

Sex and the Woman With Cancer



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Cancer and sex

When you first found out you had cancer, you were probably focused on treatment plans and survival. But after a while, other questions may have started coming up. You might be wondering, “How ‘normal’ can my life be, even if the cancer is under control?” Or even, “How will cancer affect my sex life?”

It’s important to know that you can get answers to these questions and help if you are having sexual problems. Just as you need to know how treatment will affect nutrition, pain, and your ability to return to work, you also need to know how treatment could affect your sex life. **The first step is to bring up the topic with your doctor or someone on your cancer care team.**

Sex and sexuality are important parts of everyday life. The difference between sex and sexuality is that sex is thought of as an activity – something you do with a partner. Sexuality is more about the way you feel about yourself as a woman. It’s linked to intimacy or your need for caring, closeness, and touch.

This information is for all women who have or have had cancer – regardless of their age or sexual orientation. We’ll also share some ideas to help you talk with your doctor and your cancer care team about sex.

Keep in mind that sensual/sexual touching between you and your partner is always possible, no matter what kind of cancer or cancer treatment you’ve had. The ability to feel pleasure from touch almost always remains.

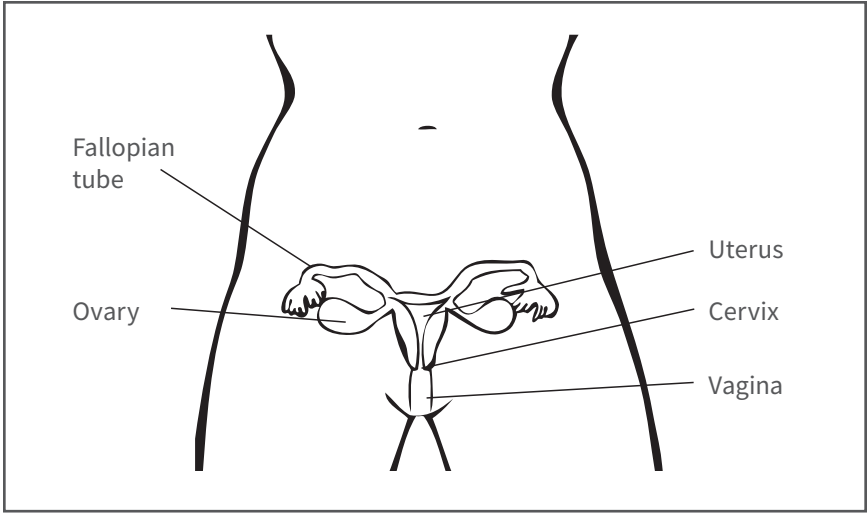
How a woman's body works

The female sex organs

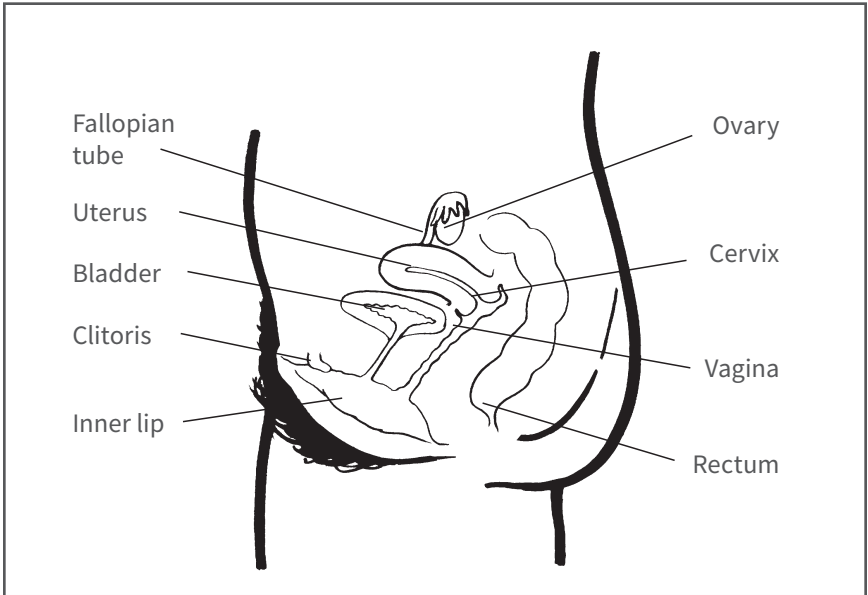
A woman's genitals and organs for pregnancy are in the pelvis (the lower part of the belly). These are some organs that are in the pelvis, including sex organs and other nearby organs. **Cancer of any of these organs or cancer treatment in this area can affect your sex life:**

- **Uterus** – the pear-shaped organ that holds a growing baby
- **Fallopian tubes** – 2 thin tubes that carry eggs from the ovaries to the uterus
- **Ovaries** – 2 small organs that store eggs and make hormones
- **Cervix** – the lower part of the uterus at the top of the vagina
- **Vagina** – a 3- to 4-inch tube that connects the cervix to the outside of the body
- **Vulva** – the outside parts, such as the clitoris and the inner and outer lips
- **Bladder** – the hollow, balloon-like organ that holds urine
- **Rectum** – the bottom end of the intestines that connects to the outside of the body

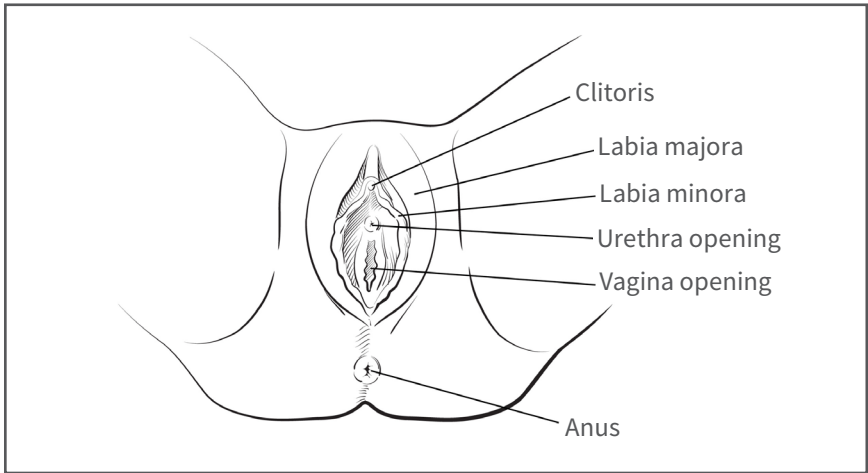
Many women have never looked at their genitals, and may not know for sure which parts are where.



Front view of woman's pelvis



Side view of woman's pelvis



Female genitalis

Take a few minutes with a hand mirror to examine yourself.

- The outside part is called the vulva.
- Find the outer lips and inner lips. They act like pillows to protect the sensitive parts in the middle. Many women find that gentle touch on the inner lips feels good.
- Next find the clitoris, a small bump covered by a little hood of skin. It's right in the middle, above the opening of the vagina. The clitoris is the part of a woman's body most sensitive to pleasure with caressing.
- Just under the clitoris is a little slit where urine comes out. This is the opening of a short tube (the urethra) that drains the bladder (storage bag for urine).

- Below the opening of the vagina is the anus, where stool comes out. The anus is the very end of the system that digests food. Some women enjoy being touched around and even inside the anus. If you or a partner puts a finger or a sex toy in the anus, do not use it to caress the vagina, since that could cause an infection with bacteria that are healthy in the anus, but not in the vagina.

If you feel comfortable, try touching each area lightly. Where are you most sensitive?

Has your cancer treatment changed the look of your outer genitals in any way? If so, take time to get used to the changes. Check to see if any areas are sore or tender. Share what you learn about yourself with your partner. Work together to have sex that pleases you both.

The natural cycles of the mature female body

In order to talk about sex, it helps to know about the structures and hormones that are also involved with having children and how they work together.

