

Sexual Side Effects of Cancer

■ Can cancer and its treatment cause sexual side effects?

Yes, many people experience sexual problems during or after cancer treatment. Health care providers call them “sexual side effects.” These side effects can include changes in your desire or ability to have sex. Sexual side effects can be physical, mental, or emotional changes. Physical sexual side effects are more likely with cancer treatments that affect sex organs or reproductive organs, but they are possible with other types of cancer, too. Other treatment side effects, such as fatigue, nausea, and pain, as well as emotional distress and concerns about your body image, can also affect your sex life. Sexual side effects might get better over time or be permanent. With counseling and medication, many people see improvement in their sexual health, so it is important to seek help.



■ What sexual side effects could I experience?

In men, some treatments can make it difficult to get or keep an erection. This is called erectile dysfunction (ED). Surgery on the prostate, testicles, bladder, colon, or rectum can damage nerves that control erections. Radiation therapy, chemotherapy, hormone therapy, and certain drugs for other conditions can also cause ED. Men may also experience “dry” orgasms, premature ejaculation, pass urine during an orgasm, or have pain during sex.

In women, radiation therapy, chemotherapy, gynecologic surgery, breast surgery, hormone therapy, and drugs for other conditions can cause sexual side effects. They include a decrease or loss of sexual desire, the inability to achieve or maintain sexual arousal, and difficulty or an inability to achieve orgasm. A decrease or loss of vaginal and vulvar lubrication, pain during sex, and pain or numbness in the genitals can also occur.

Any treatments that change or remove a body part, such as a mastectomy or testicle removal, can also directly or indirectly affect a person’s sexual health. Other treatments, such as a colostomy, can also affect sexual confidence and sexual function.

■ How are sexual side effects treated?

For men, there are several ED medicines, such as sildenafil (Viagra), tadalafil (Cialis), and vardenafil (Levitra), that can help a man get and maintain an erection during sex. Another option may be penile injections that increase blood flow to the penis, including alprostadil (Caverject, Edex, or Muse) or papaverine (multiple brand names). Penis implants as well as vacuum devices may also be used to help achieve erection. Talk with your doctor about whether any of these options may help you.

For women, over-the-counter water-based vaginal moisturizers and lubricants can increase comfort during sex. Prescription medications, such as low-dose vaginal estrogen, intravaginal dehydroepiandrosterone, and vaginal lidocaine, may also treat vaginal dryness or pain. If a treatment for cancer causes menopause, hormone therapy can help manage symptoms. Antidepressant medications can reduce some menopause symptoms, such as hot flashes and emotional distress. Pelvic floor physical therapy can strengthen and relax muscles used during sex, and vaginal dilators that gently stretch the vagina can reduce vaginal tightness and help relieve discomfort with sexual activity. It is important to talk with your doctor before using any of these medications or treatments.

In all patients, addressing cancer-related emotions and problems that can affect sexual health, such as depression and anxiety, is very important.

■ How can I cope with sexual side effects?

A counselor or sex therapist can help you deal with the emotions and challenges that sexual side effects can cause. Talking with a counselor alone or with your partner can help reduce sexual side effects. Counselors can help identify sexual problems and recommend treatments. Sex therapists can help you communicate with your partner about sexual needs to improve intimacy and closeness during and after cancer. In addition, your health care team may be able to help you find local support groups and community resources.

■ Need help starting a conversation with your health care team?

Feeling anxious or embarrassed about bringing up sexual concerns with your health care team is common. However, it is important for you to get the help you need. Writing your concerns or problems down before your appointment may help. Try using the script below. You can read it to your health care provider, ask your provider to read it, or email it to your provider before your next appointment.

“I noticed that I am having [Insert problem. Example: difficulty becoming aroused, having an orgasm, pain, etc.] before/during intercourse, and I am upset/worried about it. I believe it is because of the treatments I am/was receiving. Are there any tests that can be done or professionals I can talk to about how to improve this?”

Questions to Ask the Health Care Team

Relieving sexual side effects is an important part of cancer care. Ask your health care team for information and support resources if problems related to your sexual health occur. It can be helpful to bring someone along to your appointments to take notes, if you are comfortable doing so. Consider asking the following questions:

- ▶ Does my cancer or cancer treatment put me at risk for developing sexual side effects? Which ones?
- ▶ Will the side effects be short term or long term?
- ▶ How can sexual side effects be relieved or managed, if they do occur?
- ▶ Can sexual side effects occur after treatment ends?
- ▶ Is it safe for me to have sex during cancer treatment? Is it safe for my partner?
- ▶ Can cancer treatment affect my ability to have children in the future? (Learn more at www.cancer.net/fertility.)
- ▶ Would you recommend that I talk with a counselor or sex therapist?

Find more information and resources at www.cancer.net/sexualhealth. For a digital list of questions, download Cancer.Net’s free mobile app at www.cancer.net/app.

This fact sheet was developed by and is © 2019 American Society of Clinical Oncology, Inc. (ASCO). All rights reserved worldwide. No sponsor was involved in the development of the content. The mention of any company, product, service, or therapy does not constitute an endorsement of any kind by ASCO or Conquer Cancer®, the ASCO Foundation. It is the responsibility of the treating physician or other health care provider, relying on independent experience and knowledge of the patient, to determine drug dosages and the best treatment for the patient. ASCO assumes no responsibility for any injury or damage to persons or property arising out of or related to any use of the fact sheet or any errors or omissions. Information in ASCO’s patient education materials is not intended as medical advice or as a substitute for medical advice. Patients with health care-related questions should call or see their physician or other health care provider promptly and should not disregard professional medical advice, or delay seeking it, because of information encountered here. ASCO believes that all treatment decisions should be made between patients and their doctors. Advances in the diagnosis, treatment, and prevention of cancer occur regularly. For more information, visit Cancer.Net (www.cancer.net).

Health Care Professionals: To order more printed copies, please call 888-273-3508 or visit www.cancer.net/estore.

Cancer.Net

Doctor-Approved Patient Information from ASCO®

AMERICAN SOCIETY OF CLINICAL ONCOLOGY

2318 Mill Road, Suite 800, Alexandria, VA 22314

Toll Free: 888-651-3038 | Phone: 571-483-1300

www.asco.org | www.cancer.net | www.conquer.org

© 2019 American Society of Clinical Oncology.

For permissions information, contact permissions@asco.org.

MADE AVAILABLE THROUGH

**CONQUER
CANCER®**

THE ASCO FOUNDATION

Words to know

Chemotherapy: The use of drugs to destroy cancer cells.

Colostomy: A surgery that allows solid waste from the body to collect in a pouch worn outside the body.

Dry orgasm: When a man experiences an orgasm with no semen coming out.

Gynecologic surgery: An operation that affects or alters parts of a woman’s reproductive system.

Hormone therapy: Cancer treatment that changes the amount of a specific hormone in the body. May also refer to hormones given to women to treat symptoms of menopause.

Mastectomy: The surgical removal of the entire breast.

Menopause: When a woman’s period permanently stops.

Premature ejaculation: When a man has an orgasm before he wants to.

Radiation therapy: The use of high-energy x-rays to destroy cancer cells.

Sex therapist: A professional who helps people address sexual and intimacy problems using communication.

Side effects: Problems that happen during or after treatment. These could be from the cancer or how the treatment affects your body.

Supportive care: The relief of side effects, also called palliative care.