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Sex and the Adult Female with Cancer

In this guide, we offer you and your partner some information about cancer, sex, and sexuality. We cannot answer every question, but we try to give you enough information to help you and your partner have open, honest talks about your sex life. We also share some ideas about talking with your doctor and your cancer care team.

- [Cancer, Sex, and the Female Body](#)
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- [How Radiation Therapy Can Affect the Sex Life of Females with Cancer](#)
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Cancer, Sex, and the Female Body

When a person is diagnosed with cancer, they may wonder how 'normal' life can and will be if they need to go through surgery or treatment, or as they adjust to living as a survivor. Many times a person with cancer wonders how the diagnosis and treatment might affect their sex life.

Sex, sexuality, and intimacy are just as important for people with cancer as they are for people who don't have cancer. In fact, sexuality and intimacy have been shown to help people face cancer by helping them deal with feelings of [distress](#)¹, and when going

through treatment. But, the reality is that a person's sex organs, sexual desire (sex drive or libido), sexual function, well-being, and body image can be affected by having cancer and cancer treatment. How a person shows sexuality can also be affected. Read more in [How Cancer and Cancer Treatment Can Affect Sexuality²](#).

The information here is for adult females who want to learn more about how cancer and cancer treatment can affect their sex life. We cannot answer every question, but we'll try to give you enough information for you and your partner to have open, honest talks about intimacy and sex. We'll also share some ideas to help you talk with your doctor and your cancer care team.

If you are lesbian, bisexual, transgender (LGBT) or gender non-conforming, you may have needs that are not addressed here. It's very important to talk to your cancer care team and give them information about your sexual orientation and gender identity, including what gender you were at birth, how you describe yourself now, any procedures you've had done, or hormone treatments you may have taken or are taking.

The 1st step: good communication

It's important to know that you can get answers to these questions and help if you are having sexual problems. **The first step is to bring up the topic of sex with your doctor or someone on your partner and cancer care team.** It's very important to talk with your cancer care team about what to expect, and continue to talk about what's changing or has changed in your sexual life as you go through procedures, treatments, and follow-up care. This includes letting them know what over-the-counter and prescription medications, vitamins, or supplements you may be taking because they might interfere with treatments.

Don't assume your doctor or nurse will ask you about these and other any concerns you have about sexuality. Many studies have found that doctors, nurses, and other members of a health care team don't always ask about sexuality, sexual orientation, or gender identity during check-ups and treatment visits. Because of this, patients might not get enough information, support, or resources to help them deal with their feelings and sexual problems.

Questions to ask

You probably have certain questions and things you're wondering about. Here are some questions you may want to ask your doctor or nurse to jump start talks about having sex during and after treatment:

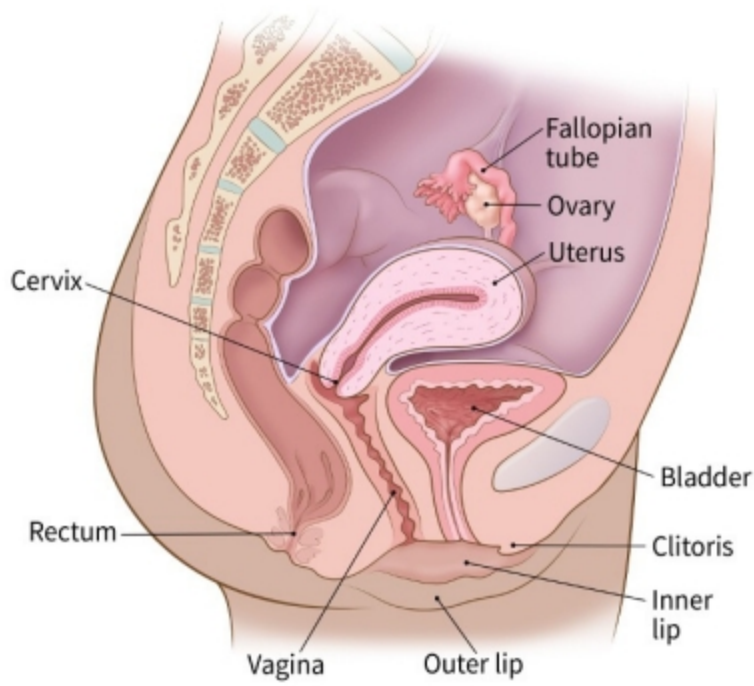
- How might treatment affect my sex life?
- Is it safe to have sex now? If not, when will it be OK to have sex?
- Are there any types of sex I should avoid?
- Do I need birth control or other protection during treatment? How about afterwards? For how long?
- Can my medications or treatment be passed to my partner through my body fluids?
- What safety measures do I need to take, and for how long?

The 2nd step: Understanding how your body works

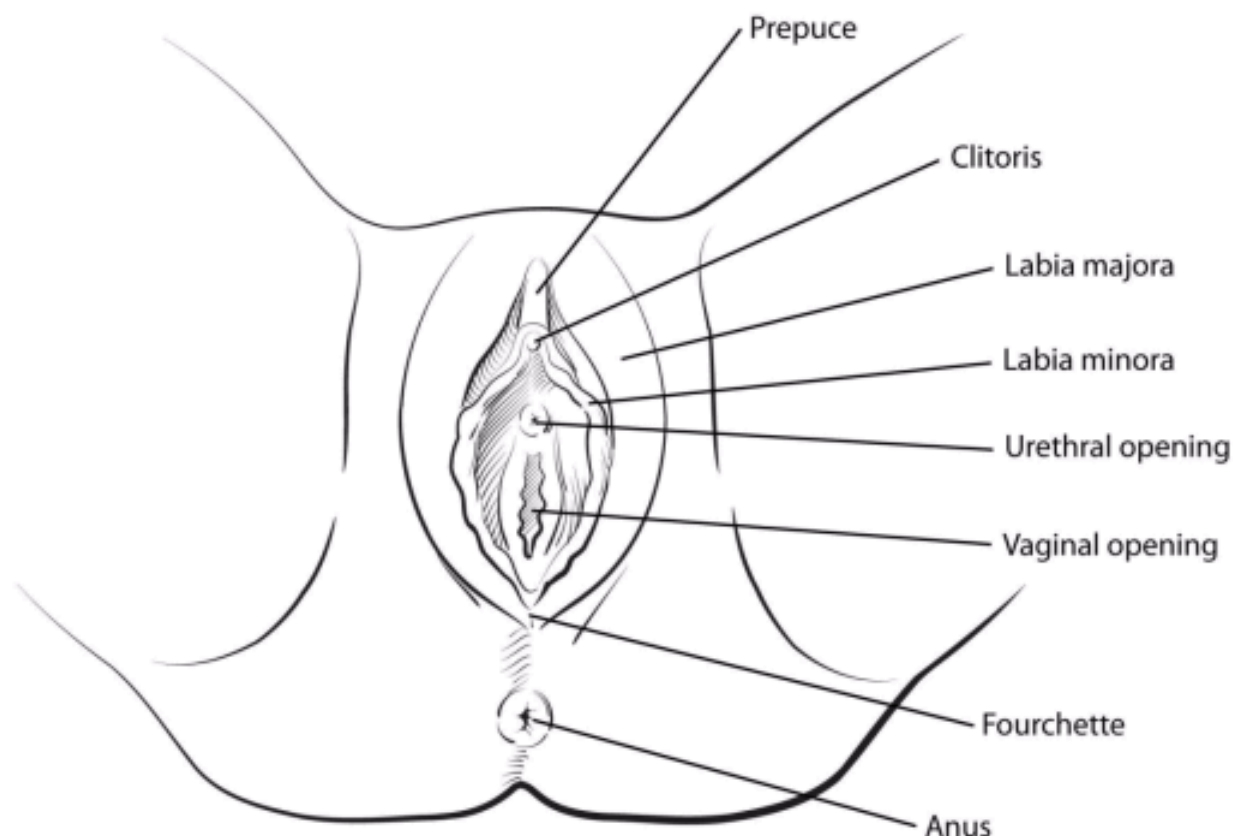
Understanding the female sex organs

A woman's genitals and organs for pregnancy are in the pelvis (the lower part of the belly). These are some organs that are in the pelvis, including sex organs and other nearby organs. **Cancer of any of these organs or cancer treatment in this area can affect your sex life:**

- **Uterus** – the pear-shaped organ that holds a growing baby
- **Fallopian tubes** – 2 thin tubes that carry eggs from the ovaries to the uterus
- **Ovaries** – 2 small organs that store eggs and make hormones
- **Cervix** – the lower part of the uterus at the top of the vagina
- **Vagina** – a 3- to 4-inch tube that connects the cervix to the outside of the body
- **Vulva** – the outside parts, such as the clitoris and the inner and outer lips
- **Bladder** – the hollow, balloon-like organ that holds urine
- **Rectum** – the bottom end of the intestines that connects to the outside of the body



Side view of woman's pelvis



Female genitalis

Many women have never looked at their genitalis, and may not know for sure which parts are where.

If you feel comfortable doing so, take a few minutes with a hand mirror to examine yourself.