During the years when a woman can have children, her ovaries take turns each month producing a ripe egg. When the egg is released, it travels through the fallopian tube into the uterus. A woman can get pregnant (naturally) if a sperm cell travels through the cervix and joins the egg. The cervix is the gateway for sperm to get into the body and for a baby passing out of the body at birth.

If a woman does not become pregnant, the lining of the uterus that has built up over the past weeks flows out of her cervix as the “blood” of her period. If she gets pregnant, the lining stays in place to feed the growing baby.

The regular cycles the mature female body goes through each month are controlled by hormones.

Hormones

The main hormones that may help a woman feel desire are called **estrogens** and **androgens**. Androgens are thought of as “male” hormones, but women’s bodies also make small amounts of them. About half of the androgens in women are made in the adrenal glands that sit on top of the kidneys. The ovaries make the rest of a woman’s androgens. Estrogen comes mostly from the ovaries.

The ovaries usually stop sending out eggs and greatly reduce their hormone output around the age of 50, though the age varies. This is called **menopause** or “the change of life.” Some women fear that their sexual desire will go away with menopause. But for many women, the drop in ovarian hormones doesn’t change their desire for sex. Still, it can take longer for the vagina to enlarge and get moist. Low estrogen levels can also cause the lining of the vagina to get thinner and lose some of its ability to stretch. In some women, the vagina may stay tight and dry, even if they are very aroused.

Female orgasm

As a woman becomes sexually excited, her nervous system sends signals of pleasure to her brain. The signals may trigger the orgasm reflex. During orgasm, the muscles around the genitals



contract in rhythm. The muscle tension and release sends waves of pleasure through the genital area and sometimes over the entire body. **An orgasm is a natural reflex, but most women need some experience in learning to trigger it.**

A woman's orgasms may change over time. As she gets older, orgasms may take longer to reach, and more mental excitement and touching may be needed.

The areas of a woman's genitals that are most sensitive to touch are the clitoris and the inner lips. When a woman becomes sexually excited, the entire genital area swells. It also turns a darker pink as blood rushes in under the skin.

Many women reach orgasm most easily when the clitoris is stroked. Like a penis, the clitoris has a head and a shaft. It sends messages of pleasure to the brain when it's stroked.

The head of the clitoris is so sensitive that it can become sore from direct rubbing that's either too fast or too hard. Soreness can be prevented by using a lubricant and by stroking or touching close to, but not on, the head of the clitoris.

Other areas, including the outer lips and anus, can also give a woman pleasure when stroked. Each woman's sensitive zones are a little different. The opening of the vagina contains many nerve endings. It's more sensitive to light touch than the deep end of the vagina. For some women, the front wall of the vagina is more sensitive to pressure during sex than the back wall. Some sex therapists suggest that stroking an area about 1 to 4 inches deep on the front wall of the vagina helps some women reach orgasm during sex.

Keeping your sex life going despite cancer treatment

Be sure to ask your doctor or nurse these questions about having sex during and after treatment:

- How might treatment affect my sex life?
- When will it be OK to have sex?
- Are there any types of sex I should avoid?
- What safety measures do I need to take, and for how long?
- What birth control should I use? For how long?

Here are some things to keep in mind as you continue your sex life during or after cancer treatment.

Keep in mind that, no matter what kind of cancer treatment you get, most women can still feel pleasure from touching.

Few cancer treatments (other than those affecting some areas of



the brain or spinal cord) damage the nerves and muscles involved in feeling pleasure from touch and reaching orgasm. For example, a woman whose vagina is painfully tight or dry can often reach orgasm through stroking of her breasts and outer genitals.

Try to keep an open mind about ways to feel sexual pleasure. If both partners cannot reach orgasm through or during penetration, some may feel disappointed. But during and after cancer treatment, there may be times when the kind of sex you like best is not possible. Those times can be a chance to learn new ways to give and receive sexual pleasure. You and your partner can help each other reach orgasm through touching and stroking. At times, just cuddling can be pleasurable. You could also continue to enjoy touching yourself. Do not stop sexual pleasure just because your usual routine has been changed.

Try to have clear, 2-way talks about sex with your partner and with your cancer care team. If you're too embarrassed to ask your team whether sexual activity is OK, you may never find out. Talk to your team about sex, and tell your partner what you learn. Good communication is the key to adjusting your sexual routine when cancer changes your body. If you feel weak or tired and

want your partner to take a more active role in touching you, say so. If some part of your body is tender or sore, you can guide your partner's touches to avoid pain. Keep in mind that if one partner has a sex problem, it affects both of you.

Boost your self-esteem. If you lose your hair, you may choose to wear a wig, hat, or scarf if it makes you feel more comfortable. You may choose to wear a breast form (prosthesis) if you've had a breast removed. Do whatever makes you feel good about yourself. Eating right and exercising can also help keep your body strong and your spirits up. Practice relaxation techniques, and get professional help if you think you are anxious, depressed, or struggling.

How pelvic surgery cancer can affect sex

Many different organs may be affected in pelvic surgery for cancer.

This section reviews some of the more common types of surgery used to treat certain cancers and the ways they can impact your sex life.

Radical hysterectomy

Radical hysterectomy is an operation done to treat some cancers of the cervix. The surgeon takes out the uterus and the ligaments (tissue fibers) that hold it in place. The cervix and an inch or 2 of the vagina around the cervix are also removed. A hysterectomy done to treat uterine or ovarian cancer removes less tissue.

After taking out the cervix, the surgeon stitches the vagina at its top. Some fluid drains from the vagina during healing. The top

of the vagina soon seals with scar tissue and becomes a closed tube. The vagina does not, as some women fear, become an open tunnel into the pelvis.

The ovaries may or may not be removed

If a woman is under the age of 40, the surgeon will often try to leave an ovary or part of one during a hysterectomy. Even one ovary can produce enough hormones to keep a woman from going through early menopause. Because the uterus is removed, a woman will not have menstrual periods and she will not be able to carry a pregnancy.

A surgeon most often removes both ovaries in women over the age of 50 having this surgery.

Effects of hysterectomy on bladder function

A radical hysterectomy can affect a woman's ability to pass urine while the nerves in the tissue around the uterus are healing after surgery. With new surgical techniques and nerve-sparing surgery, problems like this are less common. Still, some doctors may leave a catheter in the bladder for a few days after surgery to reduce urinary problems.

If a woman still cannot fully empty her bladder a few weeks after surgery, she may have long-term damage. To prevent urinary tract infections, she may be taught to slip a small, soft tube, called a catheter, through the urethra and into the bladder to drain out the remaining urine. This is called self-catheterization. A few women may need to do this several times a day for the rest of their lives. If you are self-catheterizing, make sure your bladder is empty before sex to help prevent urinary tract infections or discomfort.

Effects of hysterectomy on sexual function

Hysterectomy shortens the vagina, and there may be numbness in the genital area. Some women feel less feminine after a hysterectomy. They may view themselves as “empty,” or not feel like a “real” woman. Such negative thoughts can keep women from thinking about and enjoying sex. A trained therapist often can help with such concerns.

If cancer is causing pain or bleeding with vaginal sex, a hysterectomy can help stop those symptoms, and a woman’s sex life may improve after the surgery. The vagina might be shorter after surgery, but couples usually adjust to this change. Extra time spent on caressing and other forms of foreplay can help ensure that the vagina has lengthened enough to allow penetration. It’s also important for the vagina to have moisture to allow the tissues to stretch and move. (See “Vaginal dryness” on page 30 for more on this.)

If the vagina seems too shallow, there are ways a woman can give her male partner the feeling of more depth. For instance, she may spread some lubricating gel on her outer genital lips and the tops of her thighs and press her thighs together or cup her hands around the base of her partner’s penis during sex. There are also rings that can be put around the base of the penis to reduce the depth of penetration.

Orgasm after radical hysterectomy

Women who have had a radical hysterectomy sometimes ask if the surgery will affect their ability to have orgasms. This has not been studied a great deal, but to date, there’s no science showing that there is an effect.

