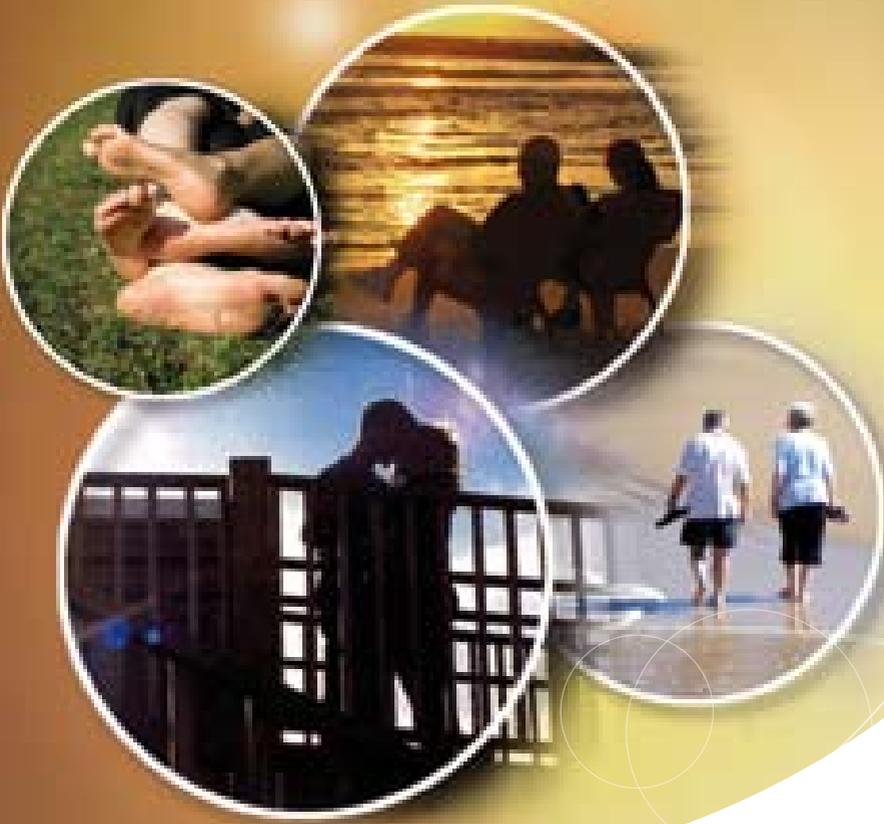


Sex after treatment

Prostate cancer



Cancer Support Services

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Prostate cancer treatments often affect a man's ability to have an erection. This booklet describes the changes you can expect and what assistance is available to you. Not all aspects of male sexual problems are covered here – just the ones you may face after treatment for prostate cancer, and in particular, problems with erections. When a man has trouble getting or keeping an erection firm enough for intercourse, this condition is called 'erectile dysfunction'.

A man's sexual activity can be affected by many things and one of these can be simply growing older. But others can be:

- Diseases such as diabetes;
- Certain medications, such as those used to treat blood pressure or depression;
- Surgery to the bowel or abdomen;
- A history of smoking and/or high alcohol intake; and
- Emotional or mental distress.

Some men may experience a combination of these factors, so there can be a wide variation in men's sexual function.

Prostate cancer treatment may then have an additional impact on your current ability to have an erection. Relatively younger, healthier men and those who were having regular sex before treatment are more likely to recover erections after treatment than men who were only occasionally sexually active or those who were already having some difficulty with erections.

Because treatment for prostate cancer can affect sexual activity, this may also impact on a man's partner and intimate relationships. It can be helpful for partners to be involved in discussions about treatment and the management of sexual difficulties whenever possible.

But let us now look more closely at what sexual activity involves.

There are four components to normal sexual function in men:

- Sex drive or libido;
- Erection;
- Ejaculation or emission; and
- Orgasm.

What causes sex drive?

Testosterone is the main hormone responsible for the development of male sex organs and sexual behaviour. It is produced mainly in the testes and is carried in the blood to various organs throughout the body. When testosterone levels drop, sex drive diminishes. This can occur naturally with ageing, but there are factors other than hormones that may be important. Libido can be affected by psychological factors including post-operative stress and depression, even when testosterone levels are normal. Sex drive may also diminish in men who have poor erections.

