

Intimacy After Prostate Treatment

Understanding Erections, Desire, Orgasm, Ejaculation, Relationships and Sexual Recovery After Prostate Surgery, Radiation and Hormonal Treatment

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Introduction

When a man completes treatment for a prostate condition, he and his partner often expect life to return to normal.

Urinary symptoms may improve.

The prostate disease may be controlled.

Prostate cancer may have been successfully treated.

But then another concern appears:

“Doctor, what will happen to my sexual life?”

Some men notice that erections are weaker.

Some cannot achieve an erection at all immediately after surgery.

Some can reach orgasm but no semen comes out.

Others experience urine leakage during sexual activity.

Men receiving hormone therapy may suddenly lose sexual desire.

A patient who has received radiation may initially have reasonably good erections but notice gradual deterioration months or years later.

And sometimes the physical change is only one part of the problem.

Fear, embarrassment, loss of confidence, changes in body image and concern about disappointing a partner can make intimacy even more difficult.



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In my clinical practice in **sexual disorders and infertility**, I consider these concerns an important part of prostate-treatment recovery.

A man should not be told simply:

“Your prostate has been treated, so everything is fine.”

Successful treatment should certainly prioritise control of the prostate disease—particularly when cancer is involved—but quality of life after treatment also matters.

Modern urological guidance now strongly recognises this. The European Association of Urology recommends that men undergoing active treatment for prostate cancer should be informed not only about the possibility of erectile dysfunction, but also about potential changes in sexual desire, orgasm, ejaculation, penile size and shape, and other aspects of sexual function.

In this article, I want to explain these changes in straightforward language.

Most importantly, I want patients and their partners to understand:

Sexual life after prostate treatment may be different, but different does not necessarily mean finished.

What Does “Prostate Treatment” Mean?

Before discussing sexual recovery, we must first clarify something very important.

Not every prostate treatment is the same.

A man may have treatment for:

prostate cancer,

benign prostatic enlargement or benign prostatic obstruction,

recurrent urinary obstruction,

prostatitis or chronic pelvic symptoms,

or another prostate-related condition.

Different treatments affect sexual function in different ways.

For example, **radical prostatectomy for prostate cancer** removes the entire prostate and usually the seminal vesicles.

This is very different from **TURP, HoLEP** or another procedure performed for benign prostate enlargement, where prostate tissue causing urinary obstruction is removed or reduced but the situation is anatomically different.



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Radiation therapy affects tissues gradually.

Androgen deprivation therapy affects testosterone and sexual desire.

Therefore, when a patient asks me:

“Will prostate treatment cause sexual weakness?”

my first question is:

“Which prostate condition did you have, and which treatment did you receive?”

Why Can Prostate Treatment Affect Intimacy?

The prostate is located in a very important anatomical region.

Nearby are:

nerves responsible for erection,

blood vessels supplying the penis,

the urethra,

urinary-control structures,

seminal vesicles,

pelvic-floor muscles.

Treatment involving this area can therefore influence several parts of sexual function.

Sexual function itself is also much broader than erection.

It includes:

sexual desire,

arousal,

erections,

sensation,

ejaculation,

orgasm,

fertility,

confidence,

comfort,



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body image,

emotional closeness with a partner.

This distinction is extremely important.

A man may have erection difficulty but normal sexual desire.

Another man may obtain an erection but experience very little desire because of hormone therapy.

Another may have an orgasm but no ejaculation.

Another may have satisfactory erections but feel embarrassed because urine leaks during orgasm.

These are different problems and they require different approaches.

Sexual Changes After Radical Prostatectomy

A **radical prostatectomy** is an operation performed for prostate cancer in which the prostate gland is removed, usually together with the seminal vesicles and sometimes nearby lymph nodes.

Two major sexual consequences deserve particular attention:

erectile dysfunction,

permanent loss of normal ejaculation.

Why Do Erections Become Difficult After Prostate Surgery?

The nerves controlling erection run extremely close to the prostate.

During prostatectomy, surgeons attempt to preserve these nerves when it is oncologically safe to do so.

This is called **nerve-sparing surgery**.

But cancer treatment must always come first.

If a tumour is located very close to or involves the nerve bundles, preserving those nerves may not be safe.

Even when the nerves are anatomically preserved, they can temporarily lose function because of stretching, inflammation, reduced blood supply or surgical trauma.

This temporary nerve dysfunction is sometimes described as neuropraxia.



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As a result, a man who had good erections before surgery may find that immediately after prostatectomy spontaneous erections are absent or significantly weaker.