Sex problems are likely to be somewhat worse and last longer for women who have pelvic radiation along with radical hysterectomy. See “How pelvic radiation can affect sex” on page 21 for more on this.

Radical cystectomy

A radical cystectomy is done to treat bladder cancer. The surgeon removes the bladder, uterus, ovaries, fallopian tubes, cervix, front wall of the vagina, and the urethra.

If you have bladder cancer, talk with your cancer care team about surgery that’s right for you. This surgery tends to affect a woman’s sex life, but sometimes things can be done during surgery to help preserve female sexual function (see below).

Changes in the vagina after radical cystectomy

Radical cystectomy often removes half of the vagina, but penetration is still possible. Surgeons sometimes rebuild the vagina with a skin graft. More commonly, they use the remaining back wall of the vagina to rebuild the vaginal tube. There are pros and cons with both types of vaginal reconstruction. See “Vaginal reconstruction after pelvic surgery” on page 20 for more on this.

Orgasm after radical cystectomy

Many women who have had the front wall of the vagina removed as part of a cystectomy say that this has little or no effect on their orgasms. But others say that they were less able to have orgasms. There are 2 nerve bundles that run along each side of the vagina, and it’s easy to damage them when removing the front of the vagina. Talk with your cancer care team about the surgery that’s planned and

whether these nerves can be “spared” (left in place) during surgery. If so, this can help increase your chance of having orgasms after surgery.

Another possible problem that can happen during radical cystectomy is that the surgeon takes out the end of the urethra where it opens outside the body. This can make the clitoris lose a good deal of its blood supply and may affect some parts of sexual arousal. (Remember that, like the penis, the clitoris fills with blood when a woman is excited.) Talk with your surgeon about whether the end of the urethra can be spared, and how that may affect your clitoral function. It’s not always necessary to remove the end of the urethra as part of surgery for bladder cancer.

Urostomy

Women who have had a radical cystectomy will also have an ostomy. This is an opening on the woman’s belly (abdomen) where waste can pass out of the body. This type of ostomy is called a urostomy. It’s the way for urine to get out of the body after the bladder is removed. The urine flows through the urostomy into a plastic pouch glued to the skin around the ostomy. For ideas on how to manage an ostomy during sex, see “Urostomy, colostomy, or ileostomy” on page 38. Some women now have continent ostomies that stay dry and are emptied with a catheter.

Abdominoperineal resection

Abdominoperineal (AP) resection is a type of surgery that may be used to treat colorectal cancer. The lower colon and rectum are removed, and a colostomy is made so that stool can pass out of the body. Sometimes the uterus, ovaries, and even the rear wall of the vagina must be removed, too. The remaining vaginal tube must then be repaired with skin grafts or with a flap made of skin and muscle.

AP resection does not damage the nerves that control the feeling in a woman's genitals and does allow orgasm. Some women may notice vaginal dryness, especially if their ovaries were removed. If so, a water-based gel lubricant can help make vaginal sex more comfortable. (See "Vaginal dryness" on page 30 for more on products that can help with this.)

Sex in certain positions may be uncomfortable or even painful. Without a rectum, the vagina becomes scarred down to the tailbone. You may need to try different positions to find one that works. If a skin graft or flap was used to repair the vagina, the section called "Vaginal reconstruction after total pelvic surgery" on page 20 may be helpful.

For suggestions on how to manage an ostomy during sex, see "Urostomy, colostomy, or ileostomy" on page 38.

Vulvectomy (removing the vulva)

Cancer of the vulva is sometimes treated by removing all or part of the vulva. This operation is called a vulvectomy.

- A **partial vulvectomy** removes only the cancer and an edge of normal tissue around that affected area.
- The **modified radical vulvectomy** removes the cancer and an edge of normal tissue, as well as some of the lymph nodes in the groin. If there's cancer in or very near the clitoris, it may need to be removed to be sure all the cancer is taken out.
- The most extensive surgery is called a **radical vulvectomy**, which is rarely ever done. In this case, the surgeon removes

the whole vulva. This includes the inner and outer lips, the clitoris, and often the lymph nodes that drain the vulva. The vagina, uterus, and ovaries remain.

After part or all of the vulva has been removed, women often feel discomfort if they wear tight slacks or jeans since the “padding” around the urethral opening and vaginal entrance is gone. The area around the vagina also looks very different.

Women often fear their partners may be turned off by the scarring and loss of outer genitals, especially if they enjoy oral stimulation as part of sex. Some women may be able to have reconstructive surgery to rebuild the outer and inner lips of the genitals. It may help with the way the vulva looks, but the feeling (sensation) will be different.

When touching the area around the vagina, and especially the urethra, a light caress and the use of a lubricant can help prevent painful irritation. The area around the scar may be numb. If scar tissue narrows the entrance to the vagina, penetration may be painful. Vaginal dilators can sometimes help stretch the opening. When scarring is severe, the surgeon may use skin grafts to widen the entrance. Vaginal moisturizers on the external genital area can also be very helpful and promote comfort. (See “Vaginal moisturizers” on page 31.)

When the lymph nodes in the groin have been removed, women may have swelling of their genital areas or legs. Though swelling just after surgery may go away, it can become a long-term problem. This condition, called lymphedema, can cause pain, a

feeling of heaviness, and fatigue. It also can be a problem during sex. Couples should discuss these issues to decide what solutions work best for them. (Call us or visit our website to learn more about lymphedema in the groin or legs.)

Orgasm after vulvectomy

Women who have had a vulvectomy may have problems reaching orgasm. It depends on how much of the vulva has been removed. The outer genitals, especially the clitoris, are important in a woman's sexual pleasure. If surgery has removed the clitoris and lower vagina, then orgasms may not be possible. Still, some women find that stroking the front inside part of the vagina, about 1 to 4 inches inside the opening, can feel pleasurable.

Also, after vulvectomy, women may notice numbness in their genital area. Feeling may return slowly over the next few months.

Pelvic exenteration

Pelvic exenteration is the most extensive and complex pelvic surgery. It's used most often when cancer of the cervix or the rectum has come back in the pelvis after treatment.

In this surgery, the uterus, cervix, ovaries, fallopian tubes, vagina, and sometimes the bladder, urethra, and/or rectum are removed. If 2 ostomies are created, this surgery is called a total pelvic exenteration (1 ostomy is for urine and the other is for stool). The vagina is usually rebuilt. (See the next page.)

Long-term swelling in the legs (called lymphedema) may be a problem after this surgery. Contact us to learn more about this and what you can do to help prevent it or treat it.

Because pelvic exenteration is such a major surgery, some cancer centers offer counseling sessions before surgery to help a woman prepare for the changes in her body and her life.

Recovery from pelvic exenteration takes a long time – sometimes years. Still, a woman can adjust to these changes physically and emotionally over time. Usually the outer genitals, including the clitoris, are not removed, which means a woman may still feel pleasure when touched in this area.

Ask what you can expect in the way of sexual function, including orgasm, after surgery.

Vaginal reconstruction after pelvic surgery

If surgery removes only half of the vagina, penetration is still possible. But vaginal penetration of a narrow vagina may be painful at first. This is especially true if a woman has had radiation, which can make the vaginal walls firm. Penetration is easier when the vagina is shorter and wider, but movement may be awkward because of the lack of depth. Surgeons try to save as much of the front vaginal wall as possible to limit this problem.

In some cases, all or most of the vagina must be removed as part of cancer surgery, but it's possible to rebuild a vagina with tissue from another part of the body. A **neovagina** (new vagina) can be surgically made out of skin, or by using both muscle and skin from other areas of the body. This new vagina can allow a woman to have vaginal sex.

How pelvic radiation can affect sex

Radiation to the pelvic area often affects a woman's sex life. If the ovaries get a large radiation dose, they may stop working. Sometimes this is just for a short time, but often it's permanent.

