What Now?
When Your Partner Has Prostate Cancer

Choosing a Treatment Option
Keep Your Sex Life Active
Physical Activity Makes a Difference
Experts Answer Your Questions

Wisdom and Advice From Women Who’ve Been There
Your partner has just been diagnosed with prostate cancer. You’re probably a little scared and a lot confused. You likely have many questions. Is he going to be okay? What’s the best treatment option? How is this going to affect our relationship? How can I get the information I need?

To help you understand what’s happening and to give you what you need to navigate the next few weeks and months, we’ve created this booklet just for you.

It will give you information and tools to help you communicate with your partner and create a plan together for treatment strategies, managing the treatment and living well during and following treatment. Most importantly, you’ll get wisdom and advice from women who have been in your shoes and know what you’re going through right now.

Dr. Rajiv Singal, MD, FRCSC
Endourology and Urologic Surgery Head,
Division of Urology, Toronto East General Hospital
Lecturer, Department of Surgery
University of Toronto

CONTENTS

What You Need to Know 3
Treatment Options 5
Lifestyle Management 8
Your Life Together 11
Changes to Expect 13
Tips From Women Who’ve Been There 14
Ask an Expert 15
Helpful Resources 16

** We didn’t tell the rest of the family at first—and we should have. They became overly concerned when they found out on their own. **

Prostate Cancer Backgrounder: What You Need to Know

Your partner has had some tests and has been told he has prostate cancer. He has probably seen a urologist, who will guide his care from now on. As with any serious condition, prostate cancer affects more than just the person who has been diagnosed. Family, friends and work colleagues may be affected too, especially if surgery, radiation or major lifestyle changes are required. With prostate cancer, there may be particular challenges for the spouse. That’s why it’s important for you to know as much as you can about what lies ahead.

The prostate is a golf-ball sized gland located near a man’s bladder. Its job is to produce part of the semen that provides nutrients and protection to sperm. The prostate surrounds the urethra, which is the tube used by urine and semen to exit the body through the penis. This area also contains nerves that are involved in a man’s erection, but the prostate itself is not involved in erection function.

Is There Any Good News?

When a man has been diagnosed with prostate cancer it means that some of the cells within the gland are growing and dividing at an abnormal rate. Their structure is not normal. They also have the capability of escaping the prostate and invading other parts of the body. Prostate cancers can be slow growing or fast growing and aggressive with a high risk of spreading to other parts of the body. Fortunately, the slow-growing type is most common.

Did you know . . .

- Prostate cancer is the most common cancer in Canadian men (after non-melanoma skin cancer).
- About one in seven men in Canada will develop prostate cancer in their lifetime.
- In 2010, 24,600 men in Canada were diagnosed with prostate cancer.
- Risk factors include age (being older than 65), a family history of the disease and having African ancestry. There is research investigating other possible risk factors such as exposure to cadmium and consumption of red meat.

(Source: Canadian Cancer Society)

What Type Is It?

If your partner has the slow-growing type, you have lots of time to decide which treatment—and there are several—will be best. But how do you know which type he has?

Your partner’s doctor will likely use a number of tools to determine whether the cancer is growing slowly or is the more aggressive, fast-growing kind.

The Tests

The PSA test

The prostate-specific antigen (PSA) test looks at the level of PSA in the blood. This level tends to rise as men get older and does not mean that cancer is present. Other tests are done if levels are above normal in order to confirm the existence of cancer. However, rapidly rising levels (measured as PSA doubling time) may mean that cancer is not only present but is growing quickly.
Digital rectal exam (DRE)
The digital rectal exam, where the doctor inserts a lubricated, gloved finger into the man’s rectum to feel for hard areas and irregular shapes in the prostate, can often determine the size of the tumour, which can indicate how dangerous the tumour may be.

