



Canadian Cancer Society
Société canadienne du cancer

Sexuality and Cancer

A guide for people with cancer



Let's Make Cancer History

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Introduction

This booklet has been prepared to help you understand how cancer and its treatment may affect your sexuality.

Sexuality is about who you are, how you see yourself, how you express yourself sexually and your sexual feelings for others. It is much more than just sexual intercourse.

Having cancer doesn't mean you are no longer a sexual person, though it can change your usual sexual habits, desire and the way you feel about yourself. These changes may be temporary or longer lasting.

Whether you are a man or a woman, young or old, gay or straight, in a relationship or single, we hope this booklet makes it easier for you to talk about how you're feeling or any problems you're having.

Partners may also find it useful. You may want to read the whole booklet or only the sections that are relevant to you.

Staying sexually confident



Sexual confidence – feeling good about yourself as a sexual being – is often linked to overall feelings of well-being. Feeling sexually confident may be hard if you are feeling unwell, struggling to meet the demands of a busy family and your job and generally coming to terms with having cancer.

If you want to share your feelings, you may want to talk to someone you know you can trust, someone who will listen and not judge you. You may be able to talk openly and share your feelings with your partner or others who love you. This may help you overcome problems that are common when dealing with sex and cancer. Or you may decide to see a sexual counsellor or therapist, either on your own or with a partner.

If you are in a new relationship, finding the right moment to tell your partner about your situation is not easy. It may be useful to consider how safe you feel in this new relationship and talk about your fears. This is particularly so if your appearance has changed or will change, and you are anxious about it.

Being close

Cancer doesn't mean the end of your sexual life. But you may need to develop more openness and confidence, in and out of the bedroom. Your favourite lovemaking positions may not be comfortable, if only for a time. Sex may hurt or you may not feel like being touched at all.

Try to keep an open mind about ways to feel sexual pleasure. Sexual pleasure is not just about sexual intercourse. You and your partner can help each other reach satisfaction through touching and stroking. At times, just cuddling can be pleasurable enough. You can always enjoy self-stimulation (masturbation) if desired.

Even if sex isn't possible, being physically warm and close remains important.

If you are feeling weak or tired and you want your partner to take a more active role in touching you, say so. If some part of your body is feeling tender or sore, guide your partner to areas that feel pleasure.

Things to keep in mind

- No matter what kind of cancer treatment you have, the ability to feel pleasure from touching almost always remains.
- Good communication with your partner and healthcare team is important. Talk to them about how cancer is affecting your sex life.
- Find out as much as you can about how your cancer and treatment could affect you – sexually and in other ways.
- Try to keep an open mind about ways to express yourself sexually and feel sexual pleasure.

It is important for your partner to give you the confidence to feel sexually confident. They play an important role. Roslyn, 56

The sexual response cycle



Sexual desire is the name for interest in sex. Everyone's desire for sex is different. It can be different for men and women and according to things such as age, what's going on in your life, your state of mind and changes in the body.

Excitement or *arousal* is when you begin to feel ready for sex. Seeing someone you like, having a sexual thought or fantasy, or having your genitals or other sensitive areas kissed, touched or stroked

may arouse you. Blood pressure and heart rate increase, the chest becomes more sensitive and blood is sent to the genital area. In both men and women, the nipples may harden. In men, the penis becomes erect and sensitive. In women, the vagina becomes moist and increases in depth and width.

Orgasm is the peak of sexual response. The nervous system creates the intense pleasure you experience in the genital area. This causes the muscles in the area to contract in rhythm, sending waves of feeling through the body.

In men, ejaculation occurs when the muscles around the base of the penis begin to squeeze in rhythm, pushing the semen through the urethra and out of the penis. After orgasm, men usually cannot be sexually aroused again for a while. The amount of time needed between erections usually increases with age.

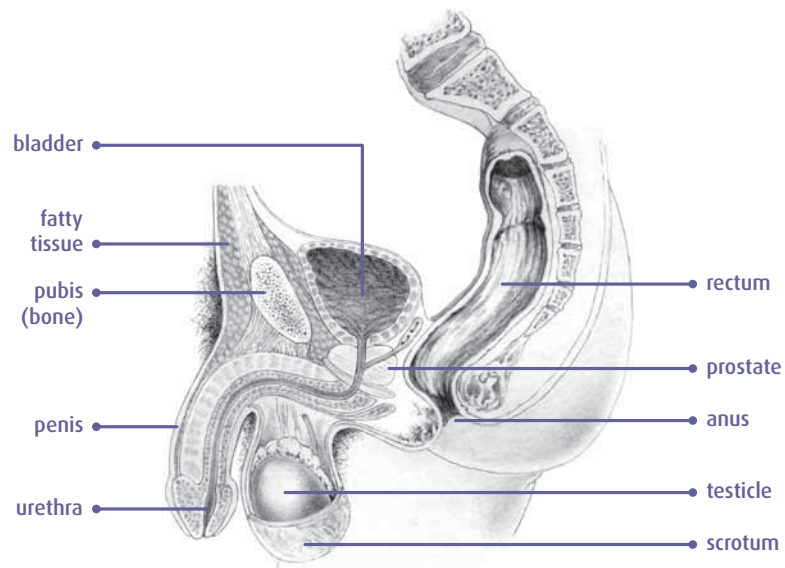
In women, clitoral stimulation causes the sudden release of muscular tension, which sends waves of pleasure through the genital area and sometimes over the entire body. Some women are able to have multiple orgasms. Some women never experience orgasms with penetrative sex.