If a woman has already gone through menopause, she may notice little or no change because her ovaries had already stopped making hormones. But if she hasn't reached menopause, radiation may cause sudden menopause with hot flashes and vaginal dryness. These are discussed in "Dealing with sexual problems" on page 28.

Young women who get smaller doses of pelvic radiation may start to menstruate again as their ovaries heal. But with larger doses of radiation therapy, the damage is almost always permanent. Women who get radiation to the pelvis often become infertile. But no matter what the radiation dose, women younger than 50 years of age should talk with their team before stopping birth control since it may be possible to become pregnant.

During radiation, tissues in the treatment area get pink and swollen and may look sunburned. A woman's vagina may feel tender during radiation treatment and for a few weeks afterward. As the irritation heals, scarring may occur. The thick walls of the vagina may become leathery and tough. This means the walls might not stretch out as much during sex, which can cause pain.

The scarring that can occur after pelvic radiation can shorten or narrow the vagina. A woman can often keep tight scar tissue from forming by stretching the walls of her vagina with vaginal

penetration during sex at least 3 or 4 times a week or using a vaginal dilator on a regular basis. (See “Using a dilator for vaginal tightness” on page 38.)

Radiation to the vagina can also damage its lining, making it thin and fragile. Many women notice some light bleeding after sex, even though they felt no pain at the time. In rare cases, women get ulcers, or open sores, in their vaginas, which may take several months to heal after radiation therapy ends. In some cases, the bladder and bowel are damaged by radiation to this area, and these changes can also impact sexual health.

Can a woman have sex while getting pelvic radiation?

As long as a woman is not bleeding heavily from a tumor in her bladder, rectum, uterus, cervix, or vagina, she can usually have sex during pelvic radiation therapy. The outer genitals and vagina are just as sensitive as before. A woman should be able to reach orgasm, too. But some studies suggest waiting 4 weeks after radiation to let the swelling and inflammation settle down, and to reduce the risk of tearing the tissues.

A woman should follow her cancer care team's advice about sex during radiation therapy. Radiation therapy from a machine outside the body does not leave any radiation in the body, so your partner will not come in contact with it.

Some women are treated with an implant. An implant is a radiation source put inside the bladder, uterus, or vagina for a few days. Sex may not be allowed while the implant is in place.

Women treated with this type of radiation do not transmit radiation after the implant is removed.

Contact us for more information about the different types of radiation and the precautions you may need to take.

How chemotherapy can affect sex

Chemotherapy, or chemo, is often given through an intravenous (IV) tube, which sends it through a vein right into the bloodstream. But sometimes the drugs are sent right to the tumor. For cancer of the bladder, for example, the chemo drug is put right into the bladder through a small, soft tube called a catheter. Treatment like this usually only has a minor effect on a woman's sex life. But she may notice some pain if she has sex too soon after treatment. This is because the bladder and urethra may still be irritated from the drugs.

Another way of giving chemo is by intraperitoneal infusion; the drugs are put into the space around the organs in the belly. This extra fluid causes the abdomen (belly) to swell. The drugs and liquid are then drained back out after a short period of time.

It's very important to ask your doctor or nurse when you can have sex and what precautions you need to take while getting chemo.

Pregnancy and fertility during and after chemo

If you think you might want to have children in the future, it's important to talk to your cancer care team about this before starting chemo. You need to know if treatment will affect your

fertility. Many chemo drugs can damage the ovaries. Sometimes the ovaries recover after chemo, but sometimes they don't. Contact us or go to our website to learn more about fertility and cancer.

During chemo, women should use birth control to keep from getting pregnant. Ask your doctor what kind of birth control is best and safest for you to use. Many of the drugs used to treat cancer can harm a fetus. If you want to get pregnant, talk with your cancer care team about how long you should wait after treatment is over.

After chemo, it may still be possible for some women to get pregnant. This is more likely to happen with younger women. Keep in mind that, even if you're still having monthly periods, it's hard to say whether you can get pregnant. Women who don't want to become pregnant should use birth control, even after having chemo.

Early menopause with chemo

Women getting chemo often have symptoms of early menopause. These symptoms include hot flashes, vaginal dryness, vaginal tightness, and irregular or no menstrual periods. If the lining of the vagina thins, there may be a light spotting of blood after sex.

Other chemo-related problems that may affect your sex life

Some chemo drugs irritate all mucous membranes in the body. This includes the lining of the vagina, which may become dry and inflamed.

Yeast infections are common during chemo, especially in women taking steroids or antibiotics to treat or prevent bacterial infections. If you have a yeast infection, you may notice itching inside your vagina or on the vulva. You may also have a thick, whitish discharge, and you may feel some burning during sex.

Yeast infections can often be prevented by not wearing pantyhose, nylon panties, or tight pants. Wear loose clothing and cotton panties to avoid trapping moisture in the vaginal area. Wipe front to back after emptying your bladder and do not douche. Your provider may also prescribe a vaginal cream or suppository to reduce yeast or other organisms that grow in the vagina.

Chemo can also cause a flare-up of **genital herpes or genital warts** if a woman has had them in the past.

If you have a vaginal infection, tell your team and have it treated right away. Infections can lead to serious problems because your immune system is probably weakened by chemo.

Because your immune system may be weak, it's especially important to avoid sexually transmitted diseases. If you are having sex with someone, it's important to practice safer sex from start to finish (use condoms or other barriers to avoid body fluids). Do this every time you have oral, anal, or vaginal sex.

During sexual intimacy, it's important to avoid touching the vagina and the urethra with anything that has been used to stroke near the anus. Lingering germs from the bowel can cause infection if they get into these areas.

Chemo and sexual desire

Women who are getting chemo often notice decreased sexual desire. Physical side effects, such as upset stomach, decreased appetite, and weakness, can leave little energy for sex. Sexual desire most often returns when a woman feels better. If a woman is getting chemo every 2 or 3 weeks, her sexual interest might only come back a few days before she's due for her next treatment. After chemo ends, the side effects slowly fade, and sexual desire often returns to previous levels.

Women getting chemo also tend to feel unattractive. Hair loss, weight loss or gain, and sometimes central venous catheters (tubes in the vein that stay in for weeks or months) can make it harder to have a positive sexual image of yourself. Tips to handle these problems are discussed in "Dealing with sexual problems" on page 28.

How hormone therapy can affect sex

Hormone therapy may be used to treat cancers of the breast and the lining of the uterus (endometrial cancer). This treatment starves the cancer cells of the hormones they need to grow.

This can be done using drugs. For example, tamoxifen keeps breast cancer cells from using estrogen. Other drugs – exemestane, anastrozole, and letrozole – keep testosterone from being changed into estrogen.

Some women have their ovaries removed or have their ovaries treated with radiation to make them stop working. This is another way to get rid of the hormones a cancer needs to grow.

Any of these treatments will most likely cause symptoms of menopause. These include hot flashes, menstrual cycle changes, and vaginal dryness. In spite of these changes, a woman should still be able to feel sexual desire and reach orgasm.

Surgery for breast cancer can affect sexuality, too

Sexual problems have been linked to mastectomy and breast-conserving surgery (lumpectomy) – surgeries that remove all or part of the breast. Losing a breast can be very distressing. A few women lose both breasts.

The most common sexual side effect related to breast changes is feeling less attractive. If a breast is changed or removed, a woman may feel less secure about whether her partner will accept her and still find her sexually pleasing.

Surgery for breast cancer can interfere with pleasure from breast caressing. After a mastectomy, the whole breast is gone and there's a loss of sensation or feeling. Some women still enjoy being stroked around the area of the healed scar. Others dislike being touched there and may no longer even enjoy having the remaining breast and nipple touched.