- The outside part is called the vulva.
- Find the outer lips (labia majora) and inner lips (labia minora). They act like pillows to protect the sensitive parts in the middle. Many women find that gentle touch on the inner lips feels good.
- Next find the clitoris, a small bump covered by a little hood of skin. It's right in the middle, above the opening of the vagina. The clitoris is the part of a woman's body most sensitive to pleasure with caressing.
- Just under the clitoris is a little slit where urine comes out. This is the opening of a short tube (the urethra) which drains the bladder (storage bag for urine).
- Below the opening of the vagina is the anus, where stool come out. The anus is the

very end of the system that digests food. Some women enjoy being touched around and even inside the anus. If you or a partner puts a finger or a sex toy in the anus, do not use it to caress the vagina, since that could cause an infection with bacteria that are healthy in the anus, but not in the vagina.

You may also want to try touching each area lightly to find out where you are most sensitive.

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.

The natural cycles of the mature female body

In order to talk about sex, it helps to know about the structures and hormones that are also involved with having children and how they work together.

During the years when a woman can have children, her ovaries take turns each month producing a ripe egg. When the egg is released, it travels through the fallopian tube into the uterus. A woman can get pregnant (naturally) if a sperm cell travels through the cervix and joins the egg. The cervix is the gateway for sperm to get into the body and for a baby passing out of the body at birth.

If a woman does not become pregnant, the lining of the uterus that has built up over the past weeks flows out of her cervix as the “blood” of her period. If she gets pregnant, the lining stays in place to feed the growing baby.

The regular cycles the mature female body goes through each month are controlled by hormones.

Hormones

The main hormones that may help a woman feel desire are called **estrogens** and **androgens**. Androgens are thought of as “male” hormones, but women’s bodies also make small amounts of them. About half of the androgens in women are made in the adrenal glands that sit on top of the kidneys. The ovaries make the rest of a woman’s androgens. Estrogen comes mostly from the ovaries.

The ovaries usually stop sending out eggs and greatly reduce their hormone output

around age 50, though the age varies. This is called **menopause** or “the change of life.” Some women fear that their sexual desire will go away with menopause. But for many women, the drop in ovarian hormones doesn’t change their desire for sex. Still, it can take longer for the vagina to enlarge and get moist. Low estrogen levels can also cause the lining of the vagina to get thinner and lose some of its ability to stretch. In some women, the vagina may stay tight and dry, even if they are very aroused.

Female orgasm

As a woman becomes sexually excited, her nervous system sends signals of pleasure to her brain. The signals may trigger the orgasm reflex. During orgasm, the muscles around the genitals contract in rhythm. The muscle tension and release sends waves of pleasure through the genital area and sometimes over the entire body. **An orgasm is a natural reflex, but most women need some experience in learning to trigger it.**

A woman’s orgasms may change over time. As she gets older, orgasms may take longer to reach, and more mental excitement and touching may be needed.

There are many sources of excitement that lead to orgasm. They differ for each woman. A few women can reach orgasm just by having a vivid fantasy about sex or by having their breasts stroked. Others have had an orgasm during a dream while asleep. But most women need some caressing of their genitals to reach orgasm.

The areas of a woman’s genitals that are most sensitive to touch are the clitoris and the inner lips. When a woman becomes sexually excited, the entire genital area swells. It also turns a darker pink as blood rushes in under the skin.

Many women reach orgasm most easily when the clitoris is stroked. Like a penis, the clitoris has a head and a shaft. It sends messages of pleasure to the brain when it’s stroked.

The head of the clitoris is so sensitive that it can become sore from direct rubbing that’s either too fast or too hard. Soreness can be prevented by using a lubricant and by stroking or touching close to, but not on, the head of the clitoris.

Other areas, including 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 contains many nerve endings. It’s more sensitive to light touch than the deep end of the vagina. For some women, the front wall of the vagina is more sensitive to pressure during sex than the back wall. Some sex therapists suggest that stroking an area about 1 to 4 inches deep on the front wall of the vagina helps some women reach orgasm

during sex.

The 3rd step: Keep talking and work together to manage problems

Learn as much as you can about the possible effects your cancer treatment may have on your sex life. Talk with your doctor, nurse, or any other member of your cancer care team. When you know what to expect, you can plan how you might handle those issues.

Keep in mind that, no matter what kind of cancer treatment you get, most women can still feel pleasure from touching. Few cancer treatments (other than those affecting some areas of the brain or spinal cord) damage the nerves and muscles involved in feeling pleasure from touch and reaching orgasm. For example, a woman whose vagina is painfully tight or dry can often reach orgasm through stroking of her breasts and outer genitals.

Try to keep an open mind about ways to feel sexual pleasure. Some couples have a narrow view of what normal sex is. If both partners cannot reach orgasm through or during penetration, some may feel disappointed. But during and after cancer treatment, there may be times when the kind of sex you like best is not possible. Those times can be a chance to learn new ways to give and receive sexual pleasure. You and your partner can help each other reach orgasm through touching and stroking. At times, just cuddling can be pleasurable. You could also continue to enjoy touching yourself. Do not stop sexual pleasure just because your usual routine has been changed.

Try to have clear, 2-way talks about sex with your partner and with your cancer care team. If you're too embarrassed to ask your team whether sexual activity is OK, you may never find out. Talk to your team about sex, and tell your partner what you learn. Good communication is the key to adjusting your sexual routine when cancer changes your body. 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, you can guide your partner's touches to avoid pain. Keep in mind that if one partner has a sex problem, it affects both of you.

Boost your self-esteem. Remind yourself about your good qualities. If you lose your

hair, you may choose to wear a wig, hat, or scarf if it makes you feel more comfortable. You may choose to wear a breast form (prosthesis) if you've had a breast removed. Do whatever makes you feel good about yourself. Eating right and exercising can also help keep your body strong and your spirits up. Practice relaxation techniques, and get professional help if you think you are anxious, depressed, or struggling.

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/emotional-mood-changes/distress.html
2. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/how-cancer-affects-sexuality.html

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How Surgery Can Affect the Sex Life of Females with Cancer

Sex is an important part of being in a relationship, but certain types of surgery can cause sexual problems to develop. Managing these issues might involve several different therapies, treatments, or devices, or a combination of them. Counseling can also be helpful.

The information below describes common sexual problems an adult female having certain types of cancer surgery may experience. You can find out about the effects of hormone therapy on specific types of cancers in [Cancer A to Z](#).

If you are a transgender person, please talk to your cancer care team about any needs that are not addressed here.

It's very important to talk about what to expect, and continue to talk about what's changing or has changed in your sexual life as you go through procedures, treatments, and follow-up care. **Don't assume your doctor or nurse will ask about any concerns you have about sexuality.** Remember, if they don't know about a problem you're having, they can't help you manage it.

How pelvic surgery cancer can affect sex

Many different organs may be affected in pelvic surgery for cancer. Here are some of the more common types of surgery used to treat certain cancers and the ways they can impact your sex life.

Radical hysterectomy

Radical hysterectomy is done to treat some [cancers of the cervix](#) and some [cancers of the endometrium](#) (uterus) that have spread to the cervix. The surgeon takes out the uterus and the ligaments (tissue fibers) that hold it in place. The cervix and an inch or 2 of the vagina around the cervix are also removed. A hysterectomy done to treat uterine [ovarian cancer](#) removes less tissue.

After taking out the cervix, the surgeon stitches the vagina at its top. Some fluid drains from the vagina during healing. The top of the vagina soon seals with scar tissue and becomes a closed tube. The vagina does not, as some women fear, become an open tunnel into the pelvis.

The ovaries may or may not be removed.

Depending on a woman's age, stage of life, and preferences, the surgeon might leave an ovary or part of one during a hysterectomy. For women who have not yet started menopause, leaving even one ovary can produce enough hormones to help prevent early menopause. Because the uterus is removed, a woman will not have menstrual periods and she will not be able to carry a pregnancy.

The cancer care team can help weigh the risks and benefits of removing one or both ovaries.

Effects of hysterectomy on bladder function

A radical hysterectomy procedure can affect a woman's ability to pass urine while the nerves in the tissue around the uterus are healing after surgery. Some doctors may leave a catheter in the bladder for a few days after surgery to reduce urinary problems. In some cases, there can be long-term effects on bladder function, and different options can be offered to help manage this.

Effects of hysterectomy on sexual function

Hysterectomy shortens the vagina and may cause numbness in the genital area. This

can affect a woman's sex life.

In some cases, cancer causes pain or bleeding with vaginal sex. A hysterectomy can help stop those symptoms, and a woman's sex life may improve after the surgery. The vagina might be shorter after surgery, and it's important for the vagina to have moisture to allow the tissues to stretch and move.

Sex problems are likely to be somewhat worse and last longer for women who have pelvic radiation along with radical hysterectomy. See [Pelvic Radiation Can Affect a Woman's Sex Life](#) for more on this.

Radical cystectomy

A radical cystectomy is done to treat some bladder cancers. The surgeon removes the bladder, uterus, ovaries, fallopian tubes, cervix, front wall of the vagina, and the urethra.

This surgery tends to affect a woman's sex life, but sometimes things can be done during surgery to help preserve female sexual function (see below).

Changes in the vagina after radical cystectomy

Radical cystectomy often removes half of the vagina, but penetration is still possible. Surgeons sometimes rebuild the vagina with a skin graft. More commonly, they use the remaining back wall of the vagina to rebuild the vaginal tube. There are pros and cons with both types of vaginal reconstruction.

If your vagina is shorter because it hasn't been reconstructed, you may still enjoy sexual activity. Certain sexual positions, like those where the partners are side by side or with you on top, limit the depth of penetration.

