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This booklet provides general help and is not meant to replace consultation with your doctor or nurse. Resources listed at the end of this booklet are provided for convenience. Inclusion on the list does not imply endorsement by the American Cancer Society. There are many additional materials on various aspects of cancer and cancer treatment that are available from the local office of your American Cancer Society, on our Web site at www.cancer.org, or by calling 1-800-227-2345.

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Cancer, sex, and sexuality

When you first learned you had cancer, you probably thought mostly of survival. But after a while other questions may have started coming up. You might be wondering “How ‘normal’ can my life be, even if the cancer is under control?” Or even “How will cancer affect my sex life?” It’s important to know that you can get help if you are having sexual problems after cancer treatment. There are many good treatments available.

Sex and sexuality are important parts of everyday life. The difference between sex and sexuality is that sex is thought of as an activity – something you do with a partner. Sexuality is more about the way you feel about yourself as a woman, and is linked to intimacy or your need for caring, closeness, and touch.

Feelings about sexuality affect our zest for living, our self-image, and our relationships with others. Yet patients and doctors often do not talk about the effects of cancer treatment on a woman’s sex life or how she can address problems she’s having. Why? A person may feel uneasy talking about sex with a professional like a doctor or even with a close sex partner. Many people feel awkward and exposed when talking about sex.

Feelings about sexuality affect our zest for living, our self-image, and our relationships with others.

This information is for all women who have or have had cancer – regardless of their sexual orientation. We cannot answer every question, but we'll try to give you enough information to help you and your partner have open, honest talks about intimacy and sex. We will also share some ideas about talking with your doctor and your cancer care team. Lastly, we'll give you a list of other places to get help in the “To learn more” section on page 107. These are other good sources of more information.

Keep in mind that sensual/sexual touching between you and your partner is always possible, no matter what kinds of cancer treatment you've had. This might surprise you, especially if you are feeling down or have not had any sexual touching or activity for a while. But it's true. The ability to feel pleasure from touch almost always remains.

The first step is to bring up the topic of your sex life with your doctor or another member of your health care team. You need to know how your treatment will affect nutrition, pain, and your ability to return to work. You also have the right to know how your treatment could affect your sexual function.

What is a normal sex life?

People vary a great deal in their sexual attitudes and practices. This makes it hard to define “normal.” Some couples like to have sex every day. For others, once a month is enough. Many people see oral sex (using the

mouth or tongue) as a normal part of sex, but some believe it's not OK. "Normal" for you and your partner is whatever gives you pleasure together. Both partners should agree on what makes their sex life enjoyable.

It's common for people coping with cancer to lose interest in or desire for sexual activity at times. Doubts and fears, along with cancer and cancer treatment effects, can make you feel less than your best. Sometimes concerns about your health may be much greater than your interest in sexual activity. But as you get back to your usual routines, your desire for intimacy may return, too.

Normal is whatever gives you and your partner pleasure together.

It's OK to be interested in sex throughout your life. There are some who think sex is only for the young, and that older people lose both their desire for sex and/or their ability to "perform." Those beliefs are largely myths. Many men and women can and do stay sexually active until the end of life. (See the "To learn more" section on page 107 for more on sex and aging.) Still, it is true that sexual response and function may change over time with age. For example, more than half of men over age 40 have at least a little trouble with erections. For some of these men the problem is

severe. Many women also notice changes as they get older, sometimes even before menopause begins. A decrease in sexual desire and problems with vaginal dryness may increase during and after menopause.

Sometimes, sexual problems center around anxiety, tension, or other problems in a relationship. Other times, they may be the result of a physical condition, a medical condition, or medicines that cause or worsen sexual difficulties. But most symptoms can be treated. We now have medicines, therapy, surgery, and other treatments that can help people deal with most kinds of problems they may have. If you want to keep your sex life active, you can likely do so.

If you're in a relationship and one of you has a sexual difficulty, it affects both of you. If you are working on sexual problems, it works best when your partner can be part of the solution.

What is a healthy sexual response?

The sexual response has 4 phases:

- Desire
- Excitement
- Orgasm
- Resolution

A person usually goes through the phases in the same order. But the sexual response can be stopped at any

phase. For instance, you don't have to reach orgasm each time you feel the desire for sex.

Desire is having an interest in sexual activity. You may just think about sex, feel attracted to someone, or be frustrated because of a lack of sex. Sexual desire is a natural part of life from the teenage years onward.

Excitement is the phase when you feel aroused or “turned on.” Touching and stroking feel much more pleasurable and intense when a person is excited. Excitement also results from sexual fantasies and sensual sights, sounds, scents, and tastes. Physically, excitement means that:

- The heart beats faster.
- Blood pressure goes up.
- Breathing gets heavy.
- More blood is sent into the genital (or “private”) area, and the whole area, including the clitoris, swells. (In a man, the surge of blood creates an erection, or a stiff penis. In a woman, blood flow to the female genitals is called *engorgement*.)
- The vagina becomes moist and gets longer and wider, opening up like a balloon.
- The skin of the genitals (“private parts”) turns a deeper color of red.
- The body may sweat or get warmer.

Orgasm is the sexual climax. In both women and men, the nervous system creates intense pleasure in the genitals. The muscles around the genitals contract in rhythm, sending waves of feeling through the body. Men ejaculate (or release) semen when these muscles contract. The person feels pleasure and satisfaction.

Resolution occurs within a few minutes after an orgasm. The body returns to its unexcited state. Heartbeat and breathing slow down. The extra blood drains out of the genital area. Mental excitement subsides.

If a person becomes excited but does not reach orgasm, resolution still takes place but more slowly. It's not harmful to become excited without reaching orgasm, though it may feel frustrating. Some women and men may feel a mild ache until the extra blood leaves the genital area.

Refractory period. Men have a certain amount of time after orgasm when they are physically unable to have another orgasm. This time, called the refractory period, tends to get longer as a man ages. A man in his 70s may need to wait several days between orgasms. Women do not have a refractory period. Many can have multiple orgasms, one after another, with little time in between.

How the female body works sexually

The natural cycles of the mature female body

In order to talk about sex, it helps to know about the structures and hormones that are also involved with having children. Doctors call this the reproductive system.

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

An egg remains fertile only for about 2 days. If a woman does not become pregnant at that time, the rich lining of the uterus that has built up over the past weeks passes through her cervix and into the vagina as menstrual flow. If she does become pregnant, the lining stays in place to feed the growing baby.

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

Hormones

The ovaries usually stop producing eggs and greatly reduce their hormone output around age 50, though the age varies from one woman to the next. This is called menopause or “the change of life.” Some women fear that their sexual desire will go away with menopause. But for many women the drop in ovarian hormones does not lessen sexual desire at all.

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

After a woman goes through natural menopause, the adrenal glands keep making hormones. There’s usually enough androgen even after the ovaries stop making it to feel sexual desire.

Most women still desire sexual activity even while their bodies are going through changes in hormone levels, such as during the menstrual cycle, pregnancy, menopause, or when taking birth control pills.

The role of estrogen

Estrogen helps keep your vagina moist and flexible, and helps it change when you are sexually aroused. When a woman is not excited, her vagina is not an

open tunnel, as some think. Instead, it stays relaxed and folded together so that its walls touch each other. As a woman starts to feel aroused, the vagina gets longer and wider. The cells lining the vagina secrete droplets of fluid (or lubricant) that make the vagina slippery. These changes depend on the hormone estrogen. If a woman's estrogen levels are low, as they might be after menopause, these changes in the vagina may take place more slowly.

Without estrogen:

- Your vaginal lining thins.
- Your vaginal walls lose some of their ability to stretch.
- Your vagina may stay somewhat tight and dry, even if you are very excited. This is called *vaginal atrophy*.

Female orgasm

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

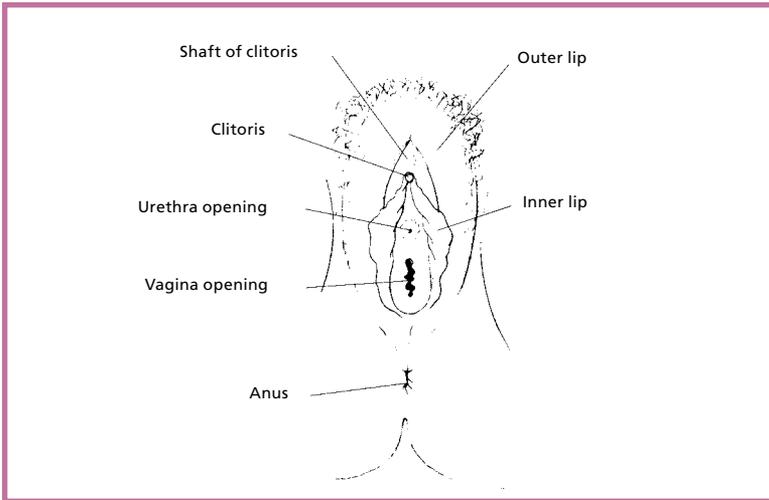
A woman's orgasms may change from time to time. Sometimes she may have no orgasm, or she may have one with each sexual encounter. Sometimes, she may have multiple orgasms, one after the other. As part of the natural aging process, orgasms may take longer to reach. It may also take more stimulation to achieve them.

How orgasms happen

An orgasm is a natural reflex, but most women need some experience in learning to trigger it. It's often harder to reach orgasm during intercourse than it is through the stroking of the outside genital area, usually on or near the clitoris. About 1 in 3 American women do not reach orgasm without some extra touching in addition to intercourse.

Orgasms during intercourse are not proven to be better than other orgasms. Also, orgasms where you and your partner climax at the same time may not be a realistic goal for many couples.

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



A woman's genital area

The areas of a woman's genitals (see illustration) that are most sensitive to touch are the clitoris and the inner lips. The outside part of the genital area (called the vulva) includes the outer lips, inner lips, the clitoris, and the entrance to the vagina. The outer lips are filled with spongy tissue. They protect the delicate inner lips and clitoris. The opening of the urethra (the tube that carries urine from the bladder) is between the inner lips and behind the clitoris. The anus (opening of the bowels) is behind the vagina.

When a woman becomes sexually excited, the entire genital area swells. It also turns a darker pink as blood rushes in under the skin.

Many women reach orgasm most easily when the clitoris is stroked. Like a penis, the clitoris has a

head and a shaft. Its function is to send messages of pleasure to the brain when it's stroked.

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

Other areas, including the outer lips and anus, can also give a woman pleasure when stroked. Each woman's sensitive zones are a little different. The opening of the vagina contains many nerve endings. It's more sensitive to light touch than the deep end of the vagina. For some women, the front wall of the vagina (bladder side) is more sensitive to pressure during sex than the back wall. Some sex therapists suggest that stroking an area about 1 to 4 inches deep on the front wall of the vagina helps some women reach orgasm during intercourse.

Keeping your sex life going despite cancer treatment

Here are some points to keep in mind as you continue your sex life during or after cancer treatment.

Learn as much as you can about the possible effects your cancer treatment may have on your sexuality.

Talk with your doctor, nurse, or any other member of your health care team. When you know what to expect, you can plan how you might handle those issues.

Keep in mind that, no matter what kind of cancer treatment you have, you'll still be able to feel pleasure when you are touched. Few cancer treatments (other than those affecting some areas of the brain or spinal cord) damage the nerves and muscles involved in feeling pleasure from touch and reaching orgasm. For example, women whose vaginas are painfully tight or dry can often reach orgasm through stroking of their breasts and outer genitals. For people with cancer, sexual touching is often satisfying. Pleasure and satisfaction are possible even if some aspects of sexuality have changed.

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

Try to have clear, 2-way talks about sex with your partner and with your doctor. If you are too embarrassed to ask your doctor whether sexual activity is OK, you may never find out. Talk to your doctor about sex, and tell your partner what you

learn. Otherwise, your partner might be afraid that sex might hurt you. Good communication is the key to adjusting your sexual routine when cancer changes your body. If you feel weak or tired and want your partner to take a more active role in touching you, say so. If some part of your body is tender or sore, you can guide your partner's touches to create the most pleasure and avoid discomfort.

Boost your self-esteem. Remind yourself about your good qualities. If you lose your hair, you may choose to wear a wig, hat, or scarf if it makes you feel more comfortable. Some women prefer to wear nothing on their head. You may wear a breast form (prosthesis) if you have had a breast removed. Do whatever makes you feel good about yourself. Eating right and exercising can also help keep your body strong and your spirits up. Practice relaxation techniques, and get professional help if you think you are depressed or struggling.

How cancer treatment affects sexual desire and response

Lack of desire

Both men and women often lose interest in sexual activity during cancer treatment, at least for a time. At first, concern for survival is so great that sex may not be a priority. This is OK. Few people are interested in sex when they feel their lives are being threatened. When people are in treatment, loss of desire may be caused by worry, depression, nausea, pain, or fatigue.

Cancer treatments that disturb the normal hormone balance can also lessen sexual desire.

If there's a conflict in the relationship, one partner or both might lose interest in sex. Any emotion or thought that keeps a woman from feeling excited can interfere with desire for sex. Distracting thoughts can keep her from getting aroused. Her vagina then stays tight and dry, which can make vaginal penetration uncomfortable or painful.

Many people who have cancer worry that a partner will be turned off by changes in their bodies or by the very word "cancer." These worries can affect desire, too.

Pain

Pain is a common problem for women during vaginal penetration (and/or intercourse). It's often related to changes in the vagina's tissues or size and vaginal dryness. These changes can happen after pelvic surgery, radiation therapy, menopause, or treatment that has affected a woman's hormones.