Some women who have had a mastectomy feel self-conscious being the partner on top during sex. This position makes it easy to notice that the breast is missing. Some women who have had mastectomies wear a short nightgown or camisole, or even just a bra, with the prosthesis inside during sexual activity. Other women find the breast prosthesis awkward or in the way during

sex. A woman may choose to have breast reconstruction. This surgery rebuilds the shape and size of the breast. This may help a woman enjoy sex more because it may help her feel whole and attractive. But it may not fully bring back the physical feelings of pleasure she used to have from having her breast touched.

If surgery removed only the tumor (breast-conserving surgery: segmental mastectomy or lumpectomy) and was followed by radiation treatment, the breast may be scarred. It also may be different in shape, feel, or size. While getting radiation, the skin may become red and swollen. The breast also may be tender or painful in some places. As time passes, some women may have areas of numbness or decreased sensation near the surgical scar.

There's no physical reason breast surgery or radiation to the breasts should decrease a woman's sexual desire. These treatments do not change her ability to have sexual pleasure. They don't lessen her ability to produce vaginal lubrication, feel and enjoy normal genital sensation, or reach orgasm.

Dealing with sexual problems

These are some of the more common problems women notice after cancer and cancer treatment. We also have some tips on what can be done to help with them. Talk to your cancer care team about your sex life and any problems you have. Many sex-related problems can be treated and managed so that you and your partner can have a satisfying sex life.

Premature menopause

If you've gone through premature (early) menopause because of cancer treatment, you may be bothered by frequent hot flashes, especially at night. Some women may be less interested in sex, though the decreased interest may be linked more to stress and poor sleep than to a shortage of hormones. Still, hormone changes are the most common cause of sex problems after treatment. They can cause pain, dryness, and thinning of vaginal tissues.

Female hormones in a pill or patch can help with vaginal dryness and hot flashes. But because estrogens can promote cancers of the breast, uterus, and possibly the ovaries, and cause other health problems, too, providers are less likely to prescribe them. Some women who have vaginal dryness can now use tiny doses of estrogen in gels, creams, rings, or tablets by putting them right into the vagina. (See "Vaginal dryness" on page 30.)

If you have questions or concerns about hormone therapy, talk with your health care provider about the risks and benefits as they apply to you. If you and your provider decide that hormone therapy is the best treatment for you, it's usually best to use it at the lowest dose that works for you and for the shortest possible time. It's important that any woman taking hormone therapy be checked each year by her provider.

If your provider does not advise hormones for you, hot flashes can also be treated in other ways, such as by taking medicines that control the nervous system's reaction to a lack of estrogen. There are many ways to treat hot flashes – both with medicines and

with minor changes in your environment. Talk to your health care provider about what may work for you.

Vaginal dryness

Lubricants

Cancer treatments often reduce the amount of lubricant produced in your vagina when you are excited. You may need extra lubrication to make sex comfortable. If you use a vaginal lubricant, choose a water-based gel that has no perfumes, coloring, spermicide, or flavors added, as these chemicals can irritate your delicate genital tissues. Lubricants can usually be found near the birth control or feminine hygiene products in drug stores or grocery stores. Common brands include K-Y Jelly® and Astroglide®. Be aware that some of the newer lubricant products include herbal extracts (such as aloe or lavender), which may cause irritation or allergic reactions in some people. Also, warming gels can cause burning in some people. Be sure to read the labels, and talk with a nurse, doctor, or pharmacist if you have questions.

Petroleum jelly (Vaseline®), 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. Also, watch out for condoms or gels that contain nonoxynol-9 (N-9). N-9 is a birth control agent that kills sperm, but it can irritate the vagina, especially if the tissues are already dry or fragile.

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. Many couples treat this as a part of foreplay. If vaginal penetration lasts more than a few minutes, you may need to stop briefly and use more lubricant. **Even if you use vaginal moisturizers every few days, it's best to use gel lubricant before and during sex.**

Vaginal moisturizers

As women age, the vagina can naturally lose moisture and elasticity (the ability to stretch or move comfortably). Cancer treatments and risk-reducing surgery (such as removing the ovaries) can hasten these changes. **Vaginal moisturizers are non-hormonal products intended to be used several times a week to improve overall vaginal health and comfort.** You can buy them without a prescription. Vaginal health is not only important for sex, but also for comfortable gynecologic exams.

Vaginal moisturizers are designed to help keep your vagina moist and at a more normal acid balance (pH) for up to 2 to 3 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 up to 3 to 5 times per week. Vaginal moisturizers are different than lubricants; they last longer and are not usually used for sexual activity.

Replens® and K-Y Liquibeads® are examples of vaginal moisturizers. Lubrin® and Astroglide Silken Secret® are other moisturizers that are marketed as longer lasting than typical

lubricants. Vitamin E gel caps can also be used as a vaginal moisturizer. Use a clean needle to make a small hole in the gel cap and either put the entire capsule into your vagina or squeeze some of the gel onto your fingers and put them into your vagina. Be aware that vitamin E may stain undergarments.

Vaginal estrogens

Topical or systemic estrogen therapy is a treatment option for vaginal atrophy (when the vaginal walls get thinner and less stretchy) for most post-menopausal women. But hormone treatments can be a complex issue for many women and health care providers in the cancer setting.

Many women do well with local vaginal hormones to help vaginal dryness. These hormones are applied to and absorbed into the genital area, rather than taken by mouth. They come in gel, cream, ring, and tablet forms. Most are put into the vagina, although some creams can be applied to the vulva. They focus small amounts of hormones on the vagina and nearby tissues, so that very little gets in the bloodstream to affect other parts of the body. Local vaginal hormones must be prescribed. Be sure to discuss hormone treatments with your oncologist (cancer doctor) before starting to use them.

Reaching orgasm after cancer treatment

Almost all women who could reach orgasm before cancer treatment can do so after treatment, and it may be as easy as before. But for some, it may take practice.

“I’m having trouble reaching orgasm. What can I do?”

If you enjoy being touched but still have trouble reaching orgasm, you may need to try something new to push yourself toward more excitement. Here are a few ideas that might help a woman reach orgasm.

- **Have a sexual fantasy during sex.** A fantasy can be a memory of a past experience or a daydream about something you’ve never tried. A strongly sexual thought can distract you from negative thoughts and fears about performing.
- **Use a hand-held vibrator for extra stimulation.** Hold it yourself, or ask your partner to caress your genitals with it. You can steer your partner to the areas that respond best and away from those that are tender or uncomfortable.
- **Change the position of your legs during sexual activity.** Some women reach orgasm more easily with their legs open and thigh muscles tense. Others prefer to press their thighs together.
- **Tighten and relax your vaginal muscles in rhythm during sex or while your clitoris is being stroked.** Or, tighten and relax the muscles in time with your breathing. This helps you focus on what you’re feeling. Contract your vaginal muscles and pull them inward as you inhale, and let them relax loosely as you exhale.
- **Ask your partner to gently touch your breasts and genital area.** Experiment with your partner to find the type of touch that most excites you.

Pain during sex

Pain is a common problem for women during vaginal sex. It's often related to changes in the vagina's tissues or size and vaginal dryness. Pain can also be in a non-sexual part of the body, and it can keep you from feeling pleasure during sex. Pain may even make it hard for you to use sex positions that you enjoyed in the past.

Non-genital pain

If you're having pain other than in your genital area, these tips may help lessen it during sex.

- **Plan sexual activity for the time of day when you feel the least pain.** If you're using pain medicine, take it an hour before you plan to have sex so it will be in full effect when you're ready.
- **Find a position that puts as little pressure as possible on the sore areas of your body.** If it helps, support the sore area and limit its movement with pillows. If a certain motion is painful, choose a position that doesn't require it or ask your partner to take over the movements during sex. You can guide your partner on what you would like.
- **Focus on your feelings of pleasure and excitement.** With this focus, sometimes the pain lessens or fades into the background.

Genital pain

Another side effect of some cancer treatments is genital pain. Sex may cause pain in the vagina itself or in the tissues around it, like the bladder and rectum. Sometimes the vagina is shorter and narrower after surgery or radiation. But hormone changes are

the most common cause of vaginal pain after cancer treatment. If you don't produce enough natural lubricant or moisture to make your vagina slippery, the vagina can be dry and painful. It can cause a burning feeling or soreness. The risk of repeated urinary tract infections or irritation also increases.