Orgasm after radical cystectomy

Many women who have had the front wall of the vagina removed as part of a cystectomy say that this has little or no effect on their orgasms. But others say that they were less able to have orgasms. There are 2 nerve bundles that run along each side of the vagina, and it's easy to damage them when removing the front of the vagina. Talk with your doctor about the surgery that's planned and whether these nerves can be spared (left in place) during surgery. If so, this can help increase your chance of having orgasms after surgery.

Another possible problem that can happen during radical cystectomy is that the surgeon

takes out the end of the urethra where it opens outside the body. This can make the clitoris lose a good deal of its blood supply and may affect some parts of sexual arousal. (Remember that, like the penis, the clitoris fills with blood when a woman is excited.) Talk with your surgeon about whether the end of the urethra can be spared, and how that may affect your clitoral function. It's not always necessary to remove the end of the urethra as part of surgery for bladder cancer.

Urostomy

People who have had a radical cystectomy will also have an ostomy or need reconstructive surgery. This is an opening on the abdomen (belly) where waste can pass out of the body. This type of ostomy is called a [urostomy](#). It's the way for urine to get out of the body after the bladder is removed. The urine flows through the urostomy into a plastic pouch glued to the skin around the ostomy. Some people now have continentostomies that stay dry and are emptied with a catheter. There is also a way to send urine back into your urethra by creating a new bladder from a piece of intestine (called a **neobladder**).

For more about these reconstructive methods, see [Bladder Cancer Surgery](#).

Abdominoperineal resection

Abdominoperineal (AP) resection is a type of surgery that may be used to [treat colon cancer](#). The lower colon and rectum are removed, and a [colostomy](#) is made so that stool can pass out of the body. Sometimes the uterus, ovaries, and even the rear wall of the vagina must be removed, too. The remaining vaginal tube must then be repaired with skin grafts or with a flap made of skin and muscle.

AP resection does not damage the nerves that control the feeling in a woman's genitals and does allow orgasm. Some women may notice vaginal dryness, especially if their ovaries were removed. If so, a water-based gel lubricant can help make vaginal sex more comfortable.

Sex in certain positions may be uncomfortable or even painful. Without a rectum, the vagina becomes scarred. You may need to try different positions to find one that works.

For suggestions on how to manage an ostomy during sex, see Urostomy, colostomy, or ileostomy in [Managing Female Sexual Problems Related to Cancer](#).

Vulvectomy (removing the vulva)

Cancer of the vulva is sometimes treated by removing all or part of the vulva. This operation is called a vulvectomy.

- A **simple partial** vulvectomy removes only the cancer and an edge of normal tissue around that affected area.
- A **simple** vulvectomy removes the entire vulva and tissue under the skin.
- The **modified radical** vulvectomy removes the cancer and an edge of normal tissue, as well as some of the lymph nodes in the groin. If there's cancer in or very near the clitoris, it may need to be removed to be sure all the cancer is taken out.
- The most extensive surgery is called a **radical** vulvectomy, which is rarely ever done. In this case, the surgeon removes the whole vulva and deep tissues. This includes the inner and outer lips, the clitoris, and often the lymph nodes that drain the vulva. The vagina, uterus, and ovaries remain.

After part or all of the vulva has been removed, women often feel discomfort if they wear tight slacks or jeans because the “padding” around the urethral opening and vaginal entrance is gone. The area around the vagina also looks very different.

Women often fear their partners may be turned off by the scarring and loss of outer genitals, especially if they enjoy oral stimulation as part of sex. Some women may be able to have reconstructive surgery to rebuild the outer and inner lips of the genitals. It may help with the way the vulva looks, but the feeling (sensation) will be different.

When touching the area around the vagina, and especially the urethra, a light caress and the use of a lubricant can help prevent painful irritation. The area around the scar may be numb. If scar tissue narrows the entrance to the vagina, penetration may be painful. Vaginal dilators can sometimes help stretch the opening. When scarring is severe, the surgeon may use skin grafts to widen the entrance. [Vaginal moisturizers](#) on the external genital area can also be very helpful and promote comfort.

When the lymph nodes in the groin have been removed, women may have swelling of their genital areas or legs. Though swelling just after surgery may go away, it can become a long-term problem. This condition, called [lymphedema](#), can cause pain, a feeling of heaviness, and fatigue. It also can be a problem during sex. Couples should discuss these issues to decide what solutions work best for them.

Orgasm after vulvectomy

Women who have had a vulvectomy may have problems reaching orgasm. It depends on how much of the vulva has been removed. The outer genitals, especially the clitoris,

are important in a woman's sexual pleasure. If surgery has removed the clitoris and lower vagina, then orgasms may not be possible and there might be numbness.

Pelvic exenteration

Pelvic exenteration is the most extensive and complex pelvic surgery. It's used most often when cancer of the cervix or the rectum has come back in the pelvis after treatment.

In this surgery, the uterus, cervix, ovaries, fallopian tubes, vagina, and sometimes the bladder, urethra, and/or rectum are removed. If the bladder, urethra and rectum are removed, this surgery is called a **total pelvic exenteration** (a urostomy for urine and another ostomy for stool will need to be created). The vagina is usually rebuilt. (See below.)

Long-term swelling in the legs (called [lymphedema](#)) may be a problem after this surgery. Contact us (800-227-2345) to learn more about this and what you can do to help prevent it or treat it.

Because pelvic exenteration is such a major surgery, some cancer centers offer counseling sessions before surgery to help a woman prepare for the changes in her body and her life.

Since the exact surgical procedure can vary from one person to another, it may help to speak with your surgeon about the full extent of the surgery before you have it. Ask what you can expect in the way of sexual function, including orgasm, after surgery.

Vaginal reconstruction after pelvic surgery

If surgery removes only half of the vagina, penetration is still possible. But vaginal penetration of a narrow vagina may be painful at first. This is especially true if a woman has had [radiation](#), which can make the vaginal walls firm. Penetration is easier when the vagina is shorter and wider, but movement may be awkward because of the lack of depth. Surgeons try to save as much of the front vaginal wall as possible to limit this problem.

In some cases, all or most of the vagina must be removed as part of cancer surgery, but it's possible to rebuild a vagina with tissue from another part of the body. A **neovagina** (new vagina) can be surgically made out of skin, or by using both muscle and skin from other areas of the body. This new vagina can allow a woman to have vaginal sex.

Vaginal rebuilding with skin grafts

When the vagina is repaired with skin grafts, the woman must use a vaginal stent. This stent is a special form or tube worn inside the vagina to keep it stretched. After a certain amount of time, the [use of a dilator](#) to stretch out the vagina for a few minutes each day or regular vaginal penetration during sex can help to keep the vagina open. This may become a life-long routine because without frequent stretching, the neovagina may shrink, scar, or close.

Vaginal rebuilding with muscle and skin grafts

There are other ways to rebuild the vagina using muscle and skin from other parts of the body.

A vagina that is rebuilt with muscle and skin makes little or no natural lubricant when a woman becomes sexually excited. A woman will need to prepare for sex by spreading a gel inside the vagina. If hair was present on the skin where the graft came from, she may still have a little hair inside the vagina. During sex with a rebuilt vagina, a woman may feel as if the area the skin came from is being stroked. This is because the walls of the vagina are still attached to their original nerve supply. Over time, these feelings become less distracting. They can even become sexually stimulating.

Care of the rebuilt vagina

A natural vagina has its own cleansing system. Fluids drain out, along with any dead cells. The rebuilt vagina cannot do this and needs to be cleaned with a douche to prevent discharge and odor. A doctor or nurse can offer advice on how often to douche and what type to use.

After the vagina is rebuilt, partners need to try different sexual positions to find one that is best. Minor bleeding or spotting after penetration is not a cause for alarm, but heavy or increased bleeding should be discussed with your cancer care team.

Surgery for breast cancer

Sexual problems have been linked to [mastectomy](#) and [breast-conserving surgery \(lumpectomy\)](#)—surgeries that remove all or part of the breast. Losing a breast can be very distressing. A few women lose both breasts. Sometimes [hormone therapy](#) or other treatment is needed, and the effects of those treatments might add to sexual problems from losing a breast.

Surgery for breast cancer can interfere with pleasure from breast caressing. After a mastectomy, the whole breast is gone and there's a loss of sensation or feeling. Some women still enjoy being stroked around the area of the healed scar. Others dislike being touched there and may no longer even enjoy having the remaining breast and nipple touched.

Some women who have had a mastectomy feel self-conscious being the partner on top during sex. This position makes it easy to notice that the breast is missing. Some women who have had mastectomies wear a short nightgown or camisole, or even just a bra, with the prosthesis inside during sexual activity. Other women find the breast prosthesis awkward or in the way during sex. A woman may choose to have [breast reconstruction](#). This surgery rebuilds the shape and size of the breast. This may help a woman enjoy sex more because it may help her feel whole and attractive. But it may not fully bring back the physical feelings of pleasure she used to have from having her breast touched.

If surgery removed only the tumor (breast-conserving surgery: segmental mastectomy or lumpectomy) and was followed by [radiation treatment](#), the breast may be scarred. It also may be different in shape, feel, or size. While getting radiation, the skin may become red and swollen. The breast also may be tender or painful in some places. As time passes, some women may have areas of numbness or decreased sensation near the surgical scar.

To learn more about physical problems related to cancer surgery and sexuality and how to talk to your cancer care team about them, see [Managing Female Sexual Problems Related to Cancer](#).

