blum Cancer Resource Room (Yawkey 8C) offers a variety of services for patients and families living with and recovering from cancer. Free workshops, support groups and info on Cancer Center programs and community resources. Contact: Call 617-724-1822 or visit [www.massgeneral.org/CancerEducation](http://www.massgeneral.org/CancerEducation).
- The Mass General Oncology Sexual Health Clinic (Yawkey 9E) team can help to create a treatment plan that fits your needs and situation. Contact: Call 617-724-4800.
Common Misconceptions About Sexuality after Bone Marrow Transplant

1. **Sex is only for those under thirty.**

There is a cultural belief that sex is only for young people, and that it declines with age. In fact, the research would suggest that sexual function and satisfaction can increase with age, as men and women become more confident in themselves, in their relationships, and in their environment.

2. **A cancer diagnosis, or its treatment, renders one asexual.**

In fact, studies done on some cancer survivors have shown that intercourse, sexual activity, and sexual satisfaction may improve in some cancer survivors. Patients who talk about their sexual problems and address them are often the ones who can achieve a high level of sexual satisfaction after cancer treatment.

3. **It is not possible to have a satisfying sex life after a bone marrow transplant.**

It is ABSOLUTELY possible to have a satisfying sex life after cancer treatment and a bone marrow transplant. It is important to know that even with the changes in sexuality that many bone marrow transplant survivors report, a large majority of the survivors can have satisfying sex lives.

4. **I am afraid to talk about my sexual concerns because my doctor may feel uncomfortable.**

Sexual problems after cancer treatment and bone marrow transplantation are very common. Managing treatment-related side effects that cause sexual problems is an important part of cancer treatment. Doctors and your bone marrow transplant team will not shy away from discussing your sexual concerns with you and refer you for additional help and input from sexual health experts if needed.

5. **There are no good treatment options for sexual problems. I just have to live with this.**

There are many causes of sexual problems after cancer treatment and bone marrow transplantation. Identifying the problems that are affecting your sexual health is very important in terms of figuring out the best treatment options for you. There are many treatments available to help patients deal and manage with sexual problems after cancer treatment.

6. **My partner seems very different after my cancer diagnosis when we make love. He must think that I am not attractive anymore.**

Many partners report that they are afraid that they will hurt their significant other if they resume an active sex life after bone marrow transplantation. Your partner may also become concerned that acting interested in sex will create unwanted pressure on you as you are recovering. This caution on the part of the partner may be interpreted as a lack of
interest, causing you to feel worse and to withdraw from sexual activity for fear that your partner no longer finds you exciting. A vicious cycle can start that can eventually lead to major sexual problems, unless the couple talks about their feelings and fears.

7. **“Normal” women have an orgasm every time they have sex.**

Even for women who are able to attain orgasm with self-stimulation (masturbation), it is not uncommon to be unable to reach orgasm with intercourse. A substantial percentage of women never reach orgasm with intercourse stimulation alone and are perfectly normal.

8. **A woman’s sexual life ends with menopause.**

Research suggests that sexual function may increase after menopause for some women as menstrual distress (e.g. cramping, bloating, mood instability) is no longer an issue.

9. **Sexual activity risks spreading cancer to my partner.**

Some believe that cancer can be transmitted to their partner. Cancer is not contagious. You cannot spread cancer by having sex with your partner.

10. **Intercourse and penetration are the only ways to achieve sexual pleasure and satisfaction.**

Penetration can be painful for some women after treatment. Some men may also have trouble with penetration. Talk with your partner about sex when it hurts or feels good. Increasing how long you touch and kiss before sex can help make sex more pleasurable. Some sexual positions may feel better than others. Talk to your partner if sex still hurts. Emphasize the power of intimacy, and the importance of touching, stroking, and cuddling. Intimacy and pleasure can be possible, even if penetration is difficult.