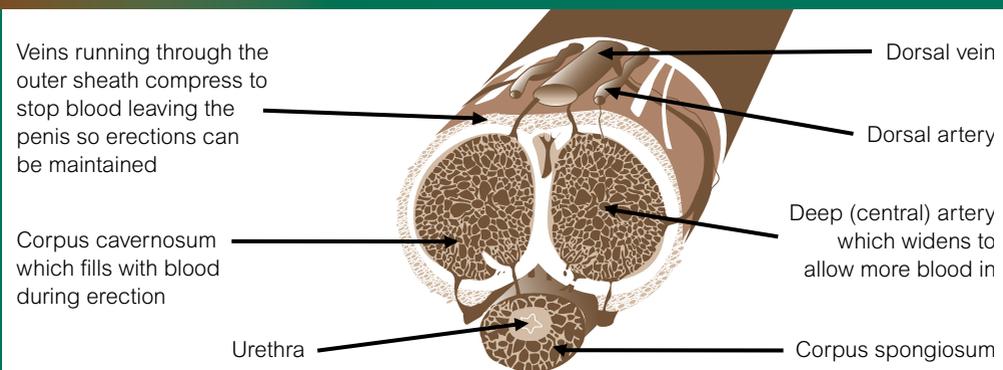




What happens when you have an erection?

If we take a moment to look at the basic anatomy of the penis, getting an erection is really a marvellously simple process. There are two chambers of spongy tissue running the length of the penis (corpus cavernosum) and surrounding the urethra or urine tube (corpus spongiosum). These chambers are encased by a fibrous, partially elastic covering (Refer to Diagram 1 below). With sexual stimulation, a message is sent through the nerves to the blood vessels entering the spongy tissue to let more blood in. As the blood is pumped in, the spongy chambers dilate engorging the penis. As this happens, blood flow out of the penis is blocked off. The penis elongates and stretches within its outer covering and this is known as an erection.

Diagram 1 Cross section of the penis



What happens during orgasm?

If sexual stimulation continues, a man will generally experience orgasm - a sensation of extreme pleasure. Orgasm has little to do with the prostate. It is triggered in the brain as sensory nerves respond to touch and stimulation of the skin of the genital area.

These nerves are different from those involved in producing erections. As long as normal sensation is intact, orgasm can occur, even in the absence of an erection and ejaculation.

It may still be possible to achieve orgasm without an erection.

What happens during ejaculation?

During ejaculation, rhythmic contractions of involuntary muscle push the ejaculate or semen, which contains sperm and fluid from the prostate and seminal vesicles, through the ejaculatory ducts, out into the urethra. Semen is then pushed forwards and out through the penis (Refer to Diagram 3 on page 7). A ring of muscle called the internal sphincter surrounds the opening of the bladder. This muscular valve closes tightly during ejaculation to stop sperm passing backwards into the bladder and to stop urine and semen passing through the urethra at the same time.

What happens after ejaculation and orgasm?

After ejaculation, the nerves stop their message, blood flow to the penis is reduced, blood flow out increases and the erection subsides. After orgasm, blood is quickly diverted back out of the penis and genital area and the body's circulation returns to normal.

Men experience a resting phase after orgasm that their body demands. During this time, a man will have difficulty getting another erection or if aroused, reaching orgasm. This resting phase naturally lengthens with age. Young men who ejaculate quickly may have sex twice in quick succession, while an older man may need a day or so to recover enough from one orgasm to have another.

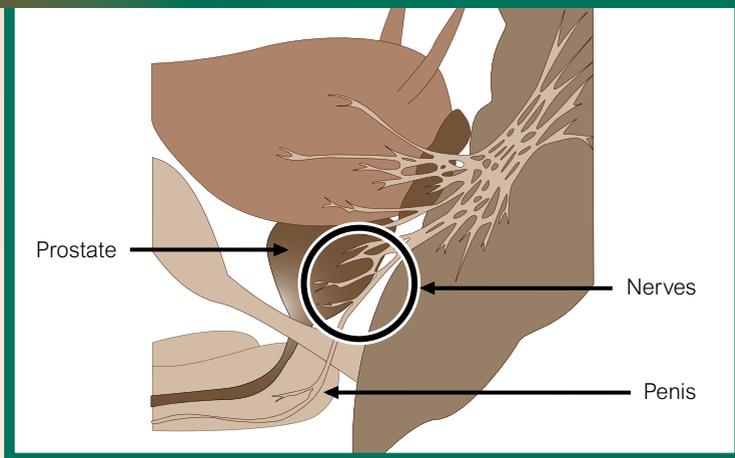




Why are erections affected by treatment?

While it doesn't contribute to a man's ability to have an erection, the prostate lies close to structures that are important to erectile function and these can be damaged when prostate cancer is treated. A series of fine nerves which assist in the ability to have an erection lie in bundles against the prostatic capsule (Refer to Diagram 2 below). Prostate cancer treatments such as radiation and surgery can damage both the nerves and the blood vessels that are important for strong erections.