The American Cancer Society notes that recovery depends particularly on:

age,

erectile function before treatment,

whether one or both neurovascular bundles could be preserved,

and other health conditions affecting erections.

Does Erectile Dysfunction After Surgery Mean the Damage Is Permanent?

Not necessarily.

This is one of the most important messages I give patients.

Nerves heal slowly.

After nerve-sparing prostatectomy, erectile function may continue improving for many months and sometimes for two years or longer.

Therefore, if normal erections do not return immediately, this does not automatically mean that they never will.

However, recovery differs greatly between individuals.

Important factors include:

age,

erection quality before surgery,

diabetes,

hypertension,

cardiovascular disease,

smoking,

obesity,

cholesterol,

nerve preservation,

extent of the surgery,

additional radiation or hormonal treatment,



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psychological health.

Some men recover erections sufficient for intercourse without medication.

Others require medication.

Some require vacuum devices or injections.

And some ultimately choose penile prosthesis surgery.

Realistic counselling is therefore better than promising a specific recovery time.

What Happens to Ejaculation After Radical Prostatectomy?

This question causes considerable confusion.

Following radical prostatectomy, a man can usually still experience the sensation of orgasm, but **normal semen ejaculation no longer occurs**.

Why?

Because the prostate and seminal vesicles produce most of the fluid that forms semen.

During radical prostatectomy these structures are removed, and the normal reproductive pathway is interrupted.

The result is commonly called a:

Dry orgasm

The man experiences climax, but little or no fluid comes out.

This is expected after radical prostatectomy and is permanent.

It does **not** necessarily mean that sexual pleasure is impossible.

Some men report that orgasm feels similar.

Others experience reduced intensity.

Some report different sensations.

Occasionally, orgasm can be painful.

Dry Orgasm After Prostate Removal Is Not the Same as Retrograde Ejaculation

This is an important medical distinction.

After radical prostatectomy, semen is generally absent because the prostate and seminal vesicles have been removed.



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After some treatments for benign prostate enlargement—particularly procedures affecting the bladder neck—semen may instead travel backward into the bladder during orgasm.

That is called:

Retrograde ejaculation

The two conditions may both appear to the patient as a “dry orgasm,” but their mechanisms are different.

Can a Man Still Experience Orgasm Without an Erection?

Yes.

Erection and orgasm are separate physiological processes.

Some men can reach orgasm even when the penis is not sufficiently erect for penetration.

Likewise, after radical prostatectomy, orgasm can still occur without ejaculation.

Understanding this can help couples broaden their concept of intimacy rather than assuming that every sexual experience must depend upon penetration.

What Happens to Fertility After Radical Prostatectomy?

Natural conception through intercourse is no longer possible after radical prostatectomy.

The testicles can still produce sperm, but the normal pathway by which sperm enters semen and leaves the penis has been disrupted.

Therefore, if future biological parenthood is important, fertility preservation should ideally be discussed **before treatment**.

Sperm banking before surgery may be an option in appropriate patients.

This subject is particularly important for younger men diagnosed with prostate cancer.

Because my clinical practice includes both **male infertility and sexual disorders**, I strongly believe fertility should be discussed before irreversible prostate treatment whenever future parenthood remains relevant.

Can Urine Leak During Orgasm?

Yes.

Some men experience urine leakage during sexual stimulation or orgasm after prostate surgery.

Leakage during orgasm is sometimes called:

Climacturia

The amount may range from only a few drops to a more noticeable quantity.

This can be embarrassing for both partners if they are not prepared for it.

But patients should understand that it is a recognised consequence of prostate treatment.

Practical measures may include:

emptying the bladder before sexual activity,
pelvic-floor muscle exercises,
using a condom,
discussing constriction devices with a clinician,
treatment of persistent urinary incontinence where appropriate.

The American Cancer Society notes that climacturia is relatively common after prostate cancer surgery and often improves with time.

Pelvic-Floor Exercises and Sexual Recovery

Pelvic-floor muscle training is commonly recommended after prostate surgery, particularly for urinary continence.

These muscles support urinary control and participate in sexual function.

Correctly performed pelvic-floor exercises may help some men with:

urinary leakage,
sexual confidence,
and aspects of erectile recovery.

However, technique matters.

Repeatedly squeezing the wrong abdominal, buttock or thigh muscles is not the same as pelvic-floor rehabilitation.



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Patients who are uncertain may benefit from guidance from a physiotherapist experienced in men's pelvic health.

Can the Penis Appear Shorter After Prostate Surgery?

Some men report a reduction in penile length after radical prostatectomy.

