

Intimacy and Sexuality after Treatment for Gynecologic Cancer



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Many treatments for gynecologic cancers can affect Responses to intimacy and sexual function. This pamphlet Has information about:

- How treatments can affect your sexual function
- What you can do to keep or get back your desire for intimacy and sexual function

The information in this pamphlet is general. If you have any questions or concerns, please speak to any member of your health care team.

Many signs of cancer and its treatment cannot be seen and others are more apparent. All can have an impact on your quality of life and your sense of wellbeing. Changes from treatments for gynecologic cancers can directly and indirectly affect your sexuality. Coping with and managing these changes often involves creativity, communication, and patience so that you are able to maintain your sexual identity and sexual health.

Whether you are in an intimate relationship or not, it is a challenge to maintain a sexual identity and take care of your sexual self-esteem (how you feel about yourself as a sexual being) while dealing with cancer.

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Many treatments for gynecologic cancers can affect responses to intimacy and sexual function. Intimacy and sexual function can be affected by:

- Illness
- Pain
- Hormone changes
- Fatigue
- Anxiety
- Stress
- Anger
- Sadness
- Medications
- Problems in your relationship with your partner or problems in your relationships with other people in your life
- Problems that your partner may have with their sexual function or sexuality

What is the difference between intimacy and sexual function?

Sexual function does not only refer to sexual intercourse – it includes other means of expressing yourself sexually, such as touching and kissing.

Intimacy refers to the physical or emotional closeness shared with another person.

Both intimacy and sexual function can be part of how we define ourselves. When intimacy and sexual function are affected by a diagnosis of cancer and its treatment, it is important to recognize the changes so that you can manage them.

There are many different treatments for gynecologic cancer and the treatments you receive will depend on the type of cancer you have. Because of where gynecologic cancers are located, these treatments can have an impact on your sexual function. This pamphlet has information about how the following kinds of treatment may affect your sexual function and intimacy:

- Surgery
- Radiation
- Chemotherapy

Surgery

How will surgery affect my sexual functioning?

Problems with sexual functioning maybe related to surgeries such as:

- Hysterectomy: removal of uterus
- Bilateral salpingo-oophorectomy (BSO): removal of both fallopian tubes and ovaries
- Vulvectomy: removal of part of the vulva and/or clitoris

Each of these surgeries leaves behind scars. Scars can get in the way of how you view your body and may make an intimate situation uncomfortable.

Hysterectomy: After a hysterectomy, the vagina may be shorter which can cause discomfort with sexual intercourse. But, the vagina has the ability to stretch during intercourse which means that over time, the discomfort will become less. Taking out the uterus does not affect a woman's ability to have an orgasm.

Bilateral salpingo-oophorectomy (BSO): This surgery can cause menopause to happen early in women who have not yet gone through menopause. When menopause starts, estrogen levels start to decrease and vaginal dryness and vaginal atrophy (shrinkage) may occur. This can cause discomfort during sexual intercourse and during pelvic examinations. Using water-soluble vaginal lubricants (like K-Y® Brand Jelly) and moisturizers (like Replens®) often improves comfort.

Other Surgeries

A colostomy or ileostomy (a surgery that creates an alternative channel for feces to leave the body) is performed in rare situations for advanced cancer. This will not interfere with a woman's sexual function but may affect body image. Feeling comfortable with your body is part of feeling sexual. Some women wear sexy clothing to cover areas that make them feel unattractive. For more specific information on sex when you have an ostomy, talk to your doctor or nurse.

Other surgeries can also cause special challenges for a woman seeking to maintain or get back sexual function. This includes surgical relocation of the urine flow, vulvectomy, surgical removal of the clitoris, and vaginal reconstruction. Women recovering from these procedures will want to ask their surgeon direct questions about their sexual recovery. Whenever possible, include your partner in these discussions.

Surgery - Hysterectomy

How soon after a hysterectomy can I have sex?

Most patients can have sexual intercourse in about 4-6 weeks after an abdominal, minimally invasive (laparoscopic or robotically-assisted) or vaginal hysterectomy.