Sometimes the pain sets off a problem called *vaginismus*. If a woman has vaginismus, the muscles around the opening of the vagina become tense without the woman being aware of it. This makes vaginal penetration difficult. Pushing harder increases the woman's pain because her vaginal muscles are clenched in a spasm. Vaginismus can be treated with counseling and some special relaxation training. These treatments are described in the "Dealing with sexual problems" section on page 47.

Premature menopause

Another common way that cancer treatment can affect a woman's sex life is by causing menopause earlier than expected. This is called premature menopause. Symptoms are often more abrupt and intense than the slow changes that happen during a natural menopause. When a woman's ovaries are removed as part of a cancer surgery, or when the ovaries stop working because of chemotherapy or radiation to the pelvis, the loss of estrogen can cause hot flashes and vaginal atrophy (the vagina becomes tight and dry). Some women can take replacement hormones to help these problems. Women with cancers of the breast or uterus usually cannot take estrogen, but they may benefit from some of the suggestions discussed in the "Dealing with sexual problems" section on page 47.

Women who have premature menopause sometimes have low androgen levels. This may be linked to lower sexual desire, but this link is not clear. Androgen (testosterone) hormone therapy has been shown to improve sexual function, but there are safety concerns that have kept the FDA from approving testosterone supplements for this purpose. Testosterone has not been studied in women with cancer.

If you are thinking of using hormones, it's important to talk with your oncologist or nurse to learn about the benefits and possible risks of hormone therapy.

Orgasm

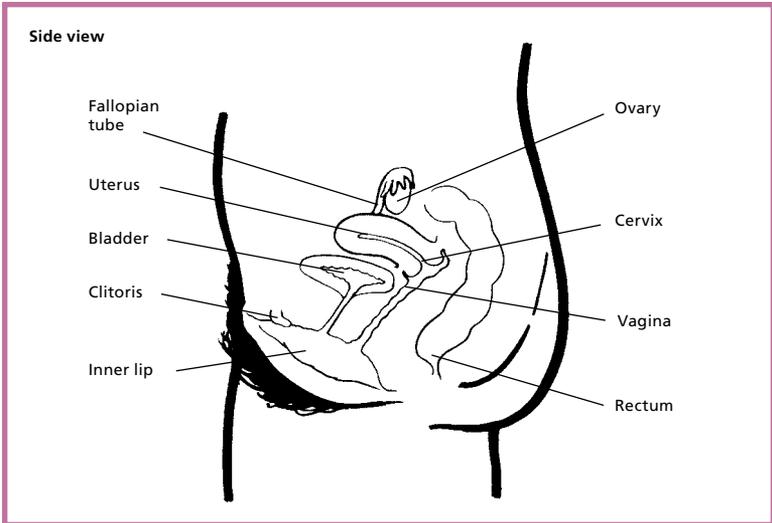
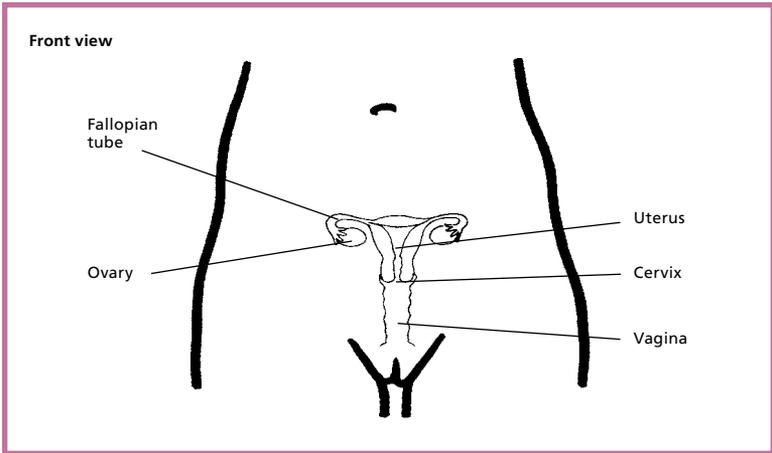
Women are usually able to have orgasms after cancer unless cancer or its treatment has damaged the spinal cord and caused the genital area to be numb. But even with spinal cord damage, there's evidence that orgasm is possible, at least in some women.

Sometimes problems like pain during intercourse may distract a woman from reaching orgasm. In some cases, a woman might need to try different positions or types of genital touching. She might also need to practice having orgasms alone before going back to sex with a partner.

Effects of pelvic surgery for cancer on sexual function

Many different organs may be affected in pelvic surgery for cancer. The female genital and reproductive organs include the uterus (or womb), cervix (the entrance to the womb at the top of the vagina), fallopian tubes, ovaries (the organs that produce eggs and hormones), vagina, vulva, and clitoral area. The bladder (the storage area for urine) and rectum (the bottom end of the intestines) are also found in the pelvic area.

This section reviews some of the more common types of surgery used to treat certain cancers and the ways they can impact your sex life.



Female genital and reproductive organs

Radical hysterectomy

Radical hysterectomy is an operation done to treat some cancers of the cervix. The surgeon takes out the uterus and the ligaments (tissue fibers) that hold it in place in the pelvis. The cervix and an inch or two of

the deep vagina around the cervix are also removed. A hysterectomy for uterine or ovarian cancer removes less tissue.

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

The ovaries may or may not be removed

If a woman is under the age of 40, the surgeon will often try to leave an ovary or part of one during a hysterectomy. Even one ovary can produce enough hormones to keep a woman from going through early menopause. Because the uterus is removed, a woman will not have menstrual periods and she will not be able to carry a pregnancy.

If a woman is between 40 and 50 when she has surgery, doctors weigh the benefits of removing both ovaries to prevent ovarian cancer against the costs of causing sudden early menopause. Women should discuss these choices with their doctor before surgery. Many cancer centers have sexual health programs where trained health care professionals (gynecologists and sex therapists) can help women with any concerns. Women can also talk with other women before surgery so they can discuss their concerns about how surgery will affect their sexual function.

A surgeon most often removes both ovaries in women over the age of 50 having this surgery.

Effects of hysterectomy on bladder function

A radical hysterectomy can affect a woman's ability to pass urine while the nerves in the tissue around the uterus are recovering from surgery. However, with new surgical techniques and nerve-sparing surgery, problems like this are less common. Some doctors may leave a catheter in place for a few days after surgery to reduce urinary problems.

If a woman still cannot fully empty her bladder a few weeks after surgery, she may have long-term damage. To prevent urinary tract infections, she may be taught to slip a small tube, called a catheter, through the urethra and into the bladder to drain out the remaining urine. This is called *self-catheterizing*. A few women may need to do this several times a day for the rest of their lives. If you are self-catheterizing, make sure your bladder is empty before intercourse to help prevent urinary tract infections or discomfort during sex.

Effects of hysterectomy on sexual function

Hysterectomy does not usually change a woman's ability to feel sexual pleasure. The vagina is shortened, but the area around the clitoris and the lining of the vagina generally stay as sensitive as before.

Some women feel less feminine after a hysterectomy. They may view themselves as “empty,” or not feel like a “real” woman. Such negative thoughts can keep

women from thinking about and enjoying the sexual function that they still have. A trained therapist often can help with such concerns.

If cancer is causing pain or bleeding with vaginal penetration, a hysterectomy can help stop those symptoms and actually improve a woman's sex life. The vagina might be shorter after surgery, but couples usually adjust to this change. Extra time spent on caressing and other forms of foreplay can help ensure that the vagina has lengthened enough to allow penetration. It's also important for the vagina to have moisture to allow the tissues to stretch and move. (See the "Vaginal dryness" section on page 48.)

If the vagina seems too shallow, there are ways a woman can give her male partner the feeling of more depth. For instance, she may spread some lubricating gel on her outer genital lips and the tops of her thighs and press her thighs together during intercourse. She can also cup her hands around the base of her partner's penis during intercourse.

Orgasm after radical hysterectomy

Women who have had a radical hysterectomy sometimes ask if the surgery will affect their ability to have orgasms. This has not been studied a great deal, and there isn't as much information as we'd like. One study in Denmark looked at the effect of radical hysterectomy on sexual function by comparing women who had the surgery to women who hadn't.

The women had the surgery for stage I or stage IIA cervical cancer. (This means that the cancer had not spread into the tissues next to the cervix, even though it may have grown into the upper part of the vagina.)

Just after the surgery, more than 1 in 10 women noticed problems with lubrication and pain during sex. Almost 8 in 10 women reported little or no interest in sex. Compared to women who didn't have surgery, about twice as many reported problems reaching orgasm. Nearly 1 in 5 said that their vaginas felt too small.

The good news is that most of the reported problems were gone by 6 months after the surgery. By the end of 2 years, 9 out of 10 women were back to having sex. At that point, the number of women who usually had orgasms during sex was about the same as that of the women who hadn't had surgery.

Sex problems are likely to be somewhat worse and last longer for women who have pelvic radiation along with radical hysterectomy. See the "Sex and pelvic radiation therapy" section on page 35 for more on this.

Radical cystectomy

A radical cystectomy is done to treat bladder cancer. This means the surgeon removes the bladder, uterus, ovaries, fallopian tubes, cervix, front wall of the vagina, and the urethra. Although women who have this surgery are often past the age of menopause, many still have active sex lives.

If you have bladder cancer, talk with your doctor about surgery that's right for you. The most common type of radical cystectomy can result in less ability to have orgasms in some women. It can also cause less lubrication, as well as pain during vaginal penetration. Some women report less desire for sex. But some things can be done during surgery to help preserve female sexual function (see below).

Vaginal reconstruction after radical cystectomy

Radical cystectomy often removes half of the vagina, but penetration is still possible. Surgeons sometimes rebuild the vagina with a skin graft. More commonly, they use the remaining back wall of the vagina to rebuild the vaginal tube. There are pros and cons with both types of vaginal reconstruction. Vaginal penetration of a narrow vagina may be painful at first. This is especially true if a woman has had radiation to her bladder, which makes the vaginal walls less elastic. It's easier to start intercourse when the vagina is shorter and wider. But with a shorter and wider vagina, movement may be awkward because of the lack of depth. Surgeons try to spare as much of the front vaginal wall as possible to help avoid this problem.

Vaginal insertion can be made less painful by using lubricating gels on anything that's going into the vagina. Vaginal moisturizers, replacement hormones, and vaginal dilators can also help to treat vaginal pain. See the "Preventing pain during sex" section on page 55.

Sex without vaginal reconstruction

If your vagina is short because it hasn't been reconstructed, you may still enjoy sexual activity. Certain sexual positions, like those where the partners are side by side or with you on top, limit the depth of penetration. Also, you can spread lubricating gel on your outer genital lips and the top of your thighs as you press your thighs together during vaginal penetration. If intercourse or vaginal penetration remains painful, a couple can still reach orgasm by touching each other with their hands.

Orgasm after radical cystectomy

Many women who have had the front wall of the vagina removed as part of a cystectomy say that this has little or no effect on their orgasms. But others say that they were less able to have orgasms. Women have 2 nerve bundles, which run along each side of the vagina, and it's easy to damage these nerve bundles when removing the front of the vagina during radical cystectomy. Small studies have suggested that women who had surgery that preserved these nerve bundles had much better sexual function after surgery than those whose nerve bundles were removed or cut. Talk with your doctor about the surgery that is planned and whether these nerves can be left in place or preserved during surgery. This can increase your chance of having orgasms after surgery.

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

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

Urostomy

Women who have had a radical cystectomy will also have an *ostomy*. An ostomy is an opening on the woman's belly (abdomen) where waste can pass out of the body. Since this is an opening for urine after the bladder is removed, this type of ostomy is called a *urostomy*. The urine flows through the urostomy into a plastic pouch, which fits into a plastic face plate glued to the skin around the ostomy. For ideas on how to manage an ostomy during sex, see "Urostomy, colostomy, or ileostomy" under the "Special aspects of some cancer treatments" section on page 65. Some women now have continent ostomies that stay dry and are emptied with a catheter. (If you would like to read more about urinary ostomies, see our document called *Urostomy: A Guide*. The "To learn more" section on page 107 has more information.)

Abdominoperineal resection

Abdominoperineal (AP) resection for colon cancer is surgery that removes the lower colon and rectum. It also creates a colostomy so that stool can pass out of the body. There are many different ways to do AP resections. In a younger woman, just the colon and rectum may be removed. But sometimes the uterus, ovaries, and even the rear wall of the vagina must be removed, too. The remaining vaginal tube must then be repaired with skin grafts or with a flap made of skin and muscle.

AP resection does not damage the nerves that control the feeling in a woman's genitals and allow orgasm. Some women may notice vaginal dryness, especially if their ovaries were removed. If so, a water-based gel lubricant can help make vaginal penetration more comfortable. Regular use of a vaginal moisturizer can also help improve vaginal dryness and make the tissues more flexible. (See the "Vaginal dryness" section on page 48 for more on these products.)

Intercourse in certain positions may be uncomfortable or even painful. Without a rectum, the vagina becomes scarred down to the sacrum (tailbone). A couple may need to try different positions to find one that works for them. If a skin graft or flap was used to repair the vagina, the "Vaginal reconstruction after total pelvic exenteration" section on page 32 may be helpful.

For suggestions on how to manage an ostomy during sex, see “Urostomy, colostomy, or ileostomy” under the “Special aspects of some cancer treatments” section on page 65. (If you would like to read more about colostomies, see our document called *Colostomy: A Guide*. The “To learn more” section on page 107 has more information.)

Surgery for cancer of the vulva (vulvectomy)

Cancer of the vulva is sometimes treated by removing all or part of the vulva. This operation is called a *vulvectomy*. A partial vulvectomy removes only the affected area and an edge (or margin) of tissue around the cancer, which is called “getting a clear margin.” The modified radical vulvectomy removes the affected area and an edge of tissue for a clear margin. In this case, this usually includes removal of some of the lymph nodes in the groin area. If there’s cancer in or very near the clitoris, it may need to be removed to be sure the cancer is taken out.

