

Sexuality After Gynecologic Surgery

Many women with cancer have surgery that affects their reproductive organs. Because of the connection of this area of the body to sexuality, many women experience feelings such as loss, sadness, or anxiety after gynecologic surgery. Some women may feel that they have lost their identity as women. Others may have concerns and questions regarding sexual intimacy and intercourse after surgery. It is important to remember that there are a number of strategies for coping with both the sexual and emotional side effects of gynecologic surgery.

Although it may seem awkward and difficult at first, reach out to your doctor or nurse to express your concerns and ask specific questions to help you know what to expect and to help you cope.

Types of gynecologic surgeries

Gynecologic surgery is usually performed on reproductive organs contained in the pelvis, including the uterus (also known as the womb, where a baby grows when a woman is pregnant), cervix (the opening of the uterus), ovaries (glands that produce eggs and female hormones), fallopian tubes (small ducts that link the ovaries to the uterus), vagina (the birth canal), and vulva (a woman's external genitalia). If cancer develops in any of these organs, one of the following types of gynecologic surgeries may be performed to treat the cancer:

Hysterectomy. A hysterectomy is the removal of the uterus and cervix—a treatment option for [cervical](#) [1], [uterine](#) [2], and [vaginal](#) [3] cancers. This procedure is either a simple hysterectomy, which is the removal of the uterus and cervix, or radical hysterectomy, the removal of the uterus, cervix, upper vagina, and the tissue around the cervix. In addition, a radical hysterectomy may also include removal of multiple lymph nodes, called bilateral pelvic lymphadenectomy. A subtotal or partial hysterectomy removes the uterus, but leaves behind the cervix. A hysterectomy may also include the removal of ovaries and fallopian tubes as well, and is called a bilateral salpingo-oophorectomy (see below).

Salpingo-oophorectomy. This surgery removes both the ovaries and fallopian tubes. (An oophorectomy is the removal of one or both ovaries.) Salpingo-oophorectomy may be used to treat early-stage [fallopian tube](#) [4] or [ovarian](#) [5] cancers, when cancerous cells have not yet spread to other reproductive organs. Salpingo-oophorectomy may also be performed on patients with uterine cancer who have been through menopause. For women who have not been through natural menopause, an oophorectomy eliminates the source of estrogen and progesterone hormones in the body, causing a woman to go into menopause after surgery. Learn more about [menopause and cancer](#) [6].

Radical trachelectomy. This alternative to a hysterectomy removes the cervix and pelvic lymph nodes but not the uterus. It may be a treatment option for younger women who want to preserve their fertility.

Vaginectomy. This is the removal of the vagina and may include removal of the pelvic lymph nodes. The surgeons can create a new vagina with grafts of tissue from other parts of the woman's body.

Vulvectomy. This is the removal of part of or the entire vulva. In a skinning vulvectomy, only the top layer of skin is removed. A simple vulvectomy, on the other hand, is the removal of the entire vulva, but not down to the fascia (layer of connective tissue). In the past, a radical vulvectomy that removed the vulva to the fascia was performed for vulvar cancer. Today, however, doctors commonly perform a procedure called a radical wide local excision, which removes the cancer and some of the surrounding tissue. In addition, doctors usually perform a sentinel lymph node biopsy during vulvar surgery to find out whether the cancer has spread to nearby lymph nodes. (The sentinel node is the first node where the cancer is likely to spread.) If the cancer has spread, they will remove additional lymph nodes in a procedure called an inguinal lymphadenectomy.

Pelvic exenteration. This surgery removes most or all organs from the pelvic region, including the uterus, vagina, lower colon, rectum, and bladder. Doctors generally perform this surgery for recurrent cervical cancer that has spread to those organs after radiation therapy or previous surgery.

Other pelvic surgeries that affect reproductive organs

There are several pelvic surgeries—related to the bladder and rectum—that include the removal of reproductive organs.

Abdominoperineal resection. This surgery removes the anus, rectum, and part of the colon. At times, the uterus, ovaries, and posterior (rear) wall of the vagina must be removed as part of the procedure (called a posterior exenteration).

Radical cystectomy. This surgery, used to treat bladder cancer, removes the entire bladder and possibly nearby organs, including a woman's uterus, ovaries, fallopian tubes, and cervix, as well as the front wall of the vagina (called an anterior exenteration).

