



Sex and Women With Cancer – Overview

This is a shorter, easier-to-read version of [Sexuality for the Woman With Cancer](#). For more detailed information, call 1-800-227-2345. Or visit our Web site at www.cancer.org.

Sex is an important part of life. It affects our zest for life and how we think of ourselves. Yet doctors and patients often don't talk about how cancer treatment will affect the patient's sex life.

When you first found out you had cancer, there was a lot to do and deal with. For most people, sex was not on that first list of concerns. But after things settled down a bit, you might have started to wonder about what will happen with your sex life.

You might not have asked about it yet. Many people don't feel OK talking about sex with a doctor or even with a long-term sex partner. Even just reading about it here may seem a little strange at first.

The information here is for all women with cancer – women who have sex with men and women who have sex with women. It is basic information about cancer and sex, and it may not answer all your questions. But we will try to help get you started talking with your partner, your doctor, and your cancer team about your sex life and any problems you might have. That's a first step toward a better sex life after cancer.

Just what is “normal” anyway?

People think about sex in different ways, and they have sex in different ways too. This makes it hard to decide what is “normal.” Some couples like to have sex every day. For others, once a month is good. Many people think using the mouth or tongue is a normal part of sex, but some think it is not OK. “Normal” for you and your partner is whatever feels right to both of you.

It's also normal to want sex as you get older. But there are some who think sex is only for the young. Those people don't know that many men and women keep having sex until the

end of their lives. It is true that age may change your sexual response. But if you want to keep your sex life active, you can very likely do so.

How a woman's body works

During the years when a woman can have children, her ovaries make hormones. They also take turns each month releasing a ripe egg. The egg travels through a tube into the womb (*uterus*). When she has sex, a woman gets pregnant if a sperm cell gets in through the opening at the bottom of her uterus (called the *cervix*) and joins the egg.

An egg is fertile only for about 2 days. If a woman does not get pregnant during that time, the lining of the uterus that has built up over the past weeks flows out her cervix during her "period" (*menstruation*). If she gets pregnant, the lining stays in place to help feed the growing baby.

Hormones

The ovaries usually stop releasing eggs and greatly cut down their hormone output when a woman is around age 50. This is called *menopause* or the *change of life*. Many women are afraid they will not want sex after menopause. But for many women the drop in hormones does not change sexual desire. The main hormones we'll talk about are estrogen and androgens.

Estrogen

Estrogen helps keep your vagina moist and flexible, and helps it open up when you are aroused. When a woman is not excited, her vagina stays relaxed and folded together so that its walls touch each other. As a woman starts to feel aroused, the vagina gets longer and wider. The cells lining the vagina "sweat" drops of fluid that make the vagina slippery.

After menopause, a woman's estrogen levels are lower. This means that as the woman gets aroused, it can take longer for the vagina to change shape and sweat fluids. Low estrogen can also cause the lining of your vagina to get thinner and lose some of its ability to stretch. In some women, the vagina may stay a bit tight and dry, even if the woman is very excited.

Androgens

The ovaries also make small amounts of *androgens*, which are sometimes called *male hormones*. Androgens help produce sexual desire in women. After menopause, there is less of this hormone, and some women notice a drop in desire.

Female orgasm

As a woman becomes sexually excited, her nervous system sends signals of pleasure to her brain. If she is touched in a way that she likes, the signals can get stronger and may trigger the orgasm reflex. During orgasm, the muscles around the genitals contract in rhythm. The sudden release of muscle tension sends waves of pleasure through the genital area and sometimes over the entire body. Afterward, a woman feels relaxed and satisfied.

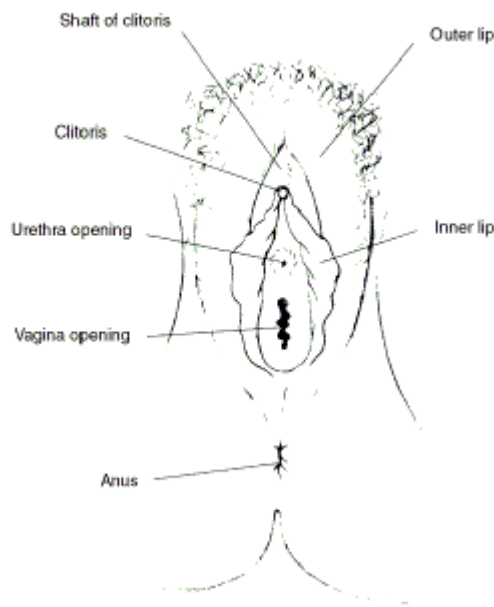
A woman's orgasms may change over time. As she gets older, orgasms may take longer to reach, and more stroking may be needed.

How orgasms happen

An orgasm is a natural reflex, but some women must practice to learn how to trigger it. If cancer treatment changes the sexual response, a woman may need to re-learn this skill.

There are many ways to reach orgasm. They differ for each woman. A few women can reach orgasm just by having a fantasy about sex or by having their breasts touched. But most women need their genitals stroked to reach orgasm.

The areas of a woman's genitals (see picture) that are most sensitive to touch are the clitoris and the inner lips. The outside part of the genitals (called the *vulva*) includes the outer lips, inner lips, the clitoris, and the entrance to the vagina. The outer lips are spongy, and protect the delicate inner lips and clitoris. The opening of the urethra (the tube that carries urine out of the body) is between the inner lips and behind the clitoris. The anus (opening of the bowel) is behind the vagina.



Many women reach orgasm most easily by stroking the clitoris. Like a penis, the clitoris has a head and a shaft. Messages of pleasure are sent to the brain when the clitoris is stroked.