The most extensive surgery is called a radical vulvectomy, which is rarely ever done. Here the surgeon removes the whole vulva. This includes the inner and outer lips and the clitoris, and often the lymph nodes that drain lymph fluid from the vulva. The vagina, uterus, and ovaries remain intact. Doctors often try to spare as much of the vulva as they safely can, as it’s not often necessary to remove the entire vulva to get a clear margin around the cancer.

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

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

When touching the area around the vagina, and especially the urethra, a light caress and the use of a lubricant can help prevent painful irritation. If scar tissue narrows the entrance to the vagina, penetration may be painful. Vaginal dilators can sometimes help stretch the opening. When scarring is severe, the surgeon may use skin grafts to widen the entrance. Vaginal moisturizers on the external genital area can also be very helpful and promote comfort. (See “Vaginal moisturizers” on page 49.)

When the lymph nodes in the groin have been removed, women may have swelling of their genital areas or legs. Though swelling just after surgery may go away, it can become a long-term problem. This condition, called lymphedema, can cause pain, a feeling of heaviness, and fatigue. It also can be a problem during sex.

Couples should discuss these issues to decide what solutions work best for them. (If you want to read more about lymphedema in the groin or legs, you can get our document called *Understanding Lymphedema – For Cancers Other Than Breast Cancer*. See the “To learn more” section on page 107.)

Orgasm after vulvectomy

Women who have had a vulvectomy may have problems reaching orgasm, depending on how much of the vulva has been removed. The outer genitals, especially the clitoris, are important in a woman’s sexual pleasure. If surgery has removed the clitoris and lower vagina, then orgasms may not be possible. Some women find that stroking the front inside (bladder side) part of the vagina, about 1 to 4 inches inside the opening, can feel pleasurable.

Also, after a vulvectomy, women may notice numbness in their genital area. Feeling may return slowly over the next few months.

Pelvic exenteration

Pelvic exenteration is the most extensive pelvic surgery. It’s used most often when cancer of the cervix has recurred (come back) in the pelvis after surgery or radiation therapy. In this surgery, the uterus, cervix, ovaries, fallopian tubes, vagina, and sometimes the bladder, urethra, and/or rectum are removed. If two ostomies are created, this surgery is called a total pelvic exenteration; one ostomy is for

urine and the other is for stool. The vagina is usually rebuilt. Lymphedema may be a problem after surgery. (See “Surgery for cancer of the vulva (vulvectomy)” on page 29.) Because pelvic exenteration is such a major surgery, some cancer centers offer counseling sessions before surgery to help the woman prepare for the changes in her body and her life.

Recovery from pelvic exenteration takes a long time. Most women don't begin to feel totally healed for up to 6 months after surgery. Some say it takes at least a year or 2 to fully adjust to the changes in their bodies. A recent prospective study of women undergoing pelvic exenteration supports this notion. This study found that quality of life declined right after surgery, but longer follow up (12 months later) showed that many women physically and emotionally adjusted well over time, with improvement in body image and overall quality of life.

If a woman has pelvic exenteration surgery, it doesn't mean that she can't lead a happy and productive life. With practice and determination, some women who have had this procedure can again have sexual desire, pleasure, and orgasm. Usually the outer genitals, including the clitoris, are not removed, which means a woman may still feel pleasure when touched in this area.

Vaginal reconstruction after total pelvic exenteration

If all or most of the vagina must be removed, it's possible to build a vagina with tissue from another

part of the body. A neovagina (new vagina) can be surgically created out of skin, or by using both muscle and skin grafts. This new vagina can allow a woman to have intercourse.

Skin grafts: When the vagina is repaired with skin grafts, the woman must use a vaginal stent. This stent is a special form or mold worn inside the vagina to keep it stretched. At first, the stent must be worn all the time. Then it's worn for most of each day for many months after surgery. After about 3 months, regular vaginal penetration during sexual activity or the use of a plastic tube or dilator to stretch out the vagina for a few minutes each day can help to keep the vagina open. Without frequent stretching, the neovagina may shrink, scar, or close.

Muscle flaps and skin grafts: There are other ways to rebuild the vagina using muscle tissue and skin from other parts of the body. One way is to use flaps of muscle and skin from the lower chest and belly (abdomen). This method is called a VRAM (vertical rectus abdominis muscle) flap, and over the past few years it has been shown to work very well. The blood vessels and nerves for this tissue stay attached to their original site. This means that the neovagina may have more sensation and stay open more easily. The surgeon forms the flaps into a closed tube, which is lined by the skin surface. It's then sewn into the area where the vagina has been removed. Part of the muscle is used to fill in the space in the pelvis where organs have been removed. When the neovagina heals, it is much like

the original in size and shape, but it will not feel or function the same. Still, different can be OK. An older, less-used method takes skin and muscle from both inner thighs. Other graft sites can also be used.

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

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

Women also notice that the muscles around the vaginal entrance cannot be squeezed together. A woman may miss being able to tighten her vagina. After the vagina is rebuilt, partners need to try different positions to find one that is best. Minor bleeding or “spotting” after penetration is not a cause for alarm, but heavy or increased bleeding should be discussed with a doctor.

Orgasm after total pelvic exenteration

With pelvic exenteration, all or part of the vagina may be removed, which can affect the nerves that supply the clitoris. Still, some women are able to have orgasms after this type of surgery, though it takes practice and persistence.

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

Sex and pelvic radiation therapy

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

If a woman has already gone through menopause, she may notice little or no change. This is because her ovaries have already stopped making hormones. But if she hasn't reached menopause, radiation may cause sudden menopause with hot flashes and vaginal dryness. These problems are discussed in the "Dealing with sexual problems" section on page 47.

Young women who get smaller doses of pelvic radiation, as they might during treatment for Hodgkin disease, may start to menstruate again as their ovaries heal. But with larger doses of radiation therapy, such as

those used for cervical cancer, the damage is almost always permanent. Women who get radiation to the pelvis often become infertile. But no matter what the radiation dose, women younger than 50 should talk with their doctors before stopping birth control since it may be possible to become pregnant.

During radiation, tissues in the treatment area get pink and swollen, and may look sunburned. A woman's vagina may feel tender during radiation treatment and for a few weeks afterward. As the irritation heals, scarring may occur. The thick walls of the vagina may become fibrous and tough. This means the walls might not stretch out as much during sexual excitement and activity.

The scarring that can occur after pelvic radiation can shorten or narrow the vagina. A woman can often keep tight scar tissue from forming by stretching the walls of her vagina with vaginal penetration during sex at least 3 or 4 times a week or using a vaginal dilator on a regular basis.

A vaginal dilator is a plastic or rubber tube used to stretch out the vagina. It feels much like putting in a large tampon for a few minutes. Even if a woman is not interested in staying sexually active, keeping her vagina normal in size allows more comfortable gynecologic exams. And gynecologic visits are an important part of follow up after treatment. For more information, see "Using a vaginal dilator" on page 61.

Radiation to the vagina can also damage its lining, making it thin and fragile. Many women notice some light bleeding after intercourse, but they felt no pain at the time. Rarely, women get ulcers, or open sores, in their vaginas, which may take several months to heal after radiation therapy ends.

Can a woman have sex while getting pelvic radiation?

As long as a woman is not bleeding heavily from a tumor in her bladder, rectum, uterus, cervix, or vagina, she can usually have sex during pelvic radiation therapy. The outer genitals and vagina are just as sensitive as before. Unless intercourse or touch is painful, a woman should still be able to reach orgasm, too. But some studies suggest waiting 4 weeks after radiation to let the swelling and inflammation decrease, and to reduce the risk of tearing the tissues.

Women should follow their doctor's advice about intercourse during radiation therapy.

A woman should follow her doctor's advice about sex during radiation therapy. Radiation therapy from a machine outside the body does not leave any radiation in the body, so your partner will not come in contact with it.

Some women are treated with an implant. An implant is a radiation source put inside the bladder, uterus, or vagina for a few days. Intercourse may not be allowed while the implant is in place. Women treated with this type of radiation do not transmit radiation after the implant is removed.

Sex and chemotherapy

Chemotherapy, or chemo, is often given through an intravenous (IV) tube, which sends it through a vein right into the bloodstream. But some methods bring drugs right to a tumor. For cancer of the bladder, for example, the chemo drug is put right into the bladder through a small, soft tube called a *catheter*. Treatment like this usually only has a minor effect on a woman's sex life. But she may notice some pain if she has intercourse too soon after the treatment. This is because the bladder and urethra may still be irritated from the drugs.

Women with tumors in the pelvis may get chemo by pelvic infusion. The drugs are put into the arteries that feed the tumor and give an extra-strong dose to the genital area. Since this method is fairly new, doctors do not yet know the long-term effects on a woman's sex life. Over the short term, the side effects are much like those of IV chemo.

Another way of giving chemo is by intraperitoneal infusion (the drugs are put into the abdomen or belly). For cancers of the ovaries or colon, the space around the intestines may be filled with drugs in liquid form.

This extra fluid causes the abdomen to swell a little. The drugs and liquid are then drained back out after a short period of time. The infusion can be somewhat uncomfortable and may feel a bit strange.

It's very important to ask your chemo doctor or nurse when you can have sex, what precautions you need to take, and how your treatment might affect your sexual function.

Pregnancy and fertility during and after chemo

If you think you might want to have children in the future, it's important to talk to your doctor about this **before** starting chemo. You need to know if treatment will affect your fertility. Many chemo drugs can damage the ovaries, reducing their hormone output. Sometimes the ovaries recover after chemo, but sometimes they don't. To learn more, see our document called *Fertility and Cancer: What Are My Options?* (See the "To learn more" section on page 107 for more information.)

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

After chemo, it may still be possible for some women to get pregnant. This is more likely to happen with younger

women. Keep in mind that, even if you're still having monthly periods, it's hard to say whether you can get pregnant. Women who don't want to become pregnant should use birth control, even after having chemo.

Early menopause with chemo

Women getting chemo often have symptoms of early menopause. These symptoms include hot flashes, vaginal dryness, vaginal tightness, and irregular or no menstrual periods. If the lining of the vagina thins, there may be a light spotting of blood after penetration.

Other chemo-related problems that may affect your sex life

Some chemo drugs irritate all mucous membranes in the body. This includes the lining of the vagina, which may become dry and inflamed. Yeast infections are common during chemo, especially in women taking steroids or antibiotics to treat or prevent bacterial infections. If you have a yeast infection, you may notice itching inside your vagina or on the vulva. You may also have a thick, whitish discharge, and you may feel some burning during sex.

Chemo can also cause a flare-up of genital herpes or genital warts if a woman has had them in the past. If you have a vaginal infection, see your doctor and have it treated right away. Infections can lead to serious problems because your immune system is probably weakened by chemo.

Yeast infections can often be prevented by not wearing pantyhose, nylon panties, or tight pants. Wear loose clothing and cotton panties to avoid trapping moisture in the vaginal area. Wipe front to back after emptying your bladder and do not douche. Your doctor may also prescribe a vaginal cream or suppository to reduce yeast or other organisms that grow in the vagina. Since your immune system may be weakened, it's especially important to avoid sexually transmitted diseases. If you are having sex with someone, it's important to practice safer sex from start to finish (use condoms or other barriers to avoid body fluids). Do this every time you have oral, anal, or vaginal sex. For more information about safer sex, you can contact the American Sexual Health Association (their contact information is in the "To learn more" section on page 107).

During sexual intimacy, it's important to avoid touching the vagina and the urethra with anything that has been used to stroke near the anus. Lingering germs from the bowel can cause infection if they get into these areas.

Chemo and sexual desire

Women who are getting chemo often notice decreased sexual desire. Physical side effects, such as upset stomach, tiredness, and weakness, can leave little energy for relationships. Sexual desire most often returns when a woman feels better. If a woman is getting chemo every 2 or 3 weeks, her sexual interest might

only come back a few days before she's due for her next treatment. After chemo ends, the side effects slowly fade, and sexual desire often returns to previous levels.

Women getting chemo also tend to feel unattractive. Hair loss, weight loss or gain, and sometimes infusion catheters (tubes in the vein for chemo or other drugs that stay in for weeks or months) can make it harder to have a positive sexual image of yourself. Tips to handle these problems are discussed in the "Dealing with sexual problems" section on page 47.

Sex and hormone therapy

Hormone therapy may be used to treat cancers of the breast and the lining of the uterus. This treatment starves the cancer cells of the hormones they need to grow.

This can be done using medicines. For example, the drug tamoxifen keeps breast cancer cells from using estrogen. Other drugs – exemestane, anastrozole, and letrozole – keep testosterone from being converted to estrogen.

A few women have their ovaries removed or have their ovaries treated with radiation to make them inactive. This is another way to deprive a cancer of the hormones it needs to grow.

Any of these treatments will most likely cause symptoms of menopause. These include hot flashes, an interruption of the menstrual cycle, and vaginal

dryness. In spite of these changes, a woman should still be able to feel sexual desire and reach orgasm. Sexual activity will not cause harmful increases in estrogen levels in the body.

Surgery for breast cancer can affect sexuality, too

Sexual problems have been linked to mastectomy and breast-conserving surgery (lumpectomy) – surgeries that remove all or part of the breast. Losing a breast can be very distressing. A few women even lose both breasts.

The most common sexual side effect from these procedures is feeling less attractive. In our culture, breasts are often viewed as a basic part of beauty and womanhood. If a breast is removed, a woman may feel less secure about whether her partner will accept her and still find her sexually pleasing.

