



Canadian
Cancer
Society

Sex, Intimacy and Cancer



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Sex, Intimacy and Cancer

We provide a support system for people affected by cancer. Our services help answer your questions about cancer, manage life with cancer, find community and connection, and build wellness and resilience. Many of our programs are available in different languages.

From diagnosis to treatment to life after cancer, you can trust our publications for reliable information that's easy to understand.

We're here to support you.

The Canadian Cancer Society would like to thank the people who shared their personal stories with us. To protect their privacy, and with their permission, we have changed their names.



We have short, easy-to-understand videos on common cancer topics. Visit cancer.ca/cancerbasics.

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Introduction

This booklet is for adults of all ages who have cancer. The goal of the booklet is to help you understand and deal with the ways that cancer and its treatment may affect your sexuality. Sexual partners may also find it helpful.

Human sexuality, and how we see ourselves as sexual beings, is full of variety. It's not easy to always get the words right, especially when many of the words and how we use them are changing. No matter who you love, whatever type of sexual relationship you are in or wherever you are on the gender spectrum, we hope this booklet will help you get both the information and the support you need for good sexual health throughout your cancer experience.

Healthcare professionals who are experts on the topic of cancer and sex helped us develop the information, but you should also talk to your healthcare team about what you learn here and how it applies to you.

Throughout the booklet, Canadians tell their stories – how cancer affected their sexuality and their ability to have sex, what they did about it and how they felt about it. Their stories show that you are not alone and that help is available. Their experiences may be different from yours, but they show that sexual health is an important part of overall health – even when you have cancer.



Sex matters

Sex, sexuality and intimacy are important. They are part of being human. They are tied to our everyday needs for closeness, caring and pleasure. They affect our self-esteem, body image, relationships with others and enjoyment of life. We are sexual beings, and having cancer doesn't change that.

Sex is generally thought of as an activity. Some people see sex only as intercourse with penetration. But it can also include things like touching, kissing, cuddling, taking showers together, masturbating, oral sex or sharing sexual fantasies – and more. Sex can bring pleasure and help maintain intimacy in relationships.

Culture, values, what our families taught us and messages from the media can all affect how we think and feel about sex.

Different people have different levels of interest in sex. Some people like to have sex often, and others want to have sex once in a while. Some people might not be interested in sex at all.

Many people are in an exclusive sexual relationship with one person at a time, but there are other types of relationships that work for people.

Sexuality is more than the act of sex. Sexuality is our feelings and beliefs about ourselves as sexual beings, and the way we express those feelings and beliefs. You can express your sexuality in many ways – by what you wear or how you groom yourself, the way you move, who you have sex with and the ways you have it. It's a part of everyday life – whether or not you have a partner. Sexuality is physical, emotional, social, spiritual and cultural. It is as unique as we are, defined by our gender, age, bodies and body image, sexual orientation, sexual appetites and desires, attitudes and many other things.

Intimacy is emotional connectedness or closeness with another person. It can be about loving and being loved, the care and concern we have for people in our lives, and physical affection and touch. We can have sex without intimacy and intimacy without sex.

But does sex matter when you have cancer?

For some people it does. For others, it doesn't. Everyone is different. But if it matters to you, it's important.

Some people don't think about sex when they have cancer. Maybe you won't think about sexual relationships until after treatment is over and you begin to focus on life after cancer.

Many people with cancer do wonder how cancer and treatment might affect their ability to have and enjoy sex. They want to find ways to make sure that they can have the kind of sex life they want during and after treatment. You might find that sex is just as important as it was before the cancer diagnosis. For some people, sex can even become more important during a cancer experience.

Sex and all that goes with it – loving and caring or physical release – can help you cope when you have cancer. A healthy sex life helps you keep close and connected to your partner. It can relieve stress and distract you from the challenges of cancer. Having sex can even help you sleep, increase your circulation and strengthen and relax your muscles.

“Being intimate with a supportive partner can be the most affirming experience.”

This does not mean that you have to keep having sex. Most people can keep having sex all the way through their cancer treatment – if they want to. But you may find that you don't want to or that you don't miss it.

If sex is not for you right now, it can be even more important for you and your partner to be physically affectionate with each other to maintain closeness. We all need touch and affection in our lives. You can still hold hands with your partner, hug family and friends or enjoy a massage.

How cancer may affect your sex life

“It’s almost like being in a new relationship again. You need to negotiate your way into what feels good for you. A relationship is a living thing and, when you throw something like this into it, requires a lot of care and patience.”

Cancer and its treatments can change your sex life in several ways. Often, these changes are linked – if there’s a problem in one area, it may affect another.

Your physical ability to give and receive sexual pleasure may change.

For example, your favourite lovemaking positions may no longer be comfortable. Nerve damage after surgery may make it difficult or impossible to get an erection. Some treatments may slow down your body’s ability to become aroused (or get “turned on”) or affect your ability to have an orgasm.

You may experience many strong emotions, like fear, anxiety, sadness or anger. Having these kinds of feelings can make it harder to feel interested in sex or to get aroused the way you did before you had cancer.

Your thoughts and feelings about your body may shift. For example, cancer treatments can make you gain or lose weight, or your hair may fall out. You may have scars or a stoma, or lose a body part – like a breast – from surgery. If you have been taking gender-affirming hormones and must stop taking them during your treatment, you may not feel the same about your body. You may be upset about these kinds of changes, and they can make you feel less attractive or more self-conscious.

Your interest in having sex – also known as your desire or libido – may change. This may be directly related to treatments like hormone therapy or surgery that removes organs that make hormones, like the ovaries or the testicles. Or it could be for many other reasons, such as the emotions you’re experiencing or because sex is painful.

You may be coping with side effects of treatment. You may be in pain or very tired from treatment and feel like you don’t have the energy for sex. It’s hard to feel sexual if you’re vomiting, constipated or dealing with mouth sores.

Some of these changes go away once treatment is finished. Others can last a long time or be permanent. Either way, many of them can be treated. If you’re having longer-term or permanent sexual problems because of cancer treatment, there are lots of strategies for coping with them, adjusting to the changes and finding ways to make your sex life better. Talk to your healthcare team – they are there to make sure you get the help and support you need.

Even when cancer changes your regular sexual routines and your sex life becomes very different, you can still feel sexual pleasure. For example, if nerve damage interferes with getting an erection, being touched will still usually be pleasurable – and sometimes even lead to an orgasm.

“Before my treatment, I didn’t know that you could orgasm without an erection. Even though there’s no sperm, there are still the muscular responses, and your brain is still 17!”



Safety concerns, pregnancy and STIs

Most of us are familiar with the term “safer sex.” Having cancer can raise many new questions about safety and sex. Below are answers to some common questions about sex, safety and cancer.

Is it safe to have sex during treatment?

It depends on what your treatment is. Hugging and cuddling with your partner is almost always OK, but ask your doctor if there are times when you should not have sex and what you should do to protect your partner and yourself when you do. For example, your doctor may advise you to avoid having sex with penetration for a few weeks after surgery or if you are at risk of bleeding or catching an infection. Or your doctor may tell you to use a condom or other barrier for a number of days after chemo to protect your partner from drugs that can get into semen or vaginal fluids.

Will sex make the cancer worse?

Having sex will not make cancer worse. Sex doesn't increase the chances of cancer coming back or spreading.

Can having sex give my partner cancer?

If you have cancer, you cannot give it to someone else through kissing, touching or having sex – it's not like a cold or the flu.

Is it OK to get pregnant or get someone pregnant while being treated for cancer?

Avoid getting pregnant or getting someone pregnant while you're being treated for cancer. The treatment you need may harm the baby. Talk to your doctor about what kind of birth control to use during treatment.

If you think you'd like to have a child in the future, talk to your healthcare team before you start treatment. Treatment could affect your ability to get pregnant or get someone pregnant.

What about cancer and sexually transmitted infections (STIs)?

Cancer or cancer treatment can weaken your immune system. This makes it even more important to avoid STIs. Unless you are in a long-term monogamous relationship, use a condom or other barrier every time you have oral, vaginal or anal sex. If you have an STI or think you may have caught one, tell someone on your healthcare team.

Talking is important

You're not alone if you find sex and sexuality hard to talk about. Even with their partners, many people feel awkward or embarrassed talking about sex. Talking about your sex life with someone on your healthcare team may make you even more uncomfortable.

Many people feel a bit hopeless when cancer and its treatment cause problems in their sex life. But there are almost always ways to make things better. It may not be easy, but talking openly and honestly is the best way to get the help you need.

Talking to your partner

Before having cancer, you may not have needed to talk about sex much. Now, you may feel like withdrawing, hoping to avoid a tough conversation or to spare your partner from your fears and worries. Sometimes a partner withdraws, afraid that talking about sexual challenges will make you feel worse. But pulling away can make both of you feel disconnected and even more worried or stressed.

“You have to communicate with your partner – otherwise, they can be at a loss in terms of understanding what you are going through.”

Why it's important to talk to your partner

- Communicating openly about sex is an important part of healthy sexuality. It helps you understand what's working, what the problems are and how to find solutions to them.
- Talking can help ease your fear and insecurity.
- Talking gives partners important information, such as what feels good, where you're feeling pain or what sexual activities you are and aren't ready for.
- Talking gives you information about what your partner is thinking. Your partner may be worried about hurting you or pressuring you to have sex when you're not ready.

- Talking can prevent misunderstandings or hurt feelings. For example, partners may feel rejected or think that you no longer find them attractive, when in fact you're just too tired or sore to have sex right now.
- Sharing your feelings about sex and sexuality can help you and your partner feel close again.

“In the past, everything was fairly effortless. But now, there’s things that need to be sorted out. Intense topics like feelings about life and treatment and body image – these were things that didn’t come up before and [talking about them] made me feel so close to him.”

QUESTIONS TO GET YOU AND YOUR PARTNER TALKING

- What do you value about sex? What does our sexual relationship mean to you?
- What do you enjoy most about our sex life – intimacy or physical pleasure? Or something else?
- Is there anything that makes you nervous about working on our sexual relationship?
- What might be hard about trying new things? How should we talk about what works and what doesn’t work for us?



Tips on talking to your partner

- Plan a time and a place to talk where you won’t be interrupted or distracted. This will help you listen to each other and be patient.
- Practise by writing down your thoughts or saying them out loud.
- Try to explain your feelings in a positive way. For example, you might start by saying, “Our sex life is really important to me. Let’s talk about what we can do to get back on track.”
- Try to avoid blaming each other for any problems. You’re both coping with a lot of change. The goal is to discover how to move forward in a way that works for both of you.
- Be clear about sexual challenges. If you feel pain or discomfort, say so – and also tell your partner what feels good.
- Try talking during sex. That doesn’t mean you have to “talk dirty” if that’s not comfortable for you, but make sure you communicate how you feel to your partner. Saying things like, “Yes,” “That feels good,” “I like that,” “That’s sore,” or “Don’t stop!” can give your partner useful information that can make sex more satisfying.
- Use body language. For example, use your hands or body to physically guide your partner away from areas that feel sore or tender and toward the areas of your body that feel good.