Resolution is when breathing, heart rate and blood pressure return to normal after sexual arousal and orgasm. The body relaxes and a feeling of satisfaction often follows.

Men's sex organs

A man's sex organs (genitals) are mostly outside his body. The end of the penis is covered by the foreskin if it hasn't been removed by circumcision. The ridge on the underside of the head of the penis, called the frenulum, is usually a man's most sensitive part. At the very end of the penis is a slit that opens to the urethra, through which semen and urine pass. At the base of the penis is a pouch called the scrotum, which contains the testicles. The testicles produce sperm and store it. They also produce the male sex hormone, testosterone.

The Male Pelvic Organs



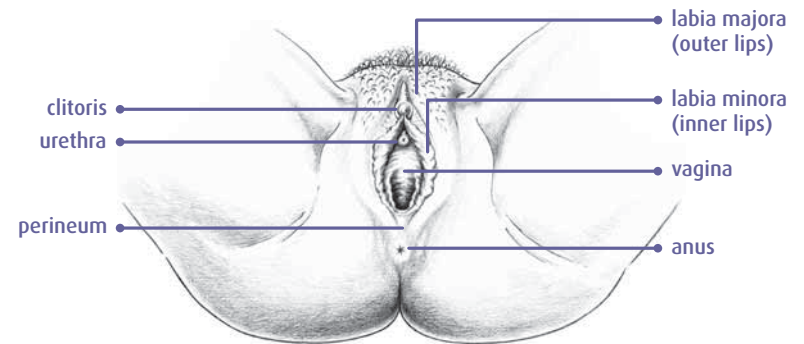
The other parts of the man's reproductive system lie inside his body. The prostate is deep in the pelvis and surrounds the urethra as it leaves the bladder. The prostate produces fluids that contribute to the semen and helps create the intense sensations a man experiences when he has an orgasm.

A man's chest and nipples can be sensitive, and his body may have other erogenous or highly pleasurable zones.

Women's sex organs

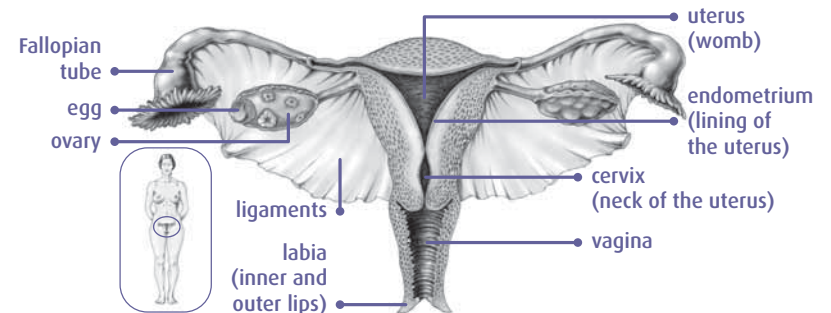
The outside part of a woman's genital area, which is called the vulva, includes the outer lips of the vagina (the labia majora), inner lips (labia minora), the clitoris and the entrance to the vagina. The outer lips protect the inner lips and clitoris. The opening of the urethra (the tube that carries urine from the bladder) is between the inner lips and behind the clitoris. The anus is behind the vagina.

The Vulva



Inside a woman's body are the uterus (womb), the cervix and the ovaries.

The Female Reproductive System



Other sexual areas include the breasts and nipples, which harden when sexually aroused, and there may be other erogenous zones that respond to direct touch.

How cancer and treatment may affect sexuality



It is very difficult to predict how cancer and its treatment will affect you. For many people there are changes that mean they need to develop new ways of giving and receiving pleasure. Some of the changes are temporary; others may last longer.

Cancer and its treatment can affect your:

- production of hormones that are important for sexual responses
- physical ability to give and receive sexual pleasure
- thoughts and body image (how you see yourself)
- feelings such as fear, sadness, anger and joy
- roles and relationships

These are linked. For example, if you lose your hair, you may not feel as attractive. This could make you feel less confident or desirable when you are with your partner.

It is possible for you to develop or renew your sexuality despite cancer and side effects from treatment.

Planning for changes during and after treatment

Discussing your feelings, concerns and what you want with your partner can help your sex life. Not talking can lead to frustration and confusion.

Your relationship is undergoing change, and it can take time for both of you to readjust.

There are many ways you can prepare for sex during or after cancer treatment:

- Talk openly with your partner about any fears you have about resuming sexual activity.
- Let your partner know how you feel – when you're ready to have sex, what level of intensity you prefer, if they should do anything different and how they can help you to feel pleasure.
- Be concerned about how your partner feels, as they may be worried about hurting you or appearing too eager.
- Plan ahead. While this may lessen spontaneity, choosing the right time can help you deal with fatigue and pain.
- Take it slowly. It may be easier to start with cuddles or a sensual massage the first few times rather than penetrative sex.
- Be patient. Things may never be exactly as they were, but they will improve with time and practice.