If you have genital pain during sex:

- **Always tell a health care provider about the pain.** A number of common problems can cause pain, and most of them can be treated. Do not let embarrassment keep you from getting medical care.
- **Make sure you feel very aroused before you start vaginal sex.** Your vagina expands to its fullest length and width only when you are highly excited. This is also when the walls of the vagina produce lubricating fluid. It may take a longer time and more touching to get fully aroused.
- **Spread a large amount of water-based lubricating gel around and in your vagina before vaginal penetration.** You can also use lubrication suppositories (soft gel pellets) that melt during foreplay.
- **Let your partner know if any types of touching cause pain.** Show your partner ways to caress you or positions that don't hurt. Usually, light touching around the clitoris and the entrance to the vagina won't hurt, especially if the area is well-lubricated.
- **For vaginal sex, try a position that lets you control the movement.** Then, if deep penetration hurts, you can make the thrusts less deep. You can also control the speed.

One position that often works well is for you to kneel over your partner with your legs on either side of their body. Either sit up or lean forward and support yourself with your arms. An advantage of this position is that your partner can easily caress your breasts or clitoris. This may add more pleasure to sex.

Another good position is for partners to lie on their sides, either with your partner behind you, like spoons, or face to face.

Using Kegel exercises to learn to relax the vaginal muscles

Once a woman has felt pain during sex, she often becomes tense in sexual situations. Without knowing it, she may tighten the muscles just inside the entrance of the vagina. This makes vaginal penetration even more painful. Sometimes she clenches her muscles so tightly that her partner cannot even enter her vagina.

Learning to be aware of pelvic muscles and how to control them is important in understanding and treating vaginal pain.

You can become aware of your vaginal muscles and learn to relax them during vaginal penetration. Exercises that teach control of the pelvic floor and vaginal muscles are called Kegels (pronounced kee-guls). (They are named for the gynecologist Dr. Arnold Kegel, who came up with them.)

The first step is to find your vaginal muscles. Imagine that you are urinating and contract the muscles you would need to stop the stream. Another way to identify the pelvic floor muscles is to put your finger about 2 inches into the vagina and tighten or contract the pelvic floor muscles. When you do this, you should be able to feel at least a slight twitch of the vaginal walls around your finger.

Once you have located the muscles, practice controlling them. Research has shown that women with good pelvic floor strength and control have a stronger arousal response. As with any exercise, the more you practice, the more you can do. The basic Kegel exercise is to tighten your vaginal muscles and hold for 3 to 6 seconds, then relax the muscle completely for 3 to 6 seconds. Repeat this until your muscles feel tired or you are unable to hold the muscles firmly. Repeat this exercise once or twice a day. People around you can't tell that you are doing Kegels, so you can practice whenever you want.

One of the most important benefits of Kegel exercises is less discomfort because you can learn to relax your vagina during entry and sex. Start by making sure your vagina is wet when you and your partner are both aroused. Take a few seconds to tighten your vaginal muscles. Then let them relax as much as possible before your partner enters.

If vaginal penetration is painful and difficult, you can do a set of pelvic floor muscle exercises before intimacy to make your vagina less reactive and more relaxed. You or your partner can also gently stretch your vagina with a finger before trying penetration. Lubricate a finger and slowly slip it inside your vagina. Use the Kegel movements to tighten and release your vaginal muscles as you slowly move it deeper in. When one finger is no longer painful, try using 2 fingers, and then 3, before you try your partner's penis. Remember to use plenty of gel, and go slowly.

Using a dilator for vaginal tightness

A vaginal dilator is a plastic or rubber tube used to enlarge or stretch (dilate) the vagina. Dilators also help women learn to relax the vaginal muscles if they are used with Kegel exercises. They come in many forms.

The dilator feels much like putting in a large tampon for a few minutes. Even if a woman isn't interested in staying sexually active, keeping her vagina normal in size allows more comfortable gynecologic exams.

Vaginal dilators are often used after radiation to the pelvis, cervix, or vagina. (Your health care provider will tell you when to start.) They can be used several times a week (3 times a week for 10 to 20 minutes is recommended) to keep your vagina from getting tight from scar tissue that may develop. Since scarring in the pelvis can develop over many years after radiation, dilators can be a good tool for you to use throughout your life.

Special aspects of some cancer treatments

Urostomy, colostomy, or ileostomy

An ostomy is a surgical opening created to help with a body function. The opening itself is called a stoma. A urostomy takes urine through a new passage and sends it out through a stoma on the abdomen (belly). A colostomy and ileostomy are both stomas on the belly for getting rid of body waste (stool).

You can reduce the effect of ostomies on your sex life if you take some common-sense steps. First, make sure the appliance (pouch system) fits well. Check the seal and empty your pouch before sex. This will reduce the chance of a leak. If it does leak, be ready to jump into the shower with your partner and then try again.

A pouch cover can help make an appliance look less “medical.” Sewing patterns or ready-made covers are available from your enterostomal therapist or ostomy supply dealer.

Another option is to wear a special small-sized ostomy pouch during sex. Or, if you have a 2-piece system, turn the pouch on the faceplate so the emptying valve/clip is to the side. If you wear an elastic support belt on your faceplate, tuck the empty pouch into the belt during sex. Or you can wear a wide sash around your waist to keep the pouch out of the way. Another way of keeping the pouch from flapping is to tape it to your body. You may also find that you feel more comfortable wearing something like a short teddy or T-shirt to cover your appliance.

To reduce rubbing against the appliance, choose positions for sex that keep your partner’s weight off the ostomy. If you have an ostomy but like to be on the bottom during sex, try putting a small pillow above your ostomy faceplate. Then, your partner can lie on the pillow rather than right on the appliance.

You can get more detailed information on your type of ostomy by calling us or visiting our website.

Laryngectomy

Laryngectomy is surgery that removes the voice box. It leaves you without the normal means of speech, and you breathe through a stoma (hole) in your neck. Since the air you breathe can't be cleaned by the nose's natural filter, a special type of stoma cover is needed. Besides catching dust and particles, the stoma cover helps hide the mucus that leaks out of the stoma. A scarf, necklace, or turtleneck can look good and hide the stoma cover.

During sex, a partner may be startled at first by breath that hits at a strange spot. You can lessen odors from the stoma by avoiding garlic or spicy foods and by wearing perfume.

Treatment for head and neck cancer

Some cancers of the head and neck are treated by removing part of the bone structure of the face. Because these scars are so visible, they can be devastating to your self-image. Surgery on the jaw, palate, or tongue can also change the way you talk. Recent advances in facial replacement devices, tissue grafting, and plastic surgery now let many people look more normal and speak more clearly. Ears and noses can even be made out of plastic, tinted to match the skin, and attached to the face. All of these things can be a great help to a person's appearance and self-esteem.

Limb amputation

Treatment for some cancers can include surgically removing (amputating) a limb. This can impact your sex life. A patient who has lost an arm or leg may wonder, for example, whether to wear the artificial limb (prosthesis) during sex.

The answer depends on the couple. Sometimes the prosthesis helps with positioning and ease of movement. But the straps that attach it can get in the way. Without the prosthesis, the partner with an amputation may have trouble staying level during sex. Pillows can be used for support.

Amputations may create ongoing pain or pain where the limb used to be. These side effects can interfere with sexual desire and distract a person during sexual activity. If this is a problem, talk to a health care provider about how to better control your pain.

Feeling good about yourself and feeling good about sex

After cancer treatment, it's easy to focus only on the part of the body that's been affected. For example, a single woman who has had a laryngectomy may fear she won't be able to find another partner because she has lost her voice.

Sometimes friends and lovers withdraw emotionally from a person with cancer. This may not be due to how the person looks, but may be caused by some feelings or thoughts in the person who's doing the looking.