Biopsy
The PSA test and DRE have limitations when it comes to diagnosing prostate cancer and indicating its severity, so other tests are usually required. A biopsy, where small pieces of prostate tissue are removed for examination, is the most common test for confirming the existence of cancer and for determining if it is the slow-growing or aggressive kind.

While there are other tests that can be done, these three are the most common and will often be carried out multiple times.

Yes, You Can Help!
The tests may create some anxiety in your partner. Even if you already have good communication between you, he may not be able to tell you what’s worrying him. Can you help? Here are some things that may be useful to remember when your partner is undergoing testing:

- The DRE and biopsy are “invasive,” meaning that something is entering the body. Many men have never experienced this (except maybe at the dentist’s office) and are extremely uncomfortable at the thought of it, especially because the “entrance” is through the rectum. As a woman, you have no doubt experienced “invasive” tests such as Pap smears and DREs many times and can assure your partner that, while the tests may be uncomfortable, they are carried out by professional, caring experts.
- Offer to accompany your partner to the appointment. If you drive, this is the time to volunteer, especially on the way home. After a biopsy, it’s best if your partner does not drive for several hours.
- Do NOT ask to be in the examining room during the test unless your partner insists.

Treatment Options
There are a number of prostate cancer treatments to consider. Each type brings different benefits and challenges so it’s important to be informed and make a decision based on what’s best for your partner and you.

How do you decide?
You and your partner will need to take into account several factors when deciding on a treatment option:

Risk of spread
If your doctor has determined through several tests that your partner is at low risk—that is, the cancer is localized in the prostate and has not spread to any other parts of the body—you will have time to consider a wide range of options. If he is considered to be at high risk or if the cancer has already spread, the number of options is reduced and you will need to make a decision more quickly.

Time commitment
Every treatment option requires that your partner spend time managing his condition—either as part of the treatment or during recovery. If surgery is the option you choose, there will be a short hospital stay plus time off work and away from recreational activities. With active surveillance, doctor visits will be a regular occurrence.

Side effects
Each treatment brings its own benefits and disadvantages. For many couples, the most significant disadvantages revolve around potential side effects of the chosen option. These side effects can be temporary or permanent, minor, moderate or severe. Everyone will experience side effects in a different way, so it’s important to consider which ones you and your partner can live with if they do occur.

Choosing a Treatment
The following pages contain summaries of the most common treatments available in Canada for prostate cancer. Look them over and discuss them with your partner. If you need more detailed information, visit the list of websites on page 16 or take a list of questions to your partner’s doctor for the answers you need. Then use the tool on pages six and seven to determine which options might be right for your partner and you.

You are NOT your partner
Recognize that a man’s view of himself will be a significant factor in any decision he makes regarding prostate cancer treatment. But keep in mind that his view of himself and your view of him may be quite different. Listen carefully to his concerns. Express your concerns with clarity and caring. It may take time for you to understand each other’s points of view regarding his virility, vulnerability and place within your relationship and within your family. Acknowledge your fears, and his. Assure him that he need not be embarrassed to talk to you about anything.
## Treatment Facts at a Glance