Before beginning sexual intercourse, it is important for the surgical incision (cut) at the top of the vagina (called the vaginal cuff) to have healed. Also, vaginal spotting (bleeding) and discharge should have stopped before you have sexual intercourse. The timing of when to begin sexual intercourse should be discussed with your doctor at your first visit after your surgery (your post-operative visit).

Will there be pain the first time I have sex after my hysterectomy?

The fear of pain after surgery is a common concern for a woman and her partner. After surgery, there may still be pain and discomfort that can get in the way of sexual pleasure. Below are a few things to consider.

- **Find a comfortable position.**

How you position your body during intercourse is important in easing discomfort.

Some suggestions include:

- positioning yourself on top or in a side-lying position to control depth of penetration and lower discomfort
- placing pillows under your knees or behind the small of your back may increase comfort

- **Use a dilator.**

Dilators are recommended for women with narrowing of the vagina. A dilator is a smooth plastic tube that you place in your vagina to stretch the walls.

Using a dilator often can reduce discomfort from sexual intercourse or pelvic examinations. Ask your doctor or a member of your health care team how a dilator can help you.

- **Use a lubricant.**

Water based lubricants, which can be purchased without a prescription, may reduce discomfort from vaginal dryness. If suitable, vaginal estrogens can be prescribed by your doctor to help reduce discomfort from vaginal dryness.

- If you are experiencing pain after surgery or cancer related-pain, taking pain medication before sex may ease the discomfort. If you are not interested in sexual intercourse, other forms of pleasure include self or manual stimulation, and oral sex.

Will sex feel any different to my partner after my hysterectomy?

Your partner will not be able to feel that you had a hysterectomy. The vagina is quite elastic (stretchable) and pleasure can be achieved even if the vagina is shortened from surgery. Applying a lubricant to your vagina will make penetration more gentle and pleasurable if you have vaginal dryness.

Will my ability to have an orgasm be affected by my hysterectomy?

A hysterectomy does not affect the nerves involved in orgasms. Women who were able to have an orgasm before removal of their uterus, cervix, and ovaries should expect to have orgasms after most cancer treatments. Some of the physical changes that come with arousal, such as fullness in the labia and vaginal lubrication may be reduced or happen less easily if hormone levels are low due to your cancer treatments.

Talk to your partner; let them know that these changes are caused by your surgery and that they do not mean that you have lost interest in sex or that you do not find your partner desirable. Together you can find ways to adjust to these changes.

Radiation Therapy

How will radiation affect my sexual function?

The effects of radiation are specific to each person and depend on the dose and the area treated. Radiation to the pelvis or abdomen may cause side effects such as:

- Fatigue
- Nausea
- Diarrhea
- Bladder inflammation and/or infection
- Vaginal swelling
- Narrowing of the vagina
- Increase in vaginal discharge and bleeding
- Sunburn-like effect on skin of vulva or groin

These side effects may interfere with your sexual desire and function. Radiation treatment may also result in delayed side effects that may happen months or years after radiation treatment is completed. Delayed side effects may include narrowing of the vagina and swelling of the legs.

Frequent sexual intercourse is a good way to reduce vaginal narrowing and keep the tissue lining the vagina elastic (stretchable). Other than intercourse, vaginal dilators can be used to keep normal vaginal size. Even if you are not currently having or do not want to have sexual intercourse, vaginal dilators are very important to help maintain vaginal size so that you may have less discomfort with pelvic exams and intercourse in the future. Water based vaginal lubricants may be needed for vaginal dryness.

Is it safe to have sex while I am still receiving radiation treatments?

It is safe to have sex while you are getting radiation treatment. Cancer is not contagious. Radiation is not contagious, and you or your partner will not become radioactive if you have sex during this time.

The vagina may be temporarily tender to touch or swollen, due to a sunburn-like effect during pelvic radiation. Using lubricants may increase comfort. Many women find that they need to take a temporary break from vaginal intercourse during and shortly after radiation treatment. After a short time of healing (commonly 2-4 weeks), sexual relations will usually be comfortable again.

Chemotherapy

How will chemotherapy affect my sexual functioning?

Chemotherapy does not directly affect sexual function, however, side effects from treatment such as fatigue, nausea, mouth sores, constipation, and diarrhea may get in the way with mood and desire. Not all types of chemotherapy cause the same side effects.