The breasts and nipples are also sources of sexual pleasure for many women and their partners. Touching the breasts is a common part of foreplay. Some women can reach orgasm just from having their breasts stroked. For many others, breast stroking adds to sexual excitement.

Surgery for breast cancer can interfere with pleasure from breast caressing. After a mastectomy, the whole breast is gone and there's a loss of sensation. Some women still enjoy being stroked around the area of

the healed scar. Others dislike being touched there and may no longer even enjoy having the remaining breast and nipple touched.

Some women who have had a mastectomy feel self-conscious being the partner on top during sex. This position makes it easy to notice that the breast is missing. Some women who have had mastectomies wear a short nightgown or camisole, or even just a bra, with the prosthesis inside during sexual activity. Other women find the breast prosthesis awkward or in the way during sex.

Though it is rare, some women have long-term pain in their chests and shoulders after breast surgery. This is most often seen if the surgery removes the breast and the chest muscles under it. It may help to support the chest and shoulder with pillows during sex. It may also help if you avoid positions where weight rests on the chest or arm.

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

There's no physical reason breast surgery or radiation to the breasts should decrease a woman's sexual desire. These treatments do not change her ability to have sexual pleasure. They don't lessen her ability to produce vaginal lubrication, feel and enjoy normal genital sensation, or reach orgasm.

If a woman is past menopause and has been taking estrogen replacement therapy when breast cancer is found, her doctor may advise her to stop taking the hormones. Lower hormone levels may then cause the lining of the vagina to be thin, tight, or dry. These symptoms may be helped by water-based lubricants or a vaginal moisturizer. If not, a doctor can often prescribe a hormone cream for these problems. (See our document called *Menopausal Hormone Replacement Therapy and Cancer Risk* for more on this. Find out how to get it in the "To learn more" section on page 107.)

Breast reconstruction

After mastectomy, the breast can be rebuilt so that it looks very much like the other breast. Breast reconstruction may restore the shape and size of the breast, but it cannot restore the previous feeling (sensation) in the breast. In a reconstructed (rebuilt) breast, the feeling of pleasure from touch on the breast and nipple may be decreased or even absent. The nerve that supplies feeling to the nipple runs through the deep breast tissue, and it might be cut during surgery. As a result, the preserved or rebuilt

Summary table of how some common cancer treatments can affect sexuality and fertility

Female sexual problems caused by cancer treatment

Treatment	Low sexual desire	Less vaginal moisture	Reduced vaginal size	Painful intercourse	Trouble reaching orgasm	Infertility
Chemotherapy	Sometimes	Often	Rarely – only if linked to menopause	Often	Rarely	Often
Pelvic radiation therapy	Often, if sex is linked with pain	Often	Often	Often	Rarely	Often
Radical hysterectomy	Rarely	Often*	Often	Rarely	Rarely	Always
Radical cystectomy	Rarely	Often*	Always	Sometimes	Sometimes	Always
Abdomino-perineal (AP) resection	Rarely	Often*	Sometimes	Sometimes	Rarely	Sometimes*
Total pelvic exenteration with vaginal reconstruction	Sometimes	Always	Sometimes	Sometimes	Sometimes	Always
Radical wide local excision vulvectomy (or partial vulvectomy)	Rarely	Never	Sometimes	Sometimes	Sometimes	Never
Conization of the cervix	Never	Never	Never	Rarely, only if scar tissue forms	Never	Rarely
Oophorectomy (removal of one tube & ovary)	Rarely	Never*	Never*	Never – unless linked to menopause	Never	Rarely
Oophorectomy (removal of both tubes & ovaries)	Rarely	Often*	Sometimes*	Sometimes*	Rarely	Always
Mastectomy or radiation to the breast	Rarely	Never	Never	Never	Rarely	Never
Tamoxifen therapy for breast or uterine cancer	Sometimes	Often	Sometimes	Sometimes	Rarely	Need to use birth control
Aromatase inhibitor therapy for breast cancer	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes, if sex is painful	N/A (only given to women after menopause)

*Vaginal dryness and size changes should not occur if you have one working ovary left or if hormone replacement therapy is given.

nipple has much less sensation. Sensitivity of the skin around the nipple may also be less intense, although some feeling may return over time. The skin on the rebuilt breast may get more sensitive with time, but usually does not give the same kind of pleasure as before mastectomy.

Breast reconstruction can help a woman enjoy sex more because it may help her feel whole and attractive. But it may not fully restore the physical feelings of pleasure she used to have from having her breast touched. To learn more, you may want to read our document called *Breast Reconstruction After Mastectomy*. (See the “To learn more” section on page 107 for more information.)

Dealing with sexual problems

When you first think of restarting sexual activity, you may be afraid it will be painful, or that you will never reach orgasm again. Your first sessions of lovemaking may not be what you expected. But just as you learned to enjoy sex when you started having sex, you can relearn how to feel pleasure after cancer treatment. People often realize that their sex life was less than ideal before cancer and change their sexual practices. Try to make the most of this chance to look at your sex life in a new way.

The areas of your genitals most sensitive to touch may be a little different, or perhaps touch that felt good before cancer treatment is now painful.

You might find your favorite position for intercourse has changed. If your vagina or vulva has been affected by surgery, you will need time to get used to the new feelings you have during sex.

Here we will review some of the more common changes and what you can do to manage them.

Vaginal dryness

Lubricants

Cancer treatments often reduce the amount of lubricant produced in your vagina when you are excited. You may need extra lubrication to make intercourse comfortable. If you use a vaginal lubricant, choose a water-based gel that has no perfumes, coloring, spermicide, or flavors added, as these chemicals can irritate your delicate genital tissues. Lubricants can usually be found near the birth control or feminine hygiene products in drug stores or grocery stores. Common brands include K-Y Jelly® and Astroglide®. Be aware that some of the newer lubricant products include herbal extracts (such as aloe or lavender), which may cause irritation or allergic reactions in some people. Also, warming gels can cause burning in some people. Be sure to read the labels, and talk with a nurse, doctor, or pharmacist if you have questions.

Petroleum jelly (Vaseline®), skin lotions, and other oil-based lubricants are not good choices for vaginal lubrication. In some women, they may raise the risk of yeast infection. And if latex condoms are used, they

can be damaged by petroleum products and lotions. Also, watch out for condoms or gels that contain nonoxynol-9 (N-9). N-9 is a birth control agent that kills sperm, but it can irritate the vagina, especially if the tissues are already dry or fragile.

Before intercourse, put some lubricant around and inside the entrance of your vagina. Then spread some of it on your partner's penis, fingers, or other insert. This helps get the lubricant inside your vagina. Many couples treat this as a part of foreplay. If vaginal penetration lasts more than a few minutes, you may need to stop briefly and use more lubricant. Even if you use vaginal moisturizers every few days, it's best to use gel lubricant before and during sex.

Vaginal moisturizers

As women age, the vagina can naturally lose moisture and elasticity (the ability to stretch or move comfortably). Cancer treatments and risk-reducing surgery (such as removing the ovaries) can hasten these changes. Vaginal moisturizers are non-hormonal products intended to be used several times a week to improve overall vaginal health and comfort. You can buy them without a prescription. Vaginal health is not only important for sexual activity, but also for comfortable gynecologic exams.

Vaginal moisturizers are designed to help keep your vagina moist and at a more normal acid balance (pH) for up to 2 to 3 days. Vaginal moisturizers are applied at bedtime for the best absorption. It should be

noted that it's not uncommon for women who've had cancer to need to use moisturizers up to 3 to 5 times per week. Vaginal moisturizers are different than lubricants – they last longer and are not usually used for sexual activity.

Replens® and K-Y Liquibeads® are examples of vaginal moisturizers. Lubrin® and Astroglide Silken Secret® are other moisturizers that are marketed as longer lasting than typical lubricants. Vitamin E gel caps can also be used as a vaginal moisturizer. Use a clean needle to make a small hole in the gel cap and either put the entire capsule into your vagina or squeeze some of the gel onto your fingers and put them into your vagina. Be aware that vitamin E may stain undergarments.

Vaginal estrogens

Topical or systemic estrogen therapy is a treatment option for vaginal atrophy (when the vaginal walls get thinner and less stretchy) for most post-menopausal women. But hormone treatments can be a complex issue for many women and health care providers in the cancer setting.

Many women do well with local vaginal hormones to help vaginal dryness. These hormones are applied to and absorbed into the genital area, rather than taken by mouth. They come in gel, cream, ring, and tablet forms. Most are put into the vagina, although some creams can be applied to the vulva. Local vaginal hormones must be prescribed by a doctor and should first be discussed with your oncologist.

Premature menopause

If you have gone through premature (early) menopause because of cancer treatment, you may be bothered by frequent hot flashes, especially at night. Some women may be less interested in sex, though the decreased interest may be linked more to stress and poor sleep than to a shortage of hormones.

Female hormones in a pill or patch can help with vaginal dryness and hot flashes (see “Vaginal dryness” on page 48). But because estrogens can promote cancers of the breast, uterus, and possibly the ovaries, and cause other health problems, too, doctors are less likely to prescribe them than they once were. Women who have vaginal dryness can now use tiny doses of estrogen in gels, creams, rings, or tablets by putting them right into the vagina. These methods focus small amounts of hormones on the vagina and nearby tissues, so that very little gets in the bloodstream to affect other parts of the body.

If you have questions or concerns about hormone therapy, talk with your doctor or health care provider about the risks and benefits as they apply to you. If you and your doctor decide that hormone therapy is the best treatment for you, it’s usually best to use it at the lowest dose that works for you and for the shortest possible time. It’s important that any woman taking hormone therapy be checked each year by her doctor.

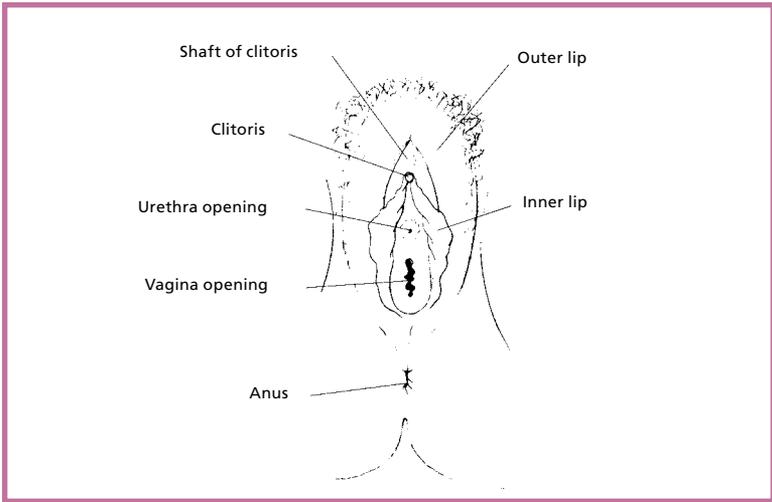
If your doctor does not advise hormones for you, hot flashes can also be treated in other ways, such as by

taking medicines that control the nervous system's reaction to a lack of estrogen. Some drugs that are commonly used this way are the anti-depressants called serotonin reuptake inhibitors, like venlafaxine (Effexor®), fluoxetine (Prozac®), paroxetine (Paxil®), and others. Many women with milder hot flashes may do well with exercise and relaxation techniques alone. There are many ways to treat hot flashes – both with medicines and with minor changes in your environment. Talk to your doctor or nurse about what may work for you.

Coping with the loss of a body part

Women who have lost a part of their body to cancer, especially if it's a breast or part of the sexual organs, sometimes miss the pleasure they felt from having that area stroked during sex. If you are in this situation, ask your partner to stroke your whole body. You may find new places to replace the pleasure you used to feel. Women often are embarrassed to look at or touch their own private parts. But becoming more familiar with your body can be important in restoring your sexual pleasure after cancer treatment.

You can feel more comfortable about your genitals by taking some time to look at them and touch them. Have you ever looked at your own genitals in the mirror? Many women have not, or at least have never located the different parts. Take a few minutes to study your own body. Take a hand mirror and hold it so that you can see your genitals. Find the different



A woman's genital area

parts: outer lips, inner lips, clitoris, urethra (urinary) opening, entrance to the vagina, and anus. Take a finger and lightly touch each part, touching the anus last to avoid spreading germs to the urethra. Which areas are most sensitive to touch?

Women often are embarrassed to look at or touch their own private parts.

If you feel embarrassed or find your genitals ugly, try looking at them again in a day or so. Are your negative feelings as strong? Some artists have compared the shape of a woman's genitals to a flower or a seashell. Can you see your genitals as having their own beauty? Has your cancer treatment changed the look of your

outer genitals in any way? If so, make it a goal to get used to the changes and explore them with touch to see if any areas are still sore or tender.

Reaching orgasm after cancer treatment

Almost all women who could reach orgasm before cancer treatment can do so after treatment, and it may be as easy as before. But for some it may take practice. Many books or videos for women contain detailed steps on how to reach orgasm.

“I’m having trouble reaching orgasm. What can I do?”

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

- **Have a sexual fantasy during lovemaking.** A fantasy can be a memory of a past experience or a daydream about something you’ve never tried. A strongly sexual thought can distract you from negative thoughts and fears about performing.
- **Use a hand-held vibrator for extra stimulation during your lovemaking.** Hold it yourself, or ask your partner to caress your genitals with it. You can steer your partner to the areas that respond best and away from those that are tender or uncomfortable.