<table>
<thead>
<tr>
<th>Name</th>
<th>Active Surveillance/ Watchful Waiting</th>
<th>Surgery – Radical Prostatectomy</th>
<th>External Beam Radiation Therapy</th>
<th>Brachytherapy</th>
<th>Hormone Therapy</th>
<th>Chemotherapy</th>
<th>Cryosurgery/ Cryotherapy</th>
<th>High Intensity Focused Ultrasound (HIFU)</th>
<th>Complementary Therapies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Descriptions</strong></td>
<td>Progress of cancer is carefully monitored through regular visits to the doctor for DRE, PSA and biopsy tests.</td>
<td>Surgical removal of the entire prostate gland and seminal vesicles usually through a single large or several small incisions in the abdomen. Can be combined with other therapies if cancer is found to have spread.</td>
<td>A machine sends radioactive energy to the prostate to kill cancer cells. One session per day, five days, a week over the course of five to eight weeks.</td>
<td>In seed brachytherapy radioactive material, in the form of small pellets, is inserted directly into the prostate. The pellets are active for about six months and then remain in the prostate permanently. High-dose rate brachytherapy uses tubes to introduce seeds temporarily into prostate. Usually combined with external beam radiation therapy.</td>
<td>Hormones that promote the growth of cancer are blocked by medication taken orally or administered via injection. Used before radiation therapy to shrink tumours and slow their growth or after surgery or radiation therapy to treat cancer cells that remain.</td>
<td>Drugs destroy cancer cells. Mostly used when hormone therapy no longer works or in late stage cancer to relieve pain.</td>
<td>Liquid nitrogen or argon gas is injected into the prostate through the perineum to freeze and destroy cancer cells.</td>
<td>HIFU is a non-invasive treatment for localized prostate cancer. Rather than using surgery or radiation, this treatment uses High Intensity Focused Ultrasound energy (sound waves) to destroy specifically targeted areas of the prostate. The treatment is performed transrectally with spinal anesthesia and intravenous sedation.</td>
<td>Therapies that support other treatments, may include acupuncture, massage and lifestyle changes, including activities, diet, meditation and vitamin supplementation.</td>
</tr>
<tr>
<td><strong>Recovery</strong></td>
<td>Minimal — following biopsy.</td>
<td>A short hospital stay (two to five days) followed by a month or more of recovery at home. Catheter in place for one to three weeks after surgery.</td>
<td>No hospital stay. Frequent but short visits for therapy. Fatigue, hair loss in radiated area and skin reactions are common side effects. Urinary and anal/rectal problems may occur.</td>
<td>Requires general anesthetic or an epidural. Temporary swollen prostate gland. Difficult urination, diarrhea and rectal bleeding may occur.</td>
<td>Continued possibility of hot flashes, lack of energy, breast tenderness or swelling, loss of muscle mass, high risk of osteoporosis, depression, mood swings and loss of sex drive.</td>
<td>Depends on which drugs are used; temporary side effects include nausea, hair loss, fatigue, vomiting, diarrhea.</td>
<td>Short recovery time.</td>
<td>No hospital stay. Treatment is performed under spinal anesthesia and there is no radiation exposure. The catheter needs to be in place for one-week post treatment. Treatments can also be repeated if necessary.</td>
<td></td>
</tr>
<tr>
<td><strong>Cure rates</strong></td>
<td>This method is not aimed at a cure.</td>
<td>Best option if cancer has not spread beyond prostate.</td>
<td>Very effective when cancer has not spread beyond prostate.</td>
<td>Vary depending on tumour severity.</td>
<td>Not aimed at a cure; remission only. Slow growth of tumours and reduces their size.</td>
<td>Not aimed at a cure. Unknown; relatively new therapy.</td>
<td>Role of HIFU for first line treatment is still controversial and there are no real long-term outcomes to measure the effects of this treatment as of yet.</td>
<td>Main function: support quality of life.</td>
<td></td>
</tr>
<tr>
<td><strong>Pain</strong></td>
<td>+ (after biopsy)</td>
<td>++</td>
<td>–</td>
<td>+</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Disfigurement</strong></td>
<td>–</td>
<td>+</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Incontinence</strong></td>
<td>–</td>
<td>+</td>
<td>–</td>
<td>+</td>
<td>–</td>
<td>+</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Erectile Dysfunction</strong></td>
<td>–</td>
<td>+++ 50-100%</td>
<td>+++ 40-60%</td>
<td>++ 20-50%</td>
<td>++</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Psychological Issues</strong></td>
<td>+</td>
<td>++</td>
<td>+</td>
<td>+++</td>
<td>++</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Fertility</strong></td>
<td>–</td>
<td>+++</td>
<td>++</td>
<td>+</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Possible side effects</strong></td>
<td>Poor general health that makes surgery or other options a poor choice.</td>
<td>Cancer is confined to prostate and surrounding tissue.</td>
<td>Life expectancy between seven and ten years.</td>
<td>Health problems that make surgery risky.</td>
<td>Patients who can take time off work for recovery.</td>
<td>Cancer is confined to prostate.</td>
<td>Patients who can’t take time to recover.</td>
<td>Patients not living near a treatment centre.</td>
<td>Cancer confined to prostate.</td>
</tr>
<tr>
<td><strong>Best Candidates</strong></td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Not Suitable for...</strong></td>
<td>Aggressive type with biopsies that indicate large amount of cancerous tissue.</td>
<td>Anyone uncomfortable with uncertainty.</td>
<td>Health problems that make surgery risky.</td>
<td>Patients with aggressiveancer.</td>
<td>Patients with prostate obstruction.</td>
<td>Patients with early prostate cancer or when radiation therapy has not worked well.</td>
<td>Cancer confined to prostate.</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Who should consider this?</strong></td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>
Lifestyle Management