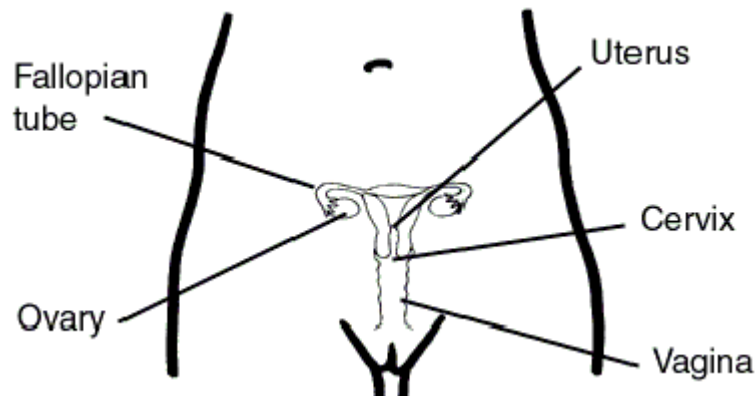
The head of the clitoris is so sensitive that it can get sore if it's rubbed too fast or too hard. Lubricants (gels or liquids) can be used to help prevent soreness. Stroking or touching close to the head of the clitoris — but not right on it — can also help.

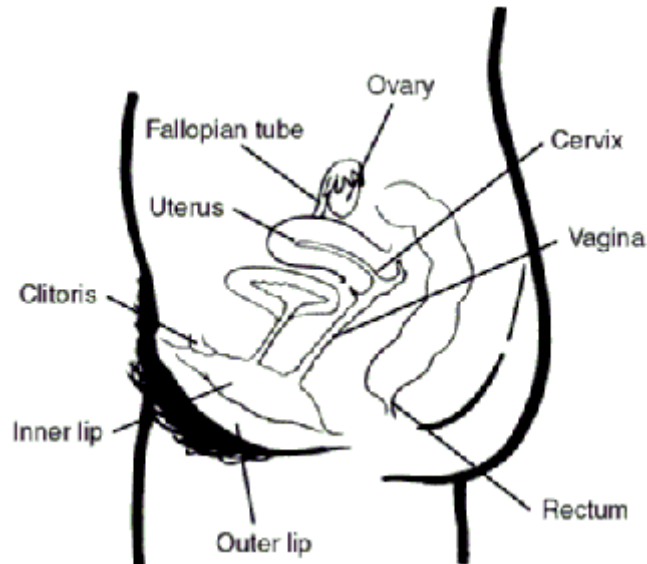
Other areas, like the outer lips and anus, can also give a woman pleasure when stroked. Each woman's sensitive zones are a little different. The opening of the vagina is more sensitive than the deep end (inside) of the vagina. For some women, the front wall of the vagina (stomach side) is more sensitive to pressure during sex than the back wall. Stroking the area about 1 to 4 inches inside the front wall of the vagina can help some women reach orgasm during sex.

Surgery and sex

A woman's genitals and organs for pregnancy are in the pelvis (lower part of the belly). These are some organs that are in the pelvis:

- Uterus (womb)
- Cervix (the entrance to the womb at the top of the vagina)
- Fallopian tubes, ovaries (the organs that make eggs and hormones)
- Vagina
- Vulva (the outside parts, such as the clitoris and the inner and outer lips of the vagina)
- Bladder (the storage organ for urine)
- Rectum (the bottom end of the intestines)





Cancer of any of these organs can affect your sex life. If you have surgery to take out an organ with cancer, sometimes others must be removed, too. The exact surgery will depend on the type of cancer. Take this drawing with you, and talk with your surgeon about what is planned. Ask how the surgery will affect your sex life. If part of the vagina is being removed, ask about having it rebuilt. If you think you may want to have children later, be sure to ask about that too.

Sex after surgery

After surgery, it may take a few weeks for you to heal before you can have sex. Talk with your surgeon about how long you should wait. If you have pain or problems during sex, tell the doctor and find out what you can do to help it.

Radiation and sex

Radiation to the pelvic area often affects a woman's sex life. If the ovaries get a lot of radiation, they may stop working. Sometimes this is just for a short time, but it can be lifelong.

If a woman has gone through menopause, she may not notice a change in her sex life. If she has not, radiation may cause it to happen. No matter what the radiation dose, women younger than 50 should talk with their doctors about birth control. Some women can still get pregnant after radiation.

Fertility (ability to have children)

Young women who get smaller doses of pelvic radiation might start to have periods again as their ovaries heal. With larger doses of radiation, such as those used for cervical cancer, the damage doesn't go away. Many women who get radiation to the pelvis can't

have any more children. If you think you might want to have children later, talk to your doctor **before** you start radiation.

Radiation effects on the vagina

During radiation, the treatment area may get pink and look sunburned. A woman's vagina may feel tender during radiation and for a few weeks after. As it heals, scars may form, causing the walls of the vagina to be thick and tough. Radiation scars can also make the vagina short or narrow. It may not stretch as much during sex.

A woman can often keep tight scar tissue from forming by stretching the walls of her vagina. She can do this by having sex at least 3 or 4 times a week or using a special rod to stretch the vagina. The rod is called a *vaginal dilator*. It is usually plastic or rubber, and feels like putting in a large tampon for a few minutes. Even if a woman doesn't want to keep having sex, keeping her vagina a normal size helps her gynecologist do pelvic exams. These doctor visits are important after cancer treatment.