- **Change the position of your legs during sexual activity.** Some women reach orgasm more easily with their legs open and thigh muscles tense. Others prefer to press their thighs together.
- **Tighten and relax your vaginal muscles in rhythm during intercourse or while your clitoris is being stroked.** Or, tighten and relax the muscles in time with your breathing. This helps you focus on what you're feeling. Contract your vaginal muscles and pull them inward as you inhale, and let them relax loosely as you exhale.
- **Ask your partner to gently touch your breasts and genital area.** Experiment with your partner to find the type of touch that most excites you.

If a sexual problem has not gotten better after you've worked on it for many weeks or months, try some of the ideas in the "Professional help" section on page 98. If your partner doesn't want to go with you to counseling, the health care specialist you see may be able to help you involve your partner.

Preventing pain during sex

Pain during intercourse is one of the most common sexual problems for women. This can be pain in a non-sexual area of the body or pain in the genitals. Even if your pain is in a non-genital part of the body, it can keep you from feeling pleasure during sex. This type of pain might be soreness in one arm after a mastectomy or tingling and numbness in your hands

and feet after some types of chemotherapy. Pain may even make it hard for you to use intercourse positions that you enjoyed in the past.

Non-genital pain

If you are having pain other than in your genital area, these tips may help lessen it during sex.

- **Plan sexual activity for the time of day when you feel the least pain.** If you are using pain medicine, take it an hour before planned sexual activity so it will be in full effect when you want to be intimate. Try to find doses of medicine that offer pain relief without drowsiness.
- **Find a position for touching or intercourse that puts as little pressure as possible on the sore areas of your body.** If it helps, support the sore area and limit its movement with pillows. If a certain motion is painful, choose a position that doesn't require it or ask your partner to take over the movements during sex. You can guide your partner on what you would like.
- **Focus on your feelings of pleasure and excitement.** With this focus, sometimes the pain lessens or fades into the background.

Genital pain

Another side effect of some cancer treatments is genital pain. Sexual activity may cause pain in the vagina itself or in the delicate tissues around it. Sometimes the vagina is shorter and narrower after surgery

or radiation. If you don't produce enough natural lubricant or moisture to make your vagina slippery, the vagina can be dry and painful. It can cause a burning feeling or soreness. The risk of repeated urinary tract infections or irritation also increases.

If you have genital pain during sexual activity:

- **Always tell your doctor about the pain.** A number of common problems can cause pain on the vulva or deep in the vagina. Simple solutions can often help. Do not let embarrassment keep you from seeking medical care.
- **Make sure you feel very aroused before you start vaginal penetration.** Your vagina expands to its fullest length and width only when you are highly excited. Also, the walls of your vagina then produce lubricating fluid. As women go through menopause, because of aging or cancer treatment, it may take a longer time and more touching to get fully aroused.
- **Spread a large amount of water-based lubricating gel around and in your vagina before vaginal penetration.** You can also use lubrication suppositories (pellets) that melt during foreplay.
- **Let your partner know if any types of touching cause pain.** Show your partner ways to caress you or positions that aren't painful. Usually, light touching around the clitoris and the entrance to the vagina won't hurt, especially if the area is well-lubricated.

- **For vaginal penetration, try a position that lets you control the movement.** Then if deep penetration hurts, you can make the thrusts less deep. You can also control the speed.

One position that often works well is for you to kneel over your partner with your legs on either side of their body. Either sit up or lean forward and support yourself with your arms. An advantage of this position is that your partner can easily caress your breasts or clitoris. This may add more pleasure to intercourse.

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

Using Kegel exercises to learn to relax the vaginal muscles

Once a woman has felt pain during intercourse, she often becomes tense in sexual situations. Without knowing it, she may tighten the muscles just inside the entrance of the vagina. This makes vaginal penetration even more painful. Sometimes she clenches her muscles so tightly that her partner cannot even enter her vagina.

Learning pelvic muscle awareness and control is important in understanding and treating your vaginal pain. You can become aware of your vaginal muscles and learn to relax them during vaginal penetration. Exercises that teach control of the pelvic floor and

vaginal muscles are called Kegels (pronounced kee-guls). (They are named for the gynecologist Dr. Arnold Kegel, who came up with them.)

The first step is to find your vaginal muscles. Imagine that you are urinating and contract the muscles you would need to stop the stream. It's important to not actually start and stop urine flow. This can lead to not emptying your bladder completely and increase your risk of infection. Another method to identify the pelvic floor muscles would be to put your finger about 2 inches into the vagina and tighten or contract the pelvic floor muscles. When you do this, you should be able to feel at least a slight twitch of the vaginal walls around your finger and your pelvic floor muscle pull upward.

Once you have located the muscle, practice gaining control over it. Research has shown that women with good pelvic floor strength and control have a stronger arousal response than those with poor pelvic floor tone (or strength). Because of this, it's important to work on these muscles to build up muscle strength and tone.

As with any exercise, the more you practice, the more you can do. For instance, when starting to exercise, some women first walk a block or two, over time they may be able to walk ½ mile, then a mile or more. This is the same idea with pelvic floor exercises. The basic pelvic floor (Kegel) exercise is to tighten your vaginal muscles and hold for 3 to 6 seconds, then relax the

muscle completely for 3 to 6 seconds. Repeat this until your muscles feel tired or you are unable to hold the muscles firmly. You may first start at 5 to 10 times per session. Over time this number should increase in order to build up strength and tone. Once you reach 20 to 25 per session, you can start again at 5 to 10 times but hold the pelvic floor muscle contracted for longer, from 6 to 10 seconds. Over time you will build up the number. Repeat this exercise once or twice a day. People around you can't tell that you are doing Kegels, so you can practice whenever you wish – while reading, watching TV, or working at your computer.

Along with enhancing circulation and arousal, pelvic floor muscle exercises (Kegels) can also add to a couple's pleasure during sex. If a woman tightens and relaxes her vaginal muscles during sexual activity, she may focus more on the feelings that are building. Her partner can feel the movement of her vagina. This movement may add to their excitement.

One of the most important benefits of Kegel exercises is to lessen discomfort by helping to relax your vagina during entry and sex. Begin by making sure your vagina is wet when you and your partner are both aroused. Take a few seconds to tighten your vaginal muscles. Then let them relax as much as possible before your partner enters. Agree ahead of time that if you feel any pain, your partner will stop and you can do a set of pelvic floor exercises to tire the pelvic floor and relax the vaginal muscles.

If vaginal penetration is painful and difficult, you can do a set of pelvic floor muscle exercises before intimacy to make your vagina less reactive and more relaxed. You or your partner can also gently stretch your vagina with a finger before trying penetration. Lubricate a finger and slowly slip it inside your vagina. Use the Kegel movements to tighten and release your vaginal muscles as you slowly move it deeper in. When one finger is no longer painful, try using 2 fingers, and then 3, before you try your partner's penis. Remember to use plenty of gel, and go slowly.

If you try most of these ideas but are still having genital pain, you might need some help from a gynecologist, sex therapist, or physical therapist. You might benefit from using a series of vaginal dilators in different sizes to gently stretch the vagina.

Using a vaginal dilator

A vaginal dilator is a tube or cylinder made in the shape of the vagina. Most dilators are made of plastic or rubber, and are used to enlarge or stretch out (dilate) the vagina. Dilators also help women learn to relax the vaginal muscles if they are used with pelvic floor muscle exercises. Dilators come in many forms.

Vaginal dilators are often used after radiation to the pelvis, cervix, or vagina, but research suggests waiting up to 4 weeks after radiation before starting dilator therapy. This allows time for inflammation to decrease. Dilators are a resource to use several times

a week (3 times is recommended) to keep your vagina from getting tight from scar tissue that may develop after radiation treatment. An alternative to dilator therapy can be to have sex with vaginal penetration a few times a week.

Since scarring in the pelvis after radiation can develop over many years, dilators can be a good tool for you to use throughout your life. After surgery that rebuilds the vagina with skin grafts, you may need to keep a special type of dilator in your vagina all day or night for a while.

Your doctor may suggest a certain way to use the dilator. Here we describe a typical way a vaginal dilator is used:

- Lubricate the dilator with a water-based gel.
- Lie down on your bed at a time when you know you will have at least 15 minutes of privacy. Gently and slowly slip the dilator into your vagina. If your vagina feels tight, hold the dilator still while you contract and relax your vaginal muscles (do pelvic floor muscle exercises). Remember to do these exercises to try to make your pelvic floor muscles tired so that your vagina is relaxed (or less tight).
- When your pelvic floor muscles feel tired, your vagina will be relaxed and looser. You should be able to push the dilator farther in. You may need to repeat this process several times (or over days) before the dilator can be put all of the way into your vagina.

- When the dilator is in as far as is comfortable, leave it in your vagina for about 10 to 15 minutes. If the dilator slips out, gently push it more deeply into your vagina.
- Before you take it out, gently push the dilator back and forth to give a gentle stretch in length. You can rotate the dilator by doing wide circles to gently stretch in width.
- When done, remove it, and wash it with a mild soap and hot water. Be sure to rinse all the soap off so no film is left to irritate your vagina the next time you use it.

Dilators usually come in a set or a series of different sizes, but a woman may be given one dilator in the size needed to fit her vagina. If you have a set, start off with the smallest size and slowly work up to the larger sizes in order to allow for comfortable penetration.

Try to find a private, uninterrupted time to do your dilator therapy with pelvic floor exercises. Many women find it easier to do it early in the day. Often, with work and family obligations, evening exercises may be difficult.

Dilators work best when used regularly after radiation or surgery to keep the vagina from shrinking. Women must heal before using a dilator, but don't wait until you have an overly tight vagina. The dilator will not work nearly as well. If you go for many months without vaginal penetration, it's very important to use your dilator to keep your vagina in shape.

If you feel hesitant about using a dilator, you may need some practice getting more relaxed. The exercises on looking at and touching your genitals, described earlier in this section starting on page 52, may help you. Use a mirror to find your vaginal opening the first time you insert the dilator.

Some women wonder if using a vaginal dilator is the same as masturbating. The answer is no. The “Overcoming anxiety about sex” section on page 79 may help you clarify your feelings about self-stimulation. Even if you don’t feel comfortable masturbating, you can use a vaginal dilator without creating strong sexual sensations, just as you use a tampon.

A dilator is not the same thing as a dildo or a vibrator. A dildo is an object shaped like a penis. Its purpose is to stimulate a woman’s vagina in masturbation. Although you can move your dilator inside your vagina to give yourself sexual pleasure, it’s not a dildo. Sexual pleasure is not its purpose.

A vibrator is a small appliance that may also be shaped like a penis. Other types look more like a handle that comes with attachments. A vibrator provides strong stimulation when touched to the genital area. It’s designed to add pleasure and variety to your sex life. If you have a vibrator that fits comfortably inside your vagina, you can use it instead of a vaginal dilator to stretch your vagina.

If you feel comfortable with self-stimulation, you may sometimes choose to combine sexual pleasure with stretching your vagina. No matter how you decide to use your dilator, the key is to use it as often as prescribed. You should feel relaxed about making dilation a lifelong habit.

Your gynecologist or radiation oncologist can give you dilators, but you can also buy them online and have them shipped for privacy.

Special aspects of some cancer treatments

Urostomy, colostomy, or ileostomy

An ostomy is a surgical opening created to help with a body function. The opening itself is called a *stoma*. A urostomy takes urine through a new passage and sends it out through a stoma on the abdomen (belly). A colostomy and ileostomy are both stomas on the abdomen for getting rid of body waste (stool). In an ileostomy, the opening is made with the part of the small intestine called the ileum. A colostomy is made with a part of the colon.

You can reduce the effect of these ostomies on your sex life if you take some common-sense steps. First, make sure the appliance (pouch system) fits like it's supposed to. Check the seal and empty your pouch before sex. This will reduce the chance of a major leak.

If it does leak, be ready to jump into the shower with your partner and then try again.

A nice pouch cover can help make an appliance look less “medical.” Patterns or ready-made covers are available from your enterostomal therapist or ostomy supply dealer.

Another choice is to wear a special small-sized ostomy pouch during sexual activity. Or, if you have a 2-piece system, turn the pouch around on the face plate. Then the emptying valve is to the side. If you wear an elastic support belt on your face plate, tuck the empty pouch into the belt during sex. Or you can wear a wide sash around your waist to keep the pouch out of the way. Another way of keeping the pouch from flapping is to tape it to your body. You may also find that you feel more comfortable wearing something like a short teddy or T-shirt to cover your appliance.

To reduce rubbing against the appliance, choose positions for sexual activity that keep your partner’s weight off the ostomy. If you have an ostomy but like to be on the bottom during intercourse, try putting a small pillow above your ostomy face plate. Then, your partner can lie on the pillow rather than on the appliance.

You can get more detailed information on your type of ostomy in our separate documents called *Urostomy: A Guide*, *Ileostomy: A Guide*, and *Colostomy: A Guide*. (See the “To learn more” section on page 107 for more information.)

Laryngectomy

Laryngectomy is surgery that removes the voice box. It leaves you without the normal means of speech, and you breathe through a stoma in your neck. (A stoma is an opening that is made during surgery to help with a body function.) Since the air you breathe can't be purified by the nose's natural filter, a special type of stoma cover is needed. Besides catching dust and particles, the stoma cover hides the mucus that leaks out of the stoma. A scarf, necklace, or turtleneck can look attractive and hide the stoma cover. Even during sexual activity, a stoma cover may look more appealing than a bare stoma.

During sexual activity, a partner may be startled at first by breath that hits at a strange spot. On the positive side, one patient quipped, "Now when I kiss, I never have to come up for air!"

You can lessen odors from the stoma by avoiding garlic or spicy foods and by wearing cologne or perfume.