A note to partners

This can be a very difficult time for both of you. It's upsetting to watch someone you love go through cancer, its treatments and side effects.

You may have concerns but feel unable to express them for fear of worrying your partner. It may be helpful to talk to close family or friends, or someone you trust, about your fears and concerns for your partner.

Try to spend some time alone with your partner doing the things you enjoy, such as going to a movie or walking in the park, so that you're not focusing on the cancer all the time.

During cancer and its treatments, roles within the relationship may need to change. Try to talk openly about these changes and how you can readjust your life around them.

Honest and open discussions are important so that you aren't trying to guess what your partner may be thinking.

Despite physical and emotional changes, your partner needs to know that you still love them and find them attractive. They may be concerned about losing you or being unable to satisfy you sexually. If they have changed physically, remind yourself of their other qualities, such as their sense of humour, intelligence or personality. These will help you see past the physical changes.

Be prepared to go at their pace. Give your partner time and space to recover.

Ask your partner to tell you or show you what feels good or what areas are sensitive to touch, as well as areas that are sore or painful.

You may be concerned that you could get cancer from your partner. It is not possible for cancer cells to be passed from person to person through kissing, intercourse of any kind or oral sex. Also, sex will not make the cancer grow or spread.

Take time to adjust.

Potential problems for men and women



Many of the problems discussed in this section are common among women and men who have cancer. They may be temporary or ongoing. Some changes, like incontinence or having a stoma, affect people who have a particular cancer or need to have a particular type of treatment.

It's important to remember that everyone's experience is different. Talk to your healthcare team about your situation and your need for information and support.

Fatigue

During and after cancer treatment, you may feel very tired and have no energy. These feelings of fatigue are different than normal feelings of being tired. During cancer treatment, the body used a lot of energy for healing, so this extreme tiredness - which is often not relieved by rest - can lead to a temporary loss of interest in sex.

What you can do

- Plan your day so that you have time to rest.
- Take short naps or breaks, rather than one long rest period.
- Eat as well as you can and drink plenty of fluids.
- Take short walks or do light exercise if possible.
- Try easier or shorter versions of activities you enjoy.
- Try activities that are less strenuous, like listening to music or reading.
- Save your energy for the most important things.
- Try different times of the day to be sexual.
- Become comfortable having others do some things that you usually do.
- See what helps you feel less tired, and make those activities a priority for you.

Loss of sex drive

While loss of your sex drive is common during cancer treatment, it may not be a problem for some people.

Cancer treatments may leave you tired and weak, or you may be too worried about the cancer to think about sex. Your sex drive may also be affected if cancer treatments disturb the normal hormonal balance. Sex drive usually returns some time after treatment is over. Keep in mind that sex drive may decrease with age.

What you can do

- Make it a priority to spend time with your partner.
- Talk about any loss of sex drive with your partner. They need to know so that both of you can think of ways to help get you in the mood.
- Change the venue. If your home has been where you and your partner have been coping with side effects of treatment and your partner has been helping you with personal care, book a night away. Try using other rooms in the house not associated with cancer. Change the bedroom around or think about redecorating if your treatment is over.

I took hold of my partner's hand ... her response was "Do you realize that this is the first time you've touched me in three weeks?" and I'm a fairly tactile person. Ian, 58

Different levels of desire

In many relationships one partner is more interested in sex than the other. Cancer can exaggerate this. While you may have managed your different levels of desire before, cancer can complicate things. It may be upsetting for you both.

What you can do

- Talk it over with your partner. Agree on ways that you can satisfy each other without having sex.
- Discuss the range of videos and sex toys (such as dildos and vibrators) that are available for sexual play on your own or with each other.

Fear

Fear is a normal reaction to cancer and its treatment. When cancer is diagnosed, life seems less secure and predictable. You might feel that your life is out of control and don't know what the future holds. The time between diagnosis and the start of treatment can be very difficult. People whose partners have cancer worry they may lose someone they love. It is very difficult to be interested in sex when you are afraid.

What you can do

- Learn as much as you can about your cancer and its treatment. Your healthcare team is there to answer questions about your illness and what you can expect.
- Explore different ways of coping with tension and a sense of panic. Different methods work for different people. Find the ways that work best for you.
- Think about how you have coped in the past. Discuss these strategies with your partner.
- Learn to relax or meditate. Often relaxing your body and your mind can help you feel good and in control.
- Make a list of things that you enjoy doing. Make time to do one every day so that you feel like you are achieving something, which may help to ease your anxiety.

- Talk about it with someone you trust, such as a friend or family member.
- See a counsellor if you prefer. A member of your healthcare team may be able to suggest services in your community or refer you to a specialist or mental health professional.
- Talk with your doctor to see if anti-anxiety medication will be helpful. Keep in mind that some of these may lower your sex drive.

Difficulty reaching orgasm

A person's ability to reach orgasm isn't usually affected unless cancer treatment, such as surgery, damages certain nerves. But pain during sex, distracting emotions and worrying thoughts – common if you have cancer – may affect your ability to reach orgasm.

