



Health > Wellbeing > Sexual Health

## Melbourne man reveals 20-month erectile dysfunction battle after cancer surgery

An Aussie dad who was left with erectile dysfunction for more than 18 months has detailed his challenging journey, opening up because “blokes just don’t talk about it”.



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Prostate cancer survivor Steve Jones battled erectile dysfunction. Picture: Supplied

Steve Jones was left with an unwanted side effect after undergoing surgery for prostate cancer: erectile dysfunction that lingered for more than 18 months.

The 61-year-old Melbourne dad, who has a family history of prostate cancer, was diagnosed with the disease in late 2020.

He chose to have a radical robotic prostatectomy, of which erectile dysfunction is [a common side effect](#), to remove the prostate.

Mr Jones said his surgeon warned it could be six to 18 months before erectile function returned.

“I just thought, ‘oh yeah, I’ll be okay. I’ve been pretty healthy all my life. I’ll be back in six months’,” he said.

“When (erectile function) didn’t return at that stage, that was certainly concerning.”

Mr Jones said it was up to 20 months before erectile function completely returned.

For the first six months he had no ability to obtain an erection without assistance from a device, but then started to gain hope.

“As a reasonably fit man, when you lose your erectile function it’s quite scary … the fear of not knowing what’s going to happen,” he said.

The experience triggered feeling like less of a man, and depression and anxiety.

Initially he had been on medication Cialis, which he said was not effective for his impotence.

He later used a pump that uses a vacuum effect to achieve an erection for rehab and intimacy.

"There's no spontaneity so it's not the best way to be intimate," he said.

About eight months after surgery he gathered the courage for penile injections, where people inject medicine into the base of their penis, which he said was effective and not painful.

"Through the whole journey, I learned to be a different type of lover or have different types of intimacy," he said.

With time and patience his erectile function returned, and the first time he was able to have unaided intercourse with his wife was "joyous" and a huge relief.

During his erectile dysfunction journey Mr Jones turned to poetry to express and digest his feelings, even compiling a book.

He is keen to raise awareness about erectile dysfunction, which he said was still stigmatised.

"The problem is blokes don't talk about it," he said.

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Steve Jones. Picture: Supplied

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About one in three Australian men aged over 40 experience erectile dysfunction.

Common health conditions linked with it can include diabetes, obesity, heart disease, substance abuse and prostate cancer.

Urologist Darren Katz said whether men could return to unassisted baseline erectile function varied depending on the cause of the impotence.

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But Associate Professor Katz said it was uncommon for prostate cancer surgery cases, particularly in men over 60, to have returned to the same pre-operation function two years after surgery.

He said while medication, which could come in pill or nasal spray form, could work well for men suffering erectile dysfunction, it was not as effective for severe cases.

"When you're looking to prescribe these, you need to take a detailed sexual history and work out which drug will work best," he said.

Prof Katz, from Men's Health Melbourne, said certain cohorts — like men who'd undergone prostate cancer surgery — were more likely to have erectile dysfunction that was severe.

The Urological Society of Australia and New Zealand member said while penile injections could be effective for erectile dysfunction, side effects could include bruising, scarring or an erection that lasted too long and could cause serious damage.

Penile implants could be a game-changer, he said, but were the most invasive of treatment options.

"If a patient comes to me and says that they would like a penile implant, I'll ensure that we've gone through all the other relevant conservative options," Prof Katz said.

"It is irreversible."

Prof Katz explained that men with an inflatable penile implant would press on a pump that sat in the scrotum to create an erection by inserting saline into cylinders in the penis.

Specialist pelvic health physiotherapist Shan Morrison said men often didn't know that they had pelvic floor muscles.

Ms Morrison, director of Women's and Men's Health Physiotherapy in Melbourne, said they played a role in gaining and maintaining erection.

"We definitely have research to support that if those muscles are weaker, that improving their strength and endurance can help," she said.

She said men attended before prostate surgery to prepare them for recovery from both incontinence and erectile dysfunction.