

Prostate Cancer Not 'Old Man's Disease'

When Harrison and Giselle Fenton began sex therapy to improve Giselle's lack of sexual desire following the birth of their second child, neither knew the potentially life-threatening challenge that awaited them.

Just six months after celebrating their 20th wedding anniversary, and



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only 42 years old, Harrison was diagnosed with prostate cancer. "Prostate cancer?" He was aghast. "Isn't that an old person's disease?"

Harrison was physically fit, with no family history of cancer. He ate a good diet low in saturated fats, took a daily vitamin and kept active as a roofing contractor. Everyone thought he was the picture of health. How could this be happening to him? What would this mean to him, his wife, and his family? But his greatest fear was losing his erection and his bladder control after surgery.

The Fentons saw me the same day they received the results. I knew there was something wrong the moment they walked into my office without their usual lightness and joviality. Giselle looked especially grim; Harrison managed a good-natured smile, but the anxiety in the room was palpable.

"Well, Doc," he said, "I've got it . . . the big C. The biopsy shows I have Stage 2 cancer with a Gleason score of 6," he continued with a steady stream of information. "What this means in layman's terms is that the cancer hasn't spread out of my prostate gland, and the cells are moderately aggressive. Since I'm a young man, they're recommending I have my prostate removed." (Gleason scores range from 2 to 10, and lower scores are better).

Giselle sat motionless — one hand steadying Harrison's shoulder. "How are you doing, Giselle?" I asked. She replied, "I'm here for him — whatever he needs."

Harrison's internist found a slight enlargement during his annual digital rectal exam. His PSA level (prostate-specific antigen) was only 1.6. Normal is lower than 4 nanograms per milliliter, but what was of concern is that Harrison's level had doubled from 0.8 the previous year. Because there are so many factors that affect PSA (including benign prostatitis, recent sexual activity and even a vigorous rectal exam), the PSA "slope" is tracked over time, looking at "trends," and no one value is determinative.

Another newer blood test is the free-PSA. If the free PSA is low, the risk for finding cancer is greater. Harrison's level of free PSA was 18 percent, but because of the abnormal rectal exam and the rising PSA, his physician ordered a biopsy of his prostate. It came back positive.

"What do I do now, Doc," he asked. He looked straight at me. "Does this mean I won't have a sex life after the surgery? Isn't this irony? . . . We come in here to get Giselle's interest back, and now I may not be able to do anything once she does. How is she going to love a guy in diapers?"

His attempts at levity didn't amuse Giselle. "See what I have to deal with," she said. "He already has himself buried and has selected his casket." Harrison is a take-control, non-nonsense, give-me-the-facts kind of guy. He wanted information, and fast. His feelings were on the table, and we had a lot of work to do before and after surgery. Therapy helped both of them navigate the rough waters and form an even more intimate partnership.

Within a week, Harrison had become a self-taught expert on prostate cancer. He researched the best sur-

geons in the area and decided he was going to have robotic-assisted laparoscopic radical prostatectomy, or LRP. Not all patients are candidates for this procedure. He also consulted with nearly a dozen men who had undergone LRP. Harrison watched videos of LRP online and had a long list of questions for pre- and post-operative care. Giselle supported him every step of the way.

Because the surgeon had a two-month waiting list before surgery, Harrison and Giselle decided to go on a vacation to Antigua. They spent most of their holiday walking on the beach or in bed, making love. "It's incredible how much passion we rediscovered when we're faced with the prospect of losing the person we love," Giselle said. "It has put things into an entirely different light."

Once they returned from their holiday, Giselle and Harrison did everything they could emotionally and physically to prepare for surgery. They had weekly therapy. Harrison practiced pelvic muscle strengthening and became an expert in bladder control. Giselle asked intimate questions she never would have dared to bring up before.

The surgery was a complete success. Harrison "dribbled" for less than two weeks — a near record. The return of erectile function has been his primary challenge. It has not returned as quickly as he hoped. When it comes to "the man downstairs" (which is how he refers to his penis), Harrison is not very patient. He's had about a 30 percent return in his erection, but he has no problems reaching orgasm. What has changed is that his "ejaculation" is dry when he climaxes and that has taken some adjustment. What are the statistics on post-operative LRP erectile functioning? Approximately 48 percent of men report successful intercourse at six months, and 72 percent at one year after sur-

gery, with or without oral medications (e.g. Viagra, Levitra or Cialis). The rest have varying degrees of return, and some may elect to use penile (cavernosal) injections or the surgical implantation of penile prostheses.

Unless medically contraindicated, I generally recommend that patients take their oral erectile medication once daily post-operatively, whether or not they plan to have intercourse. Also, I suggest a variety of sensory enhancing exercises to help couples make intimate touching a central part of their recovery.

The Fentons have done exceptionally well on all fronts. As couples struggle to make the right decisions about treatment, it's easy to get lost in a sea of information. They have thrived because of their personalities, motivation, devotion to each other and strong support of family, friends, church and the medical community.

Prostate cancer is not just a disease of the elderly. It affects the partner as dramatically as it affects the patient. Like all cancers, early detection is the key to cure, and communication is the key to intimacy.

Local and national prostate cancer support groups, such as US TOO at www.ustoo.org or 1-800-80USTOO and www.livestrong.org, offer invaluable assistance.

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