Sexual Function and Intimacy for Women During and After Cancer Treatment

Cancer and Sex

Although cancer may cause changes to your body, you can still be sexually active and find pleasure in sex and sensuality. Side effects of cancer treatments and surgeries may cause changes to your self-esteem, areas of arousal, and ability to become physically aroused. The good news is that there are a number of ways to work with these changes. Here, we discuss how cancer may affect your sexuality and body image, and how to manage these changes.

Definitions

- **Sexuality** refers to how you express yourself in a sexual way. It includes how you see, feel, and think about yourself as a sexual being, and how you show it through your actions, behaviors, and relationships.
- **Sexual dysfunction** refers to any difficulty becoming aroused, staying aroused, or having pain during sexual intercourse.
- **Sexual arousal** is the feeling of being turned on sexually. When you’re turned on, your body experiences physical and emotional changes. Responses include increased fluids or moisture in your vagina and the swelling of your labia (becoming engorged).
- **Sexual libido** refers to sexual desire and your interest in sexual activities.
- **Intimacy** refers to a couple’s ability to relate to one another, show vulnerability, and find closeness with or without physical touch. While the body goes through many changes during a cancer diagnosis and treatment, the good news is intimacy can still be sought out and maintained. Forms of intimacy can include hand holding, walks, picnics, and cuddling.

Cancer and Sexual Side Effects

Different cancer diagnoses have different effects on your sexuality and intimacy. For example:

- **Colorectal cancer**: Depending on the location of the cancer or how much of your colon, rectum, or anus is affected, you may require a diverting ostomy. This can be temporary or permanent.
- **Bladder cancer**: Changes to the urinary tract may result in a permanent ostomy called an ileal conduit/urostomy.
- **Breast cancer**: Changes to the breasts and hormonal changes.
- **Gynecological cancers**: Changes to the vulva and/or vagina and possible changes to bladder function.
- **Pelvic cancer**: Changes to the pelvic area, including changes in bowel and bladder function.
Cancer Treatments and Sexual Side Effects
Possible sexual side effects from cancer treatments.
• Radiation: Area of the skin radiated can become sensitive, itchy, irritated; can cause general fatigue.
• Chemotherapy (chemo): Affects all of the rapid growing cells in your body, including the walls of your vagina and digestive tract; can cause general fatigue and early menopause.
• Surgery: Changes in your appearance and your self-esteem.

Medications and Sexual Side Effects
Possible sexual side effects from cancer medications.
• Chemotherapy: Early menopause, hair loss, vaginal dryness, urinary tract infections (UTI), yeast infections, lack of sexual desire, general fatigue.
• Hormonal Therapies (including aromatase inhibitors or AI’s): Changes in hormones, early menopause, vaginal dryness, and mood swings.
• SSRI’s/Mental Health Medications: lowered libido or lower interest in sex.

Vaginal Dryness and Loss of Elasticity
Vaginal moisture and elasticity are important for your sexual function and comfort. Cancer treatments can cause the vagina to lose moisture and become less elastic (not able to stretch or move comfortably). This can make intercourse difficult, and sometimes painful. The following items may help you feel more comfortable during sex.

• Vaginal Lubricants
Vaginal lubricants are used during sex to provide extra moisture, which allows for easier movement and insertion of a penis or toy.
  o Water based lubricants do not stain clothes or sheets, do not damage sex toys or dilators, are low priced, and easy to wash off the body.
  o Oil based lubricants can stain fabrics, cannot be used with latex condoms, diaphragms, or sex toys, and can cause irritation.
  o Silicone based lubricants never dry up, can be used with condoms, non-silicone sex toys or dilators but can cause irritation.

Stay away from fragrances, essential oils, or other “natural” additives that may cause irritation, inflammation, or bacterial growth. When in doubt, ask your health care provider for recommendations on lubricants (lubes), moisturizers, or any supplement.

• Vaginal Moisturizers
Vaginal moisturizers promote a healthy amount of moisture on and in the vulva and vagina. They can be used up to 5 times a week. They are not meant to be used in place of a lubricant. The overall goal of a moisturizer is to improve moisture and comfort of the vagina.