Radiation damage to the vagina can also make its lining thin and easy to tear. Many women notice a little bleeding after sex, even though they felt no pain. A few women get open sores in their vaginas. These may take months to heal after radiation treatment ends.

Sex during radiation therapy

As long as a woman is not bleeding a lot from a tumor in her bladder, rectum, uterus, cervix, or vagina, she may be able to have sex during pelvic radiation therapy. Unless sex or touching is painful, a woman should still be able to reach orgasm.

Radiation from a machine outside the body does not leave any radiation in your body. This means you won't expose your partner to radiation during sex.

Some women are treated with a *radioactive implant*. This is a radiation source that's put inside the bladder, uterus, or vagina for a few days. A woman's partner can be exposed to radiation while the implant is in place, so they might need to hold off having sex. After the implant is removed, there is no more radiation.

Chemotherapy (chemo) and sex

Chemotherapy (called *chemo*) is often given through an IV, which puts the drugs into a vein and right into the blood. This is a common treatment for many types of cancer.

But newer methods can sometimes be used to get more treatment to the tumor. For instance, with bladder cancer, the chemo can be put right into the bladder through a small soft tube. Treatments like this usually only affect a woman's sex life for a short time. Some women may notice pain if they have sex too soon after the treatment.

Women with tumors in the pelvis may get chemo sent just to the cancer. The drugs are put into the blood vessels that feed the tumor, so an extra-strong dose goes right to the

cancer. This kind of treatment is new, and doctors do not yet know the long-term effects on a woman's sex life. The short-term side effects are much like those of IV chemo.

In another way of giving chemo, the drugs are put only into the belly (abdomen). For cancers of the ovaries or colon, the space around the intestines is filled with liquid chemo drugs. The liquid is drained out after a short time.

Early menopause with chemo

Many women getting chemo go into early menopause. They may notice hot flashes, the vagina may be dry and tight during sex, and their menstrual periods will go off their usual schedule. As the lining of the vagina thins, they might bleed slightly after sex.

Pregnancy during and after chemo

If you want kids later

If you think you might want to have children in the future, it is very important for you to talk to your doctor about this **before** you start chemo. Ask if the treatment will affect your ability to have children. Many chemo drugs can damage the ovaries. Sometimes the ovaries still work after chemo, but sometimes they don't. For more on fertility and cancer, call us or visit our Web site.

Don't get pregnant during (or just after) chemo

Many of the drugs used in cancer treatment can harm a fetus. During chemo women should use birth control to keep from getting pregnant. Talk to your doctor about what kind of birth control is best and safest for you to use. If you want to get pregnant soon, talk with your doctor about how long you should wait after having chemo.

Birth control after chemo

If you haven't gone through menopause, it's hard to know if you will be able to get pregnant after chemo. Some women start back having monthly periods after chemo, and still can't get pregnant. Others can, so use birth control unless you want a child.

Chemo and sexual desire

Women who are getting chemo often notice less desire for sex. Side effects like upset stomach, tiredness, and weakness may leave little energy for your partner. After chemo ends, the side effects will slowly fade, and as you start to feel better, the desire for sex should return.

Women getting chemo also tend to feel less attractive. Hair loss, weight loss or gain, and sometimes IVs that stay in for weeks or months can make it hard to feel like yourself.

Ideas to help with these problems are in the section called “Dealing with sexual problems.”

Sex during and after chemo

Be sure to ask your chemo doctor or nurse:

- When it will be OK to have sex
- What precautions you need to take, and for how long
- How each treatment might affect your sex life

Other problems from chemo that may affect your sex life

Some chemo drugs can make your mouth, throat, intestines, and vagina dry and sore.

Yeast infections are common during chemo. If you have a yeast infection, you may itch in or near your vagina. Some women have a thick white discharge, with burning during and after sex.

Chemo can also cause a flare up of genital herpes or genital warts if a woman has had them before. If you have any signs of infection, see your doctor right away. Infections can be serious because chemo can weaken your immune system. This makes it harder for you to fight infections.

You might be able to avoid some infections by wearing loose clothes and cotton panties to keep the vagina less moist. Wipe front to back after passing urine. Do not douche. Your doctor may also prescribe a vaginal cream or suppository to reduce germs that may grow in the vagina. Don't touch the vagina or urethra with anything that has touched near the anus. Germs from the bowel can cause infections if they get into the vagina or urethra.

You'll also want to avoid new infections you can get from sex partners. If you are having sex with someone you're not sure about, practice safer sex. The safest way to have sex with a man is to use condoms every time, from start to finish. Whether you have oral sex (using the mouth), anal sex (entering the rectum), or vaginal sex, condoms can lower your risk of sexual infections. But keep in mind that the rectum is fragile, and might tear or rip. There may be times during your treatment it will not be safe to have anal sex.

For more about safer sex, contact the American Social Health Association (see the “To learn more” section).

Hormone treatment and sex

Hormone treatment is used to treat cancers of the breast and the womb (uterus). It keeps the cancer from getting the hormone it needs to grow. This can be done with medicines.

But a few women have their ovaries taken out to cut off the hormone supply. Radiation to the ovaries can also make them stop working.

Any of these treatments can cause menopause (“the change”). But a woman usually can still feel sexual desire and reach orgasm.

If other hormone treatments fail, a woman with breast cancer may be treated with large doses of androgens. This can increase her desire for sex. It also may deepen her voice, grow hair on her face, and make her clitoris a bit bigger. But it does not change who she is, or make her feel like a man.

To learn more about your treatment

If you would like to know more about how a certain treatment might affect your desire, orgasm, or fertility, call us. We can send you a copy of *Sexuality for the Woman With Cancer*. Or you can read it online at www.cancer.org.