Regardless of the treatment you and your partner decide on, you will want to work together to ensure the best possible outcome—in both the short and long term. The tips on these pages can help you create a healthy environment at home, at work and at play. The healthy changes you make now are not just for your partner’s benefit, but for your whole family’s as well!

The Big Three Checklist

If your partner can check off all three boxes below, he’s well on his way to having a solid foundation for the best possible outcome, regardless of which treatment he chooses.

☐ I don’t smoke
☐ I am at a healthy weight
☐ I am in good physical condition overall

If he can’t check off all the boxes, you can help by encouraging his efforts to quit smoking and ensuring your household supports a healthy food and exercise regimen.

Nutrition

Many large-scale studies are currently underway to determine what role nutrition has in preventing or slowing the spread of prostate cancer. While more information will be available over the next decade as the results of the studies are published, you can start right now by making healthy choices in your household.

The top three for prostate cancer:

- Reduce or eliminate saturated fat (fats from animal sources) from the diet. There is already good evidence linking animal-fat intake with prostate cancer and rates of spread.
- Eat more lycopene, an antioxidant found in tomatoes. Processed tomatoes—in the form of sauce, for example—provide more lycopene than fresh tomatoes.
- Even though supplements are important, it’s best to maintain only the healthy heart diet during treatment and to limit the consumption of antioxidants during radiation, brachytherapy and chemotherapy treatments. Some recommendations are:
  - Prior to surgery: stop all supplements ten to fourteen days prior to surgery especially as vitamin E and Omega 3 act as blood thinners and may increase bleeding during the procedure.
  - Radiation: supplements should be stopped six to seven weeks during treatments.
  - Brachytherapy: all supplements should be stopped for approximately nine months after treatment because this is how long it takes for palladium and iodine to lose their radioactivity.
  - Chemotherapy: supplements should not be taken during the course of treatment, as they may interfere with the mechanism of action for the chemo medication.

Consult with your doctor before your treatments about any supplements or antioxidants you may be taking.

More to try—for everyone in the family:

- Get your recommended daily allowance of antioxidant vitamins: A, C, D, E.
- Add some soy products to your weekly menu.
- Eliminate low glycemic foods (refined carbohydrates such as sugar and any products containing sugar, non-whole grains, alcohol).
- Drink green tea, which contains catechins. Catchins may be beneficial to many types of cancer, not just prostate cancer.
- Maintain a healthy weight. Complications from obesity are numerous.

Physical Activity

Every day we read that regular physical activity has significant health benefits for people of all ages and at all levels of wellness. Is this true for prostate cancer too? A 2004 study* that looked at numerous studies done on the relationship between prostate cancer risk and a person’s level of exercise found overall that physical exercise does indeed provide a protective effect against prostate cancer—and may also benefit men who are undergoing treatment for the disease.

