



Understanding Men's Sexuality and Intimacy After Bladder Cancer webinar

Tuesday December 8, 2015

Part IV: Question and Answer Session

Questions answered by



Dr. Akanksha Mehta is an Assistant Professor of Urology at Emory University School of Medicine. She graduated magna cum laude from Brown University in Providence, Rhode Island, with double Bachelor degrees; Science (Biology) and International Relations. Dr. Mehta attended Alpert Medical School at Brown University/Rhode Island Hospital, Providence, RI, where she also did her General Surgery internship and Urology residency.

She currently serves as the Director of Male Reproductive Health at Emory Urology, and is a Guest Researcher in the Division of Reproductive Health at the Centers for Disease Control and Prevention.



Dr. Daniela Wittmann is Clinical Assistant Professor of Urology at the University of Michigan. She is a certified sex therapist and a leading member of the Jan and Dave Brandon Prostate Cancer Survivorship Program at the University of Michigan. She graduated from the University of Keele in the United Kingdom with a degree in psychology and Russian studies and earned her Master of Social Work from Simmons College School of Social Work in Boston. She received her doctoral degree in Social Work from Michigan State University. Dr. Wittman's clinical work and research focus on couples' sexual recovery after pelvic cancer treatment.

Moderator: Is there a time, following a radical cystectomy, at which a man can be pretty certain he is not going to get any sexual function back? You know, how long should they continue with penile rehabilitation in the hopes that things will calm down with the nerves and everything else?

Dr. Mehta: So, normally, nerve function can take up to a year to recover after surgery, in some cases it may take up to a year and a half or two years, but certainly once we're reaching the 18 to 24 month mark and there hasn't been any recovery of native nerve function, then I'm a little bit weary of waiting

*The **Understanding Sexuality and Intimacy after Bladder Cancer** webinars are made possible by a grant from Endo International plc.*



longer than that for nerve function to recover. And by at that point, certainly, patients are already using another erectile aid, most likely injection therapy or intra-urethral injections or vacuum device because pills have probably not worked in that patient.

Dr. Wittman: Right, but what does remain important is to stay sexually active because the importance of blood flow and not allowing the penis to atrophy continues if you want to maintain sexual activity.

Moderator: How often must the pump be used post-operatively to maintain the tissue until the nerves recover? If this patient says he didn't start using it until a few months after surgery, and now uses it a couple times a week, is it too late to recover function?

Dr. Mehta: So you ideally want to get at least 2 or 3 good erections a week. Now, you have to think about the pump a little bit differently because the pump has two uses. One, to maintain erectile tissue health, but also it maintains penile length, which can of course shrink after pelvic surgery. So, I really recommend to my patients that if they have a pump, they've already invested in it, if they can use it for even 10-15 minutes, not even for intercourse, but just to maintain penile stretching and penile length, even every day...that's ideal, but at least 2-3 times a week at the very least.

The pump in and of itself is a little bit different than the other erectile aids. In terms of maintaining tissue health, however, remember the blood that's being pulled into the penis after a pump is used is *venous* blood, it is not oxygen-rich blood that you would get from arterial inflow into the penis, for example. So the quality of that blood in terms of oxygen saturation is not the same as you would get from the other erectile aids.

Moderator: After one or more series of BCG treatments, are erection aids like Viagra necessary or are they helpful?

Dr. Mehta: In and of themselves, BCG treatments should not really affect the quality of the erections. Those treatments are limited to the bladder itself, they are not absorbed systemically, they don't irritate the nerve that effect erectile function. Often after BCG treatments, because patients are going through the stress of treatment, etc., concerns about possibly transmitting something to their partner, which is, of course very, very low risk if not zero, there can be this psychologically this impact on erectile quality. So for that use of Viagra, its fine, it's not absolutely necessary but it can certainly be helpful.

Moderator: Someone had a radical cystectomy, with prostate removal, back in July of 2014 and they've tried to be intimate but were unsuccessful in obtaining an erection a few times, and they haven't done any penile rehabilitation since the surgery. They were wondering how long they can wait—is it too late to obtain a normal erection? Do you think there's still time for penile rehabilitation to restore natural erections?