What you can do

- Choose a time when you won't be disturbed. Set the mood with soft lighting or candles and music.
- Help each other by placing your partner's hand and fingers on the areas that arouse and excite you – or do it yourself if you feel comfortable.
- Use generous amounts of water-based lubricant, available from the drugstore.
- Change your normal positions to more comfortable ones that heighten stimulation.
- Accept that you may not reach an orgasm each time and focus on other things to take the pressure off. Don't be too disappointed if you do not reach orgasm.

Painful intercourse

Having pain during intercourse can sometimes be experienced after cancer treatment.

In men, damage to the pelvic nerves and muscles may result in pain with intercourse.

In women, pain is often related to changes in the size of the vagina or loss of lubrication. These changes can occur after pelvic surgery, radiation or treatment that affects a woman's hormones.

What you can do

- Plan sexual activity for the time of day when your pain is lowest. If you are using pain medication, take it shortly before sex so it will have maximum effect.
- Find a position for touching or sex that puts minimal pressure on the painful areas of your body.
- Try to focus on your feelings of pleasure and excitement rather than the pain.
- Avoid sex when you are tired or stressed.

Changed appearance

You may look different, or feel less attractive, because of effects from your cancer and treatment. Some common changes include weight loss or weight gain, hair loss (including pubic hair), loss of a body part and surgery scars.

What you can do

- Show your partner any body changes before sexual activity. This may help you both express how you feel.
- Choose clothes that cover the part of your body you feel uncomfortable about. There are crotchless panties for women and special underwear for men, which can be left on during sexual play.
- Lower the lights when you have sex until you feel more confident about your body.
- Choose sexual positions that make the changed area less visible if you are self-conscious.

Some cancers of the head and neck may result in significant change to your appearance. This can be upsetting, not only because the change is visible, but because speech and eating could be affected. It may take some time before you are used to, and more confident about, your new appearance.

If you have a significant change in your facial appearance from surgery or radiation therapy, you may want to talk to your healthcare team about the possibility of plastic surgery. Plastic surgery may help you regain a more natural appearance and help with altered speech.

Depression

Many people will experience depression at some point in their lives. It is an illness that can affect anyone at any age. Depression is very common in cancer patients and can and should be treated.

If you are unhappy at certain points or even throughout your treatment, this is a normal response to a stressful and upsetting situation. Sometimes, people living with cancer find that the unhappiness never goes away or it gets worse over time. When a period of unhappiness becomes depression, it's important to get help as soon as possible. If this happens, talk to your healthcare team or your family doctor, who can refer you to someone who specializes in treating depression.

What you can do

- Ask your healthcare team if your mood change could be related to medications, hormonal changes or other medical illnesses. Low testosterone in men and low sex hormones in women could be a cause of depression.
- Find someone to talk to about your feelings. Family or friends can be very supportive. It may also help to talk to someone who has had a cancer experience similar to yours.
- Eat well and be as physically active as possible. Exercise releases endorphins, which are natural mood-boosters.
- Plan activities for each day.
- Ask your doctor whether medication to treat depression might help. Be aware that some of the medications for depression can cause sexual difficulties. Talk to your doctor about which ones have the lowest impact on sexuality.

Adapting to life with a stoma

After some cancer surgeries, there may be a need for a stoma (an artificial permanent opening in the body) to allow urine or feces to flow through the stoma and be collected in an ostomy bag.

Sexual activity will now need a little more planning, but it can still be satisfying and fulfilling. The closing of the anus may be a problem for you and your partner if anal sex is part of your sex life. Understanding, communication and warmth between you and your partner are vital. If necessary, your healthcare team can recommend an enterostomal therapist to help you.

Having a stoma may change the way you see yourself and the way your partner sees you. You may feel different or unattractive or worry that the bag smells. Many people worry that the bag will come loose or open during sexual activity. You can prevent this from happening by emptying the bag shortly before sex and securing it with a cummerbund or capping off the stoma with a special device.

What you can do

- Rest for at least two or three hours after a heavy meal before having sex.
- Change the bag before sex. You may like to wear a cover over your bag to prevent the plastic clinging to your skin. Covers can be made in many fabrics, such as cotton or satin.
- Let your partner see or touch the stoma.
- Wear something that makes you feel good. When making love, some women like to wear a sexy mini-slip or short nightgown. Men may like to wear a nightshirt or boxer shorts.
- Have sex in the bath or shower.
- Use perfumes or aftershave lotions to help with odour control.
- Consider using either a plug or stoma cap if you've had a colostomy. You may want to learn about irrigations of the bowel to regain some control. An enterostomal therapist can explain the procedure.

Incontinence

Incontinence means poor bladder or bowel control but may also involve increased frequency or urgency without actually leaking. Just as the physical activity of the pelvic floor muscles affects bladder and bowel control, it can also affect sexual function and interest.

Incontinence can be temporary or permanent. It is a possible side effect of treatment for cancer of the prostate, bladder, colon and rectum, penis or of the female reproductive organs.