Diagram 2 Position of nerves

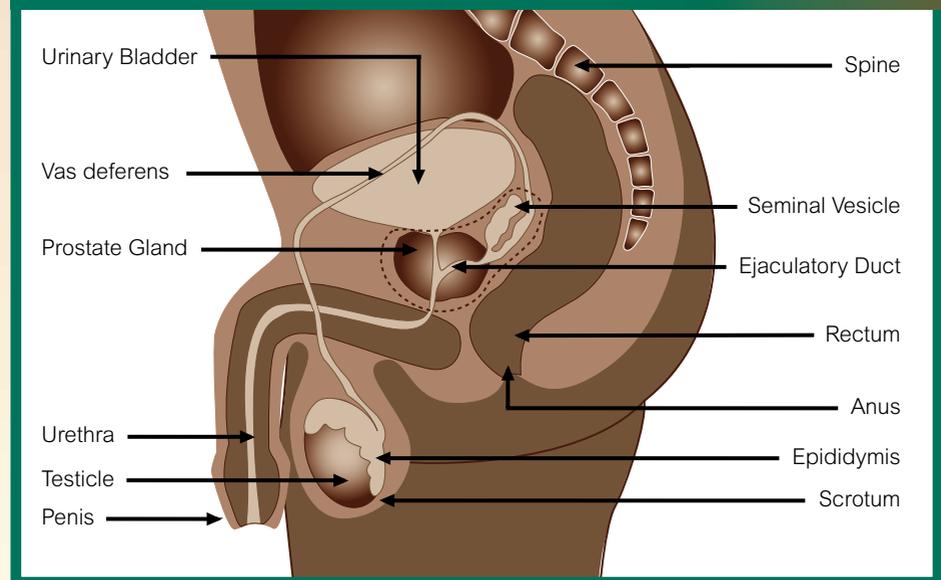


How treatments can affect sexual function

Radical prostatectomy

During this operation, the entire prostate gland, part of the urethra and the seminal vesicles are removed. (See area enclosed by dotted line in diagram below).

Diagram 3 Male reproductive system



Most men will lose the capacity to have erections immediately after the operation, however over time there is generally gradual improvement. The return of erections may depend on the extent to which the nerves which lie close to the prostate gland are damaged, as well as a man's pre-treatment erectile strength.



The surgeon tries to minimise the risk of nerve damage during surgery by using a 'nerve sparing' technique.

However the nerves can only be spared if there is no cancer near them. Although the nerves are important, a percentage of men who did not have nerves spared during surgery have also experienced return of erections over time.

After a radical prostatectomy, the focus of attention is initially on the return of urinary control (continence), as the nerves and muscles controlling urine flow also lie close to the prostate and can be damaged during surgery. The majority of men will have some incontinence until the pelvic floor muscles and urinary sphincter have been strengthened and control over the bladder is regained.

My incontinence is improving. I have very slight leakage if I sneeze or lift something heavy. I can also have very slight leakage sometimes during foreplay and sometimes when I reach orgasm. I have learned to empty my bladder completely before beginning sex. It really bothered me at first, now my partner and I have a towel nearby in case we need it.

Richard, 61years.

Some men find their body looks different after surgery. The penis can appear shorter and to have shrunk into the surrounding skin folds. The way a man responds sexually to certain stimuli may also change.

A glimpse of thigh or breast or the smell of perfume may no longer bring a reaction. Men often feel they cannot enjoy sexual intimacy without an erection and this can be discouraging for them in the months following surgery. Some urologists encourage their patients to engage in penile massage as soon as it is comfortable to do so to encourage circulation and 'wake up' the nerves. This will of course depend on individual circumstances and recovery time. Remember, no damage can be done through this type of experimenting.

There is evidence that shows the early use of medication, vacuum erection pumps and injection therapy can minimise the risk of tissue shrinkage in the penis and improve erections. It is important to discuss any questions or concerns you might have about this with your urologist or treating doctor.

Most importantly, the body needs time to heal after surgery and erections often return gradually. Many men experience improved erections over time, with continued improvement reported for up to four years after surgery.

Following surgery, ejaculation will be dry. You will feel the same rhythmic muscular spasms and pleasure that accompany orgasm, but no semen comes out of the penis. Some men may notice a small leakage of urine during intercourse and orgasm due to damage to the sphincter muscle that controls urine flow. Men may also feel pain on orgasm but this usually settles with healing. These changes can be alarming; however they are not harmful to you or to your partner.