“We’ve always been very open with one another. And this just became one of the other things we deal with.”



DAN'S STORY: COMMUNICATING WITH YOUR PARTNER

Dan and his wife had always talked openly about sex. But when Dan was diagnosed with prostate cancer at age 49, they needed to talk more than ever. “There were short-term, mid-range and long-term issues,” says Dan. “We talked about them all.”

Because Dan was having his prostate removed, one of the topics was his fertility. “We knew we wouldn’t be able to have kids after the surgery, and we knew we might want another child,” says Dan. The couple decided to go to a fertility clinic, where Dan could bank his sperm before having surgery.

They also needed to talk about side effects like erectile dysfunction (ED), which is not being able to get an erection or not being able to keep the penis firm enough to have sexual intercourse. Dan’s doctor had explained that they would use a nerve-sparing technique to try to preserve his ability to have erections. But there were no guarantees.

“You need to be able to deal with the worst-case scenarios,” says Dan, “to be able to say, ‘Here’s where we are now sexually, and here’s hopefully where we’ll get back to. But if we don’t, it doesn’t mean anything is different between us.’”

After his surgery, Dan needed radiation therapy. His main side effects were ED and mild incontinence (he couldn’t fully control his bladder). It was just too early to resume lovemaking.

“Once we realized you can’t hurry love, we were OK,” says Dan. He and his wife found their way forward with intimate activities they’d enjoyed before. “Whether it’s just going out, or dinner, or candles in a bathroom or a hot tub – there’s so many other things you can focus on because you’re alive to focus on them.”

With time, things started to improve. The couple discovered the best times for their intimate activities – like earlier in the day when muscles weren’t tired and incontinence wasn’t a worry. They talked about what worked and what didn’t.

As time went on, “Things started to feel different, and response and reaction was different. You just felt healthy again,” says Dan, who turned to writing as one way to cope with his experience. About 8 months after his surgery, Dan and his wife decided to try in vitro fertilization. It worked. When their daughter was born, Dan proudly announced, “We have our amazing Grace!”



Talking to your healthcare team

Many people find it hard to talk to their doctor about sex. You may find it awkward or feel that the topic is too private. Even doctors can be embarrassed sometimes. But it's always OK to ask your healthcare team questions about your sexual health. And doctors should be willing to talk about it, just as they would about any other health issue. If your doctor can't help, ask to talk to someone who can.

“My doctors didn't raise the topic of sexuality and side effects. That's not to say I was badly treated by my doctors. But you have to be willing to take the initiative.”

If there's someone else you trust on your healthcare team, like a nurse or social worker, you might want to start the conversation with them. If they can't answer your questions, they should be able to find the answer or refer you to someone who can.

Finding professional help if you need it

Medical doctors who treat sexual problems with medicines call themselves sexual medicine specialists. These specialists sometimes work in sexual rehabilitation programs or other organized programs. Some gynecologists, urologists, psychologists, psychiatrists or family doctors may also be able to help with sexual problems.

Many members of your healthcare team, such as nurses, social workers and psychologists, should be able to give you information, suggestions and support. If they have expertise in sexual issues, they may call themselves sexuality counsellors or sex therapists.

Many cancer treatment centres have specially trained sexuality counsellors. Counselling – on your own, with partners or even in a group – can help you:

- talk openly about problems
- work through your concerns
- find new ways of experiencing sexual pleasure despite changes to your body

It can be hard to find a sexuality counsellor or sexual medicine specialist, especially outside of a big city. But you may be able to get the help you need from other healthcare professionals. For example, a psychotherapist can help you feel better about changes to your body, suggest ways that you and your partner can communicate more clearly and give you skills to cope with cancer and cancer treatment. And many professionals who offer couples or marital counselling are also familiar with sexual concerns (although they are not experts in cancer).

It's important – and worth it – to keep trying until you find someone who can give you the help you need.

“You have to start thinking in a totally different way. You've got to be almost that hypochondriac that you always talked about – but you're not. You just have to be able to discuss everything that's involved.”

Questions to ask your healthcare team

Many people find it helpful to write a list of their questions about cancer and sexuality, and to add to it as they think of new ones. These questions can help you get started.

- Will this treatment affect me sexually? If so, how?
- Will the changes be permanent? If not, how long can I expect them to last?
- Will this treatment affect my hormones?
- When will I feel like having sex again?
- When is it safe to have sex (or masturbate) again?
- It hurt when we had sex. Why? What can we do about the pain?
- Will this treatment affect any other medicines that I take?
- What kind of birth control should I use during treatment?
- Will I be able to have children after treatment if I want to?
- Is there anything else I should do to protect myself or my partner?
- If I've had a sexually transmitted disease or infection, will it come back with cancer treatment?
- Where can I get more information or find a sexuality counsellor or sex therapist?

“If I hadn't asked my doctor about the problems I was having during intercourse, I would have just let sex go. Instead, he came up with a solution that worked.”



DANA'S STORY: CANCER, SEXUAL ORIENTATION AND TELLING YOUR DOCTOR

When Dana faced a cancer diagnosis, she'd been “out” for a while and was OK with telling her healthcare team. “They need to understand who your support system is and the dynamics going on in your life,” she says.

As every person with cancer knows, many healthcare professionals are involved in cancer care – so Dana had to disclose her sexual orientation over and over again.

“As a gay person, I've learned how to send out cues and clues in my conversations to see how comfortable healthcare providers are with these issues,” she says. “I pay attention to whether a doctor uses the word ‘partner’ and other inclusive language.”

Dana did have some frustrating moments with healthcare providers who “didn't get it” and assumed she was straight. But she feels that more and more healthcare professionals now understand the issues lesbian, gay, bisexual and transgender (LGBT) cancer patients face.

“There is support out there, and you are not alone,” she says.

An important support person for Dana was the social worker at the local cancer centre. “I could go in there and let everything out in a non-biased environment. I could be open about the dynamics of my relationship, which was very strained. I had a partner at the time who was not out, and that was making it difficult for her to support me fully through the cancer journey.”

Family and friends were also important supports for Dana. “I'm blessed that I had, and continue to have, a strong support system. Some LGBT people do not, and cancer for them becomes an additional strain or cause of further estrangement.”

Sex and relationships during and after cancer treatment

When you have cancer, your sexual relationships might change. Some of these changes may be positive and some negative. Other changes may feel more neutral, especially once you've had some time to get used to them. How cancer affects your sexual relationship with a partner may depend on how strong the relationship was before. A relationship that is struggling probably won't improve after diagnosis.

“Cancer can highlight and heighten dysfunction in relationships like nobody's business. And that's what happened to me in my relationship at the time.”

Strong, loving relationships are more likely to survive the stresses of cancer. You may find new levels of intimacy, understanding and love for one another when facing a shared challenge like cancer.

“Sex is even more meaningful and pleasurable after going through cancer, if you are with someone you care about.”

Keeping your sex life going

“Life has changed, so do things differently. You are going to have to adapt ... Experiment, but don't do it individually, do it together. If you share it, it will bring you together.”

You can do many things to keep or rebuild a healthy sex life during or after cancer treatment. It might seem hard at first, but you can learn to adapt.

Get information. If you're having trouble keeping your sex life going, it can help to know that there's lots of information out there with ideas for how to make things better.

You can ask someone on your healthcare team about pamphlets, books, videos and online resources from trustworthy sources. You can also ask for a referral to a sex therapist or sexual medicine specialist.

For many people, support groups provide a safe and welcoming space to hear from people who have been through similar experiences. Support groups can be in person or online – some people may be more comfortable chatting about sexual issues online rather than face-to-face.

“I never thought I would join a group! But in a group, you don't feel that you are all alone. You don't have to speak if you don't feel like speaking. You can listen and learn and see that you are not by yourself.”

As you gather information, remember that it's OK to ask as many questions as you need to get the answers you're looking for.

AVOIDING UNPROVEN “CURES”

You may be very upset by sexual problems during cancer – so upset that you might be tempted to get advice from people who aren't qualified healthcare professionals and who offer you unproven treatments or “cures” for your problems. There are lots of ads for unproven creams, pills, supplements, aids and devices online and in free newspapers and magazines.

Often, these therapies aren't helpful. Many can be harmful and interfere with the treatments planned by your healthcare team. Be sure to talk to your healthcare team before trying any of these products.

Be open to pleasure. Not everyone feels aroused or turned on before having sex. Sometimes, desire comes after beginning to engage in sexual activity. Even if you don't quite feel like it just yet, you could try getting close to your partner by kissing for a few minutes. Being open to pleasure and to seeing where things might go – with no expectations or demands – can lead you to some pleasurable sexual experiences.

Go slowly. You may feel anxious or afraid about your first sexual experience after cancer treatment. These feelings may make you avoid getting close to your partner. Partners may be afraid to suggest sex, thinking that it might hurt you. Go slowly and take it one step at a time. Start with lots of closeness, hugging and other things that you feel comfortable with.

“Things will happen when they happen. In our case, we were just trying to have intercourse too soon.”

Be romantic. Set the mood with soft lighting, candles and music. Have an intimate dinner. Focus on the sensual – give each other massages, have a bath together or wear sexy clothing if it makes you feel good.

Make a plan. Lots of people think that sex has to be spontaneous. It doesn't. The demands of daily life tend to get in the way of spontaneous sex for most of us. Adding cancer to the mix – especially if you're having sexual problems because of cancer treatment – can make spontaneous sex even less likely to happen. Making a plan can help. Your plan may include when to take pain medicines or making time for sex during the day when you're not so tired.

“Talk to your partner and say, ‘How about we make an outing of it? Let's go for lunch, and then we'll go to a sex shop and see what they have on the shelf.’”

And, of course, it's not all about sex. Plan some other activities – whether they lead to sex or not. Go for a walk or see a movie. Do things that you enjoy together so you're not focusing on sex or cancer all the time.

Be open to new ideas. Sometimes, the sexual changes that come with cancer and treatment are permanent. It can be upsetting when old ways of having sex don't work anymore. But it doesn't mean that you can no longer have a sexual relationship with your partner or with new partners.

If you're dealing with permanent changes, you may find it hard to understand and accept that how you have sex needs to change. But understanding and acceptance help you move forward and discover other ways to give and receive sexual pleasure. For example, maybe you've always thought of sex only as intercourse with penetration. Thinking about a wider definition of sex can help you enjoy it in different ways.

“There's so many different things you can do to have intimacy, whether it's just a touch in a different way, or sharing a fantasy, or somebody taking it one step further than before.”

