

# Could this prostate op ruin my sex life?



Picture: ALAMY

**I AM 65 and waiting for a prostate operation. What are the chances of it affecting my sex life?**

Stuart Smith, N. Wales.

**T**HIS is a common query raised by many men undergoing such an operation — understandably so. There are two types of prostate operation.

Radical prostatectomy is carried out for cancer caught early enough for the prostate to be removed entirely. Unfortunately, such a procedure is likely to affect your ability to have an erection, at least temporarily.

The second type of operation is carried out for non-cancerous prostatic obstruction of the urinary channel due to enlargement of the prostate. This will not interfere with your love life.

However, it will have a lasting effect on ejaculation because the fluid will pass backwards up into the bladder rather than out along the urethra.

The prostate enlarges as you get older — it's as inevitable as developing silver hair or wrinkles. Because the urinary exit channel passes through the middle of the prostate, that enlargement can give rise to common problems such as difficulty in urinating and poor stream.

The excess prostate tissue can be 'cored out' using a keyhole procedure via the urethra. This is known as TURP (transurethral resection of the prostate) and is carried out under a general anaesthetic.

The surgery is also possible under local anaesthetic when nerves supplying the region can be blocked. This is known as spinal anaesthesia and is useful when a patient (and many are elderly) is not sufficiently fit for a general anaesthetic, due to lung or heart problems. This procedure won't damage the nerves supplying the erectile mechanism.

**A** RADICAL prostatectomy, on the other hand, is invasive surgery and impotence is the main side-effect, along with varying degrees of post-operative incontinence.

The surgery can be carried out by an open operation, when the surgeon makes an incision across the lower part of the abdomen, or by keyhole surgery.

Either operation can also involve nerve-sparing techniques to minimise the risk of impotence — however, this is also partly determined by age and sexual function before the operation.

Many men do regain the ability to have an erection, but it takes a year or more and improvement can continue for up to four years, so you have to be patient.

Drugs such as Viagra do help and are to be encouraged. I must stress that impotence is only about the ability to have a useful erection, that is the mechanics of it, and not about the ability to feel sensation or indeed your libido.

I guess you would have mentioned it if you were about to undergo radical prostatectomy for prostate cancer. So the good

## ASK THE DOCTOR



Every week Dr Martin Scurr, a top GP, answers your questions

news is that if you are about to undergo TURP, there is no threat to your sex life.

**I'M RECEIVING treatment for wry neck or torticollis by means of a Botox injection every three months. This has some impact, but only with regard to the extreme pain; it does not stop my head from constantly being turned to the right, which is having a detrimental impact on my life. Even simple things such as getting a haircut and driving are a trial. Can you suggest any other treatments? I am willing to consider surgery.**

Barbara Gibson, by email

I SUSPECT from what you say that you are receiving Botox injections for the condition properly called spasmodic torticollis.

The term torticollis means contraction of the neck muscles which, in turn, causes the head to be turned to one side involuntarily. Simple torticollis is most often caused by an abnormal

reaction to drugs such as chlorpromazine or haloperidol, which are tranquillisers given to treat psychological disorders such as schizophrenia.

Some medications to treat vomiting, such as metoclopramide, can also cause this reaction. When drugs are the cause, it is possible to stop the reaction with an antidote such as procyclidine.

However, spasmodic torticollis is slightly different — this involves a repeated movement of the head and neck due to a spasm of the sternomastoid muscle, which stretches from a point on the skull just behind the ear to the upper part of the chest.

These painful contractions occur usually on one side only, causing rotation of the head to the opposite side.

During sleep, the muscle spasms stop; we don't know why. Around 10,000 Britons are thought to have the condition. It usually starts in early adult life and is more common in women.

In about a quarter of patients,

the repetitive movements fade away after about five years. In others, the ordeal persists and emotional stress tends to make the spasms and frequency of the movement worse.

Though the exact mechanism is unknown, the likely cause is an abnormality in the nerve signals from parts of the brain responsible for movement.

There is also a genetic link — around 5 per cent of sufferers have a relative with the same disorder or some form of tremor or involuntary movement.

**B**EFORE the introduction of botulinum toxin (Botox), the mainstay was to try to stop the spasms with various drugs. These included those used in Parkinson's disease (such as levodopa), anticonvulsants, anti-epilepsy drugs (carbamazepine) and muscle relaxants (diazepam).

These were disappointing and caused side-effects including sedation or blurred vision.

Botox has proved effective in paralysing the muscle contractions by blocking the neurotransmitter in the muscle.

The injections are given directly into the muscle, the benefit occurs within hours and lasts up to three months. But after a few years, the benefit may decline as antibodies develop, neutralising the toxin.