Chemotherapy may cause low white blood counts 7-10 days after treatment, resulting in a higher risk for infection (such as respiratory, gastrointestinal, or vaginal infections). Your doctor or nurse may give you specific suggestions to lower your risk. Intimacy with a partner who has a sore throat or a cold sore should be limited during this time due to possible spread of infection.

Fatigue, due to low red blood counts, is a common side effect of chemotherapy and may affect your sexual desire. Hair loss and skin rash can affect self-esteem and body image. Some women may feel more comfortable wearing a head covering or wig for hair loss, or a nightgown to cover wounds or scars. Being comfortable with one's self is the first step to a healthy sexual self.

Medications are available to help reduce or relieve many of the side effects of chemotherapy. Be sure that your doctor knows about the side effects that are affecting your intimacy and sexual function.

Recommendations for Improving Sexual Desire for Patients with Gynecologic Cancer

Communication—Talk About It

- If you are concerned about possible or actual problems with your sexual function, talk to your doctor, nurse or social worker.
- If you have a partner, invite your partner to these discussions to help them reduce any fears they might have. Often partners are afraid that sex will be painful or even afraid that they may ‘catch’ cancer.
- If you are single and are dating or not yet involved in a relationship, you might have concerns about when to tell someone who could become your partner about your cancer diagnosis. Support groups through the hospital or in the community can help women network with other patients who are dealing with similar issues.
- Remember that your concerns about your sexuality are an important part of your return to wellness.

Tips and Hints

1. Plan for it, by scheduling a ‘date night’.
2. Set the mood for intimacy (e.g., candles, bubble bath, soft music, romantic movies).
3. To reduce fatigue, plan a nap prior to the occasion.

4. If symptoms such as nausea or pain occur from treatment, take medication an hour before your encounter.
5. Talk to your doctor about the use of testosterone and/or estrogen based products (e.g., creams) as an option to enhance your sexual desire.
6. Touching, kissing, cuddling, or using massage and/or oils may be more desired and fulfilling than sexual intercourse.
7. Experiment with your partner by finding means of sexual pleasuring that may or may not result in orgasm or sexual intercourse. The goal is to keep the sexual part of your relationship alive during a time when you might not be able to have sexual intercourse.
8. Play communication games with your partner. For example, take turns asking each other what types of touch is most pleasing. Practice touching parts of the body such as neck, ear, fingers, or inside of thigh, to discover what each other enjoys.

Sexual Function Experts are Available to Help

Cancer experts have different levels of comfort and expertise in dealing with issues of sexual function. If you and your partner are not recovering intimacy, don't give up and don't assume that you are asking for too much. Don't assume that your problem is unheard of or hopeless.

Ask for a referral to an expert in sexual counseling. Your recovery to full living is worth the extra effort. For more information about how to contact a Registered Sex Therapist in Ontario contact the Board of Examiners in Sex Therapy & Counseling in Ontario (services provided by a sex therapist are not covered by OHIP — see resource section for contact information).

Additional Resources

Board of Examiners in Sex Therapy & Counseling in Ontario

www.bestco.info

Phone: (416) 204-0336

Canadian Cancer Society (CCS)

www.cancer.ca

Phone: 1 (888) 939-3333

Princess Margaret Hospital: Look Good...Feel Better Program

www.lgfb.ca/eu/ab_welcome.html

3rd Floor, Room 642

Phone: (416) 946-2075

This program teaches women living with cancer how to use make-up and hair alternatives (wigs, scarves, etc.) to deal with some of the side effects of chemotherapy and radiation treatments. The workshops are free. Call to register (see Patient & Survivorship Education Calendar of Events for times).

The Women's Cancer Network Web Site

www.wcn.org

Informational web site developed by the Gynecologic Cancer Foundation for women. Highlights include survivor section, clinical trials information, treatment options and Wall of Hope.

United Ostomy Association, Inc.

36 Executive Park, Suite 120, Irvine, CA 92714

Phone: 1 (800) 826-0826

The United Ostomy Association is a health organization providing education, information, support and advocacy for people who have had or will have intestinal or urinary diversions.

This pamphlet has been adapted with permission from the Gynecologic Cancer Foundation's "*Renewing Intimacy and Sexuality after Gynaecologic Cancer*" pamphlet.