Women who undergo surgery that involves removal of part or all of the colon, rectum, or bladder may also need to have a [colostomy](#) [7] (a surgical opening that provides a pathway for waste to exit the body) or a urostomy (a surgical opening that provides a pathway for urine to exit the body).

With modern surgical techniques, it is often possible to avoid a colostomy.

Sexual side effects of gynecologic surgery

The most commonly reported **sexual side effects** [8] of gynecologic surgeries include vaginal dryness, painful intercourse, and trouble reaching orgasm. However, most women will still be able to experience sexual pleasure through intercourse after having a hysterectomy, trachelectomy, oophorectomy, or partial vulvectomy. Even though the vagina, cervix, and/or vulva may have been removed or altered, the lining around the vagina remains sensitive and the clitoris remains intact.

Vaginal dryness occurs when the ovaries have been removed and estrogen is no longer produced and released. Without this hormone, the vaginal lining thins, losing its ability to stretch. This condition, known as vaginal atrophy, contributes to painful intercourse. Surgery to the vaginal area may also lead to painful intercourse.

Managing sexual side effects

It is important to talk with your doctor or nurse about the specific side effects you experience and how to manage them. Some of the following strategies may help you.

Vaginal moisturizers. These non-hormonal, nonprescription products are applied using a tampon-like applicator or vaginal suppository to soften the vagina.

Vaginal lubricants. These products can minimize dryness inside the vagina and reduce pain during intercourse.

Muscle exercises. Exercising pelvic muscles can help keep muscles relaxed and reduce pain during sex.

Vagina dilators. These devices can increase comfort during intercourse by stretching the vagina and reducing tightness.

The use of estrogen (such as a flexible ring or cream that is inserted into the vagina) may be an option to help with painful intercourse and vaginal dryness. However, women with a cancer that is affected by estrogen should discuss this treatment with their doctor so as not to raise the risk of the cancer coming back.

Emotional side effects of gynecologic surgeries

Many women who have had gynecologic surgery experience a range of emotions, including those that come from the emotional strain of living with cancer and undergoing treatment. Feelings of depression, anger, powerlessness, sadness, fear, and frustration can all contribute to an inability to feel comfortable when engaging in acts of intimacy. In addition, physical changes in appearance—such as scars from surgery or a stoma or surgical opening—may contribute to a change in **body image** [9] and increase feelings of insecurity. For many people, the loss of a reproductive organ and potential **infertility** [10] caused by cancer treatment are often two of the biggest emotional challenges.

Although it may not be easy, there are ways to restore your sexuality and have a healthy sex life after gynecologic surgery.

- Remember that although your body may look and feel different, you are still the same person inside.
- Give yourself time to adjust to changes and feelings that you are experiencing.
- Openly communicate with your spouse or partner about the changes in your body and how you feel about these changes. Learn more about [talking with your spouse or partner about cancer](#) [11].
- Meet with a counselor, sex therapist, or social worker to talk about your feelings and explore new ways to build a fulfilling sex life. You may want to ask your oncologist for a referral. Learn more about the [benefits of counseling](#) [12].
- [Talk with other cancer survivors](#) [13] who have had gynecologic surgery about how they coped with changes to their bodies and sexuality.
- Treat yourself with compassion, kindness, and love.

More Information

[Sexual and Reproductive Health](#) [14]

[Sexual Problems](#) [15]

[Where to Find Support](#) [16]

Links:

[1] <http://www.cancer.net/node/18674>

[2] <http://www.cancer.net/node/19308>

[3] <http://www.cancer.net/node/19699>

[4] <http://www.cancer.net/node/18838>

[5] <http://www.cancer.net/node/19481>

[6] <http://www.cancer.net/node/25066>

[7] <http://www.cancer.net/node/24724>

[8] <http://www.cancer.net/patient/All+About+Cancer/Treating+Cancer/Managing+Side+Effects/Sexual+Dysfunction++ASCO+curriculum>

[9] <http://www.cancer.net/node/25264>

[10] <http://www.cancer.net/node/25268>

[11] <http://www.cancer.net/node/25207>

[12] <http://www.cancer.net/node/24699>

- [13] <http://www.cancer.net/node/25383>
- [14] <http://www.cancer.net/node/25240>
- [15] <http://www.cancer.net/node/25054>
- [16] <http://www.cancer.net/node/25269>