Brachytherapy

During the brachytherapy procedure, a number of small radioactive seeds are permanently embedded into the prostate gland. These seeds continue to emit low levels of radiation to the surrounding tissue for a period of six to 12 months. As there is a remote chance of seeds being passed during sexual activity, men are advised to use a condom for the first few weeks after treatment. During this time, semen may be discoloured as a result of bruising and bleeding in the prostate.

Some men report pain on ejaculation in the early months when the urethra is inflamed and irritated. This generally settles as the seeds lose strength. The amount of semen ejaculated gradually decreases and some men may go on to have dry ejaculation.

Your ability to have sex is not usually affected in the short term, however some men report increasing problems with erections in the years following brachytherapy. If you have had a short course of hormone therapy before seed insertion, this will generally affect your sexual desire and erections until the hormone treatment is stopped and has lost its effect.

Radiation therapy

External beam radiation treatment does not usually have an immediate effect on erections. However some men do report a noticeable decrease in the amount of ejaculate during treatment, and then a further decrease in the months after treatment is completed. A number of men notice a small leakage of urine and pain on ejaculation, particularly if the urethra has become inflamed during treatment.

The use of hormone therapy for some months before or following external beam radiation treatment can add to difficulties with sexual activity, as many men find they lose interest in sex altogether with this treatment.

Progressive damage to the nerves and small blood vessels near the prostate can cause increasing difficulties with erections in the years after radiation, however, it is important to remember that ageing may have an effect on the strength of erections too.

Hormone therapy

Prostate cancer needs the male hormone testosterone to grow. Reducing the levels of testosterone in the body, either through removal of the testicles or by using medication, is an effective way to slow down the growth of these cancers. However, regardless of how it is done, less testosterone will mean lowered sex drive and in due course, loss of erections for most men. During treatment men will generally feel less like having sex and experience difficulty getting an erection. However this is not always so. The duration and firmness of erections will be reduced but they may still be acceptable. Most men notice they ejaculate less often. For men on short-term or intermittent hormone treatment, most side-effects will disappear once treatment is stopped or interrupted. Some men find maintaining general physical fitness and an exercise program is helpful in combating fatigue, lifting their mood and improving sexual interest during therapy.

For the majority however, management of their cancer with hormone therapy has meant adjusting to many changes within their own bodies and in their close personal relationships. For some men loss of libido involves much more than an end to sexual intimacy. Some men may feel less masculine and begin to question their self worth. This can be an emotionally challenging time. Feelings of depression may be experienced.





Some men have found it helpful to attend meetings of their local prostate cancer support group or to seek support through their doctor or the Queensland Cancer Fund's **Cancer Helpline** on **13 11 20**.



Making time to consider how you will manage changes to your sexual function after your recovery can be helpful. Your urologist will be able to advise you of many of the options available and support you in developing a plan for managing erection problems. If necessary, you may be referred to a doctor who specialises in this field.

I don't feel less a man because I have prostate cancer and the treatment has affected my sex drive. My partner and I have found ways to be loving in the most intimate, private ways. She almost always initiates the foreplay that gets me interested. If she doesn't do that, I am happy to sit and be a couch potato or work at the computer and I am okay. Sadly, I forget too easily that she is NOT.

Love, discussion and setting out to make things happen is what has helped us find our way through this. Do it and it is so wonderful. Sit back and there is a real danger of it all slipping away.

Alan, 71 years.

Many men in this situation have found the value of a strong, caring relationship. Time spent with their partner exploring touch and sharing other simple expressions of love and affection – simply being together – has brought their relationship to a deeper and more meaningful level.

Sex means different things to different men. For some it is about pleasure and excitement, for others it is a way to relax and reduce tension. It will depend on what is important to each man, whether he has a partner and on his relationship with his partner. An erection is something many men take for granted so it can be hard to imagine what their life will be like without having one. While some men find a change in their ability to have sex does not worry them much, for others it can be a major concern. Men who consider being able to have an erection is an important part of being a man can experience strong feelings of loss. These men often fear 'if you don't use it, you'll lose it' and can feel pressure to prove they are still capable of performing sexually.

Single men may avoid dating for fear of rejection or being seen as an undesirable sexual partner. Deciding when to tell a new date about your cancer experience isn't always easy. While the timing will be different for each person, it can be helpful to wait until you and your new partner have developed a mutual level of trust and caring. There is no 'perfect time' to talk about sexuality, however it is often best to talk with a new partner about your concerns before becoming sexually intimate.