This can happen because of several factors, including changes in erectile tissue, decreased erections and anatomical changes following surgery.

The NCI and other major cancer organisations recognise penile shortening as a possible consequence after radical prostatectomy.

Some patients may also develop:

curvature,

narrowing,

fibrosis,

or Peyronie-like changes.

This is another reason to discuss sexual recovery proactively rather than waiting until the patient has completely lost confidence.

What Is Penile Rehabilitation?

After prostate surgery, patients often hear the term:

Penile rehabilitation

This refers to strategies designed to maintain penile health and support erectile recovery while the nerves are healing.

Possible approaches include:

PDE5 inhibitor medicines,

vacuum erection devices,

intracavernosal injections,

intraurethral treatments in selected patients,

sexual stimulation,

pelvic-floor rehabilitation,



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lifestyle optimisation.

However, patients should understand an important distinction:

A treatment can help a man obtain an erection **with assistance** without necessarily proving that it accelerates permanent spontaneous nerve recovery.

The 2026 European Association of Urology guideline states that available evidence remains insufficient to identify one optimal penile-rehabilitation programme that reliably restores spontaneous erectile function. Nevertheless, it recommends starting erection-directed treatment at an early opportunity after radical prostatectomy or other curative prostate-cancer treatment when appropriate.

So the sensible message is:

Early sexual rehabilitation can be useful, but there is no single guaranteed protocol.

PDE5 Inhibitors After Prostate Treatment

Medicines such as:

sildenafil,

tadalafil,

vardeafil,

belong to a group called **phosphodiesterase type-5 inhibitors**, or PDE5 inhibitors.

They improve penile blood flow in response to sexual stimulation.

These medicines are considered first-line treatment for many forms of erectile dysfunction and are commonly used after nerve-sparing prostate surgery.

However, they do not work equally well for everyone.

Response depends partly on remaining nerve function.

A man should also understand that these medicines do not create sexual desire automatically.

Sexual stimulation is still required.

Important Safety Warning About ED Medicines

PDE5 inhibitors should not be taken indiscriminately.



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They can interact dangerously with nitrate medicines used for angina and certain heart conditions.

Your doctor should know about:

heart medicines,

blood-pressure medicines,

prostate medicines,

herbal medicines,

supplements,

recreational substances.

Patients should avoid buying unidentified sexual-enhancement products from unreliable sources.

Vacuum Erection Devices

A vacuum erection device creates negative pressure around the penis, drawing blood into erectile tissue.

These devices can be used:

to obtain an erection for sexual activity,

and in selected rehabilitation programmes after prostate surgery.

A 2024 systematic review examining vacuum-device rehabilitation after radical prostatectomy reported improvements in erectile-function measures and preservation of penile length in the studies reviewed, although protocols differed considerably.

More recent evidence also supports vacuum devices as a useful non-invasive option in men with difficult-to-treat ED.

A proper medical-grade device and correct instruction are important.

Penile Injection Therapy

If tablets do not provide adequate erections, intracavernosal injection therapy may be considered.

Medication is injected directly into erectile tissue to produce an erection.

It can be effective even when nerve function is limited.



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However, patients need proper instruction because complications can include:

penile pain,

bruising,

fibrosis,

prolonged erection or priapism.

The dose should therefore be determined under medical supervision.

Penile Implant Surgery

If other treatments are unsuccessful or unacceptable, a penile prosthesis may provide a reliable option.

Modern urological guidelines recommend penile prosthesis as an established treatment when other erectile-dysfunction therapies fail or according to informed patient preference.

This is usually considered after appropriate counselling regarding:

benefits,

risks,

irreversibility,

infection,

device complications.

For selected men with persistent severe ED after prostate treatment, it can substantially restore the ability to have penetrative intercourse.

Sexual Changes After Radiation Therapy

Radiation affects sexual function differently from surgery.

After prostatectomy, erectile difficulty is often noticeable immediately.

After radiation treatment, erectile function may initially remain reasonably good and then decline gradually.

Radiation can affect:

small blood vessels,



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erection-related nerves,
penile tissues,
nearby structures.

The decline can develop over months or years.

The American Cancer Society notes that erectile firmness may decline gradually over several years following prostate radiation.

Radiation treatment can also affect:

ejaculation,
semen production,
orgasm,
urinary function,
fertility.

Can ED After Radiation Be Treated?

Yes.

Depending upon the patient, treatment may involve the same general options used for other forms of erectile dysfunction:

PDE5 inhibitors,
vacuum devices,
injection therapy,
counselling,
penile implants when necessary.

