

# Sexual Health after Transplant: Men

## Celebrating a Second Chance at Life Survivorship Symposium

April 27 – May 3, 2024



**Jeffrey Albaugh PhD, APRN, CUCNS**  
Urology Clinical Nurse Specialist,  
Jesse Brown VA Medical Center

# Sexual Response Cycle

- Excitement
- Plateau
- Orgasm
- Resolution
- Male = avg. 2.8 minutes
- Female = avg. 13 minutes

Masters & Johnson, 1966

# Genital Arousal

- Starts with stimulation
- Sexual thoughts integrated in brain and travel down spine to peripheral nerves and then penis
- Nervous conduction between brain and genitals is essential
- Leads to blood flow into the genitals (hardness)
- Any disease or condition that impacts blood flow or nervous conduction could negatively affect genital arousal and sexual function

# Male Sexual Dysfunction

- Desire disorder
  - low libido
  - hypogonadism
- Erectile dysfunction
  - inability to get and/or keep erections hard enough for sex
- Orgasm disorders
  - Premature ejaculation
  - Difficulty reaching climax

# Sexual Dysfunction after Transplant

- 62% of transplant patients and 79% of partners reported that sexual function had not been discussed with them -Gjaerde, L.K. et al. 2022.
- Erectile dysfunction rates were 68.4% prior to transplant related to the other treatments aimed at achieving remission status and jumped to 100% 1 month after and down to 60% 1 year after - Anderson, L. J., et al, 2022.
- Most often men reported erection and ejaculation issues -Wingard et al. , 1992; Syrjala et al. , 1998; Syrjala et al., 2008; Claessens et al., 2006
- 57% of men reported significant sexual issues -Gjærde, L. K., et al., 2023.
- The large majority of men had abnormal hormone levels, mostly elevated LH and/or FSH and 38% had decreased T levels —Schimmer et al., 2001.

# Basic Causes and Effects

- Any treatment that may cause changes in the blood (such as decreased blood cells) could impact genital arousal and sexual function (mostly erections in men).
- Chemotherapy and radiation can both impact sexual function and fertility
  - Radiation therapy can impact blood flow leading to erection issues and nerves leading also to orgasm issues
  - Some chemotherapy may impact hormones (testosterone) & damage nerves (alkylating agents)

# Communication about Sex

- Even though sex is everywhere in our culture, we don't really talk about sex.
- Plan when and where you will talk about it with a partner.
- Lack of communication causes misperception of what partners want sexually.

# Obstacles to Communication

- Fear of not being able to perform well
- Lack of comfort talking about sex historically, making it more difficult to start now
  - More you do it, easier it gets
  - Professional help available if you get stuck



# Therapies

- Counseling/Behavioral Therapy
- Maximizing health with diet and exercise
- Hormonal -Testosterone
- Vacuum Devices
- Pharmacological Agents
- Surgery
- Herbs- most don't work and some are dangerous

# Seeking Care

- Urologists manage these problems using evidence-based care
- Beware of herbal remedies which are not regulated by the FDA

# Seeking Care cont'd

- Beware of Men's Clinics
  - Advertise well with huge promises of restoring “Manhood & Enhanced Performance”
  - Quick and easy access
  - Sub-standard evaluations
  - Poor care provided by non-urology trained personnel – mostly cosmetic/internal/family medicine
  - Rarely accept insurance/(cash-only) model; Charge high fees
  - Utilize unproven treatments with limited effectiveness
  - Retail Men's Clinics have 85K+ visits annually & Online 100-250M annually

Dietrich, P. N., et al. 2023

# Fertility

- Treatments like chemotherapy, radiation, transplant and surgery can impact fertility
- Sperm bank before treatment
- Damage may occur to sperm with chemotherapy or radiation
  - is not recommended to impregnate a partner for a full year following treatment
  - some people wait two to five years after transplant for optimal sperm recovery

# Desire

- Definitions:

- “The sum of forces that lean us toward & push us away from sexual behavior.”  
Levine, 2003 p. 280
- “A subjective and motivating feeling state triggered by both internal and external cues, which may or may not result in overt sexual behavior.” Leiblum, S., 2010.

- Components:

- Drive - biological
- Expectations/Wishes-cultural and reflect beliefs/Values
- Motivation - psychological/relational

# Hypogonadism

- Low testosterone blood level
- Consistent symptoms:
  - low sex drive
  - decreased spontaneous erections
  - decreased energy and/or mood
  - poor concentration or memory
  - reduced muscle bulk/strength
  - increased body fat
  - decreased physical performance

# Hypogonadism cont'd

- Testosterone replacement has every bit as many negatives as positives and in some cases more.