How Radiation Therapy Can Affect the Sex Life of Females with Cancer

Sex is an important part of being in a relationship, but certain types of radiation therapy can cause sexual problems to develop. These problems often happen to women getting radiation to the pelvic area (lower abdomen). Managing these issues might involve several different therapies, treatments, or devices, or a combination of them. Counseling can also be helpful.

This information describes common sexual problems an adult female getting radiation to the pelvis may experience. **If you are a transgender person**, please talk to your cancer care team about any needs that are not addressed here.

It's very important to talk about what to expect, and continue to talk about what's changing or has changed in your sexual life as you go through procedures, treatments, and follow-up care. **Don't assume your doctor or nurse will ask about any concerns you have about sexuality.** Remember, if they don't know about a problem you're having, they can't help you manage it.

How pelvic radiation can affect sex

Radiation to the pelvic area can affect a woman's sex life during and after treatment. This is because the radiation beams damage the delicate tissue in and around female genitals. Here are some examples of sexual effects that radiation can have. You can find more about the effects of radiation on specific types of cancers in [Cancer A to Z](#)¹.

- During treatment, tissues in the treatment area can get irritated. They may become pink and swollen and may look sunburned. A woman's vagina may feel tender during radiation treatment and for a few weeks afterward.
- Radiation to the vagina can also damage its lining, making it thin and fragile. Many women notice some light bleeding after sex, even though they felt no pain at the time. In rare cases vaginal ulcers or open sores may develop, which may take several months to heal after radiation therapy ends.
- When treatment ends and the irritation heals, there might be scarring. The walls of the vagina may become leathery and tough. Treatment can also shorten or narrow the vagina. This means the walls might not stretch out as much during sex, which can cause pain.
- In some cases, the bladder and bowel are damaged by radiation to the pelvis, and these changes can also impact sexual health.
- If the ovaries get a large dose of radiation, they may stop working. Sometimes this is just for a short time, but often it's permanent. If a woman has already gone through menopause, she may notice little or no change because her ovaries had already stopped making hormones. But if she hasn't, radiation may cause sudden menopause, meaning menstruation (having periods) may stop and women may have menopausal symptoms, such as hot flashes and vaginal dryness. Young women who get smaller doses of pelvic radiation may start to menstruate again as their ovaries heal. But with larger doses of radiation therapy, the damage could be permanent.

- Women who get radiation to the pelvis often become infertile. But no matter what the radiation dose, women younger than 50 should talk with their team before stopping birth control since it may still be possible to become pregnant.

Is it safe to have sex while getting pelvic radiation?

It's very important to talk to your cancer care team to know if you have any limitations or should take any precautions related to sex while you're getting radiation therapy.

In general, as long as a female is not bleeding heavily from a tumor in her bladder, rectum, uterus, cervix, or vagina, it's usually OK to have sex during pelvic radiation therapy. But since everyone is different, be sure to check with your cancer care team. Depending on any surgery you may have had before radiation therapy, the outer genitals and vagina might be just as sensitive as before. Reaching orgasm should be possible, too, although stress and sexual position might affect this.

Certain types of cancer are treated with a [radiation implant](#)². An implant is a radiation source put inside the bladder, uterus, or vagina for a certain number of days. Sex likely will not be allowed while the implant is in place.

Radiation therapy from a machine outside the body does not leave any radiation in the body, so your partner will not come in contact with it. Women treated with a radiation implant transmit radiation while the implant is in place, but not after it is removed. See [Radiation Therapy](#)³ for information about the different types of radiation and the precautions you may need to take.

What can help with the effects of pelvic radiation?

There are some therapies and exercises that might help limit or soften scar tissue. Talk to your cancer care team to find out if any might be helpful for your situation. Sometimes stretching the walls of the vagina is suggested. This can be done with vaginal penetration during sex or using a [vaginal dilator](#)⁴ on a regular basis.

To learn more about physical problems related to cancer surgery and sexuality and how to talk to your cancer care team about them, see in [Managing Female Sexual Problems Related to Cancer](#)⁵.

Hyperlinks

1. www.cancer.org/cancer/all-cancer-types.html
2. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/radiation/internal-radiation-therapy-brachytherapy.html
3. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/radiation.html
4. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/sexuality-for-women-with-cancer/problems.html
5. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/sexuality-for-women-with-cancer/problems.html

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How Hormone Therapy and Chemo Can Affect the Sex Life of Females with Cancer

Sex is an important part of being in a relationship, but hormone therapy and certain types of chemotherapy can cause sexual problems to develop. Managing these issues might involve several different therapies, treatments, or devices, or a combination of them. Counseling can also be helpful.

The information below describes common sexual problems an adult female getting chemo or hormone therapy may experience. **If you are a transgender person**, please talk to your cancer care team about any needs that are not addressed here.

It's very important to talk about what to expect, and continue to talk about what's changing or has changed in your sexual life as you go through procedures, treatments, and follow-up care. **Don't assume your doctor or nurse will ask about any concerns you have about sexuality**. Remember, if they don't know about a problem you're having, they can't help you manage it.

How chemotherapy can affect sex

It's very important to talk to your cancer care team about if it's safe to have sex while getting chemo. There might be limitations to what you can do, or precautions you need to take to keep you and your partner safe.

You can find out about the effects of chemo on specific types of cancers in [Cancer A to](#)

[Z](#)¹. Chemo is often given through an intravenous (IV) tube into a vein in the bloodstream, and some chemo pills are given by mouth (orally). Both IV and oral chemo send the drug traveling throughout the body. Some types of chemo can directly affect how a woman's sex organs function, or change hormone levels. Your doctor will be able to tell you if your treatment plan includes any of these chemo drugs.

In some cases, the drugs are sent right to the tumor through a [catheter or port](#)². Some drugs might have sexual effects, and here are some examples:

- For cancer of the bladder, chemo is sometimes put right into the bladder through a [catheter](#)³. Treatment like this usually only has a minor effect on a woman's sex life. But she may notice some pain during sex because the bladder and urethra may be irritated from the drugs.
- Women with tumors in the pelvis may get chemo by pelvic infusion through a catheter. Depending on the type and dose of chemo, there could be long-term effects on a woman's sex life.
- Another way of giving chemo is by intraperitoneal infusion. The drugs and extra fluid are put into the space around the tumor, using a port in the abdomen (belly). The extra fluid causes the abdomen to swell. The drugs and liquid are then drained out after a short period of time.

Pregnancy and fertility during and after chemo

If you think you might want to have children in the future, it's important to talk to your cancer care team about this before starting chemo. You need to know if treatment will affect your fertility. See [Female Fertility and Cancer](#)⁴ for more information.

Many of the drugs used to treat cancer can harm an unborn baby. Because of this, women are usually advised to use birth control to keep from getting pregnant during treatment. Even if you think you can't get pregnant, you should talk to your doctor about this. It's important to know what kind of birth control is best and safest for you to use. If you want to get pregnant, talk with your doctor about how long you should wait after treatment is over.

After chemo, it may still be possible for some women to get pregnant. Keep in mind that, even if you're still having monthly periods, it's hard to say if you will be able to get pregnant. Women who don't want to become pregnant should use birth control, even after having chemo, and should talk to their doctor about how long birth control will be needed.

Early menopause with chemo

Women who have not yet started menopause and are getting chemo might have symptoms of early menopause during and after treatment. These symptoms include hot flashes, vaginal dryness, vaginal tightness, and irregular or no menstrual periods. If the lining of the vagina thins because of treatment, there may be a light spotting of blood after sex.

Other chemo-related problems that may affect your sex life

Some chemo drugs that irritate the mouth might also affect all mucous membranes in the body. This includes the lining of the vagina, which may become dry and inflamed.

Infections that affect sex can happen because chemo can weaken the immune system. If you have a vaginal infection, tell your team and have it treated right away. For example:

- Yeast infections could happen during chemo, especially in women taking steroids or antibiotics to treat or prevent bacterial infections. If you have a yeast infection, you may notice itching inside your vagina or on the vulva. You may also have a thick, whitish discharge, and you may feel some burning during sex. Yeast infections might be prevented by not wearing pantyhose, nylon panties, or tight pants. Wear loose clothing and cotton panties to avoid trapping moisture in the vaginal area. Wipe front to back after emptying your bladder and do not douche. Your doctor may also prescribe a vaginal cream or suppository to reduce yeast or other organisms that grow in the vagina.
- If you've had flare-ups of genital herpes or genital warts in the past, chemo may make them happen again.
- It's important to avoid sexually transmitted diseases. If you are having sex with someone, practice safe sex from start to finish (use condoms or other barriers to avoid body fluids). Do this every time you have oral, anal, or vaginal sex.
- It's important to avoid touching the vagina and the urethra with anything that has been used to stroke near the anus. Lingering germs from the bowel can cause infection if they get into these areas.

Chemo and sexual desire

Chemo has different [side effects](#)⁵ that can have an impact on sexual desire, such as fatigue, mouth soreness, neuropathy, nausea, decreased appetite, and pain. [Anxiety or](#)

[depression](#)⁶ can also affect your sex life and leave little energy for sex. Sexual desire often returns when a woman feels better, or in between cycles of treatments.

Women getting chemo also tend to be sensitive about their appearance. Hair loss, weight loss or gain, and skin changes might happen, depending on the type of chemo you're getting.

How hormone therapy can affect sex

Hormone therapy may be used to treat certain types of [cancers of the breast](#)⁷ and the lining of the uterus ([endometrial cancer](#)⁸). This treatment blocks hormones these cancers need to grow. Since sexual desire and sexual function are affected by hormones, blocking them can affect your sex life.