Men experiencing urinary incontinence may find they dribble when aroused or during orgasm. Women may dribble after an orgasm.

Men and women may leak when coughing, sneezing or laughing. This is known as stress incontinence.

For many people, incontinence and the impact it has on sexuality is embarrassing. While you may find it hard to seek help, it's important to find someone you feel comfortable talking to. You may find it reassuring to know that urine is sterile and will not hurt you or your partner.

What you can do

- Have a continence assessment done by an expert, so that incontinence can be better managed or perhaps cured.
- Improve your pelvic floor muscles. Exercises can help with incontinence problems and with erection or ejaculation problems. For women, estrogen (inserted into the vagina as a cream or tablet) may improve pelvic floor muscles.
- Plan for sex – wait at least two to three hours after a meal and empty the bowel or bladder beforehand.
- Tape the catheter to your skin, remove the bag and insert a flow valve or stopper if you have an indwelling or supra-pubic catheter.
- Use plugs especially designed for rectal use if you have fecal oozing.

My gym instructor turned out to be really helpful, giving me a set of exercises that not only helped strengthen my pelvic floor but helped with a back problem as well and only needed to be done each morning. Bill, 53

Pelvic floor exercises

These exercises are used to improve bladder control.

To correctly identify the pelvic floor muscles:

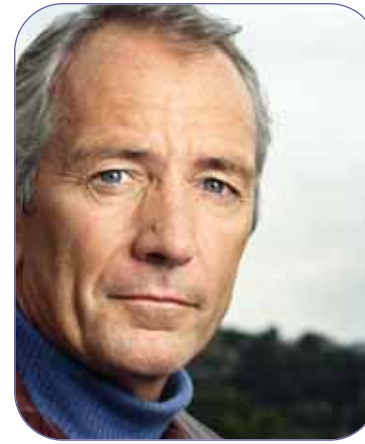
1. Sit on a chair, leaning forward with your knees slightly apart.
2. Now imagine that you are trying to stop yourself from passing wind. You should be aware of the skin around your anus tightening and being pulled up and away from the chair. Your buttocks and legs should not move at all.
3. Now imagine that you are sitting on a toilet passing urine. Try to stop your stream of urine. This will help you to identify the right muscle. Again, you should feel a lifting and tightening.

Practising your exercises:

1. Sit, stand or lie with your knees slightly apart. Slowly tighten and draw up around the anus and urethra (and vagina for women) all at once, lifting them up inside. Try and hold strongly for a count of 5, then release and relax. You should feel a definite “letting go” sensation.
2. Repeat and squeeze and lift and relax, making sure you rest for 10 seconds between contractions. If you find holding for 5 seconds easy, aim for longer – up to 10 seconds.
3. Repeat this as many times as possible – up to 8 to 10 squeezes.
4. Now do 5 to 10 short, fast but strong contractions.
5. Do this whole exercise routine at least 4 to 5 times each day.

(Adapted from the Continence Foundation of Australia's publications – *The continence guide: Bladder and bowel control explained* and *Sexuality and incontinence*.)

Potential problems for men



Erectile dysfunction (ED)

Some cancer treatments can cause erectile problems because of nerve damage. For other men, worrying about cancer can leave them feeling depressed and affect their ability to have an erection. Your sexual confidence may have suffered, and this also affects your ability to get or maintain an erection. Talking to a sexual counsellor or therapist may help.

Preserving the nerves that control erections can help reduce the risk of erectile problems in men treated for prostate and rectal cancer. Nerve-sparing surgery works best with younger men who had firm erections before the surgery. These nerves can be saved only if the cancer has not spread along the nerves.

What you can do

- Talk to your doctor about your ongoing ability to have an erection if you have had treatment for prostate cancer.
- Help your partner reach satisfaction without penetration. Experiment with other sexual activities, such as all-over touching, oral sex or masturbation.
- Have sex with a half-erect penis. This works best with the partner on top guiding the penis inside. Men do not need a full erection to have an orgasm.

You may want to talk to your doctor about these other ways of getting an erection:

- Taking pills to increase the blood flow to the penis or injections to the penis that cause the blood vessels to expand and the penis to become erect.

- Using a vacuum pump device, which draws blood into the penis to make it firm. A rubber ring is then placed around the base of the penis to keep it firm. When you have finished having sex, the ring is taken off and the blood flows normally again.
- Having an implant surgically placed in the penis. A pump is placed in the scrotum and squeezed when an erection is needed.

It can be quite frustrating as the desire is there but the ability is not. Ian, 58

Ejaculation/orgasm changes

Men who have had surgery for prostate cancer that involves removing the prostate and the seminal vesicles (glands that produce semen) will have dry orgasms. This may be as pleasurable as a normal orgasm but no semen is ejaculated. Some men say it is more intense and others say it does not feel as strong or long-lasting. If you still want to have children, you will need to bank sperm before this surgery.

What you can do

- Breathe deeply and concentrate on the sensations and your enjoyment of sexual activity. Worrying about your ejaculation may lead to erection problems or loss of interest in sex.
- Talk to your partner about the issue.

Loss of part of your body

Removal of part of your genitals or a limb because of cancer treatment can change how you think about yourself – it could even make you feel “less like a man”. It will take time to get used to how your body has changed.