Clinical evidence shows that some men with radiation-associated ED respond to sildenafil and other erection-directed therapy.

Sexual Effects of Hormone Therapy for Prostate Cancer

Androgen deprivation therapy—commonly called **ADT**—is very different from surgery or radiation.



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Its purpose is to reduce androgen activity, especially testosterone signalling, because many prostate cancers depend upon androgen signalling for growth.

Because testosterone also plays an important role in sexual function, reducing androgen activity can lead to:

reduced sexual desire,

erectile dysfunction,

reduced sexual thoughts,

difficulty reaching orgasm,

fatigue,

loss of muscle mass,

mood changes,

body-composition changes,

breast enlargement or tenderness.

NCI identifies reduced libido and erectile dysfunction among the important sexual effects of androgen-deprivation therapy.

Why Viagra May Not Completely Solve ADT-Related Sexual Problems

This is important.

PDE5 medicines improve the erection mechanism.

They do not replace sexual desire.

If testosterone is profoundly suppressed during ADT, a man may simply have little interest in sexual activity.

Therefore, the problem is not only penile blood flow.

This explains why sildenafil or similar drugs may be less helpful in some men actively receiving androgen-deprivation therapy.

Couples may need to redefine intimacy during this phase rather than treating every sexual encounter as an erection test.

Never Start Testosterone by Yourself After Prostate Cancer

This deserves a separate warning.



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Some men experiencing:

low libido,

fatigue,

weak erections,

purchase testosterone injections or so-called testosterone boosters.

This can be dangerous in a patient with prostate cancer.

The 2026 EAU guidance considers testosterone therapy contraindicated in men with active prostate cancer.

In carefully selected men previously treated surgically for localised low-risk disease who have no evidence of recurrence, testosterone treatment may sometimes be considered under specialist supervision, but the long-term safety evidence remains limited and careful PSA monitoring is required.

Therefore:

Never begin testosterone after prostate cancer simply because your sexual desire has fallen.

Discuss it with the treating urologist or oncologist.

What About Treatment for Benign Prostate Enlargement?

Not every prostate operation is cancer treatment.

Men with benign prostate enlargement may undergo treatments such as:

TURP,

HoLEP,

other laser procedures,

prostate enucleation,

minimally invasive procedures.

The sexual consequences are different.

A particularly common change after traditional prostate-obstruction surgery is altered ejaculation.

Retrograde Ejaculation After TURP



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After TURP or similar bladder-neck/prostate procedures, semen may enter the bladder rather than leave through the penis.

This is called **retrograde ejaculation**.

The man can still:

have an erection,

experience sexual pleasure,

reach orgasm,

but little or no semen may come out.

Retrograde ejaculation itself is generally not harmful.

The major concern is fertility.

European urological data have reported high rates of retrograde ejaculation after traditional TURP, while some newer prostate procedures have been designed partly to better preserve ejaculation.

Therefore, younger men who still wish to father children should discuss ejaculation preservation **before** undergoing prostate surgery.

Does TURP Usually Cause Erectile Dysfunction?

Erectile dysfunction can occur after treatment for benign prostate enlargement, but the relationship is more complicated than the effect on ejaculation.

Current EAU evidence indicates that erectile-function outcomes after standard monopolar and bipolar TURP are broadly similar, and many contemporary procedures do not necessarily cause major erectile deterioration.

This is why the patient should not confuse:

dry ejaculation

with:

impotence.

They are different conditions.

Intimacy Is More Than Penetration

I consider this one of the most important principles in sexual rehabilitation.

After prostate treatment, some couples repeatedly attempt intercourse only to find that the erection is insufficient.

Each unsuccessful attempt increases anxiety.

The man starts thinking:

“Will I get an erection?”

His partner thinks:

“Should I initiate intimacy or will that put pressure on him?”

Gradually they stop touching each other completely.

This is unnecessary.

Sexual intimacy can include:

affectionate touch,

kissing,

sensual contact,

massage,

mutual stimulation,

emotional closeness,

orgasm without penetration.

The objective is not to pretend erection problems do not exist.

The objective is to prevent erectile difficulty from destroying every form of intimacy.

A New Sexual Normal May Be Necessary

Some couples spend months trying to reproduce exactly the sexual experience they had before prostate treatment.

That can create frustration.

Recovery sometimes requires accepting that sex may temporarily—or permanently—be different.

For example:

Before surgery:

Desire → spontaneous erection → penetration → ejaculation → orgasm



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After surgery:

Desire → stimulation → medication/device-assisted erection → intimacy → dry orgasm

That is different.

But it can still be satisfying.

Sexual recovery is therefore not only about restoring an erection.