Sometimes problems in speaking can interfere with communication between couples. If you've learned to speak using your esophagus, talking during lovemaking is not a big problem. It does take more effort though, and you lose some of the emotional nuances. A speech aid built into the stoma might also work well. But neither method lets you whisper in your partner's ear. If you use a hand-held speech aid, communication during sex is likely to be awkward

and distracting. Still, you can say a great deal by guiding your partner's hand or using body language.

Talking is not needed in many sexual situations. With a new partner, you may want to talk about the kinds of touching and positions you like before you start making love. You may also want to pre-select ways of signaling important messages you may want to share during sex.

Treatment for head and neck cancer

Some cancers of the head and neck are treated by removing part of the bone structure of the face. Because these scars are so visible, they can be devastating to your self-image. Surgery on the jaw, palate, or tongue can also change the way you talk. Recent advances in facial replacement devices, tissue grafting, and plastic surgery now let many people look more normal and speak more clearly. Ears and noses can even be made out of plastic, tinted to match the skin, and attached to the face. All of these things can be a great help to a person's appearance and self-esteem.

Limb amputation

Treatment for some cancers can include surgically removing (amputating) a limb. Amputations may call for some changes in lovemaking. A patient who has lost an arm or leg may wonder, for example, whether to wear the artificial limb (prosthesis) during sex.

The answer depends on the couple. Sometimes the prosthesis helps with positioning and ease of movement. But the straps that attach it can get in the way. Without the prosthesis, the partner with an amputation may have trouble staying level during sex. Pillows can be used for support.

Amputations may create ongoing pain or pain where the limb used to be (this is called phantom limb pain). These side effects can interfere with sexual desire and distract a person during sexual activity. If this is a problem, talk to your doctor about how to better control your pain.

Feeling good about yourself and feeling good about sex

In the United States, especially in the media, sex is all too often viewed as something for the young and healthy. Sex appeal is judged by some as a skin-deep sort of beauty rather than something based on love, kindness, maturity, or a sense of humor. Based on looks alone, most people may not feel all that attractive to start with. And after being treated for cancer, their self-esteem can often fall even further.

After cancer treatment, it's easy to focus only on the part of the body that has been affected. For example, a single woman who has had a laryngectomy may fear she won't be able to find another partner because she has lost her voice.

Sometimes friends and lovers withdraw emotionally from a person with cancer. This may not be due to how the person looks, but may be caused by some feelings or thoughts in the person who's doing the looking. When one partner cannot bear to look at the other's ostomy appliance, for instance, it may be a sign of much deeper feelings. Maybe they're angry because they have to take over the partner's usual tasks of paying bills and doing housework. Or the ostomy may remind one partner of how sad they would be if the other person died. It might be easier not to love that person so much. A partner may even be more aware of their own chance of death, which can be upsetting, too. Yet all these feelings get blamed on a stoma, which is a small part of one partner's body. The "well" partner, in turn, may also feel like a failure and know that they're letting the partner who's had cancer down at a time when they are most needed.

Don't give up on each other. It may take time and effort, but keep in mind that sexual touching between a woman and her partner is always possible. It may be easy to forget this, especially if you are both feeling down or have not had sex for a while. Review the "Keeping your sex life going despite cancer treatment" section on page 14 for some tips to help you and your partner through this time. Read the suggestions to help you through some of the changes that cancer may have brought to your life, your self-esteem, and your relationships. Keep in mind you may need help with the changes caused by cancer that can turn your and your partner's lives upside down. See the "Professional help" section on page 98 for more on this.

Chemotherapy changes the way you look

The most obvious change caused by chemo will likely be hair loss. You may expect to lose the hair on your head, but other body hair, such as eyebrows, eyelashes, and pubic hair, are often affected, too. You may also lose weight and muscle mass if you have trouble eating. On the other hand, many women gain weight during or after chemo. Your skin may get darker, become dry and flaky, or you may be very pale. Your nails may become discolored or ridged. And you may also have an infusion (IV) catheter or port placed in your chest or arm or abdomen (belly).

Some physical changes caused by chemo can be covered up or made less obvious. If you are just starting chemo, you may want to shop for a wig before your hair begins to fall out. If you have very long hair, you may even be able to have it cut off and made into a wig. This is costly, but some people find it worthwhile. Wigs are warm and often not comfortable, so you may decide to mostly wear your wig outside the home or hospital. You can also use scarves, turbans, hats, or caps. Some women leave their heads uncovered. Still others switch back and forth, depending on whether they are in public or at home with family and friends.

It's a good idea for a couple to discuss how each feels about wearing a wig or head covering during sex. There's no right or wrong decision.

Disguising weight loss, skin color and nail changes, and infusion catheters is a bigger problem. For the most part, clothes that fit well look better. Wearing something too tight or too baggy will draw attention to your weight change. High necks and long sleeves can hide a catheter, but may be too hot in warm weather. Look for thin fabrics that will be cool while covering you.

Sometimes the changes in your body are so upsetting that you can't relax or think positively. Rather than feeling distressed or disappointed, take this as a sign that some counseling from a health care professional may be helpful. (See the "Professional help" section on page 98 for more information.)

Ways to cope with changes in how you look

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

This mirror exercise can help you adjust to body changes:

- What do you see when you look at yourself in the mirror? Many people notice only what they dislike about their looks. When they look in the mirror, they see pale skin, hair loss, an ostomy, or skinny

legs. They fail to see a classic profile, expressive eyes, or a nice smile.

- Find a time when you have privacy for at least 15 minutes. Be sure to take enough time to really think about how you look. Study yourself for that whole time, using the largest mirror you have. What parts of your body do you look at most? What do you avoid seeing? Do you catch yourself having negative thoughts about the way you look? What are your best features? Has cancer or its treatment changed the way you look?
- First, try the mirror exercise when dressed. If you normally wear clothing or special accessories to disguise changes from cancer therapy, wear them during the mirror exercise. Practice this 2 or 3 times, or until you can look in the mirror and see at least 3 positive things about your looks.
- Once you are comfortable seeing yourself as a stranger might see you, try the mirror exercise when dressed as you would like to look for your partner. If you've had an ostomy, for example, wear a bathrobe or teddy you like. Look at yourself for a few minutes, repeating the steps in the first mirror exercise. What is most attractive and sexy about you? Pay yourself at least 3 compliments on how you look.
- Finally, try the mirror exercise in the nude, without disguising any changes made by the cancer. If you have trouble looking at a scar, bare scalp, or an ostomy, take enough time to get used to looking at the area. Most changes are not nearly as ugly as they

seem at first. If you feel tense while looking at yourself, take a deep breath and try to let all your muscles relax as you exhale. Don't stop the exercise until you have found 3 positive features, or at least remember the 3 compliments you paid yourself before.

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

Changing negative thoughts

Your thoughts can make a sexual experience good or bad. Become more aware of what you tell yourself about how attractive or sensual you feel. You may be setting yourself up for failure with thoughts like, "How could someone want a woman with one breast?" Almost all of us have put ourselves down now and then. But there are ways to turn these thoughts around.

- Write down the 3 negative thoughts you have most often about yourself as a sexual person. Some may be connected to your cancer treatment, but other thoughts may have started years ago.
- Now write down a positive thought to counter each negative thought. For example, if you said, "No one wants a woman with a urostomy," you could say to yourself, "I can wear a lacy ostomy cover during sex. If someone can't accept me as a lover with an

ostomy, then they're not the right person for me.”

The next time you are in a sexual situation, use your positive thoughts to override the negative ones you usually have. If you have a favorite feature, this is a good time to indulge yourself a little and play it up.

If negative thoughts intrude and you find yourself overwhelmed or discouraged, you may want to talk with your cancer team about working with a mental health professional. This can help you adjust to the changes in your body.

Overcoming depression

Staying active is a good way to reduce stress and your risk of depression. Talk to your doctor about the kinds of physical exercises that are right for you. As long as you don't overdo it, exercise will help you feel healthy and have more energy during and after treatment.

You can also reduce the pain and nausea that some cancer treatments cause by learning skills to help you relax. Many methods of relaxation can be learned from DVDs, videos, CDs, or books, but training by a mental health professional probably works best.

If depression lasts more than a couple of weeks, talk to your doctor. What doctors call clinical depression has a number of symptoms. These include:

- Lack of interest in sex or other things that usually give you pleasure
- Being unable to feel pleasure at all

- Not being able to sleep
- Changes in eating habits (don't count those that are due to chemo or cancer treatment)
- Fatigue or tiredness (don't count tiredness from your cancer treatment)
- Trouble concentrating
- Feeling worthless and hopeless

Depression can be treated with medicine and sometimes other methods that may improve your sleep, appetite, energy, and ability to feel pleasure. In turn, this can help your self-esteem and desire for sex. Talk with your doctor if you think you might be depressed.

Be aware that some of the newer anti-depressants, such as selective serotonin reuptake inhibitors (SSRIs), may make it harder to reach orgasm. If this is something that's a problem for you, talk to your doctor about it. There are other anti-depressants that may not have that effect on you.

Dealing with grief and loss

It's common to feel grief over the losses linked to your cancer diagnosis and treatment. You may also notice sadness, anger, and even hostility toward those close to you. Cancer changes your sense of self, that is, how you think of your body and yourself. This can disturb your well-being, and affect how you see yourself sexually. It can also affect your ability to maintain relationships.

Grief is a natural response as you give up or make compromises about ideas of yourself and begin to find new ways to cope with the changes in your life and your body. It may take time for you to recognize some of these losses and changes. Remember that “different” does not have to mean “bad.” But it means you might develop new feelings and changes may come up even after you think you are finished grieving or adjusting. It can help if you can share your grief with someone close to you. If there’s no one near you that you want to confide in, you might consider joining a support group, or if you prefer, seeing a mental health professional. Just as it’s important to take care of pain in your body, painful feelings also need to be dealt with.

Rebuilding self-esteem

Feeling attractive is just one part of your self-image. Dr. Wendy Schain, a psychologist who counsels men and women who have had cancer, describes self-esteem as a set of bank accounts:

- One account contains the net worth of your physical self – what your body can do and how you look.
- The second account is your social self – how easily you get along with others and the emotional support you can count on.
- In the third account is the total sum of your achieving self – what you have done in school, work, and personal and family relationships.

- The fourth account is for your spiritual self – your religious and moral beliefs and the strength they give you.

During your life, you make deposits in your accounts, but when a crisis like cancer comes up, you must also make withdrawals. Going through cancer treatment has costs. It takes time, and may take away some of your physical ability to function. It can harm your relationships with others, your career goals, and sometimes your faith. When funds from one of your accounts become low, you may need a “loan” from one of the others to balance your account.

Try to be aware of the costs of cancer in your life. Make a special effort to get new deposits for the accounts that remain active. By doing so, a drain from one area of your self-worth will not bankrupt you entirely. If your cancer treatment has affected your looks, focus on the love and care you get from friends and family who react to you with a deep level of intimacy. If treatment interrupts your work, use some of your energy to enrich your social or spiritual life.

Although you may sometimes feel that all your accounts are getting low, a more careful look should reveal some areas where “income” is still flowing in.

Good communication: The key to building a successful sexual relationship

The most important part in keeping a healthy sexual relationship with a partner is good communication. Many people react to cancer by withdrawing. They think their partner will feel burdened if they share their fears or sadness. But when you try to protect each other, each suffers in silence. No couple gets through cancer diagnosis and treatment without some anxiety and grief. Why not discuss those fears with one another so that you shoulder the load together rather than alone?

Sex is one way for a couple to feel close during the stress of an illness. But if you or your partner has been depressed and distant, a sexual advance might come across as a demand. You can bring up the topic of sex in a healthy, assertive way. It's usually not helpful to accuse ("You never touch me anymore!") or demand ("We simply have to have sex soon. I can't stand the frustration!"). Instead, try to state your feelings positively. ("I really miss our sex life. Let's talk about what's getting in the way of our being close.")

Overcoming anxiety about sex

Many couples believe that sex should always happen on the spur of the moment, with little or no advance planning. But sometimes you are dealing with a cancer-related symptom or treatment side effect that makes it impossible to be as spontaneous as you

would have been in the past. The most important thing is to open up the topic for discussion and begin scheduling some relaxed time together. Couples need to restart their lovemaking slowly.

Pressure to satisfy your partner may cause anxiety during sex.

Part of the anxiety about resuming sex is caused by the pressure to satisfy your partner. One way to explore your own capacity to enjoy sex is to start by touching yourself. Self-stimulation (or masturbation) is not a required step in restarting your sex life, but it can be helpful. By touching your own genitals and bringing yourself pleasure, you can find out if cancer treatment has changed your sexual response without having to worry about frustrating your partner. It can also help you find out where you might be tender or sore, so that you can let your partner know what to avoid.

Many of us may have learned as children that self-stimulation was wrong or shameful. But it's a normal and positive experience for most people. Most men and women have tried touching their own genitals at some time in their lives. Many people who enjoy good sex lives with their partners still masturbate sometimes. Men and women in their 70s, 80s, and 90s often still enjoy self-stimulation.

If you feel relaxed with the idea, try stroking not just your genitals, but all of the sensitive areas of your body. Notice the different feelings of pleasure that you can have.

The self-help books listed in the “To learn more” section on page 107 can help you feel more relaxed about self-stimulation. Later, you can teach your partner any new discoveries you make about your body’s sensitive zones. Even if cancer treatment has not changed your sexual responses, you may find some new caresses to enhance your sexual routine.