It can take time to accept the new realities of your sex life and create a new range of sexual activities. Experiment, refine and communicate a lot as you find out what feels good and what doesn't. Hug, kiss, caress and be naked together. Try new things – masturbate (on your own or together), touch each other sexually or experiment with oral sex or sex toys. If you're able and wanting to have penetrative sex, try different positions to find the ones that are the most comfortable and pleasurable.

“We started reading stories to get ideas and, lately, going online. I used to feel really uncomfortable about watching pornography but now I kind of like it.”

Sex with someone new

You may worry about how new partners will react to the news that you've had cancer or wonder when you should talk about it for the first time. There's no timeline for this. But lasting relationships are based on honesty – so when a new relationship is getting serious, it might be time to say something.

“I've always been very open about my cancer. That's how I heal from it. I know a lot of people heal by being able to leave it in the past. I kind of embrace it.”

You may be pleasantly surprised by the response you get. And if the response isn't good, then at least you've learned that this person isn't right for you. It's important for partners to accept you as you are.

Remember that rejection can happen to anyone – whether they've had cancer or not. You may be tempted to keep to yourself to avoid rejection. But taking the risk of being rejected also opens you to the possibility of all the good things that go along with a great relationship.



Tips

- Plan or practise the conversation with a counsellor or friend.
- Keep your comments simple. Don't overwhelm your date with details.
- Start “the cancer talk” in a relaxed atmosphere, when you and the person you're dating feel close to each other.



MARIE'S STORY: LIFE AS A SINGLE WOMAN AFTER CANCER

Marie was 45 when she had a mastectomy and chemotherapy for breast cancer. About a year after finishing chemo, she joined a singles group and started dating.

She usually brought up her cancer experience after a second date.

“I would tell them that I am a breast cancer survivor and explain that I had a prosthesis,” says Marie. “Most men were very good about it and didn't make me feel self-conscious. If you are with a mature man, it's not an issue.”

But there were exceptions. Marie was amazed when one man asked her if the cancer was contagious. “That one didn't last very long!” she laughs. Others would ask, “Are you sure the cancer is over and done with?”

Says Marie, “Many men, at that age, aren't exposed to women with breast cancer.”

In her fifties, Marie has discovered that many of her dates are often dealing with medical challenges of their own. She isn't the only one with something to share.

“The older you get, the more medical issues people have anyway. You find out that you are dating someone who has high blood pressure or diabetes. Or they're on antidepressants.”

She's also found a way to meet people that takes the pressure off – the Internet. “It's a good place to start because the topic of health and cancer treatment doesn't have to come out for a while. You don't have to tell your whole life story.”

Marie found herself drawn to one man's online profile. There was no photo but, “I really liked what was written in it.” They started seeing each other. After a few dates, Marie was surprised when he raised the topic of cancer. “And he told me that he is a prostate cancer survivor,” she says.

“He's someone I can be honest and comfortable with. Life is good now, and I'm going to enjoy it as much as I can.”

Cancer treatments and sex

This chapter first describes the organs that are part of reproductive and sexual anatomy (also known as sex anatomy). Everyone's sex anatomy looks a little bit different. It then explains the most common types of cancer treatments and how they might affect your sex life.

When we describe anatomy, we use recognized medical terms for the organs. These aren't the words that everyone uses for their bodies – you can use the terms or words that make you the most comfortable when talking about your body parts with your healthcare team.

Tips on dealing with the symptoms and side effects are in the next chapter.

Sex anatomy

If someone asked you to name the most important sex organ in your body, what would you answer? It may sound strange, but the most important sex organ you have is your brain. It is with your brain that you:

- experience sexual thoughts and fantasies
- interpret touch as sexual
- interpret touch as pleasurable or not
- experience yourself as a sexual being (or not)

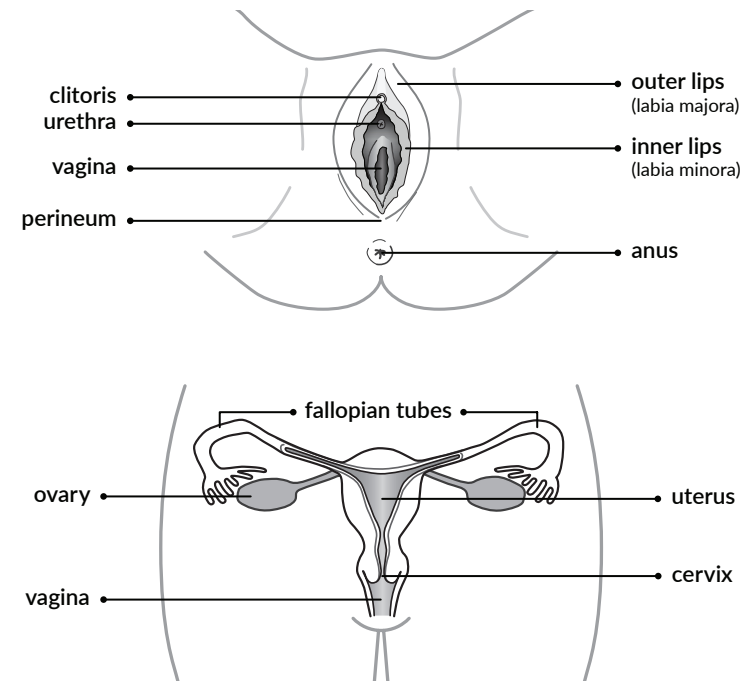
The brain sends signals to your sex organs to cause the signs and feelings of arousal. The brain is also important because it manages the production of the hormones testosterone, estrogen and progesterone. These hormones are important for various aspects of sex, sexuality and sexual function.

Female sexual anatomy – sexual anatomy that's typically called female includes the vulva (external female genitalia, which are outside the body) and internal reproductive organs inside the body, like the ovaries, uterus, cervix and vagina.

The vulva includes the outer lips (labia majora) and thinner inner lips (labia minora) and clitoris. The lips join at the top to cover the clitoris. The urethra, for passing urine, is between the inner lips and behind the clitoris. Further back is the opening to the vagina. Beyond that is an area of skin called the perineum and beyond that is the anus.

If you are a transgender woman, you may or may not have some of these organs.

The vulva – especially the clitoris, which extends inside your body, back and down on both sides of the vagina – tends to be the most sexually sensitive. Other pleasurable (or erogenous) zones include the breasts and nipples, nape of the neck, back of the knees, around the anus, buttocks and inner thighs.

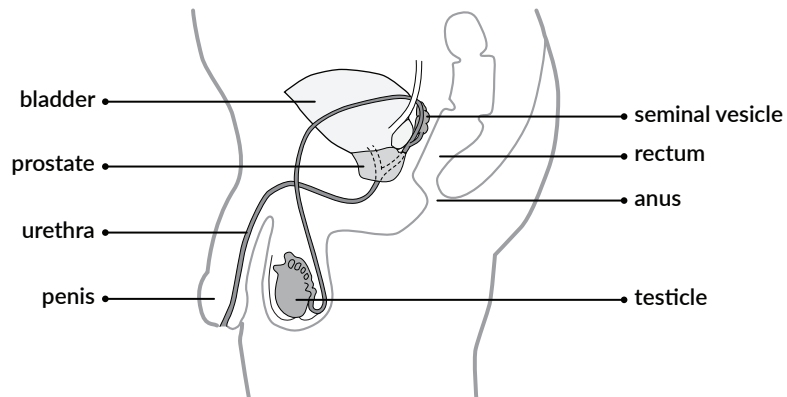


Male sexual anatomy – sexual anatomy that is typically called male includes the penis and scrotum (external male genitalia, which are outside the body) and internal reproductive organs like the testicles (which are inside the body). The end of the penis is covered by the foreskin, if it hasn't been removed by circumcision. The urethra, where semen and urine pass out of the body, opens at the end of the penis. The testicles are contained in the scrotum, which lies below the base of the penis. The testicles make sperm and store it. They also produce the male sex hormone testosterone.

The prostate is also inside the body, deep in the pelvis, surrounding the urethra as it leaves the bladder. The prostate and the seminal vesicles make the liquid (seminal fluid) that mixes with sperm from the testicles to make semen.

If you are a transgender man, you may or may not have some of these organs.

The chest and nipples can be sexually sensitive. The nape of the neck, back of the knees, around the anus, buttocks and inner thighs may also be pleasurable (or erogenous) zones.



Surgery and your sex life

Surgery is a medical procedure to remove or repair tissue. Many different types of surgery are used to treat cancer. The type of surgery you have depends on the type of cancer, the size of the tumour and where it is.

The physical and emotional effects of any type of surgery can affect your sex life, whether the surgery is on a sex organ or another part of your body. Many of the side effects of surgery are short-term changes, but some can become long-term challenges.



TALK TO YOUR DOCTOR

Talk to your doctor about whether you should avoid having sex after surgery and if so for how long. You may need some time to heal or you may need medical help before you can have sex with penetration.

The main types of surgery used to treat cancer, and how they may affect your sex life, are outlined below in alphabetical order.

Abdominoperineal resection

An abdominoperineal resection removes the lower colon, rectum and anus. During this surgery, the surgeon creates a stoma (artificial opening) in the abdominal wall that allows stool to leave your body. This procedure is called a colostomy. A special bag or pouch, known as a colostomy bag, is attached to the stoma to collect food waste from the colon.

It will still be possible for you to have an enjoyable sex life while living with a stoma – it just may take some adjustment and planning.

After an abdominoperineal resection, you may not be able to get an erection or keep it firm enough to have sexual intercourse (this is called erectile dysfunction, or ED).

Sex organs are sometimes removed during this surgery. This may include removing the uterus and ovaries, which can affect sexuality and fertility. The rear wall of the vagina may also be removed. The remaining vaginal tube is then repaired using skin grafts, muscle flaps or both.

It's possible to have an enjoyable sex life after an abdominoperineal resection, but you may need to use lubricant and try different positions to find what works best for you.

*If your uterus is removed as part of your surgery, see **Hysterectomy** on page 33.*

*If your ovaries are removed as part of your surgery, see **Oophorectomy** on page 34.*

Amputation

An amputation removes all or part of a limb. Today, surgery and other treatments are good enough that doctors can remove only the affected part of the limb – they rarely need to amputate an entire arm or leg.

Artificial arms or legs (prostheses) often replace ones that have been removed. Although having a prosthesis may make you self-conscious, you can still have a fulfilling sex life with one. Some people wear their prosthesis during sex. They find that it helps with positioning and movement. Others find that the straps used to secure the prosthesis are uncomfortable and get in the way.

Some people experience phantom pain after an amputation. This is pain or changes in sensation that seem to come from the part of the body that has been removed. Any type of pain can be distracting during sex and may reduce sexual desire. Phantom pain usually goes away in time, but it can be a long-term problem for some people.