There are different types of hormone therapy, so be sure you understand which one is part of your treatment plan. Know the possible side effects so you know what to expect, and how to help manage them. It's also important to talk to your partner about what might be expected. Some of these side effects can be very bothersome, and adjusting to them can be hard to do. They include [hot flashes](#),⁹ menstrual cycle changes, and vaginal dryness.

You can find out about the effects of hormone therapy on specific types of cancers in [Cancer A to Z](#)¹⁰.

To learn more about physical problems related to cancer surgery and sexuality and how to talk to your cancer care team about them, see in [Managing Female Sexual Problems Related to Cancer](#)¹¹.

Hyperlinks

1. www.cancer.org/cancer/all-cancer-types.html
2. www.cancer.org/treatment/treatments-and-side-effects/planning-managing/tubes-lines-ports-catheters.html
3. www.cancer.org/cancer/bladder-cancer/treating/intravesical-therapy.html
4. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/fertility-and-women-with-cancer.html
5. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/chemotherapy/chemotherapy-side-effects.html
6. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/changes-in-mood-or-thinking.html

7. www.cancer.org/cancer/breast-cancer/treatment/hormone-therapy-for-breast-cancer.html
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Managing Female Sexual Problems Related to Cancer

Sex, sexuality, and intimacy are just as important for people with cancer as they are for people who don't have cancer. In fact, sexuality and intimacy have been shown to help people face cancer by helping them deal with feelings of [distress](#)¹, and when going through treatment. But, the reality is that a person's sex organs, sexual desire (sex drive or libido), sexual function, well-being, and body image can be affected by having cancer and cancer treatment. How a person shows sexuality can also be affected. Read more in [How Cancer and Cancer Treatment Can Affect Sexuality](#)².

Managing sexual problems is important, but might involve several different therapies, treatments, or devices, or a combination of them. Counseling can also be helpful. The information below describes ways to approach some of the more common sexual problems an adult female with cancer may experience. **If you are a transgender person**, please talk to your cancer care team about any needs that are not addressed here.

Ask about possible changes in sexuality from treatment

It's very important to talk about what to expect, and continue to talk about what's changing or has changed in your sexual life as you go through procedures, treatments, and follow-up care. **Don't assume your doctor or nurse will ask about any concerns you have about sexuality.** Remember, if they don't know about a problem you're having, they can't help you manage it. Here are some ways you can start talks with your cancer care team about the problems you might be having.

Know when to ask questions

The best time to talk with your doctor or cancer team about possible side effects or long-term changes in your sex life is before treatment. If this isn't possible, or you don't think about asking these kinds of questions before surgery or treatment, you can start to talk with them shortly after surgery or when treatment starts. But you can bring up the subject any time during and after treatment, too.

Ask the right questions

It's important to know what to expect. When you're asking questions before surgery or treatment, here are some that can open the door to more questions and follow-up:

- Will my surgery affect my sex life? If so, what can I expect?
- Will my treatment (radiation, chemo, hormone therapy, etc) affect my sex life? If so, what can I expect?
- Will the effects last a short time, a long time, or be permanent?
- What can be done about these effects? Is there a cost to what can be done?
- Can I see a specialist or counselor?
- Are there any other treatments that are just as effective for my cancer but have different side effects?
- Do you have any materials I can read or where do you recommend I find more information?

Maybe you've already had surgery or started treatment, but didn't ask questions (or get enough information) beforehand. Maybe you've read some things on the internet or heard about someone else's experience with the same type of cancer you have. Maybe you're able to think more clearly now than when you were first diagnosed and realize you have questions. Whatever the reason, if you're wondering about something, ask! Here are some ways to start talking with your cancer care team:

- "I was reading about (surgery/treatment) and that it might cause sexual problems. Can you explain that to me?"
- "I know someone who went through this same thing and heard about problems they had with sex. Can you give me more information about this?"
- "I notice a change in how I feel about sex/when I'm having sex. Can you talk to me about this? Is this normal and what can I do?"
- "I am having trouble adjusting to some changes in my body. What can I do?"

Managing common sexual problems in adult females with cancer

Premature (early) menopause

Depending on the stage in life, type of cancer, and type of surgery and treatment needed, some women are at an increased risk for reduced hormones. If the woman has already gone through the "change of life" (menopause), the chance of having these symptoms might not be as high. But some women have surgery or treatment that brings on these hormone changes before they would naturally happen, and this is called premature menopause. This causes monthly hormone cycles to slow or stop, meaning monthly periods (menstruation) stop. It's also known as **amenorrhea**.

It's important to know how surgery and treatment might affect your cycles and hormones. This is important for all women so they know the symptoms to expect. But it's especially important for younger women because of the possibility of pregnancy if cycles do not completely end or if hormones are not permanently affected. Ask your cancer care team about your specific situation.

- Surgeries that can lead to premature menopause include removal of the ovaries or a total hysterectomy (removal of the ovaries is included in this procedure). These surgeries cause menopause to be permanent.
- For women who still have their ovaries, including those who are still having periods, certain types of radiation therapy, chemotherapy, and hormone therapy can lead to ovarian failure which causes premature menopause. Sometimes this menopause can be temporary, but many times it is permanent.

If you can expect to go through premature menopause, or have gone through it because of cancer surgery or treatment, you may be bothered by frequent hot flashes and other symptoms.

- Hot flashes, or flushes, can happen throughout the day but can be especially bothersome at night. They may include other symptoms, such as chills, flushing (redness and warm) on the face, anxiety, and feeling like your heart is racing. You can learn more about hot flashes and how to manage them in [Hot Flashes](#)³.
- Some women may have lower sexual desire, which can be affected by menopause symptoms as well as by stress and [poor sleep](#)⁴.
- Hormone changes can also cause vaginal pain and dryness, and thinning of vaginal tissues.

Female hormones (estrogen and/or progesterone) in a pill or patch can help with menopause symptoms. But, some women may not be able to take hormones because of the type of cancer they have. Sometimes these hormones are not recommended

because they can promote certain types of cancer growth in female organs. They can cause other health problems, too.

If you have questions or concerns about hormone therapy, talk with your cancer care team about the risks and benefits as they apply to you. If you and your provider decide that hormone therapy is the best treatment for you, be sure you understand the correct dose to use, when to use it, and when to expect it to take effect. Sometimes doses need to be changed to get the best effect. However, it's important that doses are monitored and that you have regular check-ups.

Vaginal dryness and atrophy

Vaginal fluids and moisture are important for sexual function, and can make gynecologic exams more comfortable. As women age, the vagina can naturally lose moisture and elasticity (the ability to stretch or move comfortably). Cancer surgeries and treatments can speed up these changes. Vaginal dryness and atrophy can make intercourse difficult, and sometimes painful. As with hot flashes, taking hormones can help. But, sometimes these hormones are not recommended because they can promote certain types of cancer growth in female organs.

Lubricants

Fluids increase in your vagina when you are excited. If you have vaginal dryness, you may need extra lubrication to make sex comfortable. If you use a vaginal lubricant, it's best to choose a water-based gel that has no perfumes, coloring, spermicide, herbal remedies, or flavors added, as these chemicals can irritate your delicate genital tissues. Also, warming gels can cause burning in some people. Lubricants can usually be found near the birth control or feminine hygiene products in drug stores or grocery stores. Be sure to read the labels, and talk with a nurse, doctor, or pharmacist if you have questions.

Petroleum jelly, skin lotions, and other oil-based lubricants are not good choices for vaginal lubrication. In some women, they may raise the risk of yeast infection. And if latex condoms are used, they can be damaged by petroleum products and lotions. Also, watch out for condoms or gels that contain nonoxynol-9 (N-9). N-9 is a birth control agent that kills sperm, but it can irritate the vagina, especially if the tissues are already dry or fragile.

Before sex, put some lubricant around and inside the entrance of your vagina. Then spread some of it on your partner's penis, fingers, or other insert. This helps get the lubricant inside your vagina. Many couples treat this as a part of foreplay. If vaginal

penetration lasts more than a few minutes, you may need to stop briefly and use more lubricant. Even if you use vaginal moisturizers every few days, it's best to use gel lubricant before and during sex.

Vaginal moisturizers

Vaginal moisturizers are designed to help keep your vagina moist and at a more normal acid balance (pH) for a few days. Vaginal moisturizers are applied at bedtime for the best absorption. It's not uncommon for women who've had cancer to need to use moisturizers several times per week. Vaginal moisturizers are different than lubricants – they last longer and are not usually used for sexual activity.

Vaginal estrogens

Vaginal estrogen therapy is a treatment option for vaginal atrophy (when the vaginal walls get thinner and less stretchy) for some women. But, some women may not be able to take hormones because of the type of cancer they have. Sometimes these hormones are not recommended because the estrogens can promote certain types of cancer growth in female organs.

Vaginal hormones are applied to and absorbed into the genital area. They come in gel, cream, suppository, ring, and tablet forms. Most are put into the vagina, although some creams can be applied to the vulva (outer part of the vagina). They focus small amounts of hormones on the vagina and nearby tissues, so that very little gets in the bloodstream to affect other parts of the body. Local vaginal hormones need a prescription.

Reaching orgasm after cancer treatment

Usually, women who could reach orgasm before cancer treatment can do so after treatment. But some women may have problems with this.

Here are a few ideas that might help.