It is also about learning how the body now works.

Communicating With Your Partner

Many men hide erection difficulty because they feel embarrassed.

Their partner may then assume:

attraction has disappeared,

love has changed,

there is another relationship,

the patient no longer wants intimacy.

This misunderstanding can be more damaging than the medical problem itself.

I encourage patients to say something simple:

“My treatment has changed the way my erections work. This is not because I have lost attraction to you. I may need time and treatment while my body recovers.”

That one conversation can remove enormous emotional pressure.

What Should the Partner Understand?

The partner should know that after prostate treatment:

desire may change,

erections may require assistance,

erections may take longer,

orgasm can still occur,

ejaculation may disappear,

urine leakage can occur,



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sexual confidence may temporarily fall,

the patient's body image may change.

These changes should not automatically be interpreted as rejection.

Couple-Based Sexual Rehabilitation

Sexual recovery frequently works better when both partners understand the problem.

A randomized study of couples dealing with sexual changes after prostate-cancer treatment evaluated a structured sexual-recovery programme that included education, rehabilitation and guidance on rebuilding intimacy. Such work supports the broader principle that prostate-cancer sexual recovery involves couples, not only erection mechanics.

The current EAU guideline likewise recommends psychological approaches such as cognitive behavioural therapy when indicated, including the partner where appropriate, alongside medical treatment.

Performance Anxiety After Prostate Treatment

A physical erection problem can gradually become both physical and psychological.

Consider this sequence:

Surgery causes erection difficulty.

Then:

The man worries about the next attempt.

Then:

Every intimate situation becomes an erection test.

Then:

Anxiety increases sympathetic nervous-system activity.

Then:

The erection becomes even more difficult.

The patient may therefore have a genuine organic erectile problem plus secondary performance anxiety.

Both aspects should be addressed.



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Depression, Anxiety and Body Image

Prostate disease—particularly prostate cancer—can affect much more than sexual function.

Patients may experience:

fear of recurrence,

sadness,

anxiety,

altered body image,

concerns about ageing,

fatigue,

loss of confidence,

fear of becoming dependent,

concern about urinary leakage.

Some men feel embarrassed to discuss these emotions.

But psychological health is part of sexual health.

A man who is constantly anxious about his cancer understandably may not feel sexually relaxed.

Patients with persistent depression, severe anxiety or significant relationship distress should be encouraged to seek professional psychological support.

When Can Sexual Activity Resume After Prostate Surgery?

There is no universal date for every patient.

Recovery depends upon:

the type of operation,

healing,

catheter removal,

complications,

wound recovery,



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the surgeon's instructions.

After minimally invasive radical prostatectomy, some men may resume sexual activity once the catheter is removed and they feel physically comfortable, while open surgery may require additional wound healing.

Always follow the treating surgeon's advice.

The important point is that sexual recovery can often begin before natural erections have fully returned.

Do Not Keep “Testing” the Erection

Men sometimes repeatedly attempt intercourse purely to determine:

“Has my erection returned?”

This turns sexuality into an examination.

Instead, approach recovery gradually.

Allow stimulation.

Notice sensation.

Maintain communication.

Use prescribed treatment appropriately.

Do not consider every unsuccessful penetration attempt a failure.

Nerve recovery does not happen from one day to the next.

Lifestyle and Erectile Recovery

Treatment of the prostate cannot be separated entirely from general vascular health.

An erection depends heavily upon healthy blood vessels.

Conditions that can worsen ED include:

diabetes,

hypertension,

obesity,

high cholesterol,

smoking,



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cardiovascular disease,
physical inactivity.

Therefore, my approach to sexual recovery also considers:

blood pressure,
blood glucose,
weight,
physical activity,
smoking,
sleep,
cardiovascular health,
medication review.

The EAU strongly recommends lifestyle changes and modification of relevant risk factors alongside erectile-dysfunction treatment.

The Unani Perspective on Sexual Recovery

As a physician trained in the **Unani system of medicine**, I believe one of the strengths of traditional Unani clinical thinking is that sexual function is not viewed only as an isolated penile event.

Classical Unani medicine discusses male sexual weakness within concepts including **Zu'f-e-Bah**, while also considering:

general vitality,
temperament or Mizaj,
nutrition,
digestion,
sleep,
emotional state,
physical activity,
reproductive health,
accompanying systemic illness.



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This broader approach can be useful when counselling patients recovering from illness or treatment.

However, prostate-treatment sexual dysfunction requires a very important modern distinction.

