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Female Sexual Health After Cancer

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One area of life that cancer and treatment might change is the ability to have or enjoy sex. This is sometimes referred to as female sexual dysfunction and can affect you physically and emotionally. We can help.

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If you develop a sexual problem, talk to your health care provider as early as possible about any symptoms or concerns. Some women may feel uncomfortable discussing sexual concerns. However, your health care team can answer questions, refer you to a specialist and help you find solutions. All of your physical and emotional concerns are important, so talk to your health care team. This is especially true if you are experiencing pain during sex or feeling that your intimate relationship has become less enjoyable. Sexuality is an important part of your quality of life after cancer.

Talk To Your Health Care Provider

Before the appointment, write down questions and concerns you have about your sexual health.

Ask for a referral to another health care professional who specializes in this area, such as a mental health professional trained in sex therapy or a gynecologist who treats sexual and pain problems.

Ask about causes for problems with sexual functioning and ways to help.

When to Start Thinking About Sex After Cancer

You may decide to wait for a while after treatment before having sex. Others may be ready right away. Here are some signs that it may be time to talk with your health care provider about sexual health after cancer treatment:

Loss of desire for sex.

Negative thoughts and feelings during sex.

Difficulty feeling sexual excitement and pleasure during sex.

Difficulty reaching climax.

Vaginal dryness and tightness.

Pain when your genital area is touched or from sexual intercourse.

New sexual problems often begin during or soon after cancer treatment. Be certain to discuss any problems and symptoms with your health care provider—

Some problems, such as loss of vaginal size and lubrication after radiation to the pelvis, may develop months or even years after cancer treatment is done.

Physical Effects of Treatment on Sexual Functioning

There are many different causes of sexual functioning concerns in female cancer survivors. Some are physical. Others may be due to changes in how you feel about yourself, your body, or other aspects of your life after cancer.

Approximately half of survivors of breast cancer and other cancers that affect the pelvic area (such as the cervix, ovaries, uterus, bladder, colon or vagina) develop long-term sexual problems. Yet, most problems are actually caused by treatment and not the cancer itself. For example:

Chemotherapy can damage the ovaries, causing hormonal changes and temporary or permanent menopause in younger women.

Radiation to the pelvic area can also damage the ovaries, triggering sudden menopause in younger women; radiation to the vagina can irritate the delicate lining, decreasing the moisture produced with sexual excitement. Over time, scarring of the vaginal walls can make the vagina shorter and less able to expand with excitement.

Surgery for pelvic cancer may remove parts of a woman's sexual organs, including areas of the vulva, part or all of the vagina, and one or both ovaries. Removing both ovaries is another treatment that leads to menopause.

Surgery for breast cancer may involve removing the whole breast, with or

Medicines used to treat pain, nausea, depression or anxiety can decrease a woman's desire for sex or make it difficult for her to reach a climax.

Talk with your health care team about the risks to sexual functioning before you begin cancer treatment. If you have already undergone treatment, talk with your health care provider about finding ways to treat symptoms or concerns now.

Emotional Effects of Treatment on Sexual Functioning

Emotional reactions to cancer diagnosis and treatment can also interfere with feeling attractive and sexual. It is common in the first year of a cancer diagnosis to have:

Sad or depressed feelings.

Concerns about changes in the way you look.

Stress in the relationship with your partner.

Difficulty with self-esteem because of feeling ill and being unable to fill all your usual roles in the family and at work.

If you had concerns or negative feelings about sex before cancer, going through treatment could increase your distress. Ask your health care provider for a

Finding Help with Female Sexual Functioning

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Sexual problems after cancer are very common. Talk with your health care provider about when it is safe to have sex. Also talk with your partner. Many partners hesitate to start sex because they don't want to pressure you or cause you physical pain. You can prepare for your sexual experience by taking time to get in the mood, focusing on pleasure rather than on whether you will have intercourse or reach an orgasm, and using vaginal moisturizers and lubricants if you notice dryness. Here are other ways to help:

Sexual Functioning Concerns	How to Find Help
Loss of desire for sex after cancer	Ask a member of your health care team to check your medications for possible side effects.
	Get medical treatment for pain during sex that will not go away or fatigue that may be affecting your energy and desire for sex.
	If you are in menopause, see a gynecologist or an endocrinologist.
	If there are no physical causes, see a licensed mental health professional to find out if your loss of desire could be related to feelings of depression, anxiety, low self-esteem, or relationship conflict.