If you have lost a limb, you may want to try wearing your prosthesis during sex. If you remove your prosthesis, use pillows to support your affected limb or limbs.

If your testicles have been removed, an artificial replacement can be inserted into the scrotum to provide a normal appearance after surgery.

Even if all or part of the penis has been removed (which is very rare), you can still develop and maintain closeness with your partner and have a satisfying sex life.

Fertility problems

Some cancer treatments can cause infertility, which means you are unable to father a child. You may have temporary fertility problems after being treated with radiation therapy in the pelvic or groin area. Some men become permanently infertile. If the testicles are outside the treatment area, they can usually be protected from the radiation.

Several types of surgery to the pelvic and genital area can cause infertility. For example, if you have both testicles removed, you become infertile because your body no longer produces sperm.

Chemotherapy drugs may lower the number of sperm produced and reduce their ability to move. However, a man having chemotherapy could still make his partner pregnant.

Pregnancy should be avoided when you are going through either radiation therapy or chemotherapy. These treatments can damage sperm, which may lead to birth defects if your partner becomes pregnant during your treatment.

What you can do

- Talk to your doctor about the possibility of banking your sperm, a procedure that freezes sperm for future use, before your treatment starts.
- Use a reliable method of birth control during treatment. Talk to your healthcare team about what method is right for you and your partner.

Potential problems for women



Premature menopause

Some cancer treatments can affect the ovaries and may cause temporary or permanent failure of the ovaries (menopause). Sometimes the ovaries are removed altogether. In either case, much of a woman's estrogen production is lost and menopausal symptoms will start. Hot flashes and vaginal dryness are common symptoms. Symptoms can be more severe than those from natural menopause.

What you can do

- Use a water or silicone-based lubricant when having sex.
- Talk to your doctor about vaginal lubricants that can help with dryness. For example, in women who have had certain types of cancer, estrogen (either as a vaginal cream or vaginal suppository) may help with vaginal dryness and urinary frequency.
- Talk to your doctor about whether you have any other options. If your symptoms are moderate to severe, and you are considering hormone therapies, make sure you discuss the benefits and risks - estrogen is known to play a role in certain cancers. Sometimes low doses of testosterone are given to women who have persistent loss of sex drive.

What you can do to help control hot flashes

- Try to identify what triggers them, such as alcohol, hot drinks or anxiety. Then avoid those triggers as much as you can.
- Exercise regularly and learn relaxation techniques.
- Wear light clothing in layers that can be removed.
- Ask your doctor about other ways to treat hot flashes.

Vaginal dryness and narrowing

Cancer treatments may cause a variety of changes that could lead to vaginal dryness or narrowing, ulcers and infection. These changes may lead to pain when having sex. Vaginal narrowing may happen after radiation therapy to the pelvis and sometimes after surgery.

If your vagina has narrowed, your doctor may offer you treatment with graduated vaginal dilators. These are plastic or silicone tubes of varying sizes that can be inserted by yourself or with your partner's help. The dilators prevent the side walls of the vagina from sticking together. Always use a water-based lubricant with the dilator. You can also try regular gentle sexual intercourse to overcome the problem.

What you can do

- Use extra lubrication to make sex comfortable. Choose a water-based gel that has no perfumes or colouring added. Before intercourse, spread the lubricant around and inside the entrance to your vagina. A vaginal lubricating cream used several times a week may also help keep your vagina lubricated.
- Use an estrogen suppository, cream or gel around the vulva. This may help with severe dryness.

Loss of your uterus and other changes to sexual organs

Hysterectomy is the surgical removal of the uterus.

Having a hysterectomy does not change your ability to feel sexual pleasure. Although your vagina may be shorter after surgery, the outside area (the vulva) remains as sensitive as before.

Having a vulvectomy will result in major body image changes and changes to sexual practices. To be prepared for these changes, it is important that you are referred to a sexual counsellor before having this surgery. If you have already had this surgery and you are still experiencing difficulties, ask for a referral to a sexual counsellor. It would also be helpful for your partner to consider having counselling.

What you can do

- Focus on sexual massage, stroking nipples and other erogenous areas of your body rather than penetrative sex.
- Wear crotchless panties during sex play until you feel comfortable with your body after surgery.
- Remember that you are loved for who you are, not for particular body parts. However, communicating with your partner about the changes and different ways of enjoying intimacy is important.

Loss of a breast or other part of your body

If you have had breast surgery or radiation therapy to the breast, your sexual arousal patterns may change, particularly if you were previously aroused by breast massage and nipple stimulation. Women who lose a part of their body to cancer, especially if it is a breast or part of the genitals, sometimes miss the pleasure they felt from stroking of the area during sex.

The loss of any body part can affect a woman's sexual confidence and self-esteem.

What you can do

- Set the scene with soft lights, your favourite music or by dressing up.
- Wear sexy or attractive lingerie or pyjamas, or stay partly dressed rather than being completely naked.
- Ask your partner to stroke your whole body, including kissing your neck or touching your inner thighs or genital area.
- Wear your prosthesis during sex if you've had a limb removed - or remove the prosthesis and support your affected limb or limbs with pillows.