If erectile difficulty after prostate cancer surgery is caused by injury or temporary dysfunction of cavernous nerves, no responsible physician should tell the patient that a herbal medicine can simply regenerate those nerves or guarantee restoration of natural erections.

Likewise, Unani medicine cannot restore the removed prostate or seminal vesicles after radical prostatectomy.

It cannot restore normal ejaculation after those structures have been surgically removed.

And it should never be used as a substitute for necessary cancer surveillance.

Where Can Unani Medicine Have a Role?

In appropriately selected patients, individualized Unani management may be considered as a **supportive component** of broader sexual rehabilitation.

The objectives may include supporting:

general vitality,
physical wellbeing,
appropriate nutrition,
sleep,
digestive wellbeing,
psychological wellbeing,
sexual confidence,
coexisting functional sexual symptoms,
overall quality of life.

For patients with ED, emerging research has begun evaluating specific Unani formulations.

A randomized open-label clinical study published in 2025 investigated oral and topical polyherbal Unani formulations in 36 men with erectile dysfunction and reported



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improvement in erection-related outcomes and International Index of Erectile Function scores.

This is encouraging as preliminary research.

However, the study was small and was not specifically conducted in men with post-prostatectomy nerve injury.

Therefore, it would be scientifically inappropriate to conclude from this study that Unani formulations are proven to restore erections after prostate cancer surgery.

This distinction is extremely important.

My Approach to Unani Treatment After Prostate Therapy

At **Saira Health Care**, I believe the appropriate sequence is:

First, understand what treatment the patient received.

Was it:

radical prostatectomy,

TURP,

HoLEP,

radiation,

hormonal therapy,

combination treatment?

Second, identify what has actually changed.

Is the concern:

erectile dysfunction?

absent ejaculation?

retrograde ejaculation?

low libido?

painful orgasm?

climacturia?

penile shortening?

infertility?



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performance anxiety?

Third, determine the likely mechanism.

For example:

A man with good desire but no erection after prostatectomy is different from a patient on ADT who has almost no sexual desire.

A patient with dry orgasm after radical prostatectomy is different from one with retrograde ejaculation after TURP.

Fourth, combine supportive Unani care with appropriate modern management.

When suitable, individualized Unani measures may support general health and sexual wellbeing while established treatments are used for specific post-prostate problems.

Herbal Medicines After Prostate Cancer Require Special Caution

Patients sometimes assume:

“It is herbal, so it cannot interfere with cancer treatment.”

That assumption is unsafe.

Herbal preparations can:

interact with prescription medicines,

affect liver enzymes,

influence blood pressure,

alter bleeding risk,

contain unlisted ingredients,

or potentially have hormonal biological effects.

Patients receiving:

androgen-deprivation therapy,

chemotherapy,

anticoagulants,

cardiovascular medicines,

or other cancer drugs



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should tell their oncologist and urologist about every herbal product or supplement they use.

NCI similarly advises patients receiving prostate-cancer hormonal treatment to inform their doctors about supplements and over-the-counter herbal medicines.

Saira Health Care's Approach to Intimacy After Prostate Treatment

At **Saira Health Care**, my focused clinical work in sexual disorders and infertility allows me to look beyond a single symptom such as:

“My erection is weak.”

I prefer to understand the complete situation.

This may include:

the original prostate diagnosis,
treatment history,
prostate surgery details,
whether nerve sparing was possible,
radiation history,
hormonal treatment,
erection quality before treatment,
current libido,
ability to achieve orgasm,
ejaculation changes,
urinary leakage,
fertility concerns,
diabetes,
blood pressure,
cardiovascular health,
medicines,
psychological wellbeing,
relationship concerns.



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This makes treatment more rational and individualized.

A Man Is More Than His Erection

This is something I frequently want patients to understand.

After prostate cancer treatment, some men begin defining themselves according to erectile function.

They think:

“If I cannot obtain an erection naturally, I am no longer a complete man.”

That belief creates unnecessary suffering.

Masculinity is not measured through one blood vessel, one nerve or one organ.

Prostate treatment changes physiology.

It does not remove:

affection,

personality,

companionship,

emotional intimacy,

sexual sensation,

the ability to give and receive pleasure.

Treat the sexual dysfunction.

But do not allow it to become your entire identity.

Frequently Asked Questions

Will I ever have erections again after prostate removal?

Possibly, depending upon your individual situation.

Recovery depends strongly upon:

whether the erection nerves could be preserved,

your age,

erectile function before surgery,



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general health,

additional treatments.

After nerve-sparing prostatectomy, improvement may continue for two years or sometimes longer.

Why do I have no erection immediately after prostate surgery?