Partners can find this a challenging time too. They may be uncertain of how you are feeling or how to approach you. It isn't always easy to talk about sex, but being open and honest about your concerns and encouraging your partner to do the same can help. Remember holding, kissing and touching each other are still important expressions of love and closeness.



Sex as you have known it may not always be possible, however closeness and sharing are vital to any healthy relationship.

Soon after treatment, penetration may not be easy. Men often feel they cannot enjoy sex or orgasm if there is not a firm erection and this can be an inhibiting factor for them in the recovery period. If you have a partial erection, go ahead and attempt intercourse – this can be surprisingly satisfying for you and your partner and the stimulation may encourage further and better quality erections. Some men have found if they attempt sexual activity standing up or kneeling, they can achieve a much firmer erection. Remember, you can achieve orgasm without a full erection or penetration. Personal lubricants, the silicone based products especially, can be helpful particularly if prolonged stimulation is necessary.

Sex for me after surgery will never be the same again. I miss the ejaculate and the feeling that went along with it. My orgasms are more intense, but I would rather have my prostate back. I miss natural erections, but I have also learned that intimacy and pleasure do not require penetration. Kissing, caressing and holding can be sensual and enjoyable.

Rob, 57 years.

There is some evidence to suggest the early use of medication, injections or aids such as vacuum pumps may help a couple to maintain a satisfying sex life. If you and your partner are comfortable doing so, exploring these options is preferable to waiting until an erection 'just happens'. It can take time to adjust to the idea of planning sex or using a device. At first you may both feel awkward and miss the spontaneous and 'natural' love making you shared before treatment. Feeling relaxed and ready for sex is an important first step. It can be helpful to know how your body responds to medication and to feel confident in the use of external devices before attempting intercourse.

Men sometimes worry that dry ejaculation will be less pleasurable for their partner. However many partners report they do not feel the release of semen during intercourse and dry ejaculation is actually more comfortable and 'less messy' for them during both oral and penetrative sex.



Strengthening your relationship

Individuals and couples often expect more out of sex and intimacy these days than ever before.

Most relationships have to deal with the normal challenges of individual differences and the issues of how, where and when couples will have sex. Some of these things may need to be discussed again after treatment for prostate cancer.

For many of us, a relationship based on trust and mutual understanding is an important part of a satisfying sexual experience. Keeping a relationship happy, intimate and satisfying takes time and effort on both sides. With today's busy lifestyles, people can tend to work long hours, watch TV or spend time at their computers. There is not much time or energy for being together, talking to each other or just having fun. To develop intimacy, a couple needs to practise spending time together talking, relaxing and having fun. Sexual intercourse may not always be possible, but closeness and sharing are vital to a healthy relationship. Cuddling, massage, touching and kissing are special ways to be together without the need to have sex. These are just some of the possible ways you and your partner can be close. Being comfortable and open with each other will allow your relationship to grow and support you both as you face the changes that come with treatment.

Sexual intimacy involves more than intercourse – experiment with other ways of giving and receiving sexual pleasure.

Sometimes there can be other barriers to developing closeness in a relationship such as conflict, resentment, anger or withdrawal. Relationship counselling has helped many couples learn better ways to communicate, allowing them to find more satisfaction in their life together. For information about relationship counselling talk with your doctor or contact the **Cancer Helpline** on **13 11 20**.

Medications

Medications commonly used to improve erections include:

1. Tablets that are taken by mouth; and
2. Medications injected directly into the tissues of the penis.

The tablets used in the treatment of erection problems are called Phosphodiesterase-5 inhibitors (PDE5 inhibitors) and they have been available in Australia for some years now.

The three drugs used most often are:

- Viagra® or sildenafil;
- Cialis® or tadalafil; and
- Levitra® or vardenafil.

These drugs do not cause erections but help the body's natural response to sexual stimulation. They need to be taken at least 30 minutes before sexual activity, but may take up to an hour to work. Viagra® should be taken on an empty stomach, as food and alcohol can affect its absorption. Viagra® and Levitra® generally have an effect within four hours though some men find they can last for up to 12 hours. Cialis® has a longer action with many men being able to have erections within a 24 hour period or more.

How effective are these drugs?

These tablets appear to be most helpful for men who have good nerve function after treatment for prostate cancer. There can be some differences in how men respond to these drugs and one may work better than another. Dosage can also be important and may need to be adjusted to have the desired effect.





A single dose of these tablets may not be enough to produce an erection. Your doctor may suggest you increase the dose or repeat it over two or three consecutive days to have the desired effect.

Don't give up after one dose; repeated daily doses over two to three weeks may be necessary to see an effect from these medications.

What are the side-effects?