Fertility problems

Fertility can be affected by cancer and its treatment. If you think or know that you'd like to have children in the future, it's important to ask your doctor about how cancer and treatment can affect your fertility.

It is important not to become pregnant when having radiation therapy, chemotherapy or hormonal therapy. While pregnancy may be possible, it's not a good idea because radiation therapy and drugs used to treat cancer can be harmful to a developing fetus.

If you are pregnant when your cancer is discovered, talk to your healthcare team about what your options are.

What you can do

- Talk to your healthcare team about birth control choices.
- Talk to your healthcare team about when it is safe to become pregnant.

Common questions answered



How soon can I have sex after treatment?

This will vary greatly from person to person – and in fact, how you define sex may change. How soon you have sex after treatment will depend on the treatment you had and how quickly you are healing – both emotionally and physically. Penetrative sex may take some time to achieve or may no longer be possible, especially if you have had

major surgery or are continuing treatment. Start slowly with sensual massage and touching. This alone can lead to satisfaction. Listen to yourself and your partner and take your time.

Will I ever feel normal again?

Your idea of what is “normal” will broaden or change. You have undergone a life-changing experience. Your body may have changed forever, so new sexual expression may be needed. Over time, with a loving and patient partner, or on your own, you can feel safe and secure.

Does it make a difference what position we use?

No, if it’s not a problem for either of you. If fatigue and soreness are causing problems, change positions. Use pillows and cushions to support you and take the pressure off sore body parts.

How long will it be before I get an erection again?

This will depend on the cancer and treatment you have had. Men who have had prostate cancer may not be able to have an erection again without medication or other erectile aids. Other men may experience erection problems after cancer treatment, but this isn’t always because of the surgery or radiation therapy. Worrying about the cancer or feeling depressed can affect your ability to get an erection.

Anxiety about getting and maintaining an erection or about your ability to satisfy your partner may also lead to erection problems. Talk to your partner – what may seem like a problem to you may not be a problem to them.

Can I have children, and if so, when?

This will depend on the cancer and treatment you have.

Explain your desire to have children to your healthcare team before your treatment starts. Talk to them about the best chance of having a baby and when that may be possible.

For women of child-bearing age, cancer does not always mean infertility. Talk with your healthcare team about treatment that minimizes damage to your fertility. Your body may need time to recover and adjust after treatment, so talk about how long you should wait before trying for a baby.

Men who think that they might like to have children after treatment should talk to their doctor about banking sperm before starting treatment.

It is important to avoid becoming pregnant or fathering a child during cancer treatment. Both radiation therapy and chemotherapy can be harmful to a developing fetus or can damage sperm. Talk to your healthcare team about birth control choices.

I’m single. Will anyone ever want to have sex with me once I tell them I have/had cancer?

There is no simple answer. It’s worth considering how safe you feel in a new relationship before you decide to have sex. It may be possible to talk through your fears of rejection early on in the relationship, particularly if you have a significant body image change. It is a sad reality that some potential lovers may reject you because of your cancer treatment. Although you can avoid being rejected by isolating yourself, you might also miss the opportunity to build a happy relationship.

Can I catch cancer from my partner?

No. Cancer cannot be passed from one partner to another by kissing, touching or having sex.

Could sex or masturbation make my cancer worse?

No.

Are there times when intercourse should be avoided?

Yes. Vaginal intercourse is probably best avoided very soon after surgery or radiation therapy to the pelvic area in women. Also, it's better to either avoid sex or to be sure to use a condom or some other form of contraception, such as cream or foam, during and immediately after chemotherapy.

Questions to ask your healthcare team



Raising sexual concerns with your healthcare team might be difficult for you. You may feel uncomfortable or sense that your health professional may be too. If a member of your healthcare team doesn't ask about your sexuality, it's perfectly okay for you to bring the subject up.

If, however, you do not feel satisfied with their response, ask for a referral to someone who can more freely discuss sexual matters with you. This is also perfectly acceptable.

Below is a list of suggested questions to get the conversation started with your healthcare team.

General

- How will this treatment affect me sexually?
- How will this treatment affect my hormones?
- What changes are likely to be short-term and what changes are likely long-term?
- When will I feel like having sex again?
- How soon can I masturbate or have sex?
- What sort of problems may we experience during sex?
- It hurt when we had sex. Why?
- What kind of contraception should I use?
- Can I have children?
- Can I get any information about finding a sexual counsellor or therapist?

For women

- I have severe menopausal symptoms. What do you recommend?
- I have vaginal dryness. What do you recommend?

For men

- Why can't I get an erection?
- How long will it be before I can get an erection again?
- What can I do if I can't get an erection?

Glossary: What does that word mean?

A

androgen

Any substance that causes male sex characteristics to develop. The main androgen, testosterone, is produced by the testicles. Small amounts of androgens are also produced in the adrenal glands and in a woman's ovaries.

C

catheter

A flexible, plastic tube used to give fluids to or remove fluids from the body.

chemotherapy

The use of drugs to treat cancer.

clitoris

Female sex organ located at the front end of the vulva. The clitoris becomes erect when stimulated.

