

Sexual Health for Female Cancer Survivors

Sexual health is an important aspect of overall well-being, and many women cancer survivors experience changes in their sexual health due to cancer treatments. This handout provides information on common sexual health issues and effective interventions.

Sexual dysfunction is one of the most common and distressing side effects of treatment among female cancer survivors. All forms of cancer treatment have the potential to negatively affect physical sexual function in females, including sexual desire, arousal, orgasm, and pain. Additionally, sexual dysfunction can impair body image, lower self-esteem and sexual satisfaction, and result in psychological distress and decreased quality of life.

Managing Common Sexual Problems in Adult Female Cancer Survivors

Premature menopause: There are surgeries (removal of ovaries) and treatments which can cause a reduction in female hormones and stop a woman's menstrual period earlier than would normally occur. This can cause hot flashes, night sweats, chills, flushing of the face, anxiety and feeling that your heart is racing. Premature menopause can also be associated with lower sexual desire, poor sleep and vaginal dryness and pain with intercourse.

Vaginal dryness and atrophy with pain during intercourse: Vaginal fluids and moisture are important for sexual function. As women age, the vagina can naturally lose moisture and elasticity (the ability to stretch or move comfortably). Cancer surgeries and treatments can speed up these changes. Vaginal dryness and atrophy can make intercourse difficult and sometimes painful.

- **Lubricants:** You may need extra lubrication to make sex comfortable. If you use a vaginal lubricant, it's best to choose a water-based gel that has no perfumes, coloring, spermicide, herbal remedies, or flavors added, as these chemicals can irritate your delicate genital tissues.
- Petroleum jelly, skin lotions, and other oil-based lubricants are not good choices for vaginal lubrication. In some women, they may raise the risk of yeast infection. And if latex condoms are used, they can be damaged by petroleum products and lotions.
- Before sex, put some lubricant around and inside the entrance of your vagina. Then spread some of it on your partner's penis, fingers, or other insert. This helps get the lubricant inside your vagina.
- **Vaginal moisturizers:** Vaginal moisturizers are designed to help keep your vagina moist and at a more normal acid balance (pH) for a few days. Vaginal moisturizers are applied at bedtime for the best absorption. It's not uncommon for women who've had cancer to need to use moisturizers several times per week. Vaginal moisturizers are different than lubricants – they last longer and are not usually used for sexual activity.

- **Vaginal estrogens:** Vaginal estrogen therapy is a treatment option for vaginal atrophy (when the vaginal walls get thinner and less stretchy) for some women. But some women may not be able to take hormones because of the type of cancer they have. You should discuss this with your cancer care team.

Decreased libido and arousal: Loss of sexual desire is typically driven by factors that are physical such as having low estrogen levels or vaginal dryness, as well as psychological or interpersonal such as having a poor body image, depression or relationship stress. Usually, women who could reach orgasm before cancer treatment can do so after treatment. But some women may have problems with this. There are some suggestions which may be helpful:

- Having a sexual fantasy before or during sex can distract you from negative thoughts and fears about performing.
- Using a hand-held vibrator for extra stimulation.
- Changing the position of your legs during sexual activity.
- Tighten and relax your vaginal muscles in rhythm during sex or tighten and relax the muscles in time with your breathing. This helps you focus on what you're feeling.
- Experiment with your partner to find the type of touch that most excites you.

Negative body image after treatment: Feeling good about yourself begins with focusing on your positive features and becoming accustomed to any changes to your body from surgery or cancer treatment.

- **Mirror exercise:** Find a time when you have privacy for at least 15 minutes. Be sure to take enough time to really think about how you look. What parts of your body do you look at most? What do you avoid seeing? Do you catch yourself having negative thoughts about the way you look? What are your best features? Has cancer or its treatment changed the way you look?
- First, try the mirror exercise when dressed.
- Once you're comfortable seeing yourself as a stranger might see you, try the mirror exercise when dressed as you would like to look for your partner.
- Finally, try the mirror exercise in the nude, without disguising any changes made by the cancer. Don't stop the exercise until you have found 3 positive features.
- Psychosexual counseling and psychoeducation have been shown to improve sexual desire, body image, and partner relationships. Couple-based psychosexual interventions are particularly effective for partnered women.
- Addressing sexual health is an important part of cancer survivorship care. Effective interventions are available, and open communication with healthcare providers can help manage sexual health concerns. If you experience any sexual health issues, please discuss them with your healthcare provider.

Resources:

- American Cancer Society: Comprehensive patient informational booklets about sex after cancer (www.cancer.org).
- National Cancer Institute: Resources on sexual health for cancer survivors (www.cancer.gov).
- MacMillan Cancer Support Community: Support for cancer survivors in the UK (www.macmillan.org.uk).
- Cancer Council of Australia: Resources for cancer survivors (www.cancercouncil.com.au).
- Scientific Network on Female Sexual Health and Cancer: Information and support for female cancer survivors (www.cancersexnetwork.org)