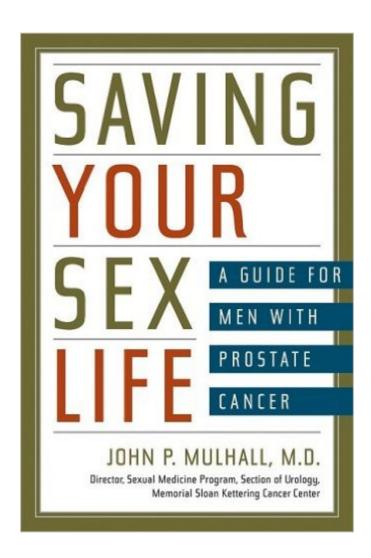
## The book was found

# Saving Your Sex Life: A Guide For Men With Prostate Cancer





# Synopsis

In a straightforward style, Dr. John Mulhall guides the reader through the basics of male sexuality, explains the role of testosterone, the functions of the prostate, and the common difficulties men encounter when disease strikes. In plain language, this book spells out the causes and symptoms of prostate disease and diseases of the lower urinary tract and the approach to deal with the aftermath of treatment.

#### **Book Information**

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## **Customer Reviews**

I can still recall vividly in July of 1012, when my prostate biopsy results came back and my urologist informed me (in a post-biopsy office visit) that I had adenocarcinoma in 5 cores, Gleason scores of 3, 3 in two and 3, 4 in the others, At the one hour meeting he wanted me to realize that I had no choice regarding some kind of treatment and that passive waiting wasn't an option. It had to either be a radical prostaectomy or radiation therapy. He leaned toward the first given that he was an expert in the field of da Vinci robotic suergery. But I'd made my mind up a week before, to have the radiation therapy, in no small measure because of Dr. Mulhall's book. (Chapter 1, on 'The Basics of Sexual Function' is especially useful for brushing up - irrespective of the type of treatment chosen). There were two factors that swayed me: 1) reading in Dr. Mulhall's book (p. 45) that "positive margins" (remnant cancer cells) can be left behind in radical prostatectomy - something I learned that can even happen to the most experienced surgeons - especially using da Vinci robotics, and 2) the fact that my wife had already worked 20 years in a radiation therapy setting (brachytherapy software corporation) and knew where I could get the optimum treatment. When my urologist heard

my choice of treatment he also concurred, saying tha for my age (then 66) the results were pretty much the same whether one chose surgery or radiation. So, I opted for high dose rate (HDR) brachytherapy, at the Helen Diller Cancer Center at the University of California San Francisco (UCSF). I was also extremely fortunate, in that only a few months before I arrived at UCSF the multiple treatment form of HDR was replaced by the one time HDR brachy treatment based on a study done by Dr.

Dr. Mulhall is the world's leading expert in sexual medicine, as it relates to preserving male functions after radical prostatectemy (prostate removal for cancer). After my prostate removal in August 2013, I did a massive amount of online research regarding how best to get back to normal after the surgery, which will take 12 to 24 months. Prostate removal, universally results in the inability to achieve erection, due to nerve damage (even when the nerves are totally spared). It takes the nerves as much as 12 to 24 months to come back to life, in order to trigger normal sexual function, even though you have full sensitivity to touch, without any lapse, immediately after the surgery. An unforeseen problem arises for those who do not engage in penile rehabilitation, during this critical 12 to 24 month period of nerve healing. If erections are not instigated through intervention (as described in Dr. Mulhall's book...daily use of low dose Viagra or Cialis, or trimix injections), on a regular basis, starting about 6 weeks after surgery, then the cavernosa muscles in the penis, which the blood flows into, in order to "inflate" can be become damaged through lack of oxygen that accompanies engorgement from blood flow. Collagen deposits will form in the spongy tissue of this muscle and cause atrophy, over a period of time. Then when the nerves do come back to life, they are ineffective in causing an erection because the erection muscle has been damaged through inactivity. The only reason I knew about this critical post operative requirement is because I went to Houston to have my prostate removed, by one of the foremost surgeons in that situation. Dr.

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