According to the authors, this effect may be due to moderated hormone levels, healthier body weight, enhanced immune function and reduced oxidative stress. Since these are issues that affect everyone, it’s safe to say that household members should be doing regular physical activity.

Five tips for getting everyone off the couch

1. Limit TV-viewing time for everyone in the family.
2. If your clan likes video games, make sure they spend most of their time playing the movement-oriented ones. Join in!
3. As a couple, take a 20-30-minute walk after dinner every evening. The dishes can wait.
4. With the whole family, plan an outing each week that includes exercise that everyone will enjoy. Try skating, walking, playing soccer, hitting balls at the driving range—or ask your kids or grandkids what they’d like to do.
5. Find an activity you love so you’ll stick with it.

Kegel exercises—Not just for women!

For decades women have been encouraged by their doctors to do Kegel exercises to keep pelvic muscles strong to reduce those embarrassing moments of “leakage.” Did you know that men who have elected to have surgery for prostate cancer can benefit from them too? Bet you never thought you and your partner could do this activity together!

If you’ve got a house full of couch potatoes, it might be up to you to be both the cheerleader and activity role model. This can motivate everyone to get moving, which will not only reduce the risk of health problems, it will likely give encouragement and support to your partner as he faces the challenge of his changing body.

**Exercise During And After Treatment**

If your partner is undergoing radiation treatment or has had a prostatectomy (surgery), exercise and work-related physical activity may be restricted for a time. You can help him by modifying the activities you normally do together, encouraging him to keep at it, watching out for signs he might be overdoing it and taking over temporarily while he recovers.

Here’s a quick rundown of general recommendations on the most common treatments and exercise/physical activities:

**Watchful waiting/active surveillance:**
Continue your exercise program as usual.

**Following surgery:**
A recovery period is usually recommended before your partner returns to work. Between two and four weeks after his surgery, he can begin building up the amount of exercise he does. If he has a job that requires physical activity, he will likely have to reduce his workload once he’s back on the job and then gradually increase back to pre-surgery levels. For exercise he should start slow and pay attention to how he feels. If he didn’t do much before the surgery, this is a good time for him to ease gently into a new, healthier routine.

**During external beam radiation therapy:**
Your partner can exercise or work as usual unless he becomes overtired or is bothered by side effects of the treatment.

**During brachytherapy:**
A few days after the procedure, your partner can begin to exercise—but very gently at first. However, bicycling or any other activities that put pressure on the scrotum should be completely avoided for one to two months.

**After Treatment**

**If your partner is undergoing radiation (surgery), exercise and work-related physical activity should be completely avoided for one to two months.**

**I came to all the appointments with my husband’s doctors and asked questions. It helped because he did not always catch everything that the doctor had to say, as he was nervous and processing a lot of information.**

**During brachytherapy:**
A few days after the procedure, your partner can begin to exercise—but very gently at first. However, bicycling or any other activities that put pressure on the scrotum should be completely avoided for one to two months.

Any form of cancer usually has a significant impact on both partners—and prostate cancer is no exception. Uncertainty about the future is common with all types of cancer. But there are some specific fears associated with prostate cancer—specifically around the sexual relationship, incontinence and the impact of both on the couple’s quality of life—that partners often face in their journey with the disease.

**Your Sexual Relationship**

Erectile dysfunction
As you have read in the treatment options section, temporary or permanent erectile dysfunction is a common side effect of many types of prostate cancer treatment. For many men, sex equals penile penetration of his partner’s vagina. A man with erectile dysfunction, therefore, often feels as though a satisfying sex life for him and his partner is over. However, for most women, fulfilling sex can involve a wider range of activities. The good news is that there are many ways to overcome a man’s inability to have an erection and still have a sex life that both partners can enjoy. Oral medications, injectable drugs and medical devices can all be used to induce an erection. Your partner’s doctor or a sex therapist can discuss the options with the two of you and you can decide if you’d like to try them.