Even when nerves are preserved, surgery can temporarily disturb nerve signalling and blood flow.

This is common and does not automatically mean permanent erectile loss.

Can I still orgasm without my prostate?

Yes.

Many men can continue to experience orgasm following radical prostatectomy.

However, the sensation may feel different.

Will semen come out after radical prostatectomy?

No normal semen ejaculation should be expected because the prostate and seminal vesicles have been removed.

The orgasm is therefore typically dry.

Where does the semen go after prostate removal?

This is a common question.

After radical prostatectomy, the body no longer produces normal semen because the major semen-producing glands have been removed.

This should not be confused with retrograde ejaculation after some benign-prostate procedures, where semen travels backward into the bladder.

Can I father a child naturally after radical prostatectomy?

Not through normal intercourse.



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If future fertility is important, sperm preservation should preferably be discussed before prostatectomy.

Assisted reproductive techniques using sperm obtained before treatment or surgically retrieved sperm may be relevant in selected circumstances.

Can I have sex without a prostate?

Yes.

The prostate itself is not required for sexual desire, physical affection or orgasm.

However, erections, ejaculation and other aspects of sexual function may change because of treatment.

Can radiation cause erectile dysfunction?

Yes.

Unlike prostatectomy, where erectile difficulty may appear immediately, radiation-associated ED can develop gradually over months or years because radiation may affect blood vessels and nerves.

Why has my sexual desire disappeared during hormone therapy?

Androgen-deprivation therapy reduces testosterone signalling.

Because testosterone plays an important role in libido, reduced sexual desire is a common effect of ADT.

Can I take testosterone to improve libido after prostate cancer?

Do not take testosterone without specialist assessment.

Testosterone treatment is contraindicated in active prostate cancer.

Even after apparently successful treatment, testosterone therapy requires careful patient selection and monitoring because long-term safety data remain limited.

Does TURP make a man impotent?

Not necessarily.



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A very common sexual change following TURP is altered or retrograde ejaculation.

Erectile function and ejaculation are different.

Current urological evidence does not suggest that every patient undergoing TURP will develop erectile dysfunction.

Why does urine leak during orgasm?

This can occur after prostate surgery and is called climacturia.

Emptying the bladder before intimacy and pelvic-floor rehabilitation may help, and additional treatments are available if the problem remains troublesome.

Are vacuum pumps useful?

They can be.

Vacuum erection devices are recognised non-invasive treatments for ED and are commonly incorporated into rehabilitation programmes following prostate surgery.

When should ED treatment begin after prostatectomy?

The timing should be individualized by the treating surgical or sexual-medicine team.

Current EAU guidance recommends beginning appropriate pro-erectile treatment at an early opportunity after radical prostatectomy and other curative prostate-cancer treatments, while acknowledging that no single rehabilitation regimen has been proven optimal.

Can Unani treatment help sexual weakness after prostate treatment?

It may have a supportive role in appropriately selected patients, particularly regarding general wellbeing, lifestyle, sexual confidence and some accompanying functional sexual complaints.

Preliminary research has investigated Unani formulations in general erectile dysfunction. However, there is currently insufficient high-quality evidence to claim that Unani medicines can reliably reverse nerve damage caused by radical prostatectomy or restore ejaculation after the prostate and seminal vesicles have been removed.

I therefore favour an integrated, medically responsible approach.



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When Should You Consult a Doctor About Sexual Problems After Prostate Treatment?

Speak with your treating doctor or a clinician experienced in male sexual medicine if:

erections remain inadequate,

you do not understand whether nerve sparing was performed,

ED treatment is not working,

you have significant urinary leakage during sex,

orgasm is painful,

your penis has developed curvature,

penile shortening is concerning you,

sexual desire has markedly decreased,

hormone treatment is affecting your quality of life,

the problem is causing depression or relationship conflict,

fertility is important,

you are considering testosterone,

you are considering herbal or complementary sexual medicines.

Do not assume that nothing can be done merely because prostate treatment has already occurred.

My Message to Patients

When a man visits me after prostate treatment and says:

“Doctor, my sexual life is finished,”

I rarely want the conversation to end there.

I want to know:

What exactly has changed?

Is there no desire?

No erection?

No ejaculation?



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No orgasm?

Is there urinary leakage?

Pain?

Fear?

Relationship anxiety?

Has the patient tried treatment correctly?

Was the surgery nerve sparing?

Is he receiving ADT?

Does he have diabetes or vascular disease?

Only after understanding these details can we discuss realistic options.

This is how sexual medicine should be practised.