The most common side-effects reported from this family of drugs include facial flushing and a blocked nose. Indigestion and headaches are common but these often settle with regular use. Flu-like muscle aches and backache can also occur. Men sometimes notice a brighter bluish tint to their vision with Viagra®. Most side-effects seem to last only an hour or two.

How safe are these drugs?

Viagra®, Cialis® and Levitra® should never be taken with drugs in the nitrate family such as Anginine™, sprays that are taken for chest pains or long-acting nitrate tablets or nitrate patches used to prevent chest pain.

PDE5 inhibitors do not cause heart attacks or damage the heart itself, however the physical strain of sexual activity can be dangerous for some men with existing heart problems.

Men who have experienced stroke, chest pain or shortness of breath on exercising, or have a known heart condition must discuss use of these medications with their doctor or cardiologist.

These drugs should only be used under a doctor's prescription and supervision.

Injection therapy

Penile injections are a commonly used and effective treatment for men who have erection problems following treatment for prostate cancer. A drug or mixture of drugs is injected into the penis each time an erection is desired and this is generally achieved within five or ten minutes without the need for any direct sexual stimulation. The injection dilates the blood vessels allowing the penis to become engorged with blood and then shutting off the outflow. The erection usually lasts about 30 to 60 minutes and continues even after ejaculation.

Good technique is important and men need to be taught how to inject themselves properly, with supervised sessions in their doctor's or specialist's rooms recommended. Finding the right individual dose can also be critical to the success of this therapy as the amount of drug required can differ from person to person. Caverject Impulse® is one commonly used penile injection. Other less expensive, individually prescribed drug combinations are now being increasingly used with good effect. Some men find the procedure quite painful, however this situation can be improved greatly with the use of an auto injector.

Mechanical devices



The two main options for helping men get an erection are:

- Vacuum erection devices or pumps; and
- Penile prostheses or implants.

Each of these has been widely and satisfactorily used by men after prostate cancer treatment. There may be various options available, so be sure to explore all of the possibilities with your doctor.

Although injection therapy has not been associated with any major side-effects, injection of too large a dose can cause a prolonged and painful erection (called priapism). As a precaution, some doctors prescribe anti-erection medication to be kept on hand in case an erection continues for too long. With long-term use, scar tissue may form around the injection site causing a curvature of the penis. The accompanying drug information should be read carefully and instructions followed.

These medications are not available on the Pharmaceutical Benefits Scheme (PBS) however some reimbursement of costs may be claimable through certain levels of private health insurance cover.

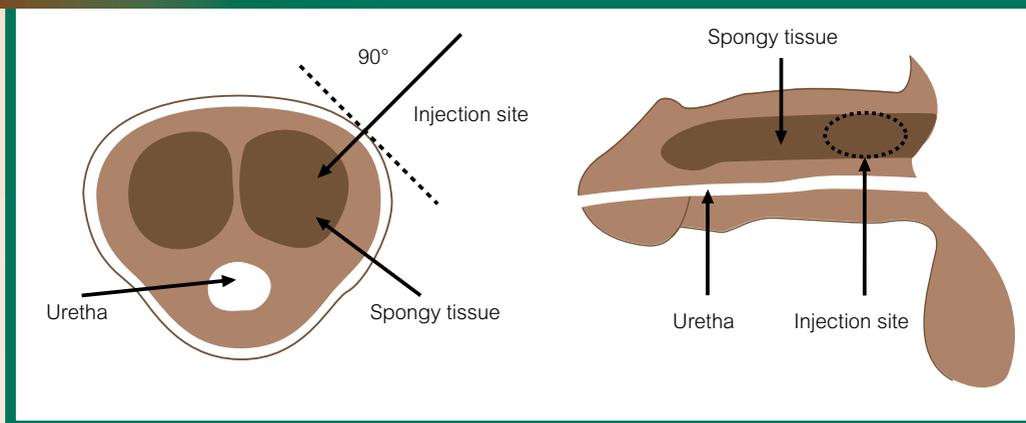
Vacuum erection devices (VEDs)

An erection may be created using a vacuum pump. A rigid tube is slipped over the penis and sealed off. Then a pump-like mechanism is used to create a partial vacuum which forces blood to flow into the penis, fully engorging it. Once the erection is created, a band is placed onto the base of the penis close to the pubic bone, to keep the erection firm during sexual activity. The band can be worn comfortably for up to 30 minutes.

It can take some time for a man to feel comfortable and confident using the vacuum pump, so education and personal practice with these devices is recommended. Most manufacturers provide video tapes demonstrating the use of their product and may also provide personal instruction. VEDs are fully reusable and a number of models are available, some of which are battery operated.