**Your Life Together**

**We cherish our relationship even more because of the threat of cancer and of having gone through this experience together.**

Good communication will be a key to discussing alternative activities that may be sexually satisfying to you both. There are many good books—with illustrations—that can help open up new avenues for you to explore. Watching a movie together can help put you both in the mood. A sex therapist can be a big help in this area as well.

**Fertility**
If you and your partner choose a prostatectomy (surgery), external beam radiation therapy, brachytherapy or hormonal therapy your partner will significantly lessen his ability to father children. Couples who want to have children should consider having the man’s sperm frozen before any therapy begins so they have the option of in vitro fertilization at a later date.

**Sex drive (libido)**
Decreased libido is a side effect of hormone therapy, which lowers the levels of testosterone in the man’s body. If the course of the therapy is less than about a year, your partner’s sex drive will likely return to his usual level. If it goes on for longer, the change is usually permanent.

**Sex before, during and after treatment:**
The potential effect prostate cancer has on his sexual relationship is often the most profoundly
Consulting a sex therapist
Couples who are struggling with the challenges of a prostate cancer diagnosis and treatment are often helped by making an appointment with a qualified sex therapist. The therapist can provide help in a number of areas:
- Offering coping strategies for physical problems arising from treatment.
- Facilitating communication between the partners.
- Suggesting alternative sexual activities that will be satisfying for both partners.
- Providing help on using medications or devices.
- Addressing psychological issues around altered sexual function.

worrying aspect to a newly diagnosed man. For couples who already have an active sex life, many continue to express their intimacy through sex despite a diagnosis of prostate cancer. This is a healthy approach and can provide the couple with essential nurturing through sex despite a diagnosis of prostate cancer.

Following surgery: There is no anatomical reason why a man’s desire for sex would change. However, anxiety associated with the unknown and the fear of not achieving an erection can interfere with libido. Achieving a natural erection shortly after surgery is not common but it is still important to allow fantasies and libido to take over. Foreplay and achieving orgasm play an important role in the healing process and are encouraged any time after the catheter is removed.

During external beam radiation therapy: You and your partner can have sex as usual. Toward the end of the treatment your partner may experience a burning sensation during orgasm. This will disappear a few weeks after treatment is finished.

During brachytherapy: Sexual relations can resume following the treatment, but it is recommended that your partner wear a condom for about a month to prevent passage of blood and radioactive material (both of which may be contained in the ejaculate) to you.

Did you know?
Prostate cancer is sometimes called a “relationship disease” because of its effect on the partner of the man diagnosed with it. If you were diagnosed with any other condition, you’d talk to your own doctor about it, wouldn’t you? Well, why not talk to your doctor about prostate cancer too? He or she is focused on your health and can help you deal with challenges you are currently encountering. Whether it’s cancer-specific questions, issues around sexuality or how to cope with your partner’s incontinence, your doctor is there to help. A side benefit of looking after yourself is that you’ll be in better shape to help your partner!

Watchful waiting/active surveillance: You and your partner have no restrictions on sexual activity. You are not at risk for contracting cancer from him.

Other Changes that may Affect Your Life as a Couple
Stress urinary incontinence
Stress urinary incontinence is the loss of a person’s ability to control their bladder—meaning that urine “leaks” from the body. It is a common side effect of many treatments for prostate cancer and can be temporary or permanent. About half of all men who have surgery for their prostate cancer, for example, will experience stress urinary incontinence. For most of these men, the situation is temporary.

Although it may seem like an embarrassing problem, stress urinary incontinence is a widespread condition in both women (as many of you already know!) and men, and there are many products, treatments and supports available to help. A talk with the doctor and a visit to the Internet for tips can help. Here are a few lifestyle suggestions your partner might try:
- If you smoke, quit.
- Cut back on alcohol and consider reducing your caffeine intake.
- If you’re overweight, consider a weight management program.
- Spread out your beverages throughout the day and stop drinking a few hours before bedtime.
- Schedule frequent and regular urination breaks. Don’t wait until it’s too late.
- Check out the latest generation of incontinence pads and undergarments. They are much more streamlined than in the past!