# Testosterone Not Recommended

- Breast or prostate cancer
- Abnormal Digital Rectal Exam (DRE) or PSA >4 or if risks >3 for Prostate Cancer
- High hemoglobin blood counts
- Untreated severe sleep apnea
- Severe prostate issues
- Uncontrolled heart failure
- If trying to father a child



# Hypogonadism Replacement Treatment in Men

- Injections
- Topical non-genital patches
- Topical gels/solutions
- Patch that goes on the gums
- Testosterone pellets
- Testosterone pills

# Reclaiming Desire: Non-Hormonal Approaches

- Critical: Anticipation/mystery and worthiness
  - feeling you deserve sexual satisfaction
- Remove all guilt, blame and pressure
- Essence of sexuality is giving and receiving pleasure-oriented touch and connecting with each other
- Requires intimacy, pleasure, mystery and eroticism
- Developing yours, mine and ours bridges to desire

McCarthy, B. & McCarthy, E. 2003. Rekindling Desire.  
Taylor and Routledge, Hove East Sussex

# A Different Way of Thinking about Intimacy and Sex

- It is about pleasure
- There are many, many ways to experience sexual pleasure
  - don't limit you or your partner to only penetrative sex
- The excitement comes from the anticipation and from the mystery of where intimacy will lead us today
- Intimacy – connectedness to the other person!

# Erectile Dysfunction Treatment: Vacuum Constriction Device (VCD)

- FDA approved for over-the-counter distribution - efficacy rates of 80%-90% reported
- Pros: Non-invasive and it works if you are trained properly and practice with it to mastery, fairly inexpensive
- Cons: Cumbersome, not as natural erection, must wear a ring during sex

# Erectile Dysfunction Treatment: Pills

- Sildenafil (Viagra<sup>®</sup>) 25-100mg
- Vardenafil (Levitra<sup>®</sup>) 5-20 mg; Staxyn<sup>®</sup> 10 mg disintegrating tablet
- Tadalafil (Cialis<sup>®</sup>) 5-20 mg on demand and 2.5-5mg Daily
- Avanafil (Stendra<sup>®</sup>) 50-200mg
- Pros: Easy & Discreet
- Cons: May have side effects, don't always work for everyone

## Treatment: MUSE®

- Urethral suppository
- Inserted right after urinating
- Pros: Easy
- Cons: Doesn't work in most men and can have side effects, expensive

# Erectile Dysfunction Treatment: Injections

- Penile injections given at base of penis on side
- Pros: They work in about 70-80% of men; they produce a fairly natural erection and no ring to hold it
- Cons: You have to inject your self in the penis; there can be side effects, they are expensive

# Surgery

- Penile implant of inflatable cylinders that go in the penis with a pump in the scrotum
- Pros: It works for most men and it goes everywhere you go
- Cons: It is permanent, it is surgery, it can have side effects, is expensive



# Ejaculation/Orgasm Problems

- Premature: Inability to control climax with distress; often within a minute
- Distraction, positioning, stop/start, squeeze technique, recent climax
- Layered condoms
- Promescent<sup>®</sup> Fast Acting Spray
- Numbing creams or Condoms
- Medication - antidepressants (OFF LABEL USE)
- Delayed climax: vibratory stimulation

# Key Points

- Sexual dysfunction is common in men after transplant.
- Sexual and intimacy issues can be addressed successfully.
- Communication can be critical in dealing with changes in sex and intimacy.
- It is possible to have enjoyable sex and intimacy after cancer treatment with the help of expert providers.

# Resources for Patients

- [northshore.org/urological-health/patient-education/sexual-health-videos](https://northshore.org/urological-health/patient-education/sexual-health-videos)
- [sexhealthmatters.org/](https://sexhealthmatters.org/)



# Questions?



**Jeffrey Albaugh PhD, APRN, CUCNS**  
Urology Clinical Nurse Specialist,  
Jesse Brown VA Medical Center

# Let Us Know How We Can Help You

Visit our website: [bmtinfonet.org](http://bmtinfonet.org)

Email us: [help@bmtinfonet.org](mailto:help@bmtinfonet.org)

Phone: 888-597-7674 or 847-433-3313

**Find us on:**

Facebook, [facebook.com/bmtinfonet](https://facebook.com/bmtinfonet)

X, [twitter.com/BMTInfoNet](https://twitter.com/BMTInfoNet)