Breast-conserving surgery and mastectomy

There are 2 main types of surgery for breast cancer – breast-conserving surgery (removing anything less than the whole breast) and mastectomy (removing the whole breast). The type of surgery you have depends on the size of the tumour, where it is and if any lymph nodes need to be removed. How your breast looks after surgery will depend on where the tumour was and how much breast tissue was removed. Breast reconstruction (rebuilding the breast) may be possible.

In breast-conserving surgery, the surgeon removes the tumour and some of the tissue around it so that you keep as much of your breast as possible. Some lymph nodes may also be removed.

A total mastectomy removes the entire breast, including the nipple and the tissue that covers the chest muscles. The lymph nodes in the chest and the chest muscles are left in place.

A modified radical mastectomy removes the entire breast, including the nipple and many of the lymph nodes in the armpit. The muscle covering the ribs is left in place.

The breasts and nipples are erogenous areas for many people, and it can take time to adjust to losing them. You may like to be stroked around the areas of the healed scar, or you may not enjoy being touched there at all. Some people even find touching painful.

Breast cancer surgery may affect your self-esteem and desire for sex.

Cystectomy

A cystectomy removes part or all of the bladder. The type of surgery you have depends on the size of the tumour, where it is and if any lymph nodes need to be removed.

A partial cystectomy removes the tumour and a part of the bladder around it. This type of surgery usually doesn't cause sexual side effects.

A radical cystectomy removes the entire bladder. During this type of surgery, surrounding tissues, lymph nodes and nearby organs are also removed. When the entire bladder is removed, the surgeon either makes an artificial bladder to store urine inside the body or creates an opening (stoma) in the abdominal wall so the urine can pass out of the body, where it's collected in a bag (or pouch). The operation to make the stoma is called a urostomy. After surgery, it may be hard to control your bladder (incontinence), but this usually gets better over time.

It's still possible for you to have an enjoyable sex life while living with a stoma – it just may take some adjustment and planning.

A radical cystectomy may involve the removal of sex organs.

The uterus, cervix, fallopian tubes, ovaries, front wall of the vagina and urethra are removed in a radical cystectomy.

*If your uterus is removed as part of your surgery, see **Hysterectomy** on page 33.*

*If your ovaries are removed as part of your surgery, see **Oophorectomy** on page 34.*

The prostate, seminal vesicles and part of the urethra are removed in a radical cystectomy.

*If your prostate is removed as part of your surgery, see **Prostatectomy** on page 37.*

Facial surgery

Surgery for head and neck cancers sometimes leaves scars and may affect you in other ways. For example, surgery that involves the jaw or tongue may change the way you speak. Head and neck surgeries can also affect sexual activity as they may change the way you kiss or have oral sex.

Changes to your appearance can affect how you feel about yourself. Plastic surgery may make you more confident about how you look and may improve your ability to speak.

Hysterectomy

A hysterectomy removes the uterus. The cervix and ovaries may also be removed during a hysterectomy. The type of surgery you have depends on the size of the tumour, where it is and if any lymph nodes need to be removed.

A partial hysterectomy removes the upper part of the uterus but not the cervix or other organs. A total hysterectomy removes the uterus and the cervix. During a radical hysterectomy, the surgeon removes the uterus, cervix, upper part of the vagina next to the cervix, some of the surrounding tissues and nearby lymph nodes in the pelvis. In some cases, the ovaries are also removed. After removing the cervix, the surgeon stitches the vagina closed at its top (inside the body).

The type of hysterectomy can affect your sexuality and fertility in different ways. If your uterus is removed, you won't be able to get pregnant and your periods stop. But you can still feel sexual pleasure. The area around the clitoris and the lining of the vagina generally stay as sensitive as before. Orgasms almost always return. If the cervix is removed and the vagina is stitched closed at its top, the vagina may be shorter. This can sometimes make sex with penetration uncomfortable.

*If your ovaries are removed as part of your surgery, see **Oophorectomy** on page 34.*

Laryngectomy

A laryngectomy removes part or all of the voice box (larynx). When the entire voice box is removed in a total laryngectomy, the surgeon creates a permanent opening (a stoma) in the throat for breathing and talking. The opening is called a tracheostomy.

Improvements in plastic surgery mean that your appearance isn't affected as much as it used to be by a stoma. Still, having a stoma that others can see may affect your self-esteem and sexuality.

After a laryngectomy, it can be more challenging to communicate with a partner. Changes in your speech may affect intimacy and make it harder to express your feelings and emotions. Talking with the help of a special valve or using esophageal speech takes much more effort than before, and the volume and tone of your voice will be different.

Oophorectomy

An oophorectomy removes one or both ovaries. If both ovaries are removed, it's called a bilateral oophorectomy.

Ovaries produce most of the body's estrogen, which helps keep the vulva and vagina lubricated. Estrogen is also important to fertility. If you haven't been through menopause and both your ovaries are removed, you will go into treatment-induced menopause – your periods will stop and you won't be able to get pregnant. Symptoms of menopause such as vaginal dryness or vaginal narrowing can make penetration during sex uncomfortable.

If you're younger and have early stage ovarian cancer, it may be possible to remove only one ovary, one fallopian tube and the omentum (the fatty covering inside the abdomen). This is called fertility-sparing surgery because you can still get pregnant with one ovary.

Orchiectomy

An orchiectomy removes a testicle along with the spermatic cord to that testicle. Removing the testicle with cancer is the main treatment for testicular cancer. Removing both testicles is usually only done when someone has advanced prostate cancer but does not want to take hormone therapy.

Losing one testicle won't affect your ability to have an erection or make you infertile. It may affect how you feel about your appearance, because the scrotum will look and feel empty. A false testicle (prosthesis) is usually placed in the scrotum so that it's not obvious that the testicle was removed.

If both testicles are removed, your body can no longer make sperm and you won't be able to get someone pregnant. You can still get an erection, as long as you're getting enough testosterone through supplements.

If your surgery involves removing lymph nodes at the back of your abdomen, there is a chance that the nerves that control ejaculations may be damaged. This can cause infertility, so talk to your doctor about nerve-sparing surgery and fertility options such as banking sperm before surgery.



Pelvic exenteration

Exenteration removes all of the organs from a body cavity.

Pelvic exenteration is the most extensive pelvic surgery. The organs that are removed may include the lower colon, rectum and bladder, along with the sex organs. It depends on the size of the tumour and where it is.

Removing the lower colon and rectum, as well as the bladder, can affect sexuality.

*For information on removing the colon and rectum, see **Abdominoperineal resection** on page 29.*

*For information on removing the bladder, see **Cystectomy** on page 32.*

Total pelvic exenteration may involve the removal of sex organs.

The uterus, cervix, ovaries, fallopian tubes, vagina and urethra may also be removed in total pelvic exenteration.

*If your uterus is removed as part of your surgery, see **Hysterectomy** on page 33.*

*If your ovaries are removed as part of your surgery, see **Oophorectomy** on page 34.*

The prostate and seminal vesicles may also be removed in total pelvic exenteration.

*If your prostate is removed as part of your surgery, see **Prostatectomy** on page 37.*

Penectomy

A penectomy removes part or all of the penis. The type of surgery you have depends on the size of the tumour and where it is.

A partial penectomy removes only a portion of the penis. The surgeon removes as little of the penis as possible and may be able to reconstruct part of it. You may still have satisfying sex after a partial penectomy. Although the sensitive glans (the “head” of the penis) is gone, you should be able to reach orgasm and ejaculate. With arousal, the remaining shaft of the penis may gain enough length and become firm enough for penetration, but penetrating your partner may be painful.

After a total penectomy to remove the entire penis, you may still reach orgasm when sensitive areas, such as the scrotum, the skin behind the scrotum, the area around the surgical scars or areas inside the anus, are stroked.

Prostatectomy

A prostatectomy removes the prostate. A radical prostatectomy removes all of the prostate and some tissues around it, including the seminal vesicles. The surgeon may also remove lymph nodes from the pelvis (called a pelvic lymph node dissection) at the same time. A radical prostatectomy can affect sexuality in several ways.

When the prostate and seminal vesicles are removed, you can still orgasm and feel that pleasure, but it will probably feel different – orgasms will be “dry” because there is little or no ejaculate. After a radical prostatectomy, you may have some trouble controlling your bladder (incontinence) and may urinate during orgasm (climacturia). This usually gets better over time. This surgery also affects your fertility – you will not be able to get someone pregnant after having it.

The nerves responsible for erections run in 2 bundles on either side of the prostate. During a radical prostatectomy, these nerves may be damaged or removed. After surgery, you may not be able to get an erection or keep it firm enough to have sexual intercourse (this is called erectile dysfunction, or ED).



A nerve-sparing radical prostatectomy preserves the nerve bundles and may reduce the chances of ED. The surgeon can decide to spare the nerves only after seeing the prostate during surgery. If cancer has grown into or around the nerves, your surgeon will not be able to save them.

Even if these nerves are damaged during surgery, you may still reach orgasm. This is because the nerves responsible for pleasurable feelings in the penis are different from those responsible for erections and are not affected by surgery to remove the prostate.

Vulvectomy

A vulvectomy removes all or part of the vulva. The type of surgery you have depends on the size of the tumour, where it is and if any lymph nodes are removed.

A partial vulvectomy removes only the tumour and some healthy tissue around it. A modified radical vulvectomy removes the affected area and some healthy tissue along with some lymph nodes in the groin area. The clitoris may also need to be removed. A radical vulvectomy removes the entire vulva, including the inner and outer lips and the clitoris, as well as surrounding lymph nodes. A radical vulvectomy is very rare.

It's still possible to feel sexual pleasure after a vulvectomy, but you may have problems reaching orgasm after this surgery. The area around the vagina will look very different, which may affect how you feel about yourself sexually. You may be able to have reconstructive surgery, but the feeling (sensation) in the area may be different.

If the lymph nodes in the groin are removed, lymph fluid can build up in the area. This swelling, called lymphedema, may make the area sore or affect the nerves, which may then affect sexual pleasure.

Radiation therapy and your sex life

Radiation therapy uses radiation to destroy cancer cells. During radiation therapy, both cancer cells (which are growing in an uncontrolled way) and healthy cells are damaged. It is this damage to healthy cells that causes side effects, which usually go away as the healthy cells repair themselves.

There are 2 ways to give radiation therapy:

External radiation therapy is given by a machine from outside your body.

Internal radiation therapy is given from sources placed inside your body. Brachytherapy uses implants or applicators or both to give radiation directly to a tumour or part of the body. Radioisotope therapy travels through the blood to reach cells all over the body.

Sexual side effects from radiation therapy are different for each person, and some side effects depend on the part of the body being treated. Side effects may last for weeks or months after treatment. Some can be permanent.

Radiation therapy to any area of your body can cause side effects such as fatigue, skin reactions or changes to sleeping patterns. These common side effects of radiation therapy can affect your sex life.