About Dr. Nizamuddin Qasmi

Dr. Nizamuddin Qasmi

Founder & Chief Physician – Saira Health Care

Focused Practice in Sexual Disorders & Infertility

Qualifications and Professional Training

BUMS – Hamdard University, Delhi

MD

CGO

Certificate in Infertility – MGBIMS, Delhi

Certificate in Urology – London, UK

Masters in Male Infertility – MasterHealthPro (HealthPro)

Integrated Sexual and Reproductive Health – ISRH, UNFPA

Dr. Nizamuddin Qasmi has a focused clinical interest and practice in **male sexual disorders, reproductive health and infertility**, including conditions affecting erections, ejaculation, sperm health, fertility and sexual confidence.

Through **Saira Health Care**, particular attention is given to sexual-health problems that patients frequently hesitate to discuss because of embarrassment.



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These can include:

erectile dysfunction,
premature ejaculation,
ejaculation disorders,
male infertility,
azoospermia,
semen abnormalities,
varicocele,
sexual performance anxiety,
sexual difficulties associated with chronic illness,
and sexual-health concerns following prostate treatment.

The aim is to provide patients with a respectful environment where sexual symptoms can be discussed professionally and without embarrassment.

Saira Health Care's Contribution to Sexual Disorders and Infertility Care

At Saira Health Care, we believe sexual medicine should not be based upon exaggerated promises.

The first responsibility is to understand the condition.

For men experiencing intimacy problems after prostate treatment, this means distinguishing:

nerve-related ED,
vascular ED,
low testosterone or ADT-related loss of desire,
altered ejaculation,
postoperative urinary problems,
psychological distress,
relationship factors,
fertility issues.



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Where appropriate, individualized Unani management can be incorporated into a broader treatment plan while maintaining necessary coordination with:

urologists,

oncologists,

radiation oncologists,

pelvic-health physiotherapists,

mental-health professionals,

fertility specialists.

Cancer surveillance and medically necessary cancer treatment must always take priority.

This is particularly important because sexual rehabilitation should improve the patient's quality of life **without compromising the treatment of the disease that made prostate therapy necessary in the first place.**

Final Words From Dr. Nizamuddin Qasmi

If you have undergone prostate treatment and your sexual life has changed, please do not suffer silently.

Do not assume that:

“I am too old to talk about this.”

Do not assume:

“Nothing can be done.”

And do not think:

“Because the cancer has been treated, I should not bother my doctor with sexual problems.”

Sexual wellbeing is part of health.

After prostate treatment, recovery may require:

time,

understanding,

medical treatment,

rehabilitation,



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communication,

and adaptation.

Some men recover natural erections.

Some need tablets.

Some benefit from vacuum devices.

Some need injections.

Some eventually choose an implant.

Men receiving hormonal treatment may need an entirely different approach because loss of sexual desire—not only erectile mechanics—may be the major problem.

And every patient deserves an individualized assessment.

As a physician working particularly in sexual disorders and infertility, I believe we should neither ignore traditional medical knowledge nor exaggerate it.

The Unani system can contribute valuable individualized principles relating to general health, lifestyle and sexual wellbeing in appropriately selected patients.

Modern urology gives us detailed knowledge of prostate anatomy, nerve injury, erectile physiology and effective mechanical and pharmacological treatments.

Responsible care should use the information that benefits the patient rather than forcing the patient to choose between medical traditions.

Above all, remember this:

Prostate treatment may change the mechanics of sexual intimacy, but it does not automatically remove the possibility of intimacy.

An erection is important.

But intimacy is greater than an erection.

Ejaculation is one part of sexual function.

But sexual connection is greater than ejaculation.

And recovering from prostate treatment involves not merely surviving the disease, but helping the patient regain confidence, dignity, closeness and the best quality of life that his individual circumstances allow.

Medical Disclaimer



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This article is provided for general health education and patient awareness. It does not replace individual medical assessment, urological examination, cancer follow-up or treatment advice.

Sexual outcomes following prostate treatment vary considerably according to the underlying disease, treatment method, age, erectile function before treatment, nerve preservation, cardiovascular health and other factors.

Patients who have been treated for prostate cancer should continue all recommended oncological and PSA follow-up.

Do not start testosterone, erectile-dysfunction medicines, herbal medicines or dietary supplements without appropriate medical advice.

Unani medicine may be considered as part of appropriately selected supportive and integrative care, but current evidence does not justify claiming that Unani treatment can regenerate surgically damaged erection nerves, reverse all consequences of prostate-cancer therapy, restore removed reproductive structures or guarantee recovery of sexual function.



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