

503 SEXUAL IMPAIRMENT.doc , 6 pages

Synopsis: Two divorcees mid-life love affair is interrupted by a positive diagnosis. She said "Get it out!" He feared erectile dysfunction. He could win his life but lose his erection. He tried all the "tools" for erections. The couple worked around the ED difficulty. He died five years later.

They Fell Wildly In Love In Mid-Life

VANCOUVER - Francine Hardaway, an entrepreneur and tech guru, said love came upon her powerfully and unexpectedly.

"He was my boyfriend," she says in a phone interview from Phoenix, Ariz. Her voice bursts with pride and pleasure when she says "boyfriend," as if he was, and is, the very first.

She was divorced, and in her late 40s. Her hairdresser introduced her to Dr. Gerry Kaplan, a radiologist.

He was 57, also divorced. Kaplan was tall, intellectual and free-spirited.

They fell wildly in love. They had sex like teenagers.

There was just one thing. "He showed up on one of our dates and said 'I just had a biopsy'."

He downplayed it. He'd had rising PSAs, he explained. "He had gone to a urologist friend, who had not found anything and he let it go."

A year later his prostate-specific antigen count had doubled.

Again, he waited.

The third time a biopsy detected prostate cancer.

Cancer Must be Dealt With—She Says "Get It Out"

For her, it was simple: Get the cancer out.

"I knew that people had surgery, and that surgery could work," Hardaway said.

She couldn't understand why he had delayed.

Then, it came out: "I could end up not able to get an erection."

She pleaded with him. "Think of me. Think of your children. Your work."

In reply, Kaplan blurted out, "Marry me."

Hardaway was taken aback. "What does that have to do with it?"

Kaplan, utterly vulnerable, replied, "You'll go away because I'll be impotent. I'll be all alone."

Hardaway didn't hesitate. They married, and Kaplan had surgery a week later.

Mortality and Sexuality in the Ring Together

Prostate cancer throws mortality and sexuality in the ring together: If you win your life, you could lose your erection.

"If a man is sexually active and it's a big part of his life, it's critically important. It's a big part of what we talk about," said Dr. Larry Goldenberg, founding director of the Prostate Centre at Vancouver General Hospital.

After a prostatectomy — the complete removal of the prostate gland — Goldenberg said, "There are very few men who are the same as before."

The effects of surgery can range from mild loss of erection and pain on orgasm, to total loss of erection and incontinence.

"It's almost impossible to predict," Goldenberg said.

The good news, says Goldenberg, is that advances, such as earlier diagnosis and nerve-sparing surgery, have changed outcomes for men.

Better treatments: higher chances of sexual function.

He compares the nerve-sparing surgery to peeling the skin off an onion. "We peel the nerves off the prostate, it's very delicate. Then we remove the prostate, reconnect the urinary bladder to the urethra."

Nerve-sparing surgery cannot be done when cancer is detected close to the nerves.

The first priority, says Goldenberg, is to get all the cancer out. The second priority is to maintain urinary function.

The third priority is to maintain sexual function.

Often it is not until after surgery that sexual function moves front and centre.

Still no erection

Glen, 64, a Vancouver computer programmer, was diagnosed four years ago with an aggressive form of prostate cancer.

Nerve-sparing surgery was out of the question, and due to complications, part of the penile shaft was removed.

"You look down and go, holy smoke. It's short. I was left with about a half-inch of male tool," he says. "You feel like your manhood's gone."

Glen was angry. His wife tried to be encouraging, but that only made things worse. "She was talking to others, telling me erections come back. That was so hard to deal with."

What got them through, he says, was acceptance.

Accepted erections not coming back; we moved on.

Snuggling and being close has really helped, he says.

"And we use a strap-on," he says, somewhat mischievously. "We do it that way, which is pleasing to her."

Jeff Jarvis, renowned American author and blogger, is fully out of the closet with his prostate cancer. He will take part in a live chat today at noon at vancouver.sun.com.

Diagnosed a year ago, he has blogged about the indignities big and small: having a "mondo stapler shoved up my ass" during the biopsy; picking up Viagra and pads to deal with incontinence; a helpful pharmacist who yelled out across the store, "Is he gonna need the diapers, too?"

Jarvis has fearlessly opened the door to the male kitchen and invited the public in.

