

Prostate Cancer: Erectile Dysfunction (ED) after Treatment



Erectile dysfunction (ED) is the inability for the penis to get or stay erect for sex. It's often a side effect of the treatments for prostate cancer, such as surgery or radiation therapy. Some people have trouble getting or keeping an erection after prostate cancer treatment. Or they may notice that erections are not as firm as they used to be. Others are no longer able to have an erection.

How common is ED after prostate cancer treatment?

The risk of having ED after prostate cancer treatment depends on a number of factors. People who are younger are less likely to have ED after treatment than those who are older. Your ability to have an erection before surgery or radiation affects whether you will have ED after either of these. People who were able to have and keep strong erections before are more likely to have them after treatment.

- **ED after surgery.** After surgery to remove the prostate, called radical prostatectomy, ED rates depend on age and other factors. For example, the rates of ED are lower when a surgeon can spare the nerves near the prostate that control erections. This is known as nerve-sparing surgery. ED after surgery tends to happen right away. But some people regain their ability to have erections over the next 1 to 2 years.
- **ED after radiation therapy.** Most people can expect to lose at least some ability to have erections after radiation treatment. Unlike with surgery, erection problems after radiation therapy tend to develop slowly and get worse over time. Most people will not notice any changes at first. But erectile function can decline over the next few years.
- **ED with hormone therapy.** Hormone therapy affects testosterone and other hormones in the body. It's often part of the treatment for more advanced prostate cancer. Most types of hormone therapy typically cause ED. This often happens along with the loss of sexual desire. This happens less often if a medicine called an anti-androgen is used by itself. But this is not a common treatment.

The patterns of ED are different after surgery and radiation therapy. But it's not clear if any treatment offers a better chance of keeping erections. There is no strong evidence clearly showing one is better than any other.

Treatments for ED

Treatment options are described below.

Oral medicine

This includes medicines such as sildenafil, vardenafil, and tadalafil. These are taken in pill form. The medicines work by increasing blood flow to the penis. This can lead to a fuller erection. The most common side effects of these pills are headache, facial flushing, and upset stomach. Less common side effects are bluish or blurred vision and sensitivity to light. An eye exam may be advised before using these medicines. They can also have serious interactions with some other medicines, such as nitrates taken for chest pains. If you have heart problems, check with your healthcare provider before using these medicines.

Vacuum device

This is a tool that helps create an erection for intercourse. The device works by causing blood to go into the penis and stay there. The penis is inserted into a hollow, plastic tube. The tube is then pressed against the body. This creates an airtight seal. A small hand pump creates a vacuum inside the tube. This causes blood to go into the penis and make the penis firm. Pumping is done for a few minutes. Then a small rubber ring is put around the base of the penis. This keeps blood in the penis so the erection stays. Side effects of a vacuum device include coldness or numbness in the penis after the rubber ring has been removed. Also, the vacuum device may interfere with foreplay.

Penis injections or pellets

These treatments are done at home. For the injection, you or your partner use a tiny needle to inject medicine into the side of the penis. The injections start to work within 5 to 10 minutes and create an erection. A similar treatment is a small medicine pellet. The pellet is inserted into the opening at the tip of the penis. The pellet dissolves and the medicine goes into the penis. Side effects of the medicine used either way include dizziness or feeling flushed. The medicine may also cause an erection that lasts too long. Get medical attention if you have an erection that lasts longer than 4 hours.

Penile implants

A penile implant is a solid or fluid-filled tube. It's put into the penis during a surgery. It can then be used to create an erection. The implant can be inflatable or noninflatable. The risks of an implant include infection, numbness at the head of the penis, or discomfort during sex. If the implant is removed, there is an increased risk for ED. This is because the implant changes the inside tissues of the penis.

Talking with your healthcare team

Talk with your healthcare team before treatment. They can help you understand your risk for ED. They can help you learn what to expect, and what treatments may be options for you. After treatment, tell your healthcare provider what kinds of problems you're having that you want to address. They can help you decide about treatments.

Getting support

ED can be upsetting and stressful. Be open with your partner about your fears and concerns. Talk about ways to work around the ED. Talk with your partner about the treatment options.

You may also find it helpful to discuss ED with others who have it. A support group can connect you with other people coping with similar issues. For example, Us Too is a prostate cancer education and support group that has local chapters where people can talk with each other. Go to www.ustoo.org to find a support group near you.

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