Keeping your sex life going despite cancer treatment

Here are some points to keep in mind during and after cancer treatment.

Learn as much as you can about how your cancer treatment can affect your sex life.

The first thing to do is talk to your health care team about your sex life. You already may have asked how your treatment will affect your going back to work, your eating, or your pain. You have just as much right to know the facts about your sex life. When you know what to expect, you can make plans to handle any problems that come up.

No matter what kind of treatment they have, nearly everyone is still able to feel pleasure from touching.

Few cancer treatments damage the nerves and muscles that help you feel pleasure from touch or having orgasm. You may have to change the way it happens, but most women should still be able to feel pleasure and be satisfied. Women whose cancer treatments affect the brain or spinal cord may not be able to feel pleasure from sex.

Try to keep an open mind about ways to feel sexual pleasure.

Some couples have a narrow view of what is normal sex. If both partners can't reach orgasm the way they always have, they feel cheated. But during cancer treatment, there may be times when that kind of sex is not possible. Don't give up just because your routine has been changed.

Try to have clear, 2-way talks about sex with your partner.

Keeping each other up to date with what is going on is key to a good sex life. Tell your partner what you learn from your doctor. If you feel weak or tired and want your partner

to take a more active role in touching you, say so. If some part of your body is tender or sore, guide your partner's touches to create the most pleasure and avoid pain. Keep in mind that if one partner has a sex problem, it affects both of you. If you are dealing with sexual problems, it works best when your partner is part of the solution.

Feel good about yourself.

Remind yourself about your good qualities. If you lose your hair, try a wig, hat, or scarf if it makes you feel better. Or, wear nothing on your head if that works for you. If you've had a breast removed, try a breast form so your clothes fit better. Eating right and getting exercise can help keep your body strong and your spirits up. Don't forget to take time alone to relax, and enjoy time with friends. Do what makes you feel good about yourself.

Dealing with sexual problems

Getting used to changes in your body

Just as you learned to enjoy it when you first started having sex, you can re-learn how to feel pleasure after cancer treatment. Use this as a chance to look at your sex life in a new way.

The areas of your genitals most sensitive to touch may be a little different after treatment. Or maybe touch that felt good before cancer treatment hurts now. You might find your favorite position for sex has changed. If your vagina has been changed by surgery, you will need time to get used to the new feelings you have during sex.

Vaginal dryness

Lubricants: Cancer treatments often make the vagina dry. You may need extra lubricants to make sex easier. Choose a plain, clear, water-based gel, with

- No perfumes or scents
- No colors
- No spermicide (Don't get birth control gels.)
- No flavors
- No herbs

Lubricants can often be found near the birth control or feminine products in drug stores or grocery stores. Common brands include K-Y[®] Jelly and Astroglide[®]. Some of the newer lubricants contain herbs (such as aloe or lavender), which can irritate or cause allergic reactions. Also, warming gels can burn some women. Be sure to read the labels and talk with a nurse, doctor, or pharmacist if you have questions.

Before sex, put some lubricant around and inside the opening of your vagina. Then spread some of it on your partner's penis or fingers. This helps get the lubricant inside

your vagina. Many couples treat this as a part of foreplay. If sex lasts more than a few minutes, you may need to stop a moment to add more lubricant.

Petroleum jelly (Vaseline[®]), skin lotions, and other oil-based lubricants are not good choices. They may raise the risk of yeast infection. And if latex condoms are used, oil-based lubricants can cause them to break. Watch out for gels, condoms, or foams that contain nonoxynol-9 (N-9). N-9 is a birth control agent that kills sperm, but it can irritate the vagina.

Vaginal moisturizers: Replens[®] and K-Y Liquibeads[®] can be used 2 or 3 times a week to help keep your vagina moist. The effects of these products last longer than those of lubricants, and you can buy them at most drugstores. Lubrin[®] and Astroglide Silken Secret[®] are other moisturizers that are said to last longer than usual lubricants. But you may still need some extra lubricant during sex.

Vaginal hormones: Some women do well with hormones that come in gel, cream, ring, or tablet form. They can help with dryness and thin vaginal linings. Most of these hormones are put into the vagina, though some can be applied to the vaginal lips (vulva). Only a tiny bit of hormone enters the bloodstream. These hormones must be prescribed by a doctor.

Loss of desire

People often lose interest in sex during cancer treatment, at least for a time. Worry, depression, nausea, pain, or tiredness can cause loss of desire.

Cancer treatments that change hormone balance also can lower sexual desire. Relationship problems can cause one partner or both to lose interest. And any feelings or thoughts that keep a woman from getting excited can cut off the desire for sex. For example, some people who have cancer are afraid that a partner might be turned off by changes in their bodies or by the very word “cancer.” All these problems can affect desire.

If you have less desire for sex for whatever reason, talk with your doctor. Sometimes small doses of androgens can help.

Loss of a body part

Women who lose a part of their body to cancer sometimes miss the pleasure they felt from having that area stroked during sex. Get your partner’s help to find new places to replace the pleasure you used to feel. Women often are embarrassed to look at or touch their own private parts. But getting to know your own genitals can sometimes help restore your sexual pleasure after cancer treatment.

Many women have never looked at their genitals, and may not know for sure which parts are where. Take a few minutes with a hand mirror. Find the outer lips, inner lips, clitoris, urethra (urinary) opening, entrance to the vagina, and anus. Lightly touch each part,

touching the anus last to avoid spreading germs to the urethra. Find out which areas are most sensitive to touch.