Don't give up on each other. It may take time and effort, but keep in mind that sexual touching between a woman and her partner is always possible. It may be easy to forget this, especially if you're both feeling down or haven't had sex for a while. Review "Keeping your sex life going despite cancer treatment" on page 10 for some tips to help you and your partner through this time.

Read the suggestions to help you through some of the changes that cancer may have brought to your life, your self-esteem, and your relationships.

Changes in the way you look

The most obvious change caused by cancer treatment, mostly chemo, will likely be hair loss. You may expect to lose the hair on your head, but other body hair, such as eyebrows, eyelashes, and pubic hair, are often affected, too. You may also lose weight and muscle mass if you have trouble eating. On the other hand, many women gain weight during or after chemo. Chemo and some other treatments may cause your skin to get darker, become dry and flaky, or may make you look very pale. Your nails may become discolored or ridged.

Some physical changes can be covered up or made less obvious. For instance, if you're just starting chemo, you may want to shop for a wig before your hair begins to fall out. Wigs are warm and often not comfortable, so you may decide to mostly wear your wig outside the home or hospital. You can also use scarves, turbans, hats, or caps. Some women leave their heads uncovered. Still others switch back and forth, depending on whether they're in public or at home with family and friends.

It's a good idea for a couple to discuss how each feels about wearing a wig or head covering during sex. There's no right or wrong choice.

Ways to cope with changes in how you look

Feeling good about yourself begins with focusing on your positive features. Talk to your cancer care team about things that can be



done to limit the damage cancer can do to the way you look, your energy, and your sense of well-being. When you're going through cancer treatment, you can feel more attractive by disguising the changes cancer has made and drawing attention to your best points.

Good communication: The key to building a successful sexual relationship

The most important part in keeping a healthy sexual relationship with a partner is good communication. Many people react to cancer by withdrawing. They think their partner will feel burdened if they share their fears or sadness. But when you try to protect each other, each suffers in silence.

Sex is one way for a couple to feel close during the stress of an illness. But if you or your partner has been depressed and distant, a sexual advance might come across as a demand. Still, you can bring up the topic of sex in a healthy, assertive way. It's usually not helpful to accuse ("You never touch me anymore!") or demand ("We simply have to have sex soon. I can't stand the frustration!"). Instead, try to state your feelings positively. ("I really miss our sex life. Let's talk about what's getting in the way of our being close.")

Overcoming anxiety about sex

Many couples believe that sex should always happen on the spur of the moment, with little or no advance planning. But sometimes you're dealing with a cancer-related symptom or treatment side effect that makes it impossible to be as spontaneous as you would have been in the past. The most important thing is to open up the topic for discussion and begin scheduling some relaxed time together; start slowly.

Sexual activity with your partner

When you first think of restarting sexual activity, you may be afraid it will be painful or that you'll never reach orgasm again. Your first few tries may not be what you expected. But just as you learned to enjoy sex when you started having sex, you can relearn how to feel pleasure after cancer treatment. Try to make the most of this chance to look at your sex life in a new way.

When you feel ready to try sexual touching with your partner, start with plenty of time and privacy. Plan for a time when you aren't too tired and when pain is well-controlled. You may want to create a relaxed environment. For instance, you could light the room with candles or put on some soft, romantic music. Although you may feel a little shy, let your partner know that you would like to have some time to be physically close.

You could even make a date for this purpose. You might say, "I feel ready for sex again, but I'd like to take things slowly. Would you be in the mood tonight to try a little touching? I can't promise that it will go perfectly, but we can have fun trying."



It's a good idea for couples to put some limits on their touching the first few times they try sexual activity after cancer treatment. A good way to start is with a special session of all-over body touching. This is the way body touching works:

- Each partner takes a turn touching and being touched. One partner lies face down on the bed, allowing the other partner to touch the entire back, from toes to scalp. After about 15 minutes, the partner lying down turns over so the front of the body can be touched.
- The first time you try a touching session, avoid the breasts and genitals. Your goals are to feel relaxed and experience sensual pleasure. It's not important to get sexually excited. If you agree on these goals before starting, the touching should not be frustrating. This type of session helps take the nervousness and pressure out of being close again.
- While being touched, your job is to be self-centered and tuned in to your own feelings. Don't worry about your

partner's thoughts or feelings. When you're doing the touching, enjoy the shape and texture of your partner's body. Try many different types of touching, varying from light stroking to a firmer touch, much like a massage.

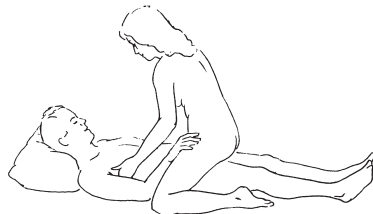
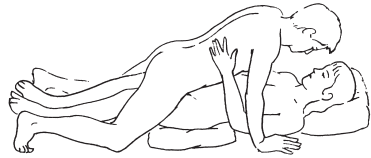
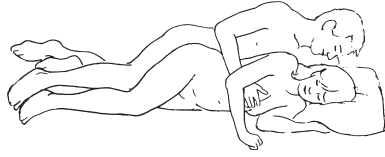
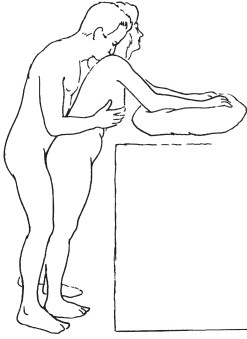
- If you both feel relaxed during the first touching session, you can add some genital touching the next time. Over a few sessions, partners can slowly spend more time on genital caresses, until each one is able to reach an orgasm through stroking with a hand, or oral sex, if that's comfortable for both of you.

Try to express your desires in a positive way. For example, "You have the right place, but I'd like you to use a light touch," rather than, "Ouch! That's too rough!" Save vaginal penetration until both partners really feel ready for it.

Making sex more comfortable

If you still have some pain or feel weak from cancer treatment, you might want to try new positions. Many couples have found one favorite position, particularly for vaginal penetration, and rarely try another. The best-known way to have intercourse (or vaginal penetration) is in the "missionary position," with the male partner lying on top of the woman. But after cancer treatment, other ways might be more comfortable. You may be able to enjoy intercourse more if both of you lie side by side, either facing each other or with your back next to your partner's front side. Another position that may work well is for you to sit or kneel with one leg on either side of your partner. This allows you to move more freely while your partner relaxes or touches you.

These are some ideas for positions that may help.



There is no magic position that's right for everyone. You and your partner need to find the one that's best for you. Small and large pillows can help as supports. Keeping a sense of humor can always lighten up the mood.

When to talk about your cancer

It may be hard to decide when to tell a new or prospective lover about your cancer history. Still, it's important to do this when a relationship starts to get serious.

How to bring it up

Try having "the cancer talk" when you and your partner are relaxed and in an intimate mood. Ask your partner a question that leaves room for many answers.

One way is just to say it, followed with your question. "I really like where our relationship is going, and I need you to know that I had _____ many years ago. How do you think that might affect our relationship?"

You can also share your feelings: "I had _____ cancer _____ years ago. I guess I don't want to bring it up because I'm afraid it might scare you away. It also scares me to remember that time in my life, but I need you to know about it. What are your thoughts or feelings about my having had cancer?"

You may want to practice how you might tell a dating partner about your cancer history. What message do you want to give? Try some different ways of saying it, and ask a friend for feedback. Did you come across the way you wanted to? Ask a friend to take the role of a new partner who rejects you because

you have had cancer. Have your friend tell you what you dread hearing the most, and practice your response. Can you express your feelings in a dignified and satisfying way?

If you have an ostomy, mastectomy, genital scars, or a sexual problem, you may be worried about when to tell a new dating partner. There are no hard and fast rules. It's often better to wait until you feel a sense of trust and friendship with your partner – a feeling that you're liked as a total person – before thinking about sharing such personal information.