Diagram 4 Injection therapy





Vaccum erection devices are not available on the Pharmaceutical Benefits Scheme and can cost upwards of \$500 each. Some reimbursement of cost may be claimed through certain levels of private health insurance cover.

Cheaper models of these devices may also be available through your local adult shop.

When a man is able to get an erection naturally but has difficulty keeping it, he may benefit from using the VED to strengthen his erection or he may find using a rubber ring around the base of the erect penis will sometimes help to keep it rigid enough for intercourse. The rings are available separately or can be purchased with a simple applicator.



Penile prostheses

A penile prosthesis is a device that is surgically implanted into the penis and allows an erection to be created on demand, by manipulating a part of the mechanism. A penile prosthesis permanently changes the interior structure of the penis. It is generally not used as a first line approach in the management of erection problems. Although quite an effective form of treatment, men are normally encouraged to try less invasive methods for a reasonable period of time before progressing to implants.

There are a number of different types of implants available and it is advisable for a man and his partner to discuss this option fully with their doctor before proceeding. Some of the cost of the implant and the procedure may be claimed through certain levels of private health insurance cover.

Diagram 5 Vacuum erection device (VED)

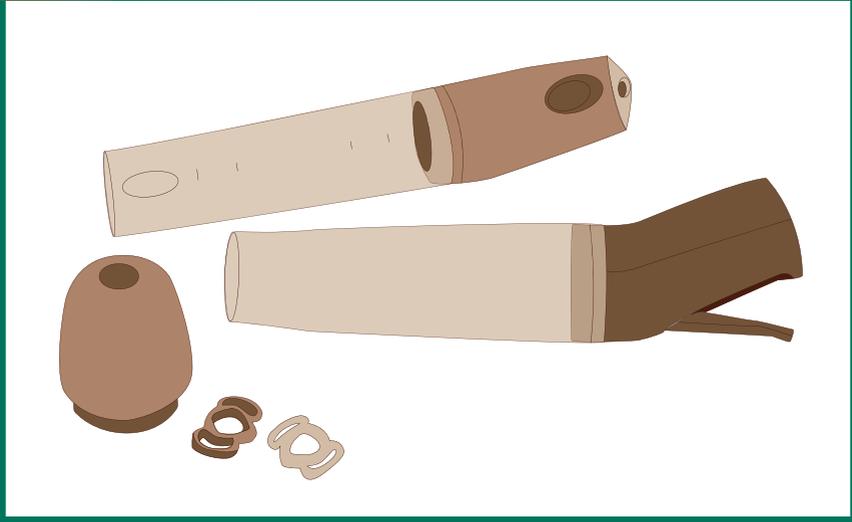
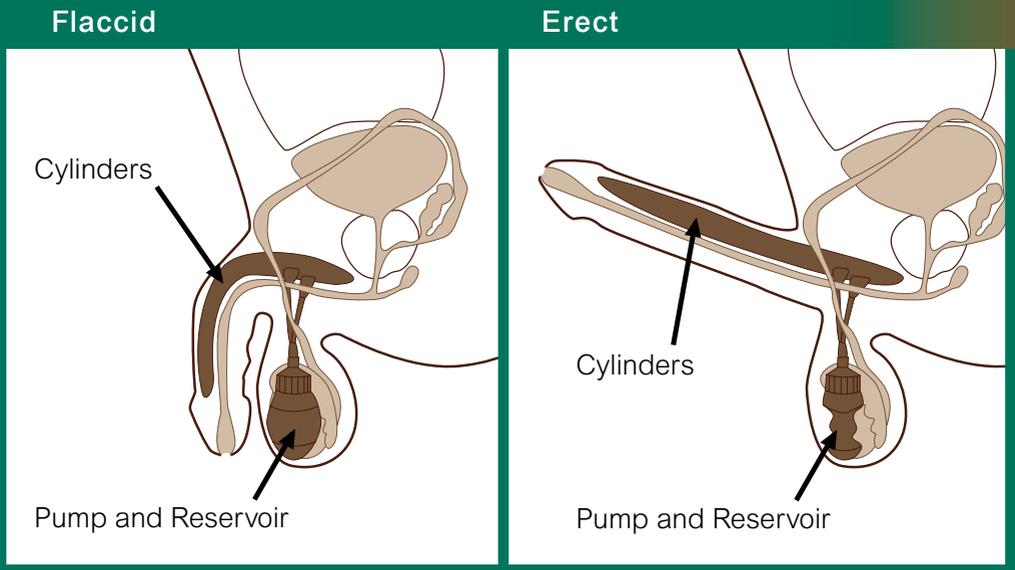


Diagram 6 Penile prosthesis



A note about other therapies

Erectile dysfunction is a common problem. It is not unusual to see large advertisements in newspapers and magazines or on the internet for products and services offering treatment for this condition. These treatments range from herbal preparations and natural therapies to nasal sprays, lozenges and cheap Viagra. After a diagnosis of prostate cancer, a man needs to be very cautious about using testosterone or natural products and herbs that may act like testosterone in the body. It is advisable to consult your doctor or pharmacist for advice before taking any of these preparations.