Has your cancer treatment changed the look of your outer genitals in any way? If so, take time to get used to the changes. Check to see if any areas are sore or tender. Share what you learn about yourself with your partner. Work together to have sex that pleases you both.

Reaching orgasm after cancer treatment

Almost all women who could reach orgasm before cancer treatment can do so after treatment. Most will have orgasms just as easily as before. But for some it may take practice to re-learn. Many books and videos for women contain detailed steps on how to reach orgasm.

If you enjoy being touched but still have trouble reaching orgasm, you may need to try something new to push yourself toward more excitement. Here are a few ideas that might help a woman reach orgasm.

- **Have a sexual fantasy during sex.** A fantasy can be a memory of a past experience or a daydream that excites you. Strongly sexual thoughts can distract you from fears.
- **Use a hand-held vibrator to give extra stimulation during your lovemaking.** Hold it yourself or ask your partner to caress your genitals with it. You can steer your partner to the areas that respond best and away from those that are tender or sore.
- **Change the position of your legs during sex.** Some women reach orgasm more easily with legs open and thigh muscles tense. Others prefer to press their thighs together.
- **Tighten and relax your vaginal muscles in rhythm during sex or while your clitoris is being stroked.** This helps you focus on what you're feeling. Tighten your vaginal muscles as you breathe in, and let them relax as you breathe out.
- **Ask your partner to gently touch your breasts and genital area.** Try new things with your partner to find the type of touch that most excites you.

If a sexual problem has not cleared up after you have worked on it for weeks or months, think about asking your doctor for professional help.

Pain during sex

Pain during sex is one of the most common problems for women. This can be pain in a non-sexual part of the body or pain in the genitals. Even if your pain is not near the genitals, it can keep you from feeling pleasure during sex.

Non-genital pain: If you are having pain in areas other than your pelvis or genitals, these tips could help lessen it during sex.

- **Plan sex for the time of day when you feel the least pain.** If you are using pain medicine, take it an hour before sex so it will have time to work. Try to find doses of medicine that relieve pain without making you too sleepy.
- **Find a position for touching or sex that puts as little pressure as possible on the areas that hurt.** If it helps, support the sore area with pillows. If a certain motion hurts, choose a position that avoids it. You can guide your partner on what you would like.
- **Focus on your feelings of pleasure and excitement.** With this focus, sometimes the pain fades into the background.

Genital pain: Another side effect of some cancer treatments is pain in the genitals. Sex may cause pain in the vagina or in the tender areas around it. Some women's vaginas are shorter and narrower after surgery or radiation. If you don't have enough moisture in the vagina, sex can be dry and painful. This can lead to burning, soreness, and urinary tract infections.

If you have genital pain during sex:

- **Always tell your doctor about the pain.** A number of common problems can cause pain on the vulva or deep in the vagina. Treatments can often help.
- **Make sure you feel very aroused before your partner enters.** Your vagina expands to its fullest only when you are very excited. It also gets wetter. As women go through menopause, it may take a longer time and more touching to get fully aroused.
- **Spread a large amount of water-based lubricating gel around and in your vagina before sex.** You can also use lubrication suppositories (pellets) that melt during foreplay. Use vaginal moisturizers regularly, whether or not you have sex.
- **Let your partner know if any types of touching hurts.** Show your partner ways to touch you or positions that aren't painful. Usually, light touching around the clitoris and the entrance to the vagina won't hurt, especially if the area is well lubricated.
- **Try a position that lets you control the movement.** That way, if deep thrusting hurts, you can make the thrusts less deep. You can also control the speed.

One position that often works well is for you to kneel over your partner with your legs on either side of your partner's body. Either sit up, or lean forward and support yourself with your arms. From this position your partner can easily stroke your breasts or clitoris to add pleasure.

Another good position is for partners to lie on their sides, either with your partner behind you, like spoons, or face to face.

Use Kegel exercises to learn to relax the vaginal muscles: Once a woman has felt pain during sex, she may tense up during sex. Without her knowing it, the muscles just inside the vagina may tighten. This makes sex even more painful. Sometimes the muscles are clenched so tightly that her partner cannot even enter her vagina.

You can learn to relax your vaginal muscles during sex. Exercises that teach control of the vaginal muscles are called *Kegels*.

The first step is to find your vaginal muscles. The muscles around the vagina are the same ones that you use to stop the flow of urine. The next time you pass urine, stop the flow for a few seconds. Notice how you do this. When you relax your muscles, the urine flows again.

Now that you know how, you can practice. Tighten your muscles while you count to 3, and then release. Repeat this 10 times, once or twice a day. Other people can't tell that you are doing Kegels, so you can practice anytime you want.

Before you try sex, agree ahead of time that if you feel any pain, your partner will stop until you relax and stretch your vaginal muscles. Start by making sure your vagina is wet and that you and your partner are both aroused. Take a few seconds to tighten your vaginal muscles. Then let them relax as much as possible before your partner enters.

If sex is painful or difficult, you or your partner can stretch your vagina with a finger. Lubricate a finger and gently slip it inside your vagina. Use the Kegel movement to tighten and release your vaginal muscles as you slowly move it deeper in. When one finger is no longer painful, try using 2 fingers, and then 3, before you try your partner's penis. Use plenty of gel, and go slowly.

If you try these tips but are still having pain, you may need help from a gynecologist or sex therapist. Talk with your doctor about this.

If you feel discouraged or feel as if you can't handle the changes, talk with your cancer team about seeing a mental health professional. They can help you adjust to these changes.

