Royal Cornwall Hospitals
NHS Trust

Regaining sexual activity after major bowel surgery

Advice for men

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How does major bowel surgery affect men?

Bowel surgery is often major surgery and it can affect men and their partners in different ways. Many people feel differently about their body after such surgery, particularly if they have a stoma bag or their hospital stay is long or complicated. Some patients are not interested in sex and others have problems with sexual activity which only becomes apparent after they have recovered from surgery.

You may feel at this time you have enough to think about and sex is low on your list of priorities. You may feel that this is not something you can easily talk about with your family, friends or the members of the healthcare teams. You are welcome to talk to one of the members of the team if you wish and we want to reassure you that anything you say will be kept in strict confidence. We are here to help you through your pathway and to help you should any worries or problems arise. This leaflet aims to advise you and your partner of some of the problems men can have after bowel surgery, and how to deal with them.

What changes can I expect following surgery?

Bringing sex back into your life again can involve a period of adjustment for you and your partner. After treatment you may have problems with your self image and self esteem. It is important to remember that you are the same man inside, and a close, loving and honest environment will be sure to help you both. Don't forget that erectile dysfunction does not affect you alone; your partner will be involved as well.

Sometimes the nerves to the sex organs can be affected during a bowel operation. Important nerves which control the supply of blood to the penis or which control ejaculation can become bruised or damaged. This can stop you getting or maintaining an erection (known as erectile dysfunction), or stop you ejaculating or both, either of which can cause impotence.

For men the risk of erectile dysfunction is increased by:

- smoking
- excessive drinking (alcohol)
- drug abuse

- old age
- previous surgery
- diabetes
- poor circulation
- some medication eg those taken for high blood pressure
- body image (life with a stoma)
- emotional effects of cancer and its treatment.

Many men will find that their normal erections have returned when they wake up in the morning. Don't worry if your erection is only slightly rigid at first, as this can improve. Some men will only achieve erection from direct stimulation. It is not possible to predict which men will suffer from erectile or ejaculatory dysfunction after surgery. Sometimes the effect is temporary, and recovery occurs in the months after the operation because it is caused by bruising of the nerves. On other occasions the nerves are damaged and dysfunction is permanent. The effects of surgery need time to subside before the situation can be properly assessed.

Rectal cancer surgery

Sexual problems after surgery for rectal cancer are common. Those patients who are on the receiving side of anal intercourse need to be aware that anal penetration may damage the anastomosis (the join in the bowel). It is also possible that when the anastomosis is made with staples these can be sharp and cause injury and discomfort to the penis. Please speak to your surgeon if you have any concerns.

How will my stoma affect me?

Having a stoma can affect some patients' view of themselves and their relationship with their partner. Many patients with a stoma still have a normal relationship and sexual activity. It may help you to talk to your GP or to one of the healthcare team. The stoma nurses are used to giving advice and help so please feel free to talk to them. There is no need to keep your concerns or worries to yourself as there will always be someone there to help.

What changes can I expect following radiotherapy?

Radiotherapy to the pelvis can also sometimes reduce the ability to have an erection. Some men notice that their erections are less strong than before treatment. This can gradually get worse over a year or two following the treatment. This is because radiotherapy can damage the nerves in the pelvis.

How is erectile dysfunction treated?

There are many treatments available to help people with erectile or ejaculatory dysfunction. Some of these treatments can be provided by your GP, while others need specialist help. It is important that you start by discussing any problems or concerns you have with a healthcare professional who will be able to advise you on the best way to seek help. It is often a good idea to talk to your partner and include your partner in discussions about the right treatment.

Treatments come in various forms: medicines, injections, pumps and implants.

Medicines

- **Sildenafil (Viagra)** can help to produce an erection by increasing and sustaining the blood supply in the penis. It is usually taken an hour before having sex, and then an erection will occur following direct sexual stimulation.

  Other oral drugs include Vardenafil and Tadalafil both of which work along the lines of Viagra. These drugs must be prescribed by your GP.
- **Alprostadil (Caverject) or Papaverine (Viridal)** is a drug that is injected directly into the penis, using a small needle. The drug restricts blood flow and traps blood in the penis, causing an instant erection. Usually this method is recommended to be used once a week. This type of treatment is prescribed by your GP.
- Pellets of **Alprostadil (MUSE)** can be inserted into the penis. Some men may find that the pellet is initially uncomfortable.

Vacuum pumps can also be used to produce an erection. The pump is a simple device with a hollow tube that you put your penis into. The pump is either operated by hand or battery, and draws blood into the penis by creating a vacuum in the tube.

Once the penis is full of blood, a rubber ring is placed around the base to keep the erection.

Penile implants are sometimes used after all other methods have been tried. There are two main types both of which have to be inserted during an operation. One type uses semi-rigid rods that keep the penis fairly rigid all the time while the other type involves a hydraulic device that, when activated, causes an erection. Your GP will be able to discuss this with you.

Where do I get treatment?

For those patients who have had pelvic radiotherapy or deep pelvic surgery these treatments are available via your GP. Although these treatments can also be bought online it is not advisable. Treatments need to be prescribed and your medical history taken into account. Members of the healthcare profession who have an interest in this field can advise you further.

If you think any of these options might be useful to you, your doctor or nurse can give you more information, and refer you to the appropriate member of the healthcare team for advice and guidance.

Finally, we are aware that some men no longer want to have sex, or have not had sex for a long time. This of course is a matter of choice and although there are treatments available, no one should feel pressurised to have treatment they do not want. However, it's good to bear in mind that options are available if needed in the future.

Contact us

Following your surgery, with time, you should be able to lead a full and active sex life. If you are unsure about any of the information in this leaflet or need further advice, please feel free to contact:

Colorectal Nurse Specialists:

Clare Ferris
Candy Coombe
Chrissie Bevins

01872 252693 or page us via the hospital switchboard

Stoma Nurse Specialists:

Una Goldstein
Jan Beard
Adam Pearson
Debbie Congreve
Louise Adcock
Meg Tremayne
Wendy Parke

01872 252700 or page us via the hospital switchboard.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

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