Radiation therapy to the pelvic area

Radiation therapy to the pelvic area may cause bladder and bowel problems that can affect your sexuality. It may also lead to infertility – you may not be able to get pregnant or get someone pregnant. Radiation to the pelvis may affect the testicles so they produce only a small number of sperm or unhealthy sperm. This may affect the sperm's ability to reach and fertilize an egg. Radiation to the pelvis can also make the ovaries stop releasing eggs. Radiation therapy to other areas of the body doesn't usually lead to infertility.

Radiation therapy to the pelvis can damage ovaries and reduce the amount of hormones they produce. This can affect your interest in sex. Menstrual periods may become irregular or stop during treatment. This can bring on symptoms of menopause, such as hot flashes, vaginal dryness or vaginal narrowing. Some of these changes can make penetration during sex uncomfortable.

Radiation therapy to the pelvic area can cause long-lasting damage to nerves and blood vessels in the penis. You will probably have some degree of erectile dysfunction following radiation therapy to this area of your body. You may experience dry orgasms (you have erections and reach orgasm but do not release semen). Radiation therapy to the pelvic area can also affect how your testicles function, which may mean you lose some interest in sex. If you've recently had radiation therapy to the pelvic area, you may feel a sharp pain when you ejaculate. This is due to irritation of the urethra. The pain usually goes away within a few weeks.



TALK TO YOUR DOCTOR

Talk to your doctor about whether you should avoid having sex after radiation therapy. You may need some time to heal or you may need medical help before you can have sex with penetration.

If you have radioactive implants (often called seeds) to treat prostate cancer, the seeds might come out in semen or urine. Ask your doctor about how to protect yourself and your partner if this happens.

Chemotherapy and your sex life

Chemotherapy drugs slow or stop cancer cells from growing, multiplying or spreading to other parts of your body. Many different types of chemotherapy and combinations of chemotherapy drugs are used to treat cancer.

Chemotherapy doesn't damage only cancer cells – it also damages healthy cells. This damage can cause side effects, but they usually go away when treatment is over.

Chemotherapy may or may not affect your sex life. Everybody reacts differently, even to the same drugs. Some side effects, such as fatigue and nausea, may affect your desire for sex. Hair loss, weight loss or gain, or having a port or catheter can make you feel less desirable.

Some chemotherapy drugs can cause hormone changes that can make menstrual periods irregular or stop altogether. This can lead to side effects such as vaginal dryness, including dryness in the vulva, which can make penetration during sex uncomfortable. Yeast infections, which can irritate the lining of the vagina and cause itchiness or burning during and after sex, are also a possible side effect.

Chemotherapy usually doesn't affect erections or ejaculation.

If you've had genital herpes or genital warts, they may become active again during chemotherapy.

Some chemotherapy drugs can damage your reproductive organs. If this happens, you may not be able to get pregnant or get someone pregnant. These fertility problems can be temporary or permanent.

Stem cell transplants and your sex life

Stem cells are very early blood cells in the bone marrow that develop into red blood cells, white blood cells and platelets. We need them to survive. There are different types of stem cell transplants, but in general, the treatment involves these steps:

- Collecting your stem cells or stem cells from a donor who matches your stem cells as closely as possible.
- Having high doses of chemotherapy and radiation therapy. These high doses can destroy remaining cancer cells but they also destroy stem cells in your bone marrow.
- Being given back your own stem cells (autologous stem cell transplant) or stem cells from your donor (allogeneic stem cell transplant).

Many common side effects of all types of stem cell transplants, such as nausea, vomiting, fatigue and temporary hair loss, are due to chemotherapy or radiation therapy. Some of these side effects may affect your desire for sex or make you feel less desirable.

Other side effects are unique to stem cell transplants. If you have this treatment, your doctor will watch you very closely for side effects, which can be very serious or even life-threatening.

A possible side effect of stem cell transplants that use donor stem cells is graft-versus host-disease (GVHD). GVHD can cause symptoms that affect your sex life.

Having a stem cell transplant may lead to infertility – you may not be able to get pregnant or get someone pregnant.



TALK TO YOUR DOCTOR

Talk to your doctor about how to protect your partner if you have sex during a chemo cycle. Some chemotherapy drugs can get into vaginal fluids or semen. You may need to use condoms or other barriers for a number of days after being given the drugs.

Hormone therapy and your sex life

Hormone therapy drugs stop your body from making certain hormones or block the action of those hormones. This slows or stops the growth of cancer cells. These drugs can also lower hormone levels in your body. If you have a cancer that needs hormones to grow, your doctor may suggest hormone therapy.

Hormone therapy drugs may be used for only a short time or for as long as the treatment is working. Some side effects of hormone therapy lessen as your body gets used to the change in hormone levels. Most side effects usually go away completely when you stop the hormone therapy, but others can be permanent.

Hormone therapy drugs may affect your sex life by causing side effects such as fatigue, low sex drive or nausea and vomiting. They may also cause weight gain, which can affect how you feel about your body and make you feel less desirable.

If you have hormone therapy to treat breast, ovarian or uterine cancer, you can still experience sexual pleasure and can probably reach orgasm. You may have breast swelling, hot flashes or treatment-induced menopause (which may or may not be permanent). Other possible side effects include vaginal or vulval soreness, and dryness or narrowing of the vagina, which can affect sexual pleasure.

If you have androgen deprivation therapy (ADT), a type of hormone therapy that reduces testosterone levels, to treat prostate cancer, you will find that you're less interested in sex. Other possible side effects are muscle loss, weight gain or growth of breast tissue, which can affect how desirable you feel. Sex is still possible during and after ADT, but it may be difficult to get and keep an erection or to reach orgasm. You may need to use sexual aids or try sexual activities that do not involve an erection.

Some hormone therapies can cause fertility problems, at least for a while. Not all of these treatments lead to permanent infertility – it depends on the drugs you're taking, your age and your general health.

Immunotherapy and targeted therapy and your sex life

Immunotherapy helps to strengthen or restore the immune system's ability to fight cancer. Targeted therapy uses drugs to target specific molecules (for example, proteins) inside cancer cells or on their surface.

Side effects vary depending on the drug that is used. You may have flu-like symptoms, skin reactions and fatigue, all of which may affect your desire for or ability to have sex. Ask your doctor about the drugs you are taking and whether you need to take any precautions during sex.



Dealing with symptoms and side effects

“You have to live your way back into a comfortable place for yourself.”

How cancer and its treatment affect you sexually depends on the type of cancer, the treatments you have and how your body reacts. How you feel about yourself as a sexual person can also be a factor.

It's important to remember that many side effects that change how your body works sexually go away soon after treatment. You may need to change the way you're doing things only for a short while. If cancer and its treatment cause longer-lasting or permanent changes, you can explore, adapt and discover new ways to give and receive sexual pleasure.

“It's a traumatic experience, physically, emotionally, mentally, spiritually, from each partner's side. You need to be gentle and patient with each other – and open to new and different ways to love each other.”

Changes in ejaculation

“When I masturbated, the feeling would be the same because it's a muscle feeling, but there would be no ejaculate – or maybe a bit of dripping afterwards.”

Cancer treatment may cause changes in the way you ejaculate. One of these changes is called dry orgasm. When you have an orgasm, there may be little or no semen released. But even with no semen, the orgasm still feels good.

Surgeries that remove the prostate and seminal vesicles, such as a radical prostatectomy or radical cystectomy, always cause dry orgasms.

Sometimes, surgery causes semen to go into the bladder instead of coming out. This is called retrograde ejaculation. The semen mixes with urine instead of going out through the penis during ejaculation and orgasm. Retrograde ejaculation isn't harmful, but it does make you infertile. (If you want to have a child, doctors can extract your sperm as long as your body is still making it.)

You may leak urine when you become aroused or during ejaculation (called climacturia). It may be only a few drops or a larger amount. Urine is sterile and will not harm your partner. But you can ask your doctor about using a constriction band, which is tightened at the base of the erect penis. This squeezes the urethra and keeps urine from leaking out.

These changes can be upsetting and embarrassing. It's important to give yourself and your partner time to get used to them, but you may also want to talk to your doctor about the possible benefits of pelvic floor physiotherapy, follow-up surgeries, medicines or sex therapy.



Tips

- Talk openly with your partner before and during sex.
- Try longer foreplay to make sure you're as excited as possible when you ejaculate.
- Have sex on a towel or keep a towel nearby.
- Use a condom.
- Try having sex in the shower or bath.
- Dampen a washcloth with nice-smelling soap and keep it nearby to clean up any leakage.

Difficulty reaching orgasm

If you were able to reach orgasm before cancer treatment, you may be able to again. But cancer and its treatment can make it harder to get there. And fears about feeling pain and worries about reaching orgasm can get in the way.

Your physical ability to reach orgasm isn't usually affected unless cancer treatment has damaged your spinal cord. Cancer surgery may remove sexually sensitive parts of your body. You also need time to get used to new feelings or sensations during sex. A sexuality counsellor can help.



Tips

- Give yourself time, and practise to figure out what works for you. Be patient with yourself.
- Set the mood with soft lighting, candles and music.
- Place your partner's hands and fingers on areas that arouse and excite you – or do it yourself. Try a hand-held vibrator for extra stimulation.
- Use plenty of water- or silicone-based lubricant.
- Have a sexual fantasy during lovemaking. This can distract you from negative thoughts and fears.
- Try different leg positions. Some people achieve orgasm more easily when their legs are open and thigh muscles are tense while others prefer to press their thighs together.
- Look for books or videos that provide ideas about how to reach orgasm.

Erectile dysfunction (ED)

Surgery or radiation therapy to the pelvic area can cause problems with erections – this is called erectile dysfunction (ED). Changes to hormone levels can also play a part in ED. But cancer treatment may not be the only cause. Emotions are powerful – worrying about being able to keep an erection may be part of the problem.

“Expectation is a real factor. If you are told by every other patient and by doctors that you are going to be asexual, nothing affects sexual ability more than expectation.”

ED may be temporary or permanent. You may get full erections again, but it may depend on the type of treatment as well as your age and how sexually active you were before treatment.

If you're having erection problems, know that you can still have orgasms and be fertile with ED. Sex may be different, but it is possible with a half-erect penis. Experiment with positions that work for you and your partner.

“Because my erections aren't as strong anymore, the best sensation for me is when I am behind my partner.”

If you continue to have problems with erections, you may want to talk to your doctor about other ways to help keep your penis erect, such as pills, injections, vacuum devices or surgery to put an implant into the penis. Your sex life will be different than it was before – and you may need help in adjusting. You may need to talk to a sexuality counsellor who can help you and your partner communicate better and recommend sexual techniques to try.

“If a couple is going to try to pretend that nothing’s changed, then they’re going to be in worse shape. They have to accept that something has to be new. Sexual and intimacy adaptation is a first step.”