Grief and loss

It is normal to feel grief over what you've lost with cancer and its treatment. You might have to give up your old ideas of yourself and start finding new ways to cope with the changes in your life. You might also notice feeling sadness and anger, even toward those close to you. Cancer changes the way you think of your body and yourself. This can disturb your well-being, and affect how you see yourself sexually. It can also affect your ability to have relationships.

It may take time for you to even notice some of the losses and changes from cancer. It can help if you can share your grief with someone close to you. If there is no one close that you want to confide in, you might want to see a counselor. Just as it is important to take care of pain in your body, painful feelings also need to be dealt with.

Depression

Depression is feeling empty or sad most of the time. It happens to a lot of people with cancer. Staying active is a good way to reduce stress and lower your risk of depression.

Talk to your doctor about the kinds of exercises that are right for you. As long as you don't overdo it, exercise will help you feel better during and after treatment.

Side effects can also get you down. You can reduce the pain and nausea that some cancer treatments cause by learning skills to help you relax. Many relaxation methods can be learned from DVDs, CDs, or books, though training by a mental health professional may work best. Sometimes professionals may offer other methods to help improve your sleep, appetite, energy, and ability to feel pleasure. In turn, this can help your self-esteem and desire for sex.

If you notice you are sleeping poorly, feeling hopeless, not enjoying life, and have trouble thinking or other signs of depression that last more than 2 weeks, talk to your doctor. Depression can be treated with medicine and in other ways.

Keep in mind that some of the newer anti-depressants may make it harder to reach orgasm. If this becomes a problem for you, talk to your doctor about it. There are other anti-depressants that may not have that effect on you.

Anxiety about sex

Many couples believe that sex should happen on the spur of the moment, with no planning. But sometimes a cancer-related symptom or treatment side effect makes it impossible for it to happen like it did in the past. The most important thing is to bring up the topic and talk about it with your partner.

Part of the anxiety about sex might be because you want to satisfy your partner. One way to find out if you are ready to enjoy sex is to start by touching yourself and bringing yourself to orgasm. That way, you can find out if cancer treatment has changed your sexual response without feeling like you must please your partner. It can also help you find out where you might be tender or sore.

If you are OK with the idea, try stroking not just your genitals, but all of the sensitive areas of your body. Notice the different feelings. The books listed in the "To learn more" section can help you feel more relaxed about sex and touching yourself. Later you can teach your partner what you learn about your body's sensitive zones. Even if cancer treatment has not changed your sexual responses, you may find some new ways to spice up your sex life.

Every now and then we all have sexual thoughts or feelings, but we often ignore or forget them. Your sexual thoughts can be used to improve your sex life.

Pay attention to when you have sexual thoughts. Try to notice patterns, like the time of day, where you are, people, music, activities, movies, or fantasies. When you notice patterns, you can plan things that will help you get in the mood for sex.

If these and other efforts don't boost your sexual interest, think about asking your doctor for counseling or professional help.

The single woman and cancer

Getting through cancer treatment can be even tougher for a single woman. Some of the scars left by cancer are public. These include the lost hair, a lost limb, or scarred face. Others cannot be seen by people on the street. These private scars can be just as painful, though, since the few people who do see them are the ones who matter most.

Perhaps the most private scar left by cancer is the damage to your view of yourself. You may wonder about what you can do now, and how long you will live. If you had hoped to marry or to remarry, you might not want to involve a partner in such an uncertain future. Concerns about having children can also affect new relationships. Maybe you can't have children, or aren't sure if you can. Maybe you can still have children but are afraid that cancer will not give you time to see your child grow up. If you feel stuck and need help to move on, see the section called "Professional help."

When dating, people who have had cancer often avoid talking about their illness. At a time when closeness is so important, it seems risky to point out your problems. Sometimes you can ignore the cancer for a while. But when a relationship gets serious, silence is not the best plan. If you don't talk about it, cancer can become a secret that will limit your closeness to your partner. And a loving partner needs the chance to accept you as you are.

The risk of rejection

It's true that some people may reject you because of your cancer or cancer treatment. Even without cancer, people reject each other because of looks, beliefs, personality, or their own issues. The sad truth is that some single people with cancer don't even try to date. Instead of focusing on their good points, they tell themselves that no partner would accept them now. Of course, you can avoid being rejected by staying at home, but you might miss the chance to build a happy, healthy relationship.

When to talk about your cancer

It can be hard to know when to tell a new partner about your cancer. If you have a mastectomy, genital scars, or a sexual problem, you may worry even more. There are no clear rules. But it is often best to wait until you feel a sense of trust and friendship with a person. Here are some ways to help you decide when to talk about your cancer:

- Tell a potential partner about scars or sexual problems when you feel that the person accepts you and likes you for who you are.
- Discuss your cancer when a new relationship starts to deepen.
- Prepare for rejection: imagine the worst possible reaction, and how you would respond. But don't let fear of that reaction keep you from going after a relationship that might work.

How to bring it up

Try having “the cancer talk” when you and your partner are relaxed and feeling close. Ask your partner a question that leaves room for many answers. The question gives them a chance to think about the new information and respond, and helps you see how your partner takes this news.

One way is just to mention it, followed with your question. “I really like where our relationship is going and I need you to know that I had _____ many years ago. How do you think that might affect our relationship?”

You can also share your own feelings: “I had _____ cancer ____ years ago. I guess I don’t want to bring it up because I’m afraid you’d rather be with someone who hasn’t had it. It also scares me to remember that time in my life, but I need you to know about it. What are your thoughts or feelings about my having had cancer?”