A year after surgery, he still has not had an erection.

Going public with his experience, he hopes, will encourage other men to get tested and stay healthy.

This is his "small mitzvah," for the luck he has had: He has been declared "cured."

"It is very freeing to be oneself," Jarvis said in a phone interview from New York.

“Erections are an odd thing, especially not having them. I still don’t.”

Jarvis considers himself lucky. “My grandfather died of this disease. I can rationally remind myself of this.”

He compares looking down at his unresponsive penis as a kind of out-of-body experience.

“Some people get some action back in a few months, but I’ve had nada. Absolutely no response. It’s a bit infantilizing. The thing hasn’t been like this in 50 years.”

The only “malfunction” he’d ever had before, says Jarvis was “once in a hot tub in Montreal.”

“Here’s the full humiliation,” he added. “I got the penis pump and even that doesn’t work for me.”

Jarvis, who is married with two children, is remarkably free of embarrassment.

For him, going public has been liberating, and forced him to engage with the very meaning of what it is to be a man.

“We men spend our lives being led around by our penises,” he said. “No longer.”

Francine Hardaway said that when her husband awoke from surgery, she knew he was going to feel sexually compromised.

“I got up into his bed and did some things that were gestures of solidarity for him,” she hesitates, her voice full of emotion.

“I got into his bed and started performing fellatio. He still had the catheter in. I wanted him to see, look, I am not afraid of this. This is not going to make a difference.”

Hardaway’s gesture may seem surprising, but there is a medical, not just an emotional, reason to stimulate the penis as soon as possible after surgery.

“I operated on a man yesterday,” Goldenberg said. “I started him on Viagra last night.”

Blood flow to the penis allows oxygen into the area, keeps tissues healthy, prevents atrophy and helps men recover sexual function.

"If you don't use it, you lose it," Goldenberg said.

Penile rehabilitation is part of the deal.

Help is available

Shannon Griffen, a sexual health clinician, said she encourages men to bring their partners to appointments where erection enhancement is discussed.

"Some of the men I see are of the mindset that 'It's my problem, my concern, I'll take care of it,'" Griffen says.

"When a couple has gone through something like this they need to be more verbal, have more communication."

Men experiencing failure with erections may withdraw from their partners; partners not wanting to pressure their husbands may also withdraw sexually.

"Couples that have been together 35 years and want to resume their sex lives now have to ask, 'How do we do that?' There's shyness and discomfort," Griffen said.

"You learn a whole lot about sex as a result of having prostate cancer," said Alan, who was diagnosed at the age of 62.

After surgery, he experienced a year of erectile dysfunction, bladder spasms, physical pain and inner turmoil.

"We had been screwing each other regularly and enjoying it," he says about his relationship with his wife.

"I found myself living under a dark cloud."

Alan regrets not getting sexual counselling more quickly, but he said, "After a diagnosis, all your psychological bearings have changed. You're vulnerable, your future is unknown, you have choices to make but not enough information to make them."

Attending a support group and going online helped.

Alan had a poor response to Viagra, but has had great success with intracavernosal (penile) injections.

"It used to be, 'Get the condom out of the drawer.' It's changed to, 'I'm

going to do the injection now.' At 25 this would have been a real problem. At 65 you can get used to a lot of things."

Although sex has changed, "orgasms feel different, but they are still orgasms," Alan said.

"If you think about sex with your wife as being able to stick it in, then you're in trouble," he said. "If your manhood is more broad-based and sexuality is about mutual pleasure, you'll do better."

Hardaway's husband did not recover erections. They found all sorts of ways around that. "I didn't care, but he did. He decided to get a penile implant."

She told him it was his decision. He got the implant, which left him semi-erect all of the time, and he was happy with it.

Sadly, the cancer metastasized, and five years later, he died.

Had he been more proactive and less fearful, Hardaway believes "absolutely" that the outcome would have been different.

"Jeff Jarvis is a hero," she said. "Men man up and don't talk."

Her husband, she said, had that "one Achilles heel."

"But you don't say this sucked, because I only had it for five years."

The words pour out of her as she recalls the love she lost too soon. "You learn from each other, you leave each other alone, you have dinner, you sleep together, you comfort each other. Some people never get that. I nearly missed it."