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Sexual Functioning Concerns	How to Find Help
feelings during sex	breast or being infertile. Try focusing on pleasurable feelings in your body or on a sexy thought or fantasy. If that does not help, ask for a referral to a mental health professional who can help you change negative feeling and thinking patterns
Difficulty feeling pleasure during sex	If you have lost feeling in an area of your body that gave sexual pleasure you may need to find new caresses that you enjoy. Communicate with your partner. Ask for a referral to a sex therapist who specializes in treating cancer survivors.
Vaginal dryness and tightness, making sexual activity uncomfortable or painful	Talk with a gynecologist who has expertise in menopause and problems with pain during intercourse. Ask your gynecologist, for advice on using over-the-counter vaginal moisturizers for before and during sexual activity. You also may benefit from learning to control the muscles around the vaginal entrance. Some women can benefit from low-dose vaginal estrogen in a cream, tablet or ring form. Such hormones can help the vagina regain moisture and ability to stretch with less getting into the general blood circulation.
Difficulty reaching orgasm	Ask your health care team to check your medications. Antidepressants or anti-anxiety medicines may make it more difficult for you to have an orgasm.

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Sexual Functioning Concerns	How to Find Help
	Give yourself time. Try not to pressure yourself to have an orgasm. Try to have a goal of enjoying sex and getting as much pleasure as possible. The nerves that help a woman feel pleasure around the clitoris and in the vagina are rarely damaged by cancer treatment. Cancer or its treatment rarely will physically prevent you from having an orgasm.

Treatment Options for Women with Sexual Concerns

Loss of desire for sex is often a complex problem that needs both counseling and some medical help. There is no magic pill that can restore desire, but communication with your partner, patience, and experimenting with touch can often help. But there are some treatment options for sexual functioning concerns. Talk with your health care provider about these common methods:

Treatments for sexual functioning concerns	Pros	Cons
Vaginal moisturizers (such as Replens®, Hyalo-D®, or	Vaginal moisturizers are designed to keep the vaginal lining moist all the time. Some include	Can be costly and is not covered by insurance.

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Treatments for sexual functioning concerns	Pros	Cons
	and keep the vagina at a good pH.	discharge decreases after a couple of weeks.
	Need to be used regularly at bedtime 2 to 3 times a week	
	May replace the need for lubricants during sex, although women may benefit from an extra lubricant for lovemaking even if they are using a moisturizer.	
Water- or silicone-based vaginal lubricants	Water-based lubricants last longer and work better than old-style gels. Silicone-based lubricants last even longer but are more expensive and may stain sheets or clothing.	May wear off and need to be re-applied during sexual caressing or intercourse.
	Can be purchased at most drugstores or over the Internet. Look for brands that do not contain perfumes or chemicals such as parabens or glycerine,	May not be effective enough to prevent pain if there is severe vaginal dryness.

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Treatments for sexual functioning concerns	Pros	Cons
	normal before menopause (4.5).	
Low-dose vaginal estrogen replacement (such as Estring, Vagifem)	The Estring releases a small dose of hormone over three months. The Vagifem suppository is used a couple of times a week. Both Estring and Vagifem produce a low dose of estrogen. This is considered to be helpful treating vaginal dryness with very little hormone released into the bloodstream. Generally thought to be safer than pills, patches, or creams.	Some oncologists still worry about breast cancer survivors using these products. A small study found that some women using suppositories still had levels of estrogen in their blood high enough to interfere with the benefits of aromatase inhibitors.
Find comfortable positions for intercourse	Certain positions may help avoid pain during sex.	Requires good communication between partners.
Learn to relax muscles around	Learn methods of relaxation to avoid pain during	Can help minimize pain, but may not relieve pain if

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Treatments for sexual functioning concerns	Pros	Cons
	Women can use silicone vaginal dilators to practice muscle control, starting with a smaller size and going up to larger ones. Always use a water-based lubricant on the dilator and be gentle inserting the dilator.	
Herbal pills or genital lotions	Lotions may act as lubricants.	Herbal remedies may interfere with other medicines or may have unknown dangers. No scientifically valid studies have identified lotions to help with sexual dysfunction. Some lotions may irritate skin or tissues. Lotions containing L-arginine may trigger episodes of genital herpes if a woman has a history of infection with this virus.

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American Congress of Obstetricians for more information about the causes and treatments of female sexual problems.

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TAGS female sexual dysfunction | intimacy | relationships | sexual health | side effect

Audience

Patient , Survivor

Stage of Cancer

In Treatment , Post Treatment

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