Tips

- Keep trying. It can take a while to get used to new ways of doing things.
- Be open with your partner about the changes and challenges you’re facing. You can work together to find out what satisfies both of you.
- Go to a sex shop and discover new toys.
- Find ways to be sexually satisfied without penetration. What works for one person may not work for another. You can try all-over touching, oral sex, masturbating on your own or with a partner (be sure to use lubricant when stimulating a limp penis), thrusting your penis between a partner’s lubricated thighs or using a dildo or vibrator to satisfy your partner.



PAUL'S STORY: A GAY MAN'S PERSPECTIVE

Paul was working hard as a flight attendant when he was diagnosed with prostate cancer. Radiation therapy didn’t keep him grounded for long. “I kept the flying going because the flying kept me going,” he says.

But the treatment took a toll on Paul’s sex life. Erections were no longer a sure thing. As a single gay man, it was “very frustrating,” he says. Paul knew he could still experience pleasure without penetration or orgasm – but how would a partner feel?

“For a gay man, to see another man with an erection is exciting. Penetration can sometimes be important. The sight of another man ejaculating can also be a turn-on.”

Paul was open with partners about what might – and what might not – happen when they had sex. He had a relationship with one man who “didn’t care in the least.” “We had great encounters because it was more personal. We were enjoying each other’s company, whether or not there was an erection. It took the pressure off me, and then I could maintain an erection.”

A few years after that, he began androgen deprivation therapy, a type of hormone therapy. Now there was no sexual desire on top of the other sexual changes. At the same time, Paul turned 65 and had to retire from a career he loved. This “double whammy” resulted in depression. He began seeing a psychiatrist and surrounded himself with friends.

Paul had always talked openly with his healthcare team about everything. But it was at a group for gay men with cancer that Paul was able to “really open up about my sexual dysfunction, because I wasn’t the only one.”

After 3 years of hormone therapy, Paul was able to stop taking the drugs for 15 months. He experienced “stirrings,” waking up with semi-erections. Now he’s back on hormone therapy, but he hopes to get another therapy vacation – and to get things going again.

Fatigue

During and after cancer treatment, many people feel tired and have no energy. Fatigue (extreme tiredness that is often not relieved by rest) can lead to a loss of interest in sex and intimacy. Fatigue is a side effect of many cancer treatments. It usually goes away after cancer treatment ends, but this can take some time.

Tell your healthcare team when you feel most tired, when you have energy and if sleeping helps you feel rested or not. They can help you get the help you need. You can also ask your healthcare team to suggest exercises or activities that may be right for you. Moderate activity can actually give you more energy.



Tips

- If you don't have the energy for sex, be affectionate with your partner in other ways. Kissing, cuddling, massaging, talking and holding hands can help you feel close to each other.
- Focus on activities you enjoy – such as sex – when you have the most energy.
- Try using sex videos or sex toys to spark your interest when you're tired. If you don't have a local store or are embarrassed about going in, there are online suppliers that can send products in plain packaging to your home.
- Plan ahead. Rest before having sex.

Fertility problems

Sometimes treating cancer can lead to problems with fertility. Fertility is your ability to get someone pregnant or your ability to get pregnant or carry a pregnancy to term.



TALK TO YOUR DOCTOR BEFORE TREATMENT STARTS

You may not be thinking about fertility when you plan your treatment. But if there is any chance that you may want to have a child, even many years from now, it's important to talk to your doctor before treatment starts.

Your options may include:

- banking sperm or freezing eggs or embryos
- using surgical methods that don't affect fertility
- protecting organs with shields during radiation therapy
- moving ovaries (temporarily) away from the area being treated with radiation

Fertility problems can happen:

If the reproductive system is damaged. The risk of damage depends on the type of cancer and treatment you have. For example, if your uterus is removed, there is nowhere for a baby to develop. If your prostate is removed, your body no longer produces semen.

When the testicles stop producing sperm (or produce less of it) or produce damaged sperm. For example, chemotherapy or hormone therapy may mean your body produces less sperm, while radiation therapy to the pelvic area may mean your body makes unhealthy sperm that can't fertilize an egg.

When the ovaries release fewer eggs or stop releasing eggs. For example, radiation therapy can damage the ovaries and lead to treatment-induced menopause. Chemotherapy and hormone therapy can affect menstrual periods and cause the ovaries to stop releasing eggs.

Fertility problems can be temporary or permanent, depending on:

- your age
- your fertility before cancer treatment
- the area being treated
- the type and dose of treatment
- the length of time since treatment

It can be devastating to learn that the cancer treatment you need may cause problems with fertility. For some people, this feeling comes later on, when they are thinking of having children. If these feelings become hard for you to cope with, ask your doctor about talking to a counsellor.



Tips

- Explore options that allow you and your partner to delay decisions about having children. These include banking sperm and freezing eggs or fertilized embryos (eggs are removed, fertilized with sperm, frozen and stored).
- Ask about success rates, costs, and risks and benefits of different reproductive techniques.
- Think about other options for becoming parents such as adoption or surrogacy.

Graft-versus-host disease (GVHD)

Graft-versus-host disease (GVHD) is a possible side effect after a stem cell transplant using donor cells. It occurs when the healthy stem cells from the donor (called the graft) have an immune response to your cells (you're called the host). The graft cells see the host cells as foreign and start to destroy them.

GVHD can cause skin problems such as peeling and sensitivity and digestive problems such as diarrhea and cramps. It can also cause mouth sores or a dry mouth. These symptoms can affect your desire for sex.

GVHD can affect the vagina and vulva causing dryness, itching, pain, sores, scarring and hardening of the tissues. It can cause vaginal narrowing. Or it may cause itching, pain, inflammation, sores or scarring on the penis and scrotum.

If you have a stem cell transplant, your doctor will talk to you about preventing and managing GVHD. If you notice any of these changes to your vagina and vulva or your penis and scrotum, tell your doctor as soon as possible.



Hot flashes

If you're taking hormone treatments for cancer, you may experience hot flashes and sweating caused by changes in hormone levels. These side effects usually calm down as your body gets used to the treatment or when therapy is over. Hormone therapy isn't the only treatment that causes hot flashes. If your ovaries are removed or affected by chemotherapy or radiation, you may also get hot flashes.

The physical and emotional effects of hot flashes can affect your sex life by disturbing your sleep, energy levels and general quality of life. You may find that you used to enjoy sleeping close to your partner but now prefer sleeping alone in a separate – and cooler – room.

A dietitian can help you figure out if certain foods or drinks trigger hot flashes. If your symptoms are severe, you can talk to your doctor about medicines to help.



Tips

- Wear light clothing in layers that you can remove.
- Carry a face cloth in your bag when you go out. If you have a hot flash, run cold water on the cloth and use it to cool yourself down.
- Relieve hot flashes by splashing cool water on your wrists or rolling a cold bottle or can of pop or juice between your wrists.
- Exercise regularly and learn relaxation techniques.
- Try to identify what triggers hot flashes, such as alcohol, hot drinks or anxiety. Then avoid those triggers as much as you can.

Incontinence

“At the end of the day, you are usually tired physically and that also affects the muscular fatigue and makes the incontinence worse. So night time is probably not the best time for sex.”

Cancer and its treatments can sometimes lead to a temporary or permanent loss of control over your bladder and bowel (incontinence). There are a number of reasons why this might happen, including a blockage, inflammation, nerve or muscle damage and side effects of medicines.

Being incontinent can make you feel awkward or embarrassed. But it's important to know that incontinence doesn't affect your physical ability to have sex.



Tips

- Plan sexual activities at a time of day when you're least tired. This is when your muscles are more likely to be at their best.
- Empty your bladder before sex.
- Wait until after a bowel movement to have sex.
- Try having sex in the shower or bath.
- Avoid alcohol and caffeinated beverages. They can overstimulate the bladder.
- Avoid spicy foods, carbonated drinks, citrus and fruit juices. They can irritate the bladder.
- Retrain your bladder by emptying it often or on a schedule. Gradually increase the time between urinations.
- Practise pelvic floor exercises.

PELVIC FLOOR EXERCISES

Pelvic floor exercises strengthen the muscles that help hold urine in the bladder. It's important to learn how to do the exercises properly. You can get help from a physiotherapist who specializes in therapy with the pelvic floor. Once you know how to do these exercises, you can practise them any time – while watching TV, sitting in your car at a red light or waiting to pay in a store. No one can tell!

If these tips aren't enough, ask your doctor if anything else can be done. Medicines or other treatment options, including surgery, could work for you.

Living with a stoma

“When I first had my surgery, my doctor told me that after a while, having a stoma would feel as normal as wearing my glasses. I thought, You've got to be kidding me. And here I am, a couple of years later, and having a stoma is not quite as straightforward as my glasses, but it's become a pretty normal part of my day-to-day living.”

Having an opening in your body to remove stool or urine, or to allow you to talk and breathe, can affect your confidence, your self-image and sometimes your ability to communicate. It can make you anxious and distract you during sex. Try not to place too much importance on a stoma when it is such a small part of you. A fulfilling sex life is still possible – it just might take some planning.

It takes time and patience to learn to care for a stoma after your surgery. You can get help from healthcare professionals called enterostomal therapists. They teach ostomy care after surgery and offer support and advice once you're home.



Tips if you have a colostomy or urostomy

- Make sure that your bag (which collects the stool or urine) fits well. Before sex, change your pouch and check the seal to prevent leaks.
- Try having sex in the shower or bath.
- Get an attractive, non-medical looking cover for your bag. Or use a fabric sash or cummerbund.
- Wear a smaller-sized pouch during sex, or use a cap or plug if you can.
- Wear whatever makes you feel good. Some people prefer to wear a T-shirt during sex to cover their pouch.
- Tape the pouch to your body to stop it from flapping during sex.
- Try sexual positions that keep your partner's weight off your stoma, such as lying side by side. If you prefer being on the bottom during sex, place a small pillow above your pouch and let your partner lie on the pillow instead of on the pouch.
- Wear cologne or aftershave to help with odours, and avoid garlic or spicy foods.



Tips if you have a tracheostomy

- Discuss what you both like sexually before starting. You can develop ways of signalling messages to each other during sex.
- Say what you need to say by guiding your partner's hands or using body language.
- Wear a stoma cover, scarf or necklace during sex if you think it looks more appealing than a bare stoma.
- Avoid garlic or spicy foods to help with odours.
- Let partners know that they may feel your breath in spots that seem strange at first.

Loss of a body part

Losing any body part to cancer can be physically and emotionally devastating. It can affect your body image – the way you picture yourself. It can cause feelings of grief, loss, anger, embarrassment and inferiority. The reactions of other people can make these feelings seem worse.

All of this can affect your sexual desire and your confidence in yourself as an attractive, sexual person. Try to get your feelings out in the open and talk about them – with your healthcare team or a therapist, your partner, a family member or a trusted friend. It's natural to try to hide a change to your body or to avoid looking at it. But this can make you feel more and more anxious about the issue or being found out. Explore what you fear most and how you might deal with that. Over time, you can feel confident again.