- Having a sexual fantasy before or during sex. A fantasy can be a memory of a past experience or a daydream about something you've never tried. A strongly sexual thought can distract you from negative thoughts and fears about performing.
- Using a hand-held vibrator for extra stimulation. 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 uncomfortable.
- Changing the position of your legs during sexual activity. Some women reach

orgasm more easily with their 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. Or, tighten and relax the muscles in time with your breathing. This helps you focus on what you're feeling. Contract your vaginal muscles and pull them inward as you inhale, and let them relax loosely as you exhale.
- Asking your partner to gently touch your breasts and genital area at the same time or separately. Experiment with your partner to find the type of touch that most excites you.

You also can talk with your cancer care team and gynecologist for referral for counseling and sex therapy that can be helpful.

Pain during sex

Genital pain

For women who have vaginal dryness or atrophy, sex may be painful. This is called **dyspareunia**. Pain may be felt in the vagina itself or in the tissues around it, like the bladder and rectum. After certain surgeries and radiation to the pelvis or genital area, the vagina is sometimes shorter and narrower. But hormone changes are the most common cause of vaginal pain after cancer treatment. If you don't produce enough natural lubricant or moisture to make your vagina slippery, sex can be painful. It can cause a burning feeling or soreness. The risk of repeated urinary tract infections or irritation also increases when there is vaginal irritation during sex.

If you have genital pain during sex:

- Tell your cancer care team or gynecologist about the pain. Do not let embarrassment keep you from getting medical care.
- Make sure your partner knows the pain may not be as bad if you feel very aroused before you start vaginal sex. Your vagina expands to its fullest length and width only when you are highly excited. This is also when the walls of the vagina produce lubricating fluid. It may take a longer time and more touching to get fully aroused.
- Use water-based lubricating gel around and in your vagina before vaginal penetration. You can also use lubrication suppositories (soft gel pellets) that melt during foreplay.
- Let your partner know if any types of touching cause pain. Show your partner ways to caress you or positions that don't hurt. Usually, light touching around the clitoris

- and the entrance to the vagina won't hurt, especially if the area is well-lubricated.
- For vaginal sex, try a position that lets you control the movement. Then, if deep penetration hurts, you can make the thrusts less deep. You can also control the speed.
 - Learning to be aware of pelvic muscles and how to control them is important in understanding and managing vaginal pain. Once a woman has felt pain during sex, she often becomes tense in sexual situations. Without knowing it, she may tighten the muscles just inside the entrance of the vagina. This makes vaginal penetration even more painful. Sometimes she clenches her muscles so tightly that her partner cannot even enter her vagina. You can become aware of your vaginal muscles and learn to relax them during vaginal penetration. Exercises that teach control of the pelvic floor and vaginal muscles are called Kegels
 - Your doctor may be able to refer you to a special therapist for pelvic physical therapy or pelvic rehabilitation. This therapy might help you relax your vaginal muscles and help you manage pain during sex.

Non-genital pain

Other types of pain that are not in your genital area can affect how comfortable you are during sex. If you're having pain other than in your genital area, these tips may help lessen it during sex. You might need to plan sexual activity rather than be spontaneous for some of these to help.

- If you're using pain medicine, take it an hour or so before having sex so it will be working when you're ready.
- Find a position that puts as little pressure as possible on the sore areas of your body. If it helps, support the sore area and limit its movement with pillows. If a certain motion is painful, choose a position that doesn't require it or ask your partner to take over the movements during sex. You can guide your partner on what you would like and what makes you most comfortable.
- Focus on your feelings of pleasure and excitement. With this focus, sometimes the pain lessens or fades into the background.

Vaginal dilator

A vaginal dilator is a plastic or rubber tube used to enlarge or stretch (dilate) the vagina. Dilators also help women learn to relax the vaginal muscles if they are used with Kegel

exercises. They come in many forms and are often used after radiation to the pelvis, cervix, or vagina. Even if a woman isn't interested in staying sexually active, keeping her vagina normal in size allows more comfortable gynecologic exams.

If it's needed, your doctor or nurse will tell you where to buy a dilator. Check with your insurance company, too, and find out if you need a prescription. You will also be taught when to start using it, and how and when to use it. The dilator feels much like putting in a large tampon for a few minutes. It can be used several times a week to keep your vagina from getting tight from scar tissue that may develop.

Special aspects of some cancer treatments

Breast surgery

Surgery for breast cancer might not directly affect sexual function and doesn't directly affect intercourse. However, it can have an impact on body image. And, sensation when being touched during sex can be reduced in the area that's affected by breast surgery.

- [Breast-conserving surgery](#)⁵ (also called a lumpectomy, quadrantectomy, partial mastectomy, or segmental mastectomy) is a surgery in which only the part of the breast containing the cancer is removed. The goal is to remove the cancer as well as some surrounding normal tissue. How much breast is removed depends on where and how big the tumor is, as well as other factors.
- [Mastectomy](#)⁶ is a surgery in which the entire breast is removed, including all of the breast tissue and sometimes other nearby tissues. There are several different types of mastectomies. Some women may have a double mastectomy, in which both breasts are removed.

Managing the physical and psychological effects of having breast surgery is important. Many women having surgery for breast cancer might have and choose the option of breast reconstruction. This can include nipple reconstruction too, and tattooing for the nipple and surrounding area. Counseling and support groups may be helpful too. Some women feel more comfortable and have a better self-image with these options, but they often require multiple procedures. Read more in [Breast Reconstruction Surgery](#)⁷ and talk to your cancer care team, surgeon, and gynecologist about what is best for your situation.

Urostomy, colostomy, or ileostomy

An ostomy is a surgical opening created to help with a body function. The opening itself is called a **stoma**.

- A urostomy takes urine through a new passage and sends it out through a stoma on the abdomen (belly).
- A colostomy and ileostomy are both stomas on the belly for getting rid of body waste (stool). In an ileostomy, the opening is made with the part of the small intestine called the ileum. A colostomy is made with a part of large intestine called the colon.

There are ways to reduce the effect of ostomies on your sex life. One way is to be sure the appliance (pouch system) fits well. Check the seal and empty your pouch before sex. This will reduce the chance of a leak. Learn more in [Ostomies](#)⁸.

Tracheostomy and laryngectomy

A tracheostomy is a surgery that removes the windpipe (trachea). It can be temporary or permanent, and you breathe through a stoma (opening or hole) in your neck.

[Laryngectomy](#)⁹ is surgery that removes the voice box (larynx). It leaves you unable to talk in the normal way, and since the larynx is next to the windpipe that connects the mouth to the lungs, you breathe through a stoma (hole) in your neck.

A scarf, necklace, or turtleneck can look good and hide the stoma cover.

During sex, a partner may be startled at first by breath that hits at a strange spot. You can lessen odors from the stoma by avoiding garlic or spicy foods and by wearing perfume.

Sometimes problems in speaking can make it hard for couples to communicate during sex. If you've learned to speak using your esophagus, talking during sex is not a big problem. A speech aid or electronic voice box built into the stoma might also work well.

Treatment for head and neck cancer

Some cancers of the head and neck are treated by removing part of the bone structure of the face. This can change your appearance. Surgery on the jaw, palate, or tongue can also change the way you look and talk. Facial reconstruction might help regain a more normal look and clearer speech.

Limb amputation

Treatment for some cancers can include surgically removing (amputating) a limb, such as an arm or leg. A patient who has lost an arm or leg may wonder whether to wear the artificial limb (prosthesis) during sex. Sometimes the prosthesis helps with positioning and ease of movement.

Feeling good about yourself and feeling good about sex

Sometimes friends and lovers withdraw emotionally from a person with cancer. Don't give up on each other. It may take time and effort, but keep in mind that sexual touching between a woman and her partner is always possible. It may be easy to forget this, especially if you're both feeling down or haven't had sex for a while. See "Keep talking and work together to manage problems" in [Cancer, Sex, and the Female Body](#)¹⁰ for some tips to help you and your partner through this time. And keep in mind that you may need extra help with the changes caused by cancer that can turn your and your partner's lives upside down.

Changes in the way you look

Cancer surgery and treatment can affect your appearance. Surgical scars may be visible. Women with breast cancer may lose a breast. Hair loss can occur with some treatments, including hair on your head, and possibly eyebrows, eyelashes, and pubic hair, too. You may also gain or lose weight, and muscle mass may be affected by the activity you can and can't do, or if you have trouble eating. Certain treatments can cause skin rash and changes. Your nails may be affected, too. Read more in [Caring for Your Appearance](#).¹¹

Feeling good about yourself begins with focusing on your positive features. Talk to your cancer care team about things that can be done to limit the damage cancer can do to the way you look, your energy, and your sense of well-being. When you're going through cancer treatment, you can feel more attractive by disguising the changes cancer has made and drawing attention to your best points.

What do you see when you look at yourself in the mirror? Some people notice only what they dislike about their looks. This mirror exercise can help you adjust to body changes:

- Find a time when you have privacy for at least 15 minutes. Be sure to take enough time to really think about how you look. Study yourself for that whole time, using the largest mirror you have. What parts of your body do you look at most? What do you avoid seeing? Do you catch yourself having negative thoughts about the way you

look? What are your best features? Has cancer or its treatment changed the way you look?