Self-stimulation

- Research has shown that self-stimulation is the most common sexual behavior in humans. Although more common in men, women also enjoy self-pleasuring.
- Self-stimulation may not be OK with your personal and religious belief system and should not be forced. The most important aspect of being sexual is feeling comfortable with your personal thoughts and beliefs.
- Self-stimulation is a real sexual behavior that doesn’t have to be seen as a negative alternative to sex with a partner. Many people in healthy relationships still self-stimulate.
- You may discover that gently stroking not only your genitals but other areas of your body gives you a sense of well-being. Many women find their breast

area, nipples, and other areas of their body highly sensitive to touch. Different women find different parts pleasurable. Take time to explore your body. Some areas may be sensitive from surgery or radiation; you may choose to avoid these areas for now. Try exploring these areas again later.

- If you feel comfortable, plan for some private time when you won't be interrupted and gently explore your body to find your erogenous (highly sensitive) areas. You may want to include your partner in your discoveries, or you may choose to keep these new discoveries private. Many find that they enjoy this erotic pleasure during their shower.
- Some women feel happy with exploring and self-stimulating. Take time to find your comfort level with this type of sexual activity. The process differs from person to person, so don't rush or force yourself to do anything that makes you uncomfortable.

Rekindling sexual interest

Every now and then we all have sexual thoughts or feelings, but sometimes we ignore or forget about them. Your sexual thoughts can be used to improve your sex life. Try keeping a "Desire Diary." Here's how:

- Every day for a week, prepare a sheet of paper that will become your Desire Diary. Take it with you wherever you go. When you have a sexual thought or feeling, write it down. Note the time of day and whether you were alone or with someone. Also note what you did about the thought.

- Look at your Desire Diary to see if there are any patterns, such as certain settings, people, or times of the day that help you feel more sexual.
- Once you have noted some patterns, you can begin putting yourself in the situations that spark a sexual mood, such as exercising, planning a relaxed evening out with your partner, making a special effort to look and feel sexy, reading a steamy story, watching a movie with a romantic or sexual plot, or fantasizing about a sexual encounter.
- Get your partner's help at some point. Discuss any fears either of you may have about your sexual relationship. If you have questions about medical risks, you and your partner should discuss them with your doctor.

If these efforts fail to rekindle your sexual interest, think about seeking some sexual counseling. For more information, please see the “To learn more” section on page 107.

Sexual activity with your partner

When you feel ready to try sexual touching with your partner, start with plenty of time and privacy. Plan for a time when you aren't too tired and when any pain is well-controlled. You may want to create a relaxed environment. For example, you could light the room with candles or put on some soft, romantic music. Although you may feel a little shy, let your partner know that you would like to have some time to be physically close.

You could even make a date for this purpose. You might say, “I feel ready for sex again, but I’d like to take things slowly. Would you be in the mood tonight to try a little touching? I can’t promise that it will go perfectly, but we can have fun trying.”

Give yourself and your partner time and privacy for sexual activity.

It’s a good idea for couples to put some limits on their touching the first few times they try sexual activity after cancer treatment. A good way to start is with a special session devoted to all-over body touching. This is the way body touching works:

- Each partner takes a turn touching and being touched. One partner lies face down on the bed, allowing the other partner to touch the entire back, from toes to scalp. After about 15 minutes, the partner lying down turns over so the front of the body can be touched.
- The first time you try a touching session, avoid the breasts and genitals. Your goals are to feel relaxed and to experience sensual pleasure. It’s not important to get sexually excited. If you agree on these goals prior to starting, the touching should not be frustrating. This type of session takes the nervousness and pressure out of being close again.

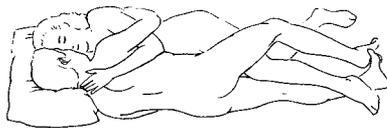
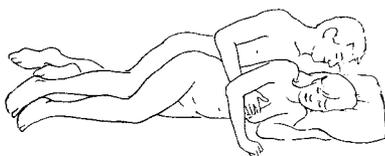
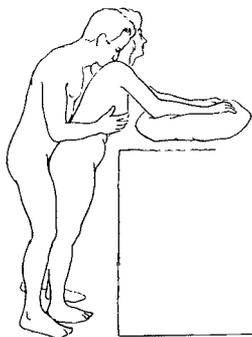
- While being touched, your job is to be self-centered and tuned in to your own feelings. Don't worry about your partner's thoughts or feelings. When you are doing the touching, enjoy the shape and texture of your partner's body. Try many different types of touching, varying from light stroking to a firmer touch, much like a massage.
- If you both feel relaxed during the first touching session, you can add some genital touching the next time. Over a few sessions, partners can slowly spend more time on genital caresses, until each one is able to reach an orgasm through stroking with a hand, or oral sex, if that's comfortable for both of you.

Many couples don't talk much about sex. But after cancer treatment, your sexual routine may need to change. This calls for clear communication. This is not the time to let embarrassment silence you. Be sure to let your partner know, either in words or by guiding with your hand, the kinds of touches you like best. Try to express your desires in a positive way. For example, "You have the right place, but I'd like you to use a light touch," rather than, "Ouch! That's too rough!" Save vaginal penetration until both partners really feel ready for it.

Making sex more comfortable

If you still have some pain or feel weak from cancer treatment, you might want to try new lovemaking positions. Many couples have found one favorite position, particularly for vaginal penetration, and rarely try another. The best-known way to have intercourse (or

The illustrations below are some ideas for positions that may help in resuming intercourse.



vaginal penetration) is in the “missionary position,” with the partner lying on top of the woman. But after cancer treatment, other ways might be more comfortable. You may be able to enjoy intercourse more if both of you lie side by side, either facing each other or with your back next to your partner’s front side. Another position that may work well is for you to sit or kneel astride your partner. This allows you to move more freely while your partner relaxes or touches you.

There is no magic position that’s right for everyone. You and your partner need to find the one that’s best for you. Small and large pillows can help as supports. Keeping a sense of humor can always lighten up the mood.

The single woman and cancer

Getting through cancer treatment can be really tough for a single woman. You may not have a friend or family member who can be there for you like a partner. You may also worry about how a current or future partner will react when they find out you’ve had cancer.

Some of the scars left by cancer are clearly visible. These include the lost hair during chemotherapy, a lost limb, or a disfigured face. Others cannot be seen by a casual onlooker. For example, there’s no way to know that a woman walking down the street has had a mastectomy. These private scars can be just as painful, though, since the few people who do see them are the ones whose acceptance matters most.

Perhaps the most private scar left by cancer is the damage done to your view of yourself. You may wonder how active you can be and even how long you will live. If you had hoped to marry or to remarry, you may not want to involve a partner in such an uncertain future.

Sometimes, the worst scar cancer leaves is the one nobody can see – the damage done to your self-image.

Concerns about having children can also affect your new relationships. Perhaps you are no longer fertile because of cancer treatment. Maybe you can still have children but fear that cancer will not give you time to see your child grow up. Maybe you're worried about their future.

When dating, people who have had cancer often avoid talking about their illness. At a time when closeness is so important, it seems risky to draw a potential lover's attention to your problems. During treatment, you may want to be brave and not complain. And after the cancer has been controlled, you may try to forget that it ever happened.

Sometimes you can ignore the cancer. But, when a relationship becomes serious, silence is not the best plan. Before you and your partner decide to make a strong commitment, you should talk about cancer.

This is especially true if the length of your life or your fertility has been affected. Otherwise, cancer may become a secret that's hard to keep and will limit your ability to confide in your partner. A loving partner needs to accept you as you are.

When to talk about your cancer

It's always a delicate choice when deciding to tell a new or prospective lover about your cancer. Ideally, a couple should discuss cancer when a relationship begins to become serious.

How to bring it up

Try having "the cancer talk" when you and your partner are relaxed and in an intimate mood. Ask your partner a question that leaves room for many answers. The question gives them a chance to consider the new information and respond; it also helps you see how your partner takes the news.

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

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

You can even rehearse how to tell a dating partner about your experience with cancer. What message do you want to give? Try some different ways of saying it, and ask a friend for feedback. Did you come across the way you wanted to? Ask a friend to take the role of a new partner who rejects you because you have had cancer. Have your friend tell you what you dread hearing the most, and practice your response. Can you express your feelings in a dignified and satisfying way?

If you have an ostomy, mastectomy, genital scars, or a sexual problem, you may be concerned about when to tell a new dating partner. There are no hard and fast rules. It's often better to wait until you feel a sense of trust and friendship with your partner – a feeling that you are liked as a total person – before thinking about sharing such personal information.

The possibility of rejection

The reality is that some potential lovers may reject you because of your cancer or cancer treatment. Of course, almost everyone gets rejected at some time. Even without cancer, people reject each other because of looks, beliefs, personality, or their own issues. The sad truth is that some single people with cancer limit themselves by not even trying to date. Instead of focusing on their good points, they convince themselves that no partner would accept them because of the cancer and the effects of treatment. You can avoid being rejected by staying at home, but you also miss the chance to build a happy, healthy relationship.

Here are some tips to help you make decisions about talking about cancer:

- Tell a potential partner about genital scars, an ostomy, or sexual problems when you feel that the person already accepts you and likes you for who you are.
- Discuss your cancer in depth when a new relationship starts to deepen, especially if you have life expectancy or fertility issues.
- Prepare for the possibility of rejection: Imagine the worst possible reaction of a new potential partner, and how you would respond. But don't let fear of that reaction keep you from going after a relationship that might work.

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

Improving your social life

Try working on areas of your social life, too. Single people can avoid feeling alone by building a network of close friends, casual friends, and family. Make the effort to call friends, plan visits, and share activities. Get involved in a hobby, special interest group, or adult education course that will increase your social circle.

Some volunteer and support groups are geared for people who have faced cancer. You might also want to try some individual or group counseling with a mental health counselor. You can form a more positive view of yourself when you get objective feedback about your strengths from others. Make a list of your good qualities as a mate. What do you like about your looks? What are your good points? What are your special talents and skills? What can you give your partner in a relationship? What makes you a good sex partner? Whenever you catch yourself using cancer as an excuse not to meet new people or date, remind yourself of your assets.

If you feel shy about meeting new people, practice how to handle it. Talk to yourself in the mirror, or ask a close friend or family member to play the part with you.

Frequently asked questions about sex and cancer

Can sex cause cancer?

For most cancers, there's no link between a person's sex life and the risk of cancer. Nor does having sex after cancer treatment increase the chances of cancer coming back or getting out of control. But viruses passed from one person to another through sexual contact have been linked to some cancers, including squamous cell carcinoma of the cervix, vulva, vagina, penis, and Kaposi sarcoma. Hepatitis B and hepatitis C viruses, which can be passed from person to person

during sex, can increase the risk for liver cancer. Epstein-Barr virus, which causes mononucleosis (also called the kissing disease), seems to increase the risk of certain types of cancer, too.

These cancers are not caused by having sex itself, but by viruses that can be picked up during sexual activity with someone who already has the virus. News stories about viruses and cancer can be confusing. The roles of these viruses are not fully understood, but some can cause changes in the DNA of the cell. Most people who get these viruses never develop cancer. You can get more information about viruses and cancer in our document called *Infectious Agents and Cancer*. (See the “To learn more” section on page 107.)

There are other risk factors involved in cancer development, even in those cancers that are promoted by viruses. For example, women who smoke cigarettes have a higher risk of cervical cancer. Women who start having sex before age 18 also seem at higher risk for cancer of the cervix.

Many patients and their partners worry that cancer is contagious – that cancer itself can be passed from one person to another during sex. Despite this myth, a cancer cell from one person’s body simply cannot take root and grow in someone else. Not only are all cells fragile, needing the proper environment to survive, but the partner’s immune system would detect the cancer cell and destroy it. Cancer is not contagious.

Safer sex

Unless you know for sure that neither you nor your sexual partner has any disease, and that both of you are careful to avoid infection, you should practice safer sex. Examples of safer sex include:

- Touching each other's genitals with the hands
- Oral sex with a man if he wears a condom from start to finish. A woman should never taste or swallow a man's semen if she suspects he might have a sexually transmitted disease (STD).
- Oral sex with a woman if a "dental dam" is used. A dental dam is a rubber sheet that is used to cover the woman's vulva during oral sex. Or a sheet of plastic kitchen wrap that keeps the woman's sexual fluids contained can be used instead.
- Vaginal sex or anal sex wearing a condom. Condoms only work if they are used correctly, every time, from start to finish. Lots of water-based lubricant can help reduce the risk of the condom breaking. Never use lotion, oils, or petroleum jelly, which weaken latex condoms.

Can sex during treatment be harmful to a patient or partner?

A few chemotherapy drugs can be present in small amounts in vaginal fluids. You may want to use condoms while you are getting chemotherapy and for about 2 weeks afterward. Some types of radiation treatment require special precautions for a certain

amount of time, too. Talk to your doctor or nurse if you have questions or concerns.

Keep in mind that some cancer treatments may cause harm to the fetus if you get pregnant, and precautions must be taken to be sure this doesn't happen. Talk with your doctor about what kind of birth control will work best for you, and how long you will need to use it after treatment.

When should a person with cancer not have sex?

Ask your doctor if sexual activity may be a problem at any time during or after your treatment. Here are some general guidelines:

- When recovering from surgery, intercourse can cause bleeding or strain the incision (cut). Sex may also increase your chance of infection. The time between your surgery and when it's safe to resume your sex life varies. It depends on the type of operation and how well you are healing. Your surgeon can tell you when it's safe to try sexual activity again.
- Some types of cancer, like cancer of the cervix or bladder, may cause bleeding in the genital area or urinary tract. If this bleeding is worse after sex, talk with your doctor about it. You may need to stop having sex until the bleeding has stopped and the area has healed.