The possibility of rejection

The reality is that you may be rejected because of your history of cancer or the changes it's brought into your life. Even without cancer, people reject each other because of looks, beliefs, personality, or their own issues.

Here are some tips to help you make decisions about talking about cancer:

- Tell a potential partner about genital scars, an ostomy, or sexual problems when you feel that the person already accepts you and likes you for who you are.
- Discuss your cancer in depth when a new relationship starts to deepen, especially if you have life expectancy or fertility issues.
- Prepare for the possibility of rejection: Imagine the worst possible reaction of a new potential partner, and how you would respond. But don't let fear of that reaction keep you from going after a relationship that might work.

When you feel some confidence in your self-worth and your ability to handle rejection, you're ready for the real world. Then, when you start to meet people or date, think of it as part of a learning process – not something you must do well on your first try.

Improving your social life

Try working on areas of your social life, too. Single people can avoid feeling alone by building a network of close friends, casual friends, and family. Make the effort to call friends, plan visits, and share activities. Get involved in a hobby, special interest group, or adult education course that will increase your social circle.

Some volunteer and support groups are geared for people who have faced cancer. You might also want to try some individual or group counseling.

Frequently asked questions about sex and cancer

Can sex during treatment be harmful to a patient or partner?

A few chemotherapy drugs can be present in small amounts in vaginal fluids. You may want to use condoms while you're getting chemotherapy and for about 2 weeks afterward. Some types of radiation treatment require special precautions for a certain amount of time, too. Talk to your cancer care team or nurse if you have questions or concerns.

Keep in mind that some cancer treatments may cause harm to the fetus if you get pregnant, and precautions must be taken to

be sure this doesn't happen. Talk with your cancer care team about what kind of birth control is best for you, and how long you'll need to use it after treatment.

When should a person with cancer not have sex?

Ask your cancer care team if sexual activity may be a problem at any time during or after your treatment. Here are some general guidelines:

- When recovering from surgery, sex can cause bleeding or strain the cut (incision). Sex may also increase your chance of infection. The time between your surgery and when it's safe for sex varies. It depends on the type of operation and how well you are healing. Your surgeon can tell you when it's safe to try sexual activity.
- Some types of cancer, like cancer of the cervix or bladder, may cause bleeding in the genital area or urinary tract. If bleeding is worse after sex, talk with your cancer care team about it. You may need to wait until the bleeding has stopped and the area has healed.
- During chemotherapy, a person with an infusion catheter sometimes worries that sexual activity will harm it. As long as you take care not to rub against the dressing, sex should not cause any problems.
- When you're being treated for cancer, there are often times when your immune system isn't working as well as it should. At these times, it may be easier for you to get all kinds of infections. If you're in the hospital because of weak immunity, ask your team's advice on kissing, cuddling, or sexual touching.

- There are things you can do to try to prevent urinary tract infections. Some of the bacteria that can start an infection in the urinary tract or genital area can be washed away by urinating a few minutes after sex. Some providers also suggest washing the genital area before sex and drinking extra fluids. If you have urinary tract infections often, you may be given antibiotics to take after sex. This can help prevent infection.
- If you notice any sores, bumps, or warts on your partner’s genitals or a white or greenish-gray fluid (other than semen) in the opening at the tip the penis, you should find out the cause and then decide if it’s safe to have sex.
- You can greatly reduce your chances of getting a sexually transmitted disease (STD) if your male partner wears a condom from start to finish each time you have sex. For women with female partners, plastic film or dental dams can be used for oral sex.
- The sperm-killing chemicals in contraceptives were once thought helpful in fighting bacteria and some viruses. But some studies showed a higher risk of getting HIV infection in women who used nonoxynol-9 (N-9), a popular ingredient in foam and gel contraceptives. Some lubricated condoms also have N-9, so you may want to check the label before you use them. If your vagina is irritated or dry, contraceptive foams, jellies, or films may make the problem worse and cause pain. Water-based lubricants or vaginal moisturizers may be used to help with dryness. (See the section called “Vaginal dryness” on page 30.) Talk with your cancer care team about

what methods might best meet your needs for preventing STDs or pregnancy.

Getting professional help

The first step in finding help for a sexual problem is to discuss it with your cancer care team.

Many women feel uncomfortable talking to a male doctor about sex or other female problems that may be linked to cancer or cancer treatment. Remember that your doctor is a professional and knows that certain treatments and drugs can change a patient's sex life. **If you are still uncomfortable, another option is to tell a female member of your team, like a nurse, about your concerns so they can relay the message to the doctor.**

Many health care providers are prepared to discuss these topics, but they may assume everything is fine unless you let them know. Many cancer centers have sexual health programs where trained providers can help women with any concerns about how cancer treatment will affect their sexual function.

If your cancer specialist can't help you, you should be examined by a **gynecologist**. This is a medical doctor trained in diseases of the female genitals and reproductive organs. When the most likely cause of a sexual problem is a hormone imbalance, an **endocrinologist** might be consulted. (Endocrinologists are experts in the complex cycles and systems that control hormone levels.) Your cancer doctor should be able to tell you if the special knowledge of an endocrinologist is needed.

If your cancer care team is not able to help you, they should be able and willing to refer you for help. There are many different programs and specialists who can help you find the answers you need.

If your partner doesn't want to go with you to counseling, the health care specialist you see may be able to help you involve your partner.

Sexual rehabilitation programs in cancer centers

A center that specializes in treating cancer may have experts on staff who can assess and treat sexual problems. But these specialists may only see patients who are being treated for cancer at their hospital. If you're being treated at a cancer center, check to see what programs are offered.

Sexual medicine clinics or sexual health clinics

In recent years, medical clinics and even private practice groups have begun treating sexual problems and/or promoting sexual health. Such clinics provide psychological and medical exams through many different types of health care providers. Some clinics require both sexual partners to take part in the evaluation, though you may be seen alone if you're not in a committed relationship.

Sex therapists and counselors

Sex therapy is a brief type of psychotherapy or counseling focused on solving a sexual problem. Sex therapists believe that sexual skills are learned and that bad habits can be corrected by learning different sexual techniques. In between meetings with

the therapist, a couple (or sometimes just one partner) is given homework assignments. The homework includes exercises to help you communicate and enjoy touching more. It also helps reduce the anxiety that often interferes with good sex.

It's not always easy to find a well-trained sex therapist. It's even harder if you live far from the nearest city.

Professional societies can often give you information about their members in your area who have special training in sex therapy. These are good places to start:

American Association of Sex Educators, Counselors, and Therapists (AASECT)
www.aasect.org

National Association of Social Workers (NASW)
www.helpstartshere.org

You can also get a listing of professionals in your area by contacting your state's psychological association or a state association for licensed marriage and family therapists.

What to avoid

Men and women often seek help for a sexual problem by going to someone who's not really a health care provider. Sexual problems are common and upsetting, and many people will try unproven remedies or cures. Although there's no evidence that any of the following can cure a sexual problem, they are

often said to be cures: potency pills (such as “poppers” or “Spanish fly”), oysters, “exercisers” that fit inside a woman’s vagina, hypnotism by someone not trained as a mental health professional, or visits to an independent “sexual surrogate.” These treatments do not work and can sometimes be harmful. Talk to someone on your cancer care team about any treatment you’re thinking about trying before you try it.

No matter who you are, we can help. Contact us for information and support. Visit our website at www.cancer.org, or call us at **1-800-227-2345**.



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Notes



Cancer can bring a lot of changes to all parts of your life – including your sex life.

In this booklet you will learn what kind of changes may happen with different cancer treatments, what can be done so you have the best sex life possible, and how to talk about sex with your partner and your health care team.

Sex is an important part of everyday life. Get help if you have sexual problems due to cancer or cancer treatment.

For the latest cancer information, day-to-day help, and support, visit your American Cancer Society website at **www.cancer.org** or call us at **1-800-227-2345**.



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