“I felt like my whole body was deformed, but people didn't seem to notice. I thought, Most of this is in my head.”

In some cases, reconstructive surgery to rebuild or partially rebuild a body part may help you feel better about yourself.

If your partner has lost a body part to cancer, you may also find that talking helps. It's quite normal for you to feel uncomfortable with the changes to your partner's body – and quite normal to then feel guilty about feeling uncomfortable. Many people need time to come to terms with the changes. But if you work it out together, you can regain intimacy.

“Not everyone wants attention brought to their scars or cancer-induced imperfections, especially during intimate moments. However, for me, a partner who sees beauty and strength in the scars on my body helps me see my beauty and strength.”



Tips

- Focus on the things you think are most attractive about yourself.
- Try having sex partially clothed instead of naked, if it makes you feel more comfortable.
- Turn the lights down low or keep them off when you're having sex if it helps you feel better.
- Try different positions during sex to discover what's most comfortable for you. Use pillows to help with positioning and support.
- Experiment to discover what works best for you. If you wear a prosthesis, such as an artificial arm or leg, keeping it on might help with positioning and movement during sex. Or you may find the straps used to hold the prosthesis in place are uncomfortable and get in the way.

Loss of sex drive

Losing interest in sex doesn't happen to everyone during treatment, but it's a common experience. And it can be very upsetting for you and your partner. There are many reasons why sexual desire might drop, such as:

- fatigue
- pain
- anxiety, fear, frustration or stress
- depression
- physical changes or changes in appearance
- changes in hormone levels caused by cancer or its treatment

If your sex drive is affected, try to remember that sexual interest often returns when treatment is over and you're feeling better. If depression might be affecting your sex drive, ask your doctor about treatment options. You can also ask to see a sexuality counsellor or healthcare professional who specializes in sexual problems.



Tips

- Speak openly and honestly with your partner about the changes you're going through. Explain how and why you feel the way you do.
- If loss of sex drive is caused by fatigue, try having sex in less energetic positions – make sure your partner's weight is supported well to reduce the strain on you. If a position makes you tired, try a different one.
- Ask your partner to take on a more active role.
- Try having sex at your least tired time of day.
- Change the venue. If your home is where you and your partner are coping with side effects and your partner is helping you with personal care, plan a night away somewhere. Try using different rooms in the house. Or change the bedroom around.
- Try using sex videos or sex toys to spark your interest. If you don't have a local store or are embarrassed about going in, there are online suppliers that can send products in plain packaging to your home.
- Consider touching, hugging, holding and kissing your partner even when you don't have the desire or strength for more. If you wait to feel desire before you touch one another intimately, you may miss out on chances for sexual closeness and pleasure.

Another idea is to keep a desire diary. Each day for a week, notice when you have a sexual thought or feeling and write it down. Note the time of day, the setting or what made you feel more sexual. Check your notes for patterns and share them with your partner. Once you see a pattern, you can put yourself in situations that lead to a sexual mood – such as reading a novel with steamy sex scenes or fantasizing about a sexual encounter.

“The interest in sex is still there, but it can be buried under layers of worry, hormones and feelings. It's good to explore different ways of getting it back, like watching sexy movies or fantasizing.”





MARK'S STORY: PROSTATE CANCER AND FACING FACTS

Since his prostate cancer diagnosis, Mark has had 3 types of treatment, each affecting his sexuality.

First came a radical prostatectomy to remove the prostate. Nerve-sparing techniques could not be used because the tumour was too large.

The surgery had a major sexual impact. "I was impotent," says Mark. "I also had minor incontinence, though I eventually got control over that."

Despite surgery, Mark's prostate-specific antigen (PSA) level, a marker for prostate cancer, continued to rise. Doctors recommended radiation treatment to the area where the prostate used to be.

And still his PSA level kept climbing.

Mark then had androgen deprivation therapy (ADT), a type of hormone therapy that lowers levels of androgens (testosterone is an androgen) that stimulate growth of prostate cancer cells.

Being "chemically castrated" lowered his sex drive. He felt emasculated. Mark admits that his way of dealing with this was unusual – he began reading about eunuchs.

"I knew they'd been castrated, but I found out to my surprise that they weren't asexual, at least not always, nor disempowered. Some women pursued eunuchs as sex partners in the Roman Empire. Casanova talked about having sex with eunuchs. They were the people who ran the major governments of Asia for 3,000 years. So I realized, mentally, that I didn't have to be asexual or disempowered ... and I'm not."

Exercise helped him deal with other ADT side effects, including weight gain, loss of muscle mass, fatigue and occasionally depression.

Mark also came to terms with another side effect – enlargement of the breasts. Taking his shirt off to exercise isn't a big deal now. "If you're not going to exercise because you're ashamed of your body, then you're not helping at all. It's important to recognize the reality of what's happened and accept it."

And, of course, "having a fabulous partner helps."

"Androgen deprivation has major effects, but one can live with them," says Mark. "And, as history has shown, given the right motivation there are ways to maintain sexual intimacy and even be orgasmic despite impotence and little or no testosterone."

Pain and discomfort

Pain can easily turn you off having sex. Or pain may make it hard for you to have sex in the positions you used in the past. You may be afraid that sex will hurt. This can reduce your desire for sex, prevent natural lubrication and distract you from reaching orgasm. And if you can't relax, it can lead to more pain and tension.

Talk to your healthcare team if you have pain during sex or pain that stops you from having it. They can try to find the cause and suggest solutions.



Tips

- Take pain-relieving medicines before sex.
- Have sex at the time of day when you feel the least pain.
- Try relaxation techniques like warm baths, massage or gentle touching to decrease pain levels, to relax or for foreplay.
- Use a generous amount of water- or silicone-based lubricating gel around and in the vagina before penetration. (Make sure the gel isn't cold.)
- Focus on feelings of excitement and pleasure to stop you from focusing on the pain.
- Let your partner know what causes you pain. Explore different positions or ways of having sex that may be more comfortable. Try a side-by-side position to reduce body weight on a sore area, scar or stoma. Use pillows and cushions for comfort and support.
- Avoid deep pelvic thrusts that can cause pain.
- Try to be close to orgasm before penetration.

ALTERNATIVES TO PENETRATION

If you're experiencing pain during penetration you might try:

- cuddling and touching
- massage
- stimulating each other with your hands
- oral sex
- showering or bathing together
- watching erotic videos
- sex toys that can be used externally
- self-stimulation or masturbation



Treatment-induced menopause

“I was only in my thirties, and I went into menopause overnight. The hot flashes, vaginal dryness and the emotions. I was crying at car commercials.”

Menopause is when the ovaries stop producing estrogen and menstrual periods stop. For most women, it's usually between the ages of 45 and 55. If your ovaries are removed because of cancer or are affected by chemotherapy or radiation to the pelvis, loss of estrogen can cause treatment-induced menopause.

Treatment-induced menopause can cause more severe symptoms than natural menopause. Your interest in sex may decrease, and you may experience hot flashes, sweating, vaginal atrophy (when the vagina becomes tight and dry) or vulval dryness, irritability or changes in sleep patterns. Having menopausal symptoms at a younger age can make you feel older than you are, which can have a negative effect on your sexuality.

Hormone replacement therapy (HRT) can relieve menopausal symptoms. Consider talking to your doctor about the risks and benefits of using HRT or other ways to help control symptoms.



Tips

- If vaginal dryness is a problem, use lots of water- or silicone-based lubricants during sex.
- Exercise regularly and explore relaxation techniques.
- Wear light clothing in layers that can be removed and put back on if hot flashes are an issue.
- If you're struggling with your emotions, talk to your doctor about seeing a counsellor.

Vaginal dryness

“Chemo put me into menopause, which is fine. I like not having periods ... but the vaginal dryness was terrible and intercourse was so painful.”

Chemotherapy, hormone therapy and radiation therapy to the pelvic area can reduce the amount of moisture that your vagina produces when you're sexually excited. Menopause caused by treatment can also lead to dryness in the vulva or vagina. And when these areas are dry, penetration during sex can be painful.

After assessing the cause, the type of cancer you've had and how severe the dryness is, your doctor may suggest creams or medicines (such as hormone cream or hormone replacement therapy) to help.



Tips

- Use a water- or silicone-based lubricant to make penetration during sex more comfortable. Re-apply as many times as you need to during sex. Lubricants can also help if you're using a dilator after radiation therapy.
- Choose lubricants that don't contain perfume, colouring, spermicides or chemicals. These can irritate the vagina. Ask your pharmacist to help you pick ones that are safe to use. Try different kinds to find out which works best for you. Petroleum jelly and other oil-based lubricants can cause infections, so it's best not to use them.
- Ask about over-the-counter moisturizers that reduce dryness for a few days at a time. Using them regularly can make sexual touching and penetration more comfortable.



DANA'S STORY: CANCER TREATMENT, SEXUALITY AND THE JOURNEY BACK

Dana was taking a break from a social work degree when she was diagnosed at age 31 with stage 3 ovarian cancer. Doctors took out her right ovary, but she also needed a second operation to remove her uterus, cervix, fallopian tubes and other ovary.

The surgery caused many sexual side effects. "I remember the first time my partner and I tried to have sex," recalls Dana. She had pain and an unpleasant feeling inside and outside. "It was hard to move around, to be sexual and 'into it.'"

During surgery, the laser accidentally severed a nerve, so there was also a problem with her right leg. "In a sexual situation, I couldn't rely on using my leg to push up, move or thrust. It kept flopping all over the place." With a lot of pillows, Dana found she could keep her leg in place.

But there was something else to deal with – early menopause. Suddenly she had hot flashes, mood swings and vaginal dryness. The dryness was a challenge for her as a lesbian. "Sex between women is often dependent on hands and fingers, both in foreplay and sexual acts. And with fingers, there are nails. And with vaginal dryness, things rip easily."

Lubricants helped, as did hormone replacement therapy (HRT), which Dana is on – for now. Aware of the risks of HRT, Dana regularly discusses the pros and cons with her doctor.

Dana's approach to sex has changed. "I'm not all about having an orgasm. I'm more about the journey." Over the years, she has had "patient partners who understood the fact that it takes longer for me to have an orgasm, because of nerve damage."

She also understands better what gives her pleasure and has learned the value of intimacy when one's body has gone through so much. "Having those moments with somebody you care about, and who cares about you, is important to recovery from cancer. It means so much when your partner doesn't care that you need help to be in certain positions or understands that your skin still hurts from your treatment and is happy just to hold you."

Vaginal narrowing

"I didn't quite understand how things were sewn up inside ... so the vagina is actually shorter now. You find out the painful way when somebody runs into a dead end."

Radiation therapy to the pelvic area or certain types of surgery can make the vagina shorter and narrower. Radiation therapy and surgery can sometimes cause scarring, which can make the vagina narrower and less flexible.