You can even rehearse how to tell a date about having cancer. What message do you want to give? Try different ways of saying it, and ask a friend for feedback. Ask your friend to take the role of a new partner who rejects you because you have had cancer. Have your friend tell you what you dread hearing the most, and practice your response.

When you feel some confidence in your self-worth, and you feel able to handle rejection, you are ready for the real world. Then, when you start to meet people or date, think of it as part of a learning process rather than something you must do well with on your first try.

Your social life can be a plus

Try working on other areas of your social life, too. Single people can build a network of close friends, casual friends, and family. Call friends, plan visits, and share activities. Get into a hobby, interest group, or something else that will increase your social circle.

Some volunteer groups and support groups are set up for people who have faced cancer. You can have a better view of yourself when you get feedback about your strengths from others. If you feel shy about meeting new people, practice how to handle it. Talk to yourself in the mirror, or ask a close friend or family member to play the part with you.

Frequently asked questions

Can sex cause cancer?

Many patients and their partners worry that cancer is catching. But, a cancer cell from one person’s body simply cannot move in during sex, take root, and grow in someone else. And for most cancers, there is no link between a person’s sex life and cancer risk or having cancer come back after treatment.

There are a few viruses passed from one person to another through sex that can cause some kinds of cancer, like cancer of the cervix, vagina, penis, anus, and oral cavity, and Kaposi sarcoma. Hepatitis B and hepatitis C viruses can be passed to others during sex, and can raise the risk for liver cancer. The virus that causes mono (the “kissing disease”) seems to raise the risk of certain cancers, too.

Still, these cancers are not caused by sex itself. They are caused by viruses that can be picked up during sex with someone who has the virus. Most people with these viruses never get cancer. For more information, call us at 1-800-227-2345 and ask for *Infectious Agents and Cancer*.

Can you get AIDS from having sex?

Yes. The virus that causes AIDS is called HIV (the human immunodeficiency virus). It can be passed to others when semen, vaginal fluid, or blood from an infected person gets into someone else’s body. This can happen during oral, vaginal, or anal sex. This virus is passed on in 3 ways:

- Unprotected sex (sex without a condom) with an infected person
- Sharing an infected person’s needle or equipment when injecting drugs
- From a mother to her baby during pregnancy or breast-feeding

The only way to find out if a person has HIV is for them to take an HIV test. Unless you are sure that neither you nor your sex partner has the virus, you should practice safer sex. For more on safer sex, see “Other problems from chemo that may affect your sex life” in the section called “Chemotherapy (chemo) and sex.” For more on HIV, you can call and get our information *HIV Infection and AIDS*.

Can having sex during chemo or radiation hurt your partner?

A few chemo drugs can come out in small amounts in vaginal fluids. You may want to use condoms while you are getting chemo and for about 2 weeks afterward. Having sex with you will not expose your partner to radiation unless you have an implant that gives off radiation. Talk to your doctor or nurse about any questions or concerns.

When should a person with cancer not have sex?

Ask your doctor if sex would cause a problem any time during or after treatment. Here are some things to think about:

- After surgery, sex can cause bleeding or pull the stitches. Sex may also raise your chance of an infection. Ask your surgeon when it’s safe to try sex again.
- Some types of cancer, like cancer of the cervix or bladder, may cause bleeding in the genital area. If bleeding gets worse after sex, talk to your doctor about it.

- During cancer treatment with chemo or radiation, your immune system may not work very well and you can get serious infections. Ask your doctor if sex is too risky. Most doctors say that if you are well enough to be out in public, you are well enough to have sex.
- Some of the bacteria that can start an infection in the bladder or genital area can be washed away by emptying the bladder just after sex. Some doctors also suggest washing the genital area before sex and drinking extra fluids. If you have urinary tract infections often, your doctor may give you antibiotics to take after sex to help prevent infection.
- If you notice any sores, bumps, or warts on your partner's genitals, or a white or greenish-gray fluid (other than semen) in the opening at the tip of the penis, find out what's going on before you decide if it's safe for you to have sex with this person.

What about sex and advanced cancer or at the end of life?

A very ill person is not often seen as a sexual person. But everyone has sexual feelings. Touching, sharing, and closeness are always important, even at the end of life.

When cancer is far advanced, a person's needs for affection, sharing of feelings, and touch may become even stronger. You may need to remind your partner how important physical closeness is, even when sex might be too much.

Do you have other questions?

You might have many questions that haven't been addressed here. Don't be afraid or embarrassed to ask your doctor or other members of your health care team. Write them down now so you'll remember to ask them at your next visit.

Sometimes your doctor might say things you don't understand. It's OK to speak up. Let the doctor know what didn't make sense to you. Ask the doctor to try again to tell you what you need to know. If you still have trouble, a nurse or social worker can often help with questions.

Professional help

The first step in finding help for a sexual problem is to talk with your doctor. If your cancer specialist can't help you, ask your family doctor or another member of your health care team. They should be able to suggest a counselor who is an expert in sexual problems.

To learn more

More information from your American Cancer Society

This related information may also be helpful to you. Free copies may be ordered from our toll-free number, 1-800-227-2345, or you can read them online at www.cancer.org.

Sexuality for the Woman With Cancer (also available in Spanish)

A Message of Hope: Coping With Cancer in Everyday Life (also available in Spanish)

Anxiety, Fear, and Depression (also available in Spanish)

Fertility and Cancer: What Are My Options?