Both lubricants and moisturizers can be purchased over the counter and are found in the feminine hygiene aisle of most drug stores.
• **Vaginal Dilators**
Vaginal dilators are used to stretch the vagina and train the muscles to relax and allow for movement. The use of dilators can be helpful for those who have had:

- radiation to the pelvis
- vaginal shortening as a result of surgery or medication
- tightening of the vaginal walls
- pain with sex and/or penetration

Dilators come in a variety of shapes, colors, and materials which all have their own pros and cons. For more information about vaginal dilators, how and when to use them, please refer to your health care team for their personalized recommendations.

**How Your Healthcare Team Can Help**
Your healthcare team is a wealth of information for you. Even if they don’t have the answers to your questions, they are able to make referrals and find other resources that may help.

Specialists such as gynecologists, sexual therapists, and social workers may be able to assist you with a more focused understanding of the topic. Your healthcare team can make the appropriate referral for you.

Sometimes just talking about it with a trusted member of your healthcare team can ease your mind. There may be support groups available that can help. Ask your healthcare team what is available. Communication is key! We are here to help and all you need to do is ask.

**Questions to Ask Your Healthcare Team**
Here are some questions you may want to ask your healthcare team. If you prefer not to ask these questions in person, you can use the patient portal to message with your team. Feel free to ask any question you have, from symptoms and side effects to general advice. We are here to help.

- How might treatment affect my sex life?
- When is it OK to have sex?
- Are there any types of sex I should avoid?
- What safety measures do I need to take and how long?
- What birth control should I use, and for how long?
- My partner is the same sex, what precautions do I need to take?
- How do I start a conversation with my partner about these issues?
- I’m experiencing vaginal dryness, what should I do?
- My partner is afraid to have sex with me, what can I do?

**Things You Can Do**

- Start with open and honest communication with your partner. Start talking in a comfortable space such as the living room, instead of your bedroom.
- Put away your phones and give each other your full attention. Allow time for your partner to respond and talk about their concerns as well.
• Set the mood. Try some new lingerie, new bed linens, or new mood lighting. Changing your environment is an easy way to spark some change in your sex life. Things like scented candles, essential oils, and massage oils are all great options for getting “in the mood” and setting the tone for romance and connection.
• Try self-exploration. If you are not sure what feels good to your body now that it’s gone through some changes, start to explore your body yourself. Find out what feels good and what doesn’t. With new information about your body, you can better inform your partner as to what feels good for you.
• Add a toy into your tool kit. If you want to have sex but you are having trouble getting aroused, try a toy such as a small vibrator to add a new form of stimulation into the mix.
• Read a book on the topic (see resources and book section at the end of this booklet)
• Exercise! By getting your body moving, you’ll increase blood flow, including to your erogenous zones.

Resources
First and foremost, always talk to your cancer doctor or gynecologist with any concerns about your sex life.
• Ask your healthcare team for a referral to a sexual health clinic.
• American Cancer Society “Cancer, Sex, and the Female Body” www.cancer.org
• Ask your healthcare team for a referral to a Patient Navigator, where available.
• Visit the 11 Day Power Play Resource Center in the main hospital, 1st floor, near the tower elevators.

Books
• “Women, Cancer, Sex” by Anne Katz
• “100 Questions and Answers about Breast Cancer, Sensuality, Sexuality and Intimacy” by Michael L Krychman and Susan Kellogg Spadt
• “Better Sex Through Mindfulness: How Women Can Cultivate Desire” by Lori Brotto
• “Sex and Cancer” by Guntupalli and Karinch
• “Keeping Abreast and Loving What’s Left: Redefining a New Normal” By Jennie Rook

Shopping Resources
• Adam and Eve: www.adameve.com
• Good Vibrations: www.goodvibes.com
• Intimate Rose: www.intimaterose.com

References
• “Sex and The Woman with Cancer”, 2018, American Cancer Society, No 465700.
• The Lovin’ Ain’t Over for Women with Cancer by Barbara and Ralph Alterowitz. Foreword by Dr. Joycelyn Elders. 2011.

If you have additional questions, call 716-845-5855, and choose option 2 to speak with a nurse.