Fecal incontinence
Fecal incontinence, rectal bleeding, bowel irritation and frequent bowel movements are relatively rare, but possible side effects of radiation therapy.

For some men, these side effects may lead to embarrassment and a withdrawal from relationships and favourite activities. But there is no shame in having this medical condition, and there is lots of help out there.

A conversation with the doctor is a good place to start. The doctor can offer advice on treatments and lifestyle changes, assist with skin irritation and provide a reference to a psychological specialist if needed.

Psychological issues
Like all people who receive a diagnosis of cancer, men who have just received word that they have prostate cancer can experience shock, confusion and despair. Even once treatment is complete, the side effects can lead to ongoing depression, embarrassment and feelings of a loss of masculinity and worries about a man’s place in his partnership and family.

To cope with these changes, some men withdraw and avoid discussion about their new reality while others become closer to their loved ones and feel better by sharing what they’re going through. Each man will need different kinds of support, from different types of people, at different times. And so will you. Here are some options for both of you, together and as individuals:
- Share your feelings, concerns and successes with your partner.
- Reach out to friends.
- Read as much as you can about how to manage major life change (through self-help books, seminars and the Internet).
- Join a prostate cancer support group.
- Keep busy with activities you enjoy.
- Make a special appointment with the doctor to talk only about the psychological aspects of the condition.
- Seek a referral to a specialist who can help with the psychosocial impact of disease.

Prostate cancer is a relatively rare, but possible side effect of many treatments for prostate cancer and can be temporary or permanent. About half of all men who have surgery for their prostate cancer, for example, will experience stress urinary incontinence. For most of these men, the situation is temporary.
Tips From Women Who’ve Been There

On making a treatment decision:
“Talk to as many doctors as you need—family doctor, urologist, surgeon, oncologist, naturopath—and investigate all avenues you feel you want to, especially if you have time before you need to decide (slow-growing cancers).”

“Make the best choice you can at the time and don’t look back with regrets afterward.”

On sharing information:
“We let all of our close family members know, initially in a phone conversation. I found it best to give technical information via email to everyone so they all got the news at the same time and we didn’t have to keep repeating it over and over.”

“Sharing with friends was a good way to get support, and also to educate others about how important it is to get tested. After this, many of my friends have convinced their husbands/partners to see their doctors and get checked out.”

On coping:
“The most important thing is to stay positive and believe in recovery!”

“Talk about the sex part of it up front. I don’t think men have many others to talk to about this, and it is important they have your support.”

“Reaching out to people who have been down the same path is one of the most important things you can do. We went to a prostate support group; it helps to ask questions and know others are going through this. There is one for partners as well, which I recommend.”

“Be open with him and let him know you are supporting him and hanging in there with him. Respect his need for privacy at times when he seems to need it.”

“Talk about how it is affecting YOU with someone who cares about you. A prostate cancer diagnosis can have a big effect on your life too. Talking allows you to address your own concerns.”

“Take care of yourself. You are the most important person in his life and he needs you to be in good physical and mental health.”

Ask an Expert

Doctor
Q I’ve been having sex with my husband who was just diagnosed with prostate cancer. Am I at risk in any way? There is no risk to you in continuing to have sexual relations with your husband, because cancer is not transmitted sexually.

Q How common is a recurrence of the cancer after treatment? Cancer can recur after surgery, but it depends upon a number of factors. The most important is the nature and extent of the disease at the beginning. That information is predicted by the biopsy report and preoperative PSA. After removal, the specimen will be submitted to pathology for analysis. If the cancer is deemed to be contained at a microscopic level to the prostate, and within the margins of surgical removal, the odds for a successful outcome are extremely high. Features that predict recurrence include extension outside of the prostate or to other organs such as the seminal vesicles or lymph nodes. Your surgeon will go over this pathology report with you in the post-operative period.