- During chemotherapy, a person with an infusion catheter sometimes worries that sexual activity will harm it. As long as you take care not to rub against the dressing, sex should not cause any problems.
- When you are being treated for cancer, there are often times when your immune system isn't working as well as it should. This may happen during radiation therapy or chemotherapy. At such times, it may be easier for you to get all kinds of infections. Again, ask your doctor if sexual contact poses too much of a threat for infection. Most doctors say that if you are well enough to be out in public, you're well enough to have sex. If you're in the hospital because of weak immunity, ask your doctor's advice on kissing, cuddling, or sexual touching.
- There are things you can do to try to prevent urinary tract infections. Some of the bacteria that can start an infection in the urinary tract or genital area can be washed away by urinating a few minutes after sex. Some doctors also suggest washing the genital area before sex and drinking extra fluids. If you have urinary tract infections often, your doctor may give you antibiotics to take after sex. This can help prevent infection.
- If you notice any sores, bumps, or warts on your partner's genitals or a white or greenish-gray fluid (other than semen) in the opening at the tip the penis, you should ask for an explanation of the symptom and decide whether it's safe to have sex.

- You can greatly reduce your chances of getting a sexually transmitted disease (STD) if your partner wears a condom from start to finish each time you have sex. For women with female partners, plastic film or dental dams can be used for oral sex.
- The sperm-killing chemicals in contraceptives were once thought helpful in fighting bacteria and some viruses. But some studies showed a higher risk of getting HIV infection in women who used nonoxynol-9 (N-9), a popular ingredient in foam and gel contraceptives. Some lubricated condoms also have N-9, so you may want to check the label before you use them. If a woman's vagina is irritated or dry, contraceptive foams, jellies, or films may make the problem worse and be painful. Water-based lubricants or vaginal moisturizers may be used to help with dryness. (See the "Vaginal dryness" section on page 48.) Talk with your doctor about what methods might best meet your needs for preventing STDs or pregnancy.

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

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

A very ill person is not often seen as a sexual person, but sexual feelings exist in everyone, even in times of very poor health. Touching, caressing, sharing, and emotional intimacy are always important – even at the end of life.

When cancer is far advanced, a person's needs for affection, sharing of feelings, and touch may become even stronger. Partners of patients can help by remembering how important physical closeness is, even when intercourse might be too much for the person with cancer.

Professional help

The first step in finding help for a sexual problem is to discuss it with your doctor. Many health care professionals, including some doctors, have little training in sexual issues. They may not feel comfortable even talking about sex. Many doctors also fail to mention the sexual side effects of cancer and medical treatments. If they do talk about it, they may give you such a sketchy picture that you may think that your sex life is over. If your cancer specialist can't help you, we suggest you ask your family doctor or another member of your health care team. If your doctors are not able to help you, they should be able and willing to refer you for help. There are many different programs and specialists who can help you find the answers you need.

Sexual rehabilitation programs in cancer centers

A center that specializes in treating cancer may have experts on staff who can assess and treat sexual problems. But these specialists may only see patients who are being treated for cancer at their hospital. If you are being treated at a cancer center, check to see what programs are offered.

Sexual medicine clinics or sexual health clinics

In recent years, medical clinics and even private practice groups have begun treating sexual problems and/or promoting sexual health. Such clinics provide psychological and medical exams through many different types of health care providers. Some clinics require both sexual partners to take part in the evaluation, though you may be seen alone if you're not in a committed relationship. You can try calling a nearby medical school and asking if they have a sexual medicine clinic or sexual health program.

Sex therapists

Sex therapy is a brief type of psychotherapy or counseling (up to 10 to 20 sessions) focused on solving a sexual problem. Sex therapists believe that lovemaking skills are learned and that bad habits can be corrected by learning different sexual techniques. In between meetings with the therapist, a couple (or sometimes

just one partner) is given homework assignments. The homework includes exercises to help you communicate and enjoy touching more. It also reduces anxiety that often interferes with good sex.

Sex therapists may practice in a clinic or alone. Most states have no laws regulating the title “sex therapist,” so people with no formal training can call themselves sex therapists. But a sex therapist should be a mental health professional (psychiatrist, social worker, or psychologist) with special training in treating sexual problems with sex therapy. Some counselors may provide sexual counseling if a licensed professional supervises them.

It’s not always easy to find a well-trained sex therapist. It’s even harder if you live far from a city. A professional society, such as the American Association of Sex Educators, Counselors, and Therapists (AASECT), can give you information about their members who have special training in sex therapy. You can also get a listing of professionals in your area by contacting your state’s psychological association, a chapter office for the National Association of Social Workers (NASW), or a state association for licensed marriage and family therapists. (See the “To learn more” section on page 107 for contact information.)

Other kinds of counseling

Sex therapy is not the only kind of counseling that can be helpful to a person with cancer. Psychotherapy can help you feel better about the changes in your body, help you and your partner communicate more clearly, and give you skills to better cope with cancer and cancer treatment. Finding a well-qualified mental health professional is important.

A psychiatrist has a medical degree with a specialty in psychiatry. They should also be certified by the American Board of Psychiatry and Neurology.

Most psychologists practicing alone have a doctorate in psychology (PsyD) or in education (EdD). Psychologists do not have medical degrees and don't write prescriptions. Psychologists with a master's degree are most often supervised by one with a doctorate. In most states, a psychologist must be licensed. Those who practice usually have their degree in clinical or counseling psychology.

Social workers usually have a master's degree in social work (MSW). Some states have a category for licensed psychotherapists called marriage and family counselors. They usually have a master's degree in psychology or a related field, plus training in counseling.

Psychiatric clinical nurse specialists or psychiatric nurse practitioners have a master's degree in psychiatric nursing. They are licensed professionally, but their ability to prescribe medicines varies from state to state.

The cost of counseling varies with the professional's training. One way to get quality treatment for a lower fee is to find a nearby medical school with a psychiatry clinic. You can also go to a university that trains clinical psychologists and has a psychology clinic. You will be seen by a student in advanced training, but they will be supervised by a senior professional.

Other medical specialists

A woman with sexual problems should be examined by a gynecologist. This is a medical doctor trained in diseases of the female genitals and reproductive organs. A thorough and gentle pelvic exam is very important when a woman has pain during intercourse.

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

What to avoid

Men and women often seek help for a sexual problem by going to someone who's not really a health care professional. Sexual problems are common and upsetting, and many people will try unproven remedies or cures. Although there's no evidence that any of the following can cure a sexual problem, they are often said to be cures: potency pills (such as

“poppers” or “Spanish fly”), oysters, “exercisers” that fit inside a woman’s vagina, hypnotism by someone not trained as a mental health professional, or visits to an independent “sexual surrogate.” These treatments do not work and can sometimes be harmful.

American Cancer Society programs

The American Cancer Society is here for you – before, during, and after a cancer diagnosis. We help people by giving them up-to-date cancer information, programs, and referrals. Check your local phone book for an American Cancer Society office near you or reach us anytime, day or night, at 1-800-227-2345. You can also find us online at www.cancer.org. Contact us to learn more about our programs and what we can do to help you get well and stay well.

American Cancer Society Patient Navigator Program

The health care system can be hard to figure out on your own, but there is help. The American Cancer Society Patient Navigator Program offers personalized support to help you stay on track with your treatment and care. A navigator is a trained staff person who meets with you one-on-one, identifies your specific needs, and provides information, resources, and support. All of this help is free to you and your caregivers in your cancer treatment facility or hospital. Call us to locate the patient navigator in your facility or in your area.

Cancer Resource Centers

A Cancer Resource Center is a place in your community for you to get free answers to many of your questions about cancer. These centers have trained American Cancer Society volunteers and staff who can help you find the information, programs, and services you and your family need.

Cancer Survivors NetworkSM

The Cancer Survivors Network is a free online community created by and for people with cancer and their families. This online community is a welcoming, safe place for people to find hope and inspiration from others who have “been there.” Services include discussion boards, chat rooms, and personal Web space to tell your story, blog, post images, exchange private messages with members, and much more. Check it out at <http://csn.cancer.org>.

Hope Lodge[®]

The American Cancer Society Hope Lodge Network offers people with cancer and their families a free, temporary place to stay when their best hope for quality care is far from home. By not having to worry about where to stay or how to pay for lodging, Hope Lodge guests can focus on getting well. And Hope Lodge facilities offer much more than just free lodging. They provide a nurturing, home-like environment where patients and caregivers can retreat to private rooms or connect with others

who are dealing with cancer and cancer treatment. The Society can tell you if there are other resources offering free or low-cost lodging in cities where a Hope Lodge facility is not available.

I Can Cope®

This is a free educational program for adults with cancer and their families. Doctors, nurses, social workers, and other experts teach classes on different topics, such as cancer treatments, dealing with side effects, eating healthy, sharing concerns, finding resources, and more. I Can Cope classes are offered online at <http://cancer.org/onlineclasses>.

Look Good Feel Better®

Some cancer treatments can change the way you look. At a Look Good Feel Better session, you can learn ways to help with side effects like hair loss and skin changes. There are also programs for men and teens. This free program is offered jointly by the American Cancer Society, the Personal Care Products Council Foundation, and the Professional Beauty Association. For more information, call 1-800-395-5665 (1-800-395-LOOK) or your local American Cancer Society office.

Reach To Recovery®

If you have breast cancer, you may want to talk to someone who knows what you're feeling – someone who has “been there.” We can help through our free Reach To Recovery program. You will be matched

with a trained breast cancer survivor who will give you information, resource referrals, and support. Efforts are made to match you with a volunteer with similar criteria, such as diagnosis, treatment type, and age. They know what it's like to hear the words "You have breast cancer" and can talk with you about coping with diagnosis and treatment.

Road To Recovery®

Every day, thousands of cancer patients need a ride to treatment, but some may not have a way to get there. If finding a ride is a problem for you, we may be able to help. Our Road To Recovery program provides free rides to and from treatment for people with cancer who do not have a ride or are unable to drive themselves. Volunteer drivers donate their time and the use of their cars so that patients can get the lifesaving treatments they need.

"tlc"™ magalog

"tlc" *Tender Loving Care*® is the American Cancer Society's direct mail/online catalog and magazine for women. It offers helpful articles and a line of products made for women fighting cancer. Products include wigs, hairpieces, breast forms, post-mastectomy bras, hats, turbans, swimwear, and accessories. You can order by phone at 1-800-850-9445 or online at www.tlcdirect.org. All proceeds from product sales go back into the American Cancer Society's programs and services for patients and survivors.

To learn more

Here's more information you might find helpful. You also can order free copies of our documents from our toll-free number, 1-800-227-2345, or read them on our Web site, www.cancer.org.

More about cancer and cancer treatment

After Diagnosis: A Guide for Patients and Families
(also in Spanish)

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

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

Understanding Cancer Surgery: A Guide for Patients and Families (also in Spanish)

Fertility and Cancer: What Are My Options?

Menopausal Hormone Therapy and Cancer Risk
(also in Spanish)

Infectious Agents and Cancer

Ileostomy: A Guide (also in Spanish)

Colostomy: A Guide (also in Spanish)

Urostomy: A Guide (also in Spanish)

More about coping with cancer

Coping With Cancer in Everyday Life (also in Spanish)

Listen With Your Heart (also in Spanish)

Anxiety, Fear, and Depression (also in Spanish)

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

Cancer treatment side effects

Anemia in People With Cancer

Fatigue in People With Cancer

Where to Find Hair Loss Accessories and Breast Cancer Products

Breast Reconstruction After Mastectomy
(also in Spanish)

Understanding Lymphedema (For Cancers Other Than Breast Cancer)

Books

Your American Cancer Society also has books that you might find helpful. Call us at 1-800-227-2345 or visit our bookstore online at www.cancer.org/bookstore to find out about costs or to place an order.

Couples Confronting Cancer: Keeping Your Relationship Strong

Chemo & Me: My Hair Loss Experience

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

National organizations and Web sites*

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

Telephone number: 202-449-1099

Web site: www.aasect.org

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

American Sexual Health Association (ASHA)

Telephone number: 919-361-8400

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

Web site: www.ashastd.org

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

Web site on teen sexual health in Spanish:

www.quierosaber.org

For information and print materials on STIs and how to prevent and treat them

American Society for Reproductive Medicine (ASRM)

Telephone number: 205-978-5000

Web site: www.asrm.org

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

Fertile Hope (a LIVESTRONG initiative)

Toll-free number: 1-866-235-7205

Web site: www.fertilehope.org

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

Foundation for Women's Cancer

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

Web site: www.foundationforwomenscancer.org

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

The International Association of Laryngectomees (IAL)

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

Web site: www.theial.com

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

National Association of Social Workers (NASW)

Toll-free number: 1-800-638-8799

Web site: www.helpstartshere.org

Provides a directory of clinical social workers, as well as information and tip sheets on dealing with a wide variety of issues, including cancer

United Ostomy Associations of America, Inc. (UOAA)

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

Web site: www.uoaa.org

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

WebWhispers Nu-Voice Club

(for people with cancer of the larynx)

Telephone number: 301-588-2352

Web site: www.webwhispers.org

For information about larynx cancer treatments, surgery, recovery, and what life is like after a laryngectomy. Also has a complete listing of

laryngectomy suppliers, an online newsletter, and online support groups and discussion boards.

Lesbian health care resources*

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

Gay & Lesbian Medical Association (GLMA)

Web site: www.glma.org

Has an online Provider Directory, which allows you to search for primary care providers, specialists, therapists, dentists, and other health professionals by geographic area; fact sheets specific to gay, lesbian, and transgender people; and information on transgender health resources

Mautner Project: The National Lesbian Health Organization

Toll-free number: 1-866-628-8637 (1-866-MAUTNER)

Web site: www.mautnerproject.org

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

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

Other publications

Books on sexuality for men and women*

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

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