Surgery is a treatment of last resort and is controversial because the outcome is unpredictable and can't be reversed.

The procedure is to cut the nerves that control the affected muscle or cut the muscle itself — a mutilatory procedure.

There are other types of experimental neurosurgery, such as the implantation of electrodes to stimulate brain areas to inhibit the abnormal movements. These show promise, but are not routine.

So, sadly, I advise that the Botox injections are probably your best option. They are safe and effective, and 'first do no harm' is the guiding principle in the treatment of a difficult condition such as this.

## THE GP WITH TIME TO TALK

**■ MOST DOCTORS have little time to explain why you're ill — often you're handed your prescription and politely shown the door. Every week in Good Health, Dr Scurr goes behind the diagnosis to explain what's actually going on in your body, helping you make sense of your condition as well as your treatment. To contact Dr Scurr with a health query write to him at Good Health, Daily Mail, 2 Derry Street, London W8 5TT, or email [drmartin@dailymail.co.uk](mailto:drmartin@dailymail.co.uk) including contact details.**

**Dr Scurr cannot enter into personal correspondence. His replies cannot apply to individual cases and should be taken in a general context. Always consult your own GP with any health worries.**

## BY THE WAY...

GPs HAVE always been gatekeepers within the NHS — sorting out the wheat from the chaff.

After all, not everyone with a headache has a brain tumour and needs a scan or referral to a neurosurgeon; not every woman with menstrual problems needs to see a gynaecologist.

Much of a GP's training is about such sorting, and about living with the responsibility it entails, but I was astonished to learn, then, that Oxfordshire Primary Care Trust (PCT) had introduced a scheme to pay doctors for *not* referring patients to hospital, to which 80 out of 82 practices signed up. To be awarded the incentive, GPs must review and revise referral rates regularly (which will take time and analysis) and reduce rates of referral for further care such as scans and appointments with a consultant (which will take hardening of hearts). The sum paid works out at around £20,000 for a



Picture: ISTOCK

practice with 10,000 patients. One friend, a GP in the region, told me a patient had slapped a £1 coin on to her desk — he was reimbursing her for the incentive because he wanted to make sure she referred him to a consultant.

That says it all when it comes to what the public thinks about this incentive scheme. Quite apart from the implication by the PCT that GPs have been referring unnecessarily, I worry about the ethics of the scheme: doctors must do what they consider best for the patient. What will happen is that non-lethal but nevertheless significant complaints will be shunted.

We used to have rationing by waiting list. Now that this is politically unacceptable, we have rationing by rejection. And that can mean only one thing — an erosion of the standards of patient care.

## HEALTH BOOK OF THE WEEK

### IVF TREATMENT

**ACTRESS Joanna Taylor (pictured), 30, is married to Fulham footballer Danny Murphy. Their daughter Mya, two, was conceived through IVF. Here, Joanna reviews *Baby Next Time* by Nicole Klieff (AuthorHouse, £14.99).**

I HAVE wanted to have a child for as long as I can remember. After two years of trying — and failing — to conceive naturally, I sought specialist help.

Doctors told me my immune system was attacking the embryos in my body, so they could never develop. And so the IVF treadmill began.

I immersed myself in all the literature, but while there were many books about the physical side of IVF and the various treatments available, I never found one written by someone who'd been through it and knew how emotionally draining it can be.

The endless hours in clinic waiting rooms; being at the mercy of the staff, desperate for them to 'cure' you; then the dashed hopes when you learn — once again — the process has failed.

Nicole Klieff's nine-year struggle to conceive covers all of this. We had the same story, but her road



Picture: MATRIPHOTOS.COM

to success was longer than mine. Nicole's and her husband Barry's journey involved repeated miscarriages and the emotional effect of this was immense.

I found this a moving read at times and really related to Nicole's experience. She recalls how, when you are trying so desperately hard to conceive, you feel isolated from pregnant women or those who have children.

It's a club you are left out of, and those in it feel uncomfortable around you.

She also covers that moment after every cycle of failed IVF when you vow you won't try again. But IVF is like a gambling addiction — something in the back of your mind says: 'I could give it just one last try...'

One thing that lets this book down is its editing; it needs to be better structured because at times it lurches off at a tangent when the author reaches a subject about which she's passionate.

Despite this, *Baby Next Time* would not only have been invaluable for me, but for my friends and family who were sympathetic, yet who didn't really understand how I felt. Even with a supportive family, IVF is a lonely experience.

■ [www.babynexttime.co.uk](http://www.babynexttime.co.uk)

## DID YOU KNOW?

OUR brains account for only 2 per cent of our body mass, yet devour 20 per cent of the energy we consume. However, scientists still don't know how it manages to use up all those calories. Maybe they need to eat more.