- First, try the mirror exercise when dressed. If you normally wear clothing or special accessories to disguise changes from treatment, wear them during the mirror exercise. Practice this 2 or 3 times, or until you can look in the mirror and see at least 3 positive things about your looks.
- Once you're comfortable seeing yourself as a stranger might see you, try the mirror exercise when dressed as you would like to look for your partner. If you've had an ostomy, for example, wear a bathrobe or teddy you like. Look at yourself for a few minutes, repeating the steps in the first mirror exercise. What's most attractive and sexy about you? Give yourself at least 3 compliments on how you look.
- Finally, try the mirror exercise in the nude, without disguising any changes made by the cancer. If you have trouble looking at a scar, bare scalp, or an ostomy, take enough time to get used to looking at the area. Most changes are not nearly as ugly as they seem at first. If you feel tense while looking at yourself, take a deep breath and try to let all your muscles relax as you exhale. Don't stop the exercise until you have found 3 positive features, or at least remember the 3 compliments you paid yourself before.

The mirror exercise may also help you feel more relaxed when your partner looks at you. Ask your partner to tell you some of the things that are enjoyable about the way you look or feel to the touch. Explain that these positive responses will help you feel better about yourself. Remember them when you're feeling unsure.

Dealing with negative thoughts

Working on what you think about can help make a sexual experience better. Try to become more aware of what you tell yourself about how attractive or sensual you feel. There are ways to help turn negative thoughts around. For example:

- Write down 3 negative thoughts you have most often about yourself as a sexual person.
- Now write down a positive thought to counter each negative thought. For example, if you said, "No one wants a woman with a urostomy," you could say to yourself, "I can wear a lacy ostomy cover during sex. If someone can't accept me as a lover with an ostomy, then they're not the right person for me." The next time you are in a sexual situation, use your positive thoughts to override the negative ones you usually have.

- If you have a favorite feature, this is a good time to indulge yourself a little and play it up.
- If negative thoughts intrude and you find yourself overwhelmed or discouraged, you may want to talk with your cancer care team about working with a mental health professional.

[Depression](#)¹² is common during and after cancer treatment and has a huge effect on your life, including your thoughts, relationships, and overall well-being. If you lack interest in things you usually enjoy or are unable to feel pleasure and happiness, please talk to your cancer care team.

Overcoming anxiety about sex

Sometimes because of a cancer-related symptom or treatment side effect, it might not be possible to be as spontaneous as you were in the past. The most important thing is to open up the topic for discussion and begin scheduling some relaxed time together.

Self-stimulation (or masturbation) is not a required step in restarting your sex life, but it can be helpful. It can also help you find out where you might be tender or sore, so that you can let your partner know what to avoid.

Sexual activity with your partner

Just as you learned to enjoy sex when you started having sex, you can learn how to feel pleasure during and after cancer treatment.

Depending on your situation, you may feel a little shy. It might be hard to let your partner know you would like to be physically close, so be as clear and direct as you can.

Making sex more comfortable

If you still have some pain or feel weak from cancer treatment, you might want to try new positions. Many couples have found one favorite position, particularly for vaginal penetration, and rarely try another. Talk to your partner and learn different ways to enjoy sex that are most comfortable. The drawings below are some ideas for positions that may help in resuming sex.



There's no one position that's right for everyone. You and your partner can work together to find what's best for you. Pillows can help as supports. Keeping a sense of humor can always lighten up the mood.

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/emotional-mood-changes/distress.html
2. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/how-cancer-affects-sexuality.html
3. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/hot-flashes-sweating.html
4. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/sleep-

- [problems.html](#)
5. www.cancer.org/cancer/breast-cancer/treatment/surgery-for-breast-cancer/breast-conserving-surgery-lumpectomy.html
 6. www.cancer.org/cancer/breast-cancer/treatment/surgery-for-breast-cancer/mastectomy.html
 7. www.cancer.org/cancer/breast-cancer/reconstruction-surgery.html
 8. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/surgery/ostomies.html
 9. www.cancer.org/cancer/laryngeal-and-hypopharyngeal-cancer/treating/surgery.html
 10. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/sexuality-for-women-with-cancer/cancer-sex-sexuality.html
 11. www.cancer.org/treatment/survivorship-during-and-after-treatment/staying-active/appearance.html
 12. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/changes-in-mood-or-thinking/depression.html

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Cancer, Sex, and the Single Female

The single female and cancer

Being single can mean someone is unmarried, does not have a domestic partner, or is not currently in a romantic relationship. It has nothing to do with their sexual orientation or gender identity, but rather their relationship status.

Single people who have cancer often have the same physical, psychological, spiritual, and financial concerns as people with cancer who are married, have a partner, or are in a relationship. But for single people, these issues can be more concerning and getting through treatment can be harder in some ways. Single people with cancer have several needs that others may not, because:

- They may live alone, might be a single parent, and might have less support at home.

- They may live far away from family and friends.
- They may be dating or thinking about getting back into the dating scene. This can make them worry how a future partner might react when they learn about their cancer or that a body part has been removed, or if there are fertility problems.
- It may be harder to deal with the demands of treatment, such as if they need time off work, rides to appointments, child care, or help around the house.
- They usually have just one income source.
- They might be newly single after a relationship that was going on before their diagnosis has ended.

Relationship experts suggest that cancer survivors should not have more problems finding a date than people who are not cancer survivors. However, studies show that survivors who had cancer in their childhood or teenage years might feel anxious about dating and being in social situations if they had limited social activities during their illness and treatment. For survivors who had or have cancer as an adult, a personal or family experience with cancer can affect a possible partner's reaction to hearing about the survivor's cancer. For example, a widow or a divorced person whose former partner had a history of cancer may have a different reaction than someone who has not had the same experience.

Common dating concerns in women with cancer

Studies show single female cancer survivors are most worried about:

- Telling a possible partner about their cancer history, when to tell them, and how much to tell.
- Having a poor body image or feeling unattractive because their appearance has changed, such as weight changes, hair loss, or loss of a breast or other body part.
- Physical problems such as fatigue, pain, or neuropathy, or problems that might affect sexual function, bowel and bladder function, or how they walk or talk.
- Being able to have children in the future (fertility) and the health of future children.
- Believing not many people will want to date them.
- Fear of starting a relationship because cancer might come back.
- Being uncomfortable taking their clothes off, letting someone touch their scars, or having sex
- Feeling the need to move quickly in a relationship because they don't want to "waste time."

When is the right time to start dating

Deciding when to start dating after a cancer diagnosis is a personal choice. Single people with cancer need to make their own decision about this. Some people might think dating will help them feel "normal" and going out helps them keep their mind off issues related to their cancer.

Studies show some find it challenging to start a new relationship or when trying to date during treatment. If you're recovering from surgery, getting regular treatments, or treatments in cycles, or dealing with side effects of medications, being "yourself" on a date can be hard. Your appearance might have changed, or your energy level might be lower. In addition to having home and family responsibilities, you also might have extra appointments that use up some of your personal time. For these reasons, many people with cancer wait until treatment has ended or until they've had a chance to recover before they join the dating scene again.

When to talk about cancer

If you're thinking about dating for the first time since being diagnosed with cancer, it's important to think about if and when you want to mention you're a cancer survivor. Some people might want to give this information up front, and even list it in their profile if they're using a dating site or app. Others might prefer to have a face-to-face talk about it when they meet someone. And some people might want to wait until they've been dating someone for a while or until a relationship becomes serious.

Being comfortable talking about your cancer might not be possible, but it's best to tell someone about having cancer before make a strong commitment.

How to bring it up

Try having "the cancer talk" when you and your partner are relaxed and in an intimate mood. Tell your partner you have something important you'd like to discuss. Then ask them a question that leaves room for many answers. This gives them a chance to take in the new information and respond. It also helps you see how they take the news.

You might want to start with something like this: "I really like where our relationship is going, and I need you to know that I have (or had) _____ cancer. How do you think that might affect our relationship?"

You can also share your own feelings: "I have (or had) _____ cancer. I guess I haven't wanted to bring it up because I've been worried about how you'd react to it. It

also scares me to think about it, but I need you to know about it. What are your thoughts or feelings about it?”

You may want to practice how you might tell a dating partner about your cancer history. What message do you want to give? Try some different ways of saying it, and ask a friend for feedback. Did you come across the way you wanted to? Ask your friend to take the role of a new partner, and have them give you different types of responses to your question.

How much to tell

If you have had a body part removed, or if you have an [ostomy](#)¹, large scars, or a sexual problem, you may be worried about how much to tell a new dating partner. You may want to tell your full cancer history all at once, or little by little over a few dates. There are no hard-and-fast rules, but telling the truth and trusting the person you're talking to are very important.

The possibility of rejection

It's possible that someone you're interested in dating might not want to date a cancer survivor. Or, once they know your full story, it might be too much for them to handle. It's important to remember that even without cancer, people reject each other because of looks, beliefs, personality, or their own issues.

Also remember that being single does not mean being alone, or being unloved. There are many in-person and online support groups that have members who are single people, too. Connecting, learning, and sharing your story with people who are in similar situations can be very helpful. You can feel more supported and confident when someone listens to you and truly understands. And, feeling some confidence in yourself can help you feel ready to date, be able to handle the possibility of being rejected, and help you know you can move on.

Improving your social life

Try working on areas of your social life, too. Single people can avoid feeling alone by reconnecting with old friends and building a new network of close friends, casual friends, and family. Make the effort to call friends, plan visits, and share activities. Get involved in hobbies, special interest groups, or classes that will increase your social circle.