To keep the vagina open and help keep sexual activity that involves the vagina pleasurable, it's important to stretch the walls of the vagina. This can be done by having gentle vaginal sex regularly or by using a vaginal dilator (a plastic or rubber tube-like device that helps stretch out the vagina). Vaginal tissues may be sore and tender immediately after treatment, and for a few weeks or months after, so it's important to be gentle. You may need dilators of different sizes over time. You don't need a prescription to buy a dilator, but you will need help from someone on your healthcare team to know what size to buy and how often to use it. It can also be very helpful to self-stimulate or masturbate regularly, especially if you're not having sex with a partner. Sexual arousal from this increases circulation to the pelvis and the vagina. (This may be as important as dilation.)

If you're not interested in having sex, it's still important to use a dilator to keep your vagina healthy during healing. It also makes a follow-up exam of the vagina more comfortable.

Emotions, confidence and self-esteem

“It was such an emotional experience for me. It was up and down ... I didn’t get the emotional support that I needed. I think I went through a lot of trouble that I didn’t have to.”

Cancer can affect your emotions, confidence and self-esteem. It can cause fear, anxiety and depression that go beyond the physical side effects of cancer and its treatment. These feelings can be as serious as the physical effects of cancer. And partners can have them too. These emotional “ups and downs” can affect your desire for sex. And if you already feel bad and a sexual experience doesn’t go how you hoped it would, you may feel worse.

Don’t ignore the emotional changes cancer can cause. Tell your partner how you’re feeling. Support groups or talking to someone else with cancer or other caregivers can also help. If your emotions become too much for you to cope with, talk to your doctor. Many different treatments, including medicines and counselling, can help.

“I realized that you can’t be constantly thinking, I’m going to die. Because you are no longer living if you think you are going to die all the time. So ... I chose to live, even though my life is very different now.”

Body image

“For me, body image was the largest issue ... I was trying to get to a place where I could feel like I could wear normal clothing ... I wanted to feel like my shape wasn’t deformed.”

When cancer and treatment change the way you look, your self-esteem, interest in sex and sex life can really suffer. You may find you focus a lot on the physical changes caused by cancer. For example, you may need to get used to hair loss, changes to skin and nails, weight loss or gain, scars or loss of a body part. Even if you look much the same on the outside during or after your cancer experience, you may feel less attractive or desirable. All of these things can affect your sex life, and everyone reacts in their own way.

“The ADT (androgen deprivation therapy) caused my body hair to disappear. I gained about 15 pounds, and I have some breast development and genital shrinking. My body changed, and it doesn’t look like your typical male body quite as much.”

Changes to your body may be temporary or permanent, but there are ways to improve your body image and your self-esteem when you have cancer.



Tips

- Talk to your partner or someone else you trust about your fears and feelings.
- Focus on what makes you feel good about yourself. This can reduce anxiety and build confidence.
- Try masturbating or self-stimulating. It may make you feel better about your body and prove to yourself that you can feel sexual pleasure.
- Wear lingerie, pajamas or a top so you are partly dressed during sex. You may feel more comfortable at first if you cover the change to your body.
- Dim or turn off the lights during a sexual encounter if this helps you feel more relaxed.
- Try different positions that help you relax, such as facing away from your partner during sex.
- Consider wearing a prosthesis – for example, an artificial limb may help with positioning and ease of movement during sex.
- Take care of yourself and indulge in little splurges if you can. A haircut, new item of clothing, massage or pedicure can help you feel better about yourself.

If these tips aren't enough, ask your doctor if you can do anything else. In some cases, plastic surgery can make your body look more like it used to or counselling may help you get used to changes.

THE MIRROR EXERCISE

This exercise can help you get used to a change in your appearance and remind you of your positive qualities. It can help you feel more relaxed when being sexual with a partner.

Find a quiet time to do this exercise on your own. Look at your entire body in a mirror and then focus on the part that has been changed by cancer. It may be hard at first, but relax and take your time. Now, find at least 3 good things about your body or appearance. Repeat the exercise as many times as you need to until you feel comfortable looking at yourself in the mirror.

After cancer, some people decide to embrace the changes to their body, and even draw attention to them. You might even take a creative approach to reconstructive surgery.

“I had reconstruction. But I didn't have the nipple put on. Instead, I got a daffodil tattoo in its place. Of course, it's pretty limited who can see it!”

Some people say the relief of having the cancer removed makes up for the changes to their body.

“It took me a while to get used to the scar. But because there was so much physical relief after the tumour was out, it actually made me more comfortable with myself.”





JESS'S STORY: LEARNING TO FEEL GOOD AGAIN

For Jess, diagnosed with breast cancer in her twenties, the emotional ride was the hardest part.

“I felt completely knocked off course,” says Jess, who was just returning to work after maternity leave.

When she thought about having a mastectomy, “I was terrified of waking up without a breast.” So Jess asked to have breast reconstruction at the same time. Unfortunately, after the surgery, her body didn’t react well to the implant, and it had to be removed. Jess was told she couldn’t have reconstruction again for a year.

The following months were hard. Jess didn’t like the way her clothes fit when she wore a prosthesis. “I enjoy fashion and have worked as a model, so I’m aware of clothes and body shape.” She was annoyed by fashion ads and the sight of girls at the beach. More than anything, she was angry at herself.

“When you have a strong body growing up, and you are athletic and feel in control, this feels like a betrayal.”

Jess didn’t recognize the signs of depression – but her family did. Her doctor prescribed medicine for anxiety and depression.

Her husband was patient and understanding. He looked for clues to know when she wanted to be sexual. They had late-night talks about how she was feeling and, sexually, what felt right. Taking holidays helped “because it was outside our regular emotion of being home.” So did new lingerie and wearing a top in bed – although, after a while, Jess didn’t need it.

Then came a “milestone moment” when Jess agreed to model for a breast health fundraising calendar. “I still didn’t have a breast, and I felt proud that I could get together with a group of women to support each other and display what had happened and not feel unattractive.”

Reconstructive surgery, when it happened, took place at the same time as a career change. “I started to feel a lot better about myself. I was back into work, buying nice clothes, feeling pretty, and I felt I was contributing to society.”

Swimming was part of her routine. In fact, it was at the pool that Jess realized she wasn’t angry at her body anymore.

“Usually, when I was changing, I went into a corner in the change room and covered myself with a shirt so nobody would be shocked. But after a while, I noticed I wasn’t doing that anymore. And nobody was looking. All of a sudden, I felt like anybody else in the change room.”

Depression

“The isolation and loneliness just fell down upon me so fast and hard that it was obvious to others that something was really wrong.”

Many people living with cancer feel unhappy, tearful, hopeless or discouraged at times because of the changes that cancer brings to all parts of their lives – including their sex lives.

But if these feelings don't go away or if they last a long time, get worse or get in the way of day-to-day life, they could be a sign of depression. This is also called clinical depression. Other signs of depression are:

- changes in appetite, weight or sleep
- feeling worthless or guilty
- finding it hard to think clearly
- thinking regularly about death or suicide

Depression can and should be treated. It is not a sign of weakness. A person who is depressed can't “snap out of it” or “cheer up” through willpower alone.

If your desire for sex is affected because you're depressed, talking openly about how you feel can help you and your partner feel more secure in your relationship. This can be such a confusing time for both of you – admitting how confused and uncertain you feel can help bring you together emotionally.

Talk to someone on your healthcare team if you think you may be depressed. They may refer you to a specialist such as a psychologist or psychiatrist for medicine or therapy. It's important to note that partners can be depressed too and may need treatment.



If you need medicine to treat depression, talk to your doctor about possible side effects. Some antidepressants can decrease sex drive and make it hard for you to reach orgasm. If you have these sexual side effects, you may be able to try different dosages or different types of antidepressants.

“Don't do what I did – don't wait too long to go to the doctor. When you see the signs of depression, go ... It helps to talk about your issues, and a good psychiatrist guides you and helps you understand the situation.”

Fear and anxiety

A cancer diagnosis can make both you and your partner fearful and anxious, which can affect your sex life and your sexuality in many ways.

Worries about cancer may make you less interested in sex, and you may find yourself avoiding it. You may worry about your sexual abilities and ask yourself questions: Will I be able to get an erection? Will sex be painful? Will I still be able to reach orgasm? Again, these doubts and fears may lower your sex drive and make you avoid sex. These feelings can make you withdraw, which leaves both you and your partner feeling alone.

Partners can struggle with fears and anxieties that affect their own sexual behaviour. For example, they may worry about starting a sexual activity for fear of hurting the person who has cancer.

These feelings are normal – and you can both work through them. Some people say that the strong emotions that come with cancer and its treatment can actually add to a relationship. If you or your partner need help coping with fears or anxiety around sexuality, talk to someone on your healthcare team about counselling.



Tips

- Take some time on your own. Try touching different parts of your body to see if you feel pleasure. If your body responds, this may calm your fears about being sexual with your partner.
- Talk to your partner about your anxiety and fears. Nobody goes through a cancer experience without some of these thoughts. By sharing them with your partner, you show you trust them to help you through this tough time. Being close like this can support and reassure both of you.
- Schedule some relaxing time together. Start with a touching session that avoids sensitive or erogenous zones. Go slowly.

Moving forward

At times, you may feel like sex will never be the way it was. It may take a long time to get back to where you were. And for some people, sex after cancer will always be different.

You may have to think about sexuality in new ways after cancer. You may need to experiment and explore new ways of doing things. And you'll need to talk about what works and what doesn't.

Even if sex has changed for you, it's possible to have satisfying sexual relationships – to feel pleasure, intimacy and a physical connection. It just may take time – along with patience, determination and hope – to get there.

“You may experience a redefinition of sexuality and yourself. And, through the cancer experience, you may come to realize a richer experience of sexuality than you ever thought possible.”

“Sometimes, it feels like it's impossible for things to feel OK again. But there is a place that you can get to, and you can't really get there without a lot of patience. It's not instantaneous.”

“I think we've come to terms with what's more important in our lives. Whether sexuality takes a front-row seat or maybe it's just 2 rows back – we're OK with that. It doesn't change the way we feel for each other.”

Notes

WE'RE HERE TO HELP



Find information you can trust

Visit cancer.ca for information on more than 100 cancer types. You'll find topics ranging from diagnosis and treatment to managing side effects, living with cancer and reducing your risk. We also have publications, videos and webinars.

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Get answers to your questions

When you have questions about diagnosis, treatment, prevention, emotional support and other services, our trained cancer information specialists can help you find answers. Call us at 1-888-939-3333. Our Cancer Information Helpline is available in English and French with an interpreter service for other languages.

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Connect with someone who's been there

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Find services in your community

Our Community Services Locator (CSL) helps you find the cancer-related services you need. You can search over 4,500 listings across Canada for emotional support programs, home care, help getting to your cancer treatment, where to find a wig or prosthesis and much more. Start your search at cancer.ca/csl.

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