Dr. Mehta: Given the interval from the time of surgery, I wouldn't refer to it as penile rehabilitation anymore, now we're just talking treatment. So I'm assuming the patient has not achieved any baseline erections at the moment, so at this point I'd probably be considering it more erectile dysfunction

treatment. Penile rehab is a better term to use when we're talking early in the post-operative course, so far as three, four months, that's ideally the time that we'd like to start penile rehabilitation by.

Moderator: Does a partial erection indicate the nerves are still functional?

Dr. Mehta: Yes! Partial erections are great, they're often the first signs that there is some nerve recovery happening. The quality of the erection after surgery depends on 1) Nerves: Yes or No? and 2) the quality or health of the erectile tissue. Partial erections may mean nerves are waking up, partial erections may mean nerves have recovered as much as they are going to recover, and this is the quality of the erectile tissue now. It could be one of two things and you really need to play around with various erectile aids to see which of the two categories it falls in.

Moderator: When should erectile aid pills (Viagra etc.) be started—immediately? Within 6 months?

Dr. Mehta: If the aids are being used for penile rehab, not for intercourse but just for maintaining blood flow, we can start them immediately after surgery, they don't necessarily have to wait. Sometimes patients will start a few weeks after surgery. If they are being used as an attempt to achieve an erection and have intercourse, then that depends on when the patient is ready for intercourse. Bladder cancer patients often take 6-8 weeks to heal completely from surgery before they're even having desire to engage in intercourse. So often the full dose of Viagra or Cialis, the patients would not try until after that time period.

Moderator: This individual is a BCG candidate—how long after treatment is it safe to have intercourse and/or oral sex?

Dr. Mehta: A few voids (urinations) after the BCG therapy are sufficient to clear the bladder of any treatment residual solution, so if they had BCG treatment one day and they've been getting good hydration, within 24-48 hours they should have cleared everything out of their bladder, flushed it out completely, and it's safe to have intercourse.

Moderator: For the partners—is there any reason for concern of vaginal infection in the case of a partner who has a slightly leaky neobladder?

Dr. Mehta: No, the risk there is not anything substantial. With neobladders, you can often have inflammatory cells in the urine because it's no longer the sterile GU tract; we're now dealing with loops of bowel. But it should be sterile urine because there is no other opening into the urinary tract, so no additional risk of urinary tract infections there. The urine sediment looks different but it's not because there is any greater infection risk.

Moderator: Please talk a little bit about masturbation in regards to keeping up sexual interest.

Dr. Mehta: I think masturbation is very important for our patients in the post-treatment period, whether they are being treated with intravesical therapy (TRBT) or more invasive forms of therapy. As Dr. Wittman mentioned, it's important for patients' self-satisfaction in terms of "Yes I am able to do this,

this is still pleasurable” and also as a segway into the relationship in the bedroom with their partner. Masturbation, with or without the partner present, can be a good form of “release”, as one of the other patients used that term, and I often encourage that in my patients. Masturbation is also important when someone is trying out a new erectile function aid. Often the success of one of those aids such as pills or injections, can be dampened by the anxiety the patients experience when their partner is present because they do want to pleasure their partner, and often worry about how it’s going to work with the partner present. In that setting, masturbation can be very helpful—it sort of takes the pressure off, it allows them to evaluate the aid for what it is, and makes it more comfortable in using that aid the next time around when they’re with their partner.

Dr. Wittman: There are some people with some religious and cultural backgrounds for whom masturbation is not a permissible activity. In this context, if there is a way to think about it as a way of promoting blood flow and stimulating nerves and maintaining the health of penile tissues. That is the way that some patients found a way to reason out the way of using masturbation. But regardless of religious or ethnic background, I think for men, masturbation is traditionally a very good release. It’s a way of dealing with desire discrepancy, for example, with a partner that sometimes people practice throughout their lifetime. I think that just because someone has had cancer treatments doesn’t mean that the same sort of activities shouldn’t continue. There are many reasons why masturbation is very healthy both physically and psychologically, so we all endorse it very highly.