

Sexuality and Cancer Treatment: Women [1]

This section has been reviewed and approved by the [Cancer.Net Editorial Board](#) [2], 04/2014

Key Messages:

- Cancer treatment can cause physical and emotional changes that affect a woman's desire and ability to have sex. If you or your partner have questions about the effect treatment might have on sexual health and intimacy, it's okay to bring them up before you start treatment.
- Managing side effects that cause sexual problems is an important part of cancer treatment, and women should not be embarrassed to ask their doctors or other members of the health care team about the available solutions.
- There are several ways you, as well as your partner or spouse, can get support for sexual concerns, including working with social workers, finding a support group, or obtaining a referral to a sex educator or counselor.

Many women experience physical and emotional changes during and after cancer treatment that affect their desire and ability to have sex. Although it may seem difficult, it is important to speak openly with your doctor, nurse, social worker, or other member of your health care team about your sexuality and intimacy concerns, even before treatment starts, as there are ways to cope with these concerns.

Common concerns about sexual health

Even if treatment does not directly affect your reproductive organs, it can affect your body image, mood, energy levels, and overall sense of well-being. Issues with sexual health that may arise because of treatment include:

- Decrease or loss of sexual desire
- Inability to achieve or maintain sexual arousal
- Decreased or absent lubrication
- Inability or difficulty to achieve an orgasm
- Pain during sex
- Increased unpleasant sensations or numbness in the genitals

It is common for sexual problems to develop during treatment, directly after treatment, or years later. Don't be afraid to talk with a member of your healthcare team about your symptoms,

including any new ones or a change in symptoms.

Treatments that affect sexual health

The following cancer treatments often affect a woman's sexual health, both directly and indirectly:

Radiation therapy. Side effects such as fatigue, nausea, vomiting, and diarrhea, often decrease sexual desire. Radiation treatment to the pelvis can cause vaginal soreness for a few weeks after treatment. Scar tissue can form, narrowing or shortening the vagina, making sex painful. Women who are premenopausal at the time of radiation therapy can experience a sudden stop of their menstrual periods (early-onset menopause [3]), which may lead to reduced sex drive, vaginal dryness, itching, or irritation. Any and all of these side effects can result in painful sex.

Chemotherapy. Like radiation therapy, side effects such as weight gain or loss, nausea, vomiting and diarrhea, can affect sexual desire and self-image. Chemotherapy directed directly to a tumor in areas such as the pelvis or the bladder can cause irritation that can make sex painful until the body heals. Younger women are also at risk for sudden loss of ovarian function due to chemotherapy that may be temporary or permanent.

Gynecologic surgery. Surgery performed on the reproductive organs in the pelvis may affect the length of the vaginal vault or cause narrowing of the vagina. Some of these surgeries may include removal of the ovaries (oophorectomy), resulting in menopause in premenopausal women.

Colorectal or bladder surgery. Surgery that involves removal of part or all of the colon, rectum, or bladder may result in the need for a surgical opening that provides a pathway for waste to exit the body (colostomy [4]) or for urine to exit the body (urostomy), which can affect sexuality and sexual function.

Breast cancer surgery. Losing part or all of a breast to surgery can diminish a woman's body image. Breast surgery can also result in changes to how your breast feels or result in a loss of feeling when touched.

Endocrine therapy. Anti-estrogen treatments may cause symptoms seen with menopause, including vaginal dryness, pain with intercourse, and lowered sex drive.

Other drugs. Some medications, such as certain painkillers or antidepressants, may decrease desire or interest in sexual relations.

Emotional concerns that affect sexuality and sexual functioning

Sexuality is not just affected by changes to the body; mental health plays a key role. Emotions and feelings that may result from cancer treatment can contribute to an inability to feel comfortable when engaging in acts of intimacy. Emotional challenges can include:

- Fear of recurrence [5] (return of the cancer)
- Stress [6]
- Depression [7]

- [Anxiety](#) [8]
- Powerlessness
- Sadness
- Frustration
- Physical changes in appearance?such as scars from surgery or a surgical opening?that change your [body image](#) [9]

What to do if you are experiencing sexual health issues

If you are concerned about the potential sexual side effects of treatment or are experiencing any of the symptoms mentioned above, talk to your clinical team about it. If you are not comfortable talking with your doctor, or he or she does not ask about it, talk with another member of the team, whether it is your nurse, nurse practitioner, or even a social worker. Find out what resources are available and whom you can see for further evaluation. Often, the work-up will involve talking with you about the issues you are experiencing and a pelvic exam. Other tests (such as hormone levels) might be requested depending on the issues you are having.

If you are unsure of where to turn, ask your clinicians to refer you to a sexual health specialist.

Managing side effects

Relieving the physical side effects that influence your ability to have and enjoy sex is an important part of cancer care and treatment. Your clinician or other health care team member can give you information on management tools, including:

Vaginal moisturizers. These non-hormonal, nonprescription products soften and moisturize the vagina, improving vaginal health and improving comfort during sex.

Vaginal lubricants. These are either water- or silicone-based and are for women who have vaginal pain with penetrative intercourse. They work to provide increased lubrication during sex to reduce pain.

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

Vaginal dilators. For women with pain during penetration, these devices can increase comfort during sex by stretching the vagina and reducing tightness. They come in various diameters and the size of the dilator can be increased as the vaginal stretch improves.

Low-dose vaginal estrogen. The use of estrogen (such as a flexible ring, cream, or tablet) that is inserted into the vagina can help restore vaginal health. Women should talk with their oncologists to see if the use of these medications is appropriate for them.

Managing emotional side effects. Relieving the emotional side effects, in addition to the physical ones, is just as important for your sexual health. Your clinical team (including social workers) can help you develop effective coping strategies, provide education, and give you referrals to community resources.

[Talking with other cancer survivors](#) [10] in local support groups or online support communities

can also help you understand how other women are coping with changes to their bodies and sexuality.

More Information

[Dating and Intimacy](#) [11]

Moving Forward Video: [Dating and Sexuality](#) [12]

[Side Effects](#) [13]

Additional Resources

[American Association of Sexuality Educators, Counselors and Therapists: Locate an Expert](#) [14]

[LIVESTRONG Foundation: Female Sexual Health after Cancer](#) [15]

[National Cancer Institute: Body Changes and Intimacy](#) [16]

[National Cancer Institute: Sexuality and Reproductive Issues](#) [17]

Links:

[1] <http://www.cancer.net/coping-and-emotions/sexual-and-reproductive-health/sexuality-and-cancer-treatment-women>

[2] <http://www.cancer.net/about-us>

[3] <http://www.cancer.net/node/25069>

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

[5] <http://www.cancer.net/node/25241>

[6] <http://www.cancer.net/node/24589>

[7] <http://www.cancer.net/node/30346>

[8] <http://www.cancer.net/node/30336>

[9] <http://www.cancer.net/node/25194>

[10] <http://www.cancer.net/node/25383>

[11] <http://www.cancer.net/node/25297>

[12] <http://www.cancer.net/node/28086>

[13] <http://www.cancer.net/node/25238>

[14] <http://www.aasect.org/referral-directory>

[15] <http://www.livestrong.org/we-can-help/finishing-treatment/female-sexual-health-after-cancer/>

[16] <http://www.cancer.gov/cancertopics/coping/life-after-treatment/page5>

[17] <http://www.cancer.gov/cancertopics/pdq/supportivecare/sexuality/Patient/page2/AllPages/Print>