Breast Reconstruction After Mastectomy (also available in Spanish)

Infectious Agents and Cancer

HIV Infection and AIDS (also available in Spanish)

Pain Control: A Guide for Those With Cancer and Their Loved Ones (also available in Spanish)

Understanding Chemotherapy: A Guide for Patients and Families (also available in Spanish)

Understanding Radiation Therapy: A Guide for Patients and Families (also available in Spanish)

Surgery (also available in Spanish)

Colostomy: A Guide (also available in Spanish)

Ileostomy: A Guide

Urostomy: A Guide

Books

The following books are available from the American Cancer Society. Call us at 1-800-227-2345 to ask about costs or to place your order.

Chemo & Me: My Hair Loss Experience

Couples Confronting Cancer: Keeping Your Relationship Strong

Crossing Divides: A Couple's Story of Cancer, Hope, and Hiking in Montana's Continental Divide

What Helped Me Get Through: Cancer Survivors Share Wisdom and Hope

National organizations and Web sites*

American Association of Sexuality Educators, Counselors and Therapists (AASECT)

Toll-free number: 1-804-752-0026

Web site: www.aasect.org

The Web site has a listing of AASECT-certified counselors and/or therapists

American Social Health Association (ASHA)

Telephone number: 919-361-8400

Telephone number for STI (sexually transmitted infections) Resource Center: 919-361-8488

Web site: www.ashastd.org

Web site on teen sexual health: www.iwannaknow.org

Web site on teen sexual health in Spanish: www.quierosaber.org

For information and print materials on sexually transmitted infections and how to prevent and treat them

American Society for Reproductive Medicine (ASRM)

Telephone number: 205-978-5000

Web site: www.asrm.org

For fact sheets and booklets about adoption, genetic screening for birth defects, infertility, in vitro fertilization, sexual dysfunction, reproduction information for cancer patients, and other topics related to reproduction

Fertile Hope

Toll-free number: 1-888-994-4673 (1-888-994-HOPE)

Web site: www.fertilehope.org

Offers reproductive information, support, and hope to cancer patients whose medical treatments present the risk of infertility. Programs include: information on fertility risks and options for patients; financial aid for newly diagnosed cancer patients wishing to preserve their fertility through egg freezing, embryo freezing or sperm banking (must meet eligibility criteria); referrals to doctors who specialize in fertility; and information on current research studies and trials

Foundation for Women's Cancer (formerly Gynecologic Cancer Foundation)

Toll-free number: 1-800-444-4441

Web site: www.foundationforwomenscancer

Has free information about how to prevent, detect, and treat gyn cancer and the publication, "Renewing Intimacy After Gynecologic Cancer." The Women's Cancer Network Web site, www.wcn.org, also has a "survivor section" with articles on fertility, sexuality, and quality of life, and is aimed at creating an online community for women with cancer.

The International Association of Laryngectomees (IAL)

Toll-free number: 1-866-425-3678 (1-866-IAL-FORU)

Web site: www.theial.com

Offers programs to learn to manage a laryngectomy; a directory of vendors for laryngectomy supplies, including communication devices, stoma covers, “neck breather” bracelets and more; laryngectomee clubs in more than 11 countries (Internet clubs also available); a registry of alaryngeal (post-laryngectomy) speech instructors; newsletters; and educational materials

United Ostomy Associations of America, Inc. (UOAA)

Toll-free number: 1-800-826-0826

Web site: www.uoaa.org

Provides information, online support groups, discussion boards, and conferences to people with intestinal or urinary diversions (ostomies)

WebWhispers Nu-Voice Club (for people with cancer of the larynx)

Telephone number: 301-588-2352

Web site: www.webwhispers.org

For information about larynx cancer treatments, surgery, recovery, and what life is like after a laryngectomy. Also has a complete listing of laryngectomee suppliers, an online newsletter, and online support groups and discussion boards

Health care resources for women who have sex with women*

Brownworth VA (ed.). *Coming out of Cancer: Writings from the Lesbian Cancer Epidemic*. Seattle, WA: Seal Press, 2000.

Gay and Lesbian Medical Association

Web site: www.glma.org

Has an online Provider Directory, which allows you to search for doctors, specialists, therapists, dentists, and other health professionals nearby; fact sheets just for gay, lesbian, and transgender persons; and information on transgender health resources

Mautner Project: The National Lesbian Health Organization

Telephone number: 202-332-5536

Web site: www.mautnerproject.org

Offers cancer-related information; support services; and nationwide referrals to culturally-competent, lesbian-sensitive professional services (lawyers, physicians, therapists, etc.)

**Inclusion on this list does not imply endorsement by the American Cancer Society.*

Other reading materials*

Books on sexuality for women

Barbach, Lonnie. *For Yourself: The Fulfillment of Female Sexuality*. New York: Signet, 2000. (Self-help guide for women having trouble reaching orgasm.)

Boston Women's Health Book Collective. *Our Bodies, Ourselves: A new edition for a new era*. New York: Simon & Schuster, 2005. (Women's health in general, including sexuality.)

Cutler, Winnifred, and Celso-Ramón García. *Menopause: A Guide for Women and Those Who Love Them*. New York: Norton, 1993.

Heiman, Julia, and Joseph LoPiccolo. *Becoming Orgasmic: A Sexual and Personal Growth Program for Women*. New York: Prentice Hall, 1988. (Women's sexuality.)

Schover, Leslie R. *Sexuality and Fertility After Cancer*. New York: John Wiley & Sons, Inc., 1997.

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No matter who you are, we can help. Contact us any time, day or night, for information and support. Call us at **1-800-227-2345** or visit www.cancer.org.

Last Medical Review: 8/18/2011

Last Revised: 8/18/2011

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1 · 800 · ACS-2345 or www.cancer.org