D

dry orgasm

Sexual climax without the release of semen from the penis.

E

ejaculation

When semen is forced through the urethra and out of the penis during orgasm.

erectile dysfunction (ED)

The inability to get and keep an erection of the penis for sex.

F**fertility**

The ability to produce children.

G**genitals**

Sexual organs.

H**hormonal therapy**

Treatment that adds, blocks or removes hormones.

hormone

Substance that regulates such specific body functions as metabolism, growth and reproduction. Natural hormones are produced by glands. Artificial or synthetic hormones can be made in a laboratory.

hysterectomy

Surgical removal of the uterus.

I**incontinence**

The inability to control bowel movements (defecation) or urination.

M**menopause**

The time in a woman's life when her ovaries stop producing estrogen and she has not had a menstrual period for 12 months. Most women start menopause between the ages of 45 and 55.

N**nerve-sparing surgery**

A type of surgery to save the nerves that affect erections.

O**orgasm**

The highest point of sexual excitement. It is usually accompanied by the release of semen in men and by vaginal contractions in women.

ostomy

A surgical procedure to create an opening from an area inside the body to the outside.

P**prostate**

A chestnut-shaped gland located just below the bladder and in front of the rectum. It surrounds the male urethra like a donut and produces fluid that forms part of the semen.

prosthesis

An artificial replacement for a missing body part, such as an artificial leg or a breast prosthesis.

R**radiation therapy**

The use of high-energy rays or particles to damage or destroy cancer cells. Radiation therapy can be given internally or externally.

S**scrotum**

A muscular sac that contains the testicles.

semen

The fluid ejaculated from the penis during orgasm. It contains sperm from the testicles and fluid from the prostate.

side effect

An unwanted or undesirable symptom caused by medical treatment.

sperm

The male reproductive cell produced by the testicles.

stoma

An artificial opening in the body created by surgery.

T

testosterone

A male sex hormone that causes male sex characteristics to develop (such as a deep voice) and stimulates sexual activity.

U

urethra

The tube that carries urine from the bladder to the outside of the body.

V

vulva

The outer female sex organs, including the clitoris, vaginal lips (folds of skin that surround the opening of the vagina) and the opening to the vagina.

vulvectomy

The surgical removal of all or part of the vulva.

Other resources



Canadian Cancer Society

Helping you understand cancer

Trained information specialists at our *Cancer Information Service* take the time to answer your questions over the telephone and search for the information you need about cancer-related issues.

You may also find these Canadian Cancer Society publications useful:

Living with Cancer: A guide for people with cancer and their caregivers

Our publication can help you cope with practical and emotional issues during your cancer experience.

Chemotherapy and other drug therapies: A guide for people with cancer

Our publication provides more information about chemotherapy and other drug therapies, their possible side effects and how to manage them.

Radiation Therapy: A guide for people with cancer

Our publication provides more information about radiation therapy, its possible side effects and how to manage them.

These publications are available in print and on our website at cancer.ca.

Note: These titles are accurate at the time of publication of this booklet.

Talking with someone who has been there

If you have been touched by cancer and would like to talk to someone who has had a similar cancer experience, we can help you connect with a trained volunteer – in person, over the phone or in a group setting.

To contact the Canadian Cancer Society:

- Call us toll-free at 1 888 939-3333 (Monday to Friday, 9 a.m. to 6 p.m.).
- E-mail us at info@cis.cancer.ca.
- Visit our website at cancer.ca.
- Contact your local Canadian Cancer Society office.

Our services are free and confidential.



Suggested websites and books

The Canadian Association for Enterostomal Therapy
www.caet.ca

The Canadian Continence Foundation
www.continence-fdn.ca

United Ostomy Association of Canada
www.ostomycanada.ca

National Cancer Institute
www.cancer.gov/cancertopics/pdq/supportivecare/sexuality
www.cancer.gov/CancerInformation/life-after-treatment

American Cancer Society
www.cancer.org

Search for > Cancer, sex and sexuality

Comfort A. *The Joy of Sex*. (2009) New York: Crown Publishing Group.

Katz A. *Man Cancer Sex*. (2009) Pittsburgh: Hygeia Media.

Katz A. *Sex When You're Sick: Reclaiming Sexual Health after Illness or Injury*. (2009) Westport, CT: Praeger Publishers.

Katz A. *Woman Cancer Sex*. (2009) Pittsburgh: Hygeia Media.

Kaufman M, Silverberg C, Odette F. *The Ultimate Guide to Sex and Disability: For all of us who live with disabilities, chronic pain and illness*. (2007) San Francisco: Cleis Press.

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What we do

The Canadian Cancer Society fights cancer by:

- doing everything we can to prevent cancer
- funding research to outsmart cancer
- empowering, informing and supporting Canadians living with cancer
- advocating for public policies to improve the health of Canadians
- rallying Canadians to get involved in the fight against cancer

Contact us for up-to-date information about cancer, our services or to make a donation.



Canadian Cancer Society
Société canadienne du cancer

Let's Make Cancer History

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It is not intended to replace the advice of a qualified healthcare provider.

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