Q If he has surgery how long will his incontinence last? While the risk of permanent, significant incontinence is small, most men will experience some leaking after the catheter is removed. Recovery is hard to predict and can range from several days to a few months. In general, as long as there is an ongoing trend towards dryness, as much time as needed will be given.

Q My husband is overweight. Would losing weight help (with surgical risks, post-op incontinence)? Reducing weight can definitely affect recovery. It may lead to an easier procedure and therefore less blood loss and quicker anesthetic. It is possible that continence will also recover more quickly.

Nurse Practitioner
Q Is it important for me to attend his doctor’s appointments? Yes, it is recommended that a partner/spouse attend doctor’s appointments, as there will be a lot of information given. Offering moral support and being an extra set of ears is important. Intimate details will be discussed and this is a good time for you to ask questions.

Q Even after reading about all the treatment options available, how do we decide which one is best? There are so many to consider! Not all treatment options are available to everyone. Factors such as the stage and grade of the cancer will most often eliminate a few of the options available. Once your doctor reviews which options are available to your husband it is important to look at what option best fits. There are risks and benefits to all treatment options and careful consideration of these, and how they will impact your life, are important to consider.

Q I’d still like to have an active sex life but my partner is avoiding the issue since surgery. What can I do? Opening up the lines of communication is the single most important thing a couple can do. This process should start at the very begin-
Verbalizing fears and anxieties to each other is very important because each person is bringing something different to the table.

As well, couples usually try to protect each other. Many men will shy away from intimacy; “why start something you can’t finish” is a common theme. The answer is maintaining intimacy and communicating often. It is not about penetration as much as it is about maintaining the relationship. It is also important to note that treatment options, with the exception of hormone therapy, will never affect sexual drives, desires, libido, or orgasms. Only the nerves that are responsible for erections are possibly traumatized by some of the treatment options. The good news is there are many different treatment options available to deal with erectile dysfunction and they vary in intensity.

Q Are there support groups for women whose partners have had prostate cancer?

Most cities do have support groups for female partners/spouses. For example, Side by Side, in collaboration with Prostate Cancer Canada, provides an opportunity for conversation and support from a woman’s perspective. You can go to the PCCN website (below) for more information on meeting times and locations.

Q How do I talk to my kids about their dad’s prostate cancer?

This conversation will be dependent on the age of the children. How much or how little information is given will also vary accordingly. Children are very perceptive and usually are aware when something is amiss. Speaking to them together as a couple is usually the best option as it allows them to ask questions directly. Try to encourage them to ask as many questions as they need to.

Resources

Associations

Prostate Cancer Canada
1-888-255-0333
www.prostatecancer.ca

Canadian Cancer Society
National office, 416-961-7223
www.cancer.ca

Support Groups

The Prostate Cancer Canada website lists support groups across by area at: www.prostatecancer.ca/PCCN/Support-Groups

Books/Brochures

Pick up one of these books to learn how other couples and families have coped:

After Prostate Cancer: A What-Comes-Next-Guide to a Safe and Informed Recovery
By Arnold Melman and Rosemary Newham

How We Survived Prostate Cancer: What We Did and What We Should Have Done
By Victoria Hallerman

Intimacy After Impotence: The Couple’s Guide to Better Sex After Prostate Disease
By Barbara and Ralph Alterowitz

Saving Your Sex Life: A Guide for Men with Prostate Cancer
By John Marshall

The Complete Canadian Guide to Prostate Cancer
By Leah Jamnick and Robert Nam

Challenging Prostate Cancer: Nutrition, Exercise and You
Princess Margaret Hospital, www.prostatecentre.ca

Publication of this booklet is made possible by unrestricted educational grant provided by Sanofi.