It is strongly recommended that men seek their doctor's advice before taking any additional medication to improve erections.

Conclusion and contacts

Sex after prostate cancer can be different, however many men will still be able to enjoy a sexual relationship following their treatment. A number of options for achieving an erection have been mentioned and one or more of these is usually successful. Some men may find it necessary or may simply choose to experiment with other forms of sexual intimacy.

Remember your prostate cancer is not contagious. Your partner will not be harmed from minor urinary leakages during sex or by your cancer treatments. However, some changes will continue to affect you both, so it is helpful for your partner, wherever possible, to be included in discussions about your sexuality and treatment choices.

It would be easy to oversimplify what happens with treatment and the changes that follow. It seems it is the spontaneous rise of a rigid penis that men and their partners miss the most and it is important to acknowledge this loss. But it can also be something deeper. For many men it is the loss of a relationship – an easy relationship with the sexually responsive man they once were. As one man put it: *“Erections and orgasms aren't gone, they are just more work. I am thankful for what I have, but I am still mourning what I may have permanently lost.”*

Each man and each couple will have their own journey with its unique pattern of highs and lows. Yet it is from experience and with wisdom that other survivors reassure us all that if you give yourself time to come into acceptance, your life, although different, will in many aspects also be richer.



Further reading

The following books, available through general bookstores, may be helpful for men and their partners.

Men, Women and Prostate Cancer: A Medical and Psychological Guide for Women and the Men They Love by Barbara Rubin Wainrib, Ed.D and Sandra Haber, Ph.D. with Jack McGuire, New Harbinger Publications, Inc.

The Lovin' Ain't Over, The Couples Guide to Better Sex after Prostate Disease by Ralph and Barbara Alterowitz, Health Education Literary Publisher, Westbury, NY.

His Prostate and Me: A Couple Deals with Prostate Cancer by Desiree Lyon Howe, Winedale Publishing, Houston.

A Gay Man's Guide to Prostate Cancer edited by Gerald Perlman, Ph.D. and Jack Drescher, MD, The Haworth Medical Press.

Websites that may be helpful

<http://www.prostatepointers.org/mailman/listinfo/pcai>

www.prostatehealth.org.au

www.andrologyaustralia.org

www.impotence.org.au



Local prostate cancer support group

Prostate cancer support groups offer information and support to men with cancer and to their partners, family and friends. To find contact and meeting details of a group in your local area, call the **Cancer Helpline** on **13 11 20**, check the website of the Queensland Chapter: www.qldcancer.com.au/Prostate or the national website: www.prostate.org.au

Contacts

Meeting details



Suggested questions to ask

your doctor about treatment and sexual function

- Will treatment affect my ability to have an erection?
- What changes can I expect after treatment?
- What can be done to minimise the risk of losing erections?
- How long might it take to recover erections?
- Will my libido be affected as well?
- I've heard surgery could shorten my penis. Is this so and will it affect my performance?
- What is the long-term impact of treatment on sexual function?
- What can I do to improve erections?
- How soon after treatment should I begin this therapy?
- Will my age or health affect access to treatment for managing loss of erections?



Contacts

You may find some of the information in this booklet does not apply to your personal situation. It is important to discuss your concerns about sexual function with a doctor who is familiar with your detailed medical history. Your treating urologist or general practitioner will be happy to assist you with this. Further information about cancer and support services in your local area can be obtained free of charge by calling the Queensland Cancer Fund's **Cancer Helpline**. The Helpline operates **Monday to Friday from 8am to 8pm** and can be contacted by phone on **13 11 20 (toll free)** or email: helpline@qldcancer.com.au

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Rockhampton Qld 4700
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Maroochydore Qld 4558
Ph: (07) 5443 6300

Gold Coast

Corner Bay and Davenport streets
Southport Qld 4215
Ph: (07) 5591 1500

Toowoomba

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Toowoomba Qld 4350
Ph: (07) 4638 4799

www.qldcancer.com.au

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