Support groups can help, too. Some volunteer and support groups are geared for

people who have faced cancer. You may also want to try some one-on-one or group counseling. You can form a more positive view of yourself when you get objective feedback about your strengths from others. Make a list of your good points as a partner. What do you like about yourself? What are your talents and skills? What can you offer your partner in a relationship? What makes you a good sex partner? Whenever you catch yourself using cancer as an excuse not to meet new people or date, remind yourself of these things.

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/surgery/ostomies.html

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Questions Adult Females Have About Cancer and Sex

Every person with cancer is different, and there are many different types of surgeries and treatments for cancer. Sexuality and intimacy have been shown to help people face cancer by helping them deal with feelings of [distress](#)¹, and when going through treatment. But, the reality is that a person's sex organs, sexual desire (sex drive or libido), sexual function, well-being, and body image can be affected by having cancer and cancer treatment. How a person shows sexuality can also be affected. Read more in [How Cancer and Cancer Treatment Can Affect Sexuality](#)².

Sexuality is very personal. Because each person's situation is different, we cannot list every possible problem here. It's important to ask questions so your cancer care team can answer them so your stress, anxiety, and fears can be lessened, and you can get help to manage any sexual problems you might have.

This information is for adult females with cancer. **If you are a transgender person**, please talk to your cancer care team about any needs that are not addressed here.

Questions to ask about sex or your sexuality

People with cancer might be concerned about changes in appearance due to scars or hair loss, loss of a body part, sexual function, sexual performance, being able to have a child, and if it's safe to have sex. Depending on the type of cancer, surgery, and treatment needed, there are some situations when precautions need to be taken or when sex may need to be avoided for a while, and this can be different for everyone.

Don't assume your doctor or nurse will ask you about these things and other any concerns you have about sexuality. Many studies have found that doctors, nurses, and other members of a health care team don't always ask about sexuality, sexual orientation, or gender identity during check-ups and treatment visits. Because of this, patients might not get enough information, support, or resources to help them deal with their feelings and sexual problems. But if you are concerned about how cancer or its treatment might affect (or has affected) your sex life, it's important to bring it up and to get answers to your questions, even if it makes you uncomfortable.

After a cancer diagnosis

For a period of time when you are first diagnosed, your mind may not be able to focus on anything except your cancer. You may have very few sexual feelings because many people are more concerned about the future than about having sex. In some cases, surgery or treatment is scheduled very quickly after a diagnosis. In other cases, you have some time (maybe several days or weeks) to let the diagnosis sink in. Here are a few questions you can ask to start the discussion with your cancer care team in the time between your diagnosis and surgery or treatment. Starting sexual discussions early might help you feel more comfortable talking about them throughout your cancer journey.

- What kinds of sexual problems might happen because of my cancer?
- Is it safe to have sex before my surgery and treatment?
- Do I need to use protection or birth control before my surgery and treatment?

Before surgery

If having surgery to remove a tumor or body part is in your treatment plan, here are

some questions you might want to ask before the procedure. Keep in mind not all of these questions are right for everyone. What questions you ask depend on your age, stage in life, relationship status, and the type of cancer and surgery you're having. If you forget or don't think about asking them before surgery, it's a good idea to ask questions as soon as possible after surgery. This way, you know what to expect as you recover from your operation.

- How will this surgery affect my appearance?
- Does a body part or organ need to be removed? If so, will it be removed partially or completely? Can it be replaced, transplanted, or reconstructed?
- How big will my scar be?
- How will this surgery affect my sex life? Will it affect my sexual desire, response, or function? What can be done about these effects?
- How soon can I have sex after my surgery?
- Are there any types of sex or positions I should avoid when I start having sex again?
- Will I be able to have children after surgery?

Before radiation therapy, chemotherapy, targeted therapy, hormone therapy, or immunotherapy

If having radiation, chemo, hormone therapy, targeted therapy, or immunotherapy is in your treatment plan, here are some questions you might want to ask before treatment starts. Keep in mind not all of these questions are right for everyone. What questions you ask depend on your age, stage in life, relationship status, and the type of cancer and treatment you're getting. If you forget or don't think about asking questions before treatment, it's a good idea to ask them during your treatment visits or check-ups. It's also good to keep asking questions and following up on problems you've brought up at past visits.

- How soon will treatment start?
- What side effects can I expect?
- How will this treatment affect my appearance?
- Will I lose my hair? If so, when and how much?
- Will I gain or lose weight?
- Can I exercise during treatment?
- How might treatment affect my sex life? Will it affect my sexual desire, response, or function? What can be done about these effects?
- Do I need to use birth control while I'm on treatment? For how long?

- Does my partner need to use birth control while I'm on treatment? What about afterwards? For how long?
- Can my cancer, medication, or treatment be passed to my partner through my body fluids?
- What safety measures do I need to take, and for how long?
- Will I be able to have children after treatment?

During and after cancer treatment

Many times sexual problems or side effects that affect your sexuality happen during treatment, and might continue for a while afterward. It's important to know about precautions that might be needed at certain times. It's also important to report any side effects while you're getting treatment and during follow-up visits, as well as any changes you notice in sexual desire and function. Ask questions about them, because sometimes these problems come and go, and sometimes they can last.

Questions to ask during treatment might be related to sexual and protective precautions you're given, such as:

- If you are getting certain types of radiation therapy where is it unsafe to be physically close to your partner.
- If you are getting certain types of chemo, targeted therapy, or immunotherapy that might be released in your body fluids, including sweat, saliva, and vaginal secretions.
- If you are getting a treatment that might cause birth defects if you get pregnant.
- If you have decreased numbers of white blood cells that cause you to have weakened immunity and make you more prone to infection.
- If you have a decreased platelet count that can make you prone to easy bruising or bleeding.

Other questions you might have during and after treatment could be related to:

- Problems you might be having in your sex life, such as vaginal pain or dryness, problems getting into a comfortable position, or lower sexual desire.
- Side effects that might be affecting your sex life, such as anxiety, depression, sleep problems, fatigue, pain, numbness and tingling, nausea, or bowel or bladder problems.

You probably have many other questions that haven't been addressed here. If the questions you had before starting treatment were not asked or answered, or if you can't remember the answers you were given, ask them again. If you're not sure a problem you're having is related to your treatment, ask about it anyway. Don't be afraid or embarrassed to discuss them with your doctor or other members of your cancer care team. Write them down so you'll remember to ask them. Remember, if your cancer care team doesn't know about a problem you're having, and you don't ask about it, they can't help you manage it.

Getting professional help

Many health care professionals, including cancer doctors and nurses, have little training in sexuality issues. If your cancer specialist can't help you, you can be examined by a **gynecologist** (a medical doctor trained in diseases of the female anatomy and reproductive system) with extra training in treating sexual problems.

When the most likely cause of a sexual problem is a hormone imbalance, a medical doctor called an **endocrinologist** can be consulted. Endocrinologists are experts in the complex cycles and systems that control hormone levels. Usually your primary doctor is best able to decide if you need the special knowledge of an endocrinologist to solve your problem.

If your cancer specialist or family doctor is not able to help you, they can refer you for help. There are many different programs and specialists that can help you find the answers you need.

Sexual rehabilitation programs in cancer centers

A center that specializes in treating cancer may have experts on its staff that can assess and treat sexual problems. Ask your cancer care team what programs are offered or where you can go to get help.

Sex therapists and other types of counselors

Sex therapy is psychotherapy or counseling that's focused on solving a sexual problem. Sex therapists may practice in a clinic or alone. Look for a sex therapist who is a mental health professional (a psychiatrist, psychologist, social worker, or psychiatric clinical nurse specialist or nurse practitioner) with special training in treating sexual problems.

Finding a well-qualified mental health professional is important. These are some of the different types of mental health professionals out there:

- **Psychiatrist:** This is a medical doctor (an MD or DO) with a specialty in psychiatry. They should also be certified by the American Board of Psychiatry and Neurology.
- **Psychologist:** Most who are practicing alone have a doctorate in psychology (PhD or PsyD) or in education (EdD). Psychologists do not have medical degrees and don't write prescriptions. Psychologists with a master's degree are most often supervised by one with a doctorate. In most states a psychologist must be licensed. Those who practice usually have degrees in clinical or counseling psychology.
- **Social worker:** A social worker usually has master's degree in social work (MSW). Licensing laws vary from state to state. Some states have a category for licensed psychotherapists called "marriage and family counselors." They usually have a master's degree in psychology or a related field, plus training in counseling.
- **Psychiatric clinical nurse specialists or psychiatric nurse practitioners:** These nurses have a master's or doctorate degree in psychiatric nursing. They are licensed professionally, although their ability to prescribe medicines varies from state to state.

The cost of counseling varies with the professional's training and experience, and health insurance companies reimburse at different rates. You may want to check with your insurance company to find out if it will pay (and how much it will cover) for counseling or therapy.

Professional societies can often give you information about their members in your area who have special training in sex therapy. These are good places to start:

- American Association of Sex Educators, Counselors, and Therapists (AASECT) www.aasect.org³
- National Association of Social Workers (NASW) www.helpstartshere.org⁴

You can also get a listing of professionals in your area by contacting your state's psychological association or a state association for licensed marriage and family therapists.

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/emotional-mood-changes/distress.html
2. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/emotional-mood-changes/distress.html

[effects/fertility-and-sexual-side-effects/how-cancer-affects-sexuality.html](https://www.aasect.org/effects/fertility-and-sexual-side-effects/how-cancer-affects-sexuality.html)

3. <http://www.aasect.org>

4. <http://www.helpstartshere.org>

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