

Prostate cancer — the effects on mental health after surgery

When Peter was diagnosed with prostate cancer—the mental health repercussions affected his whole family.

Peter is a 49 year old male who has been married to Ann for 23 years. Together they have two children Jayden 20, and Jessica 18, who still live at home. Peter is a contractor for an electrical company and is on the road travelling between job sites five days a week. Ann is a stay-at-home wife and mother and does the books for Peter's contract business.

When Peter was 45, he went to his GP as he was having difficulty passing his urine, experiencing reduced flow and slow to start and stop the stream. The GP ordered blood and urine tests. The blood tests revealed an unexpected result; a PSA reading of 5.0ng/mL. Peter was shocked when his GP explained his PSA reading was higher than normal for his age. The GP advised Peter there were many causes for a raised PSA including benign enlargement of the prostate, infection or prostate cancer. The GP told Peter it was important to keep monitoring his bloods and asked him to come back in 3 months.

When Peter went home he reflected on his appointment with his wife, and said that he struggled to comprehend a lot of the information. He said that once he heard the words cancer it was like everything else the GP said was “blah, blah, blah”. Peter was so scared that every time he received an SMS reminder

from the GP clinic to make a follow up appointment, he ignored it because he didn't want to hear anything about cancer. When he thought about going back and what the consequences could be for his job and future, it made him feel depressed. Ann was constantly saying he needed to go back to the clinic, but every time she did they just ended up arguing. Peter kept saying he couldn't afford the time off work.

After several reminders from his GP, Peter eventually went back six months after his initial consultation, to have more blood tests. Secondary results were also higher than normal; reading 11.0ng/mL. The GP performed a digital rectal examination and found a lump (a hard nodule on the prostate). The GP advised Peter to see a urologist for consideration of a prostate biopsy to determine if there was cancer or not.

Peter took his time making the appointment with the urologist. Ann constantly told him to make the appointment because his situation could worsen if left too long. Peter felt there was plenty of time, and that getting work done and going on an overseas holiday they had planned was more important. As far as Peter was concerned the appointment could wait. After weeks of nagging from Ann, Peter finally made the appointment. The urologist performed a biopsy. The results indicated Peter had Gleason 4+4=8 prostate cancer (Grade Group 4); a high grade cancer that required

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surgery. He was advised that, due to his relatively young age, surgery was a better primary treatment than radiation therapy. Surgical options were discussed, and Peter decided to have robotic surgery to remove his prostate. The surgery took place 8 months after the initial diagnosis and went well. His post-operative PSA have remained undetectable.

Several months after the surgery, Peter was still experiencing urinary urgency. He was constantly irritable and felt he couldn't go far without knowing where the toilets were. Peter found it embarrassing to ask clients if he could use their toilet. In addition to the urinary urgency issue, Peter was feeling frustrated that he was now impotent. The side effects of surgery left Peter feeling sad, and he often found himself sitting staring into space, contemplating life and how much longer he might live. Following these moments he often ended up crying uncontrollably. These outbursts of low mood and crying could hit at any time of the day, and were often quite unexpected.

Peter and Ann had always had a very active sex life prior to the surgery, and although the doctors explained post-operative impotency can improve in time, Peter continued to feel quite low. Ann kept insisting that Peter see a psychologist about how he was feeling, but he refused. Over a period of months Ann felt that Peter was becoming more distant and at times seemed very secretive. One day Ann went to pick up his mobile phone that was sitting on the kitchen bench so she could clean. Peter reacted quite angrily that Ann had touched his phone. When attempting to engage in intimacy, Ann made sure to pay Peter a lot of attention but

found that it was not reciprocated. Ann was still able to satisfy Peter, however Peter was feeling inadequate because he could not achieve an erection to satisfy Ann. Ann suggested he could try other forms of intimacy to satisfy her, but Peter was not interested. Ann felt a distance growing between them as Peter was not even cuddling or kissing her as much as he usually did. When Ann tried to broach the subject, Peter would say to her "I don't feel like a man anymore. I'm useless". Despite Ann's constant reassurance things were getting worse. Ann noticed Peter becoming more distant, less affectionate, low in mood and grumpy.

One afternoon Peter's daughter walked past the home office and overheard Peter talking to someone on the phone, in a way that seemed intimate. When Ann returned home from shopping, Jessica pulled her aside and described what she had heard. Ann immediately approached Peter and asked what was going on. Peter explained that he was talking to someone he met on the internet. When Ann asked why, Peter explained it was exciting and he thought that if he could become aroused by talking to someone else, it might help their sex life. Peter also confessed to Ann that he was viewing pornography on the internet to try and achieve arousal. Ann explained that Peter's actions were not a solution to their intimacy problems and she demanded that he make an appointment with his GP to get a referral to a psychologist to help him deal with his emotions.