



Sexuality, Intimacy and Cancer

A guide for people with cancer
and their partners

Practical
and support
information

For information & support, call

13 11 20



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Note to reader

Always consult your doctor about matters that affect your health. This booklet is intended as a general introduction to the topic and should not be seen as a substitute for medical, legal or financial advice. You should obtain independent advice relevant to your specific situation from appropriate professionals, and you may wish to discuss issues raised in this book with them.

All care is taken to ensure that the information in this booklet is accurate at the time of publication. Please note that information on cancer, including the diagnosis, treatment and prevention of cancer, is constantly being updated and revised by medical professionals and the research community. Cancer Council Australia and its members exclude all liability for any injury, loss or damage incurred by use of or reliance on the information provided in this booklet.

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Cancer Council is Australia's peak non-government cancer control organisation. Through the eight state and territory Cancer Councils, we provide a broad range of programs and services to help improve the quality of life of people living with cancer, their families and friends. Cancer Councils also invest heavily in research and prevention. To make a donation and help us beat cancer, visit cancer.org.au or call your local Cancer Council.



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Introduction

This booklet is for people with cancer and their partners. It aims to help you understand and deal with the ways cancer and its treatment may affect your sexuality. It does not need to be read from cover to cover – just read the parts that are useful to you.

Our sexuality is central to the ways we experience physical and emotional closeness and how we develop and maintain our intimate relationships. It is closely linked to how we relate to ourselves and others.

We hope this booklet helps you find practical ways to adapt to any physical and emotional changes and discover new ways to enjoy intimacy. The principles are the same for all individuals, whether you are single or in a relationship, and regardless of your sexual orientation. In this booklet, the term ‘partner’ means husband, wife, de facto, same-sex partner, boyfriend or girlfriend.

How this booklet was developed

This information was developed with help from a range of health professionals and people affected by cancer. It is based on research into sexuality after cancer treatment.¹⁻³

If you or your partner have any questions, call Cancer Council **13 11 20**. We can send you more information and connect you with support services in your area. Turn to the last page of this booklet for more details.



**Cancer
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What are sexuality and intimacy?

Sexuality involves much more than just the act of sexual intercourse. It is about who you are, how you see yourself, how you express yourself sexually, and your sexual feelings for others. It can be expressed in many ways, such as by the clothes you wear, how you groom yourself, the way you move, the way you have sex and who you have sex with.

The role that sexuality plays in your life is influenced by your age, environment, health, relationships, culture and beliefs, opportunities and interests, and level of self-esteem.

Sex is often a way to experience intimacy, but intimacy is not necessarily about sex. Being intimate means being physically and emotionally close to someone else. Intimacy is about:

- loving and being loved
- demonstrating mutual care and concern
- showing you value another person and feeling valued in return.

Intimacy is also expressed in different ways: by talking and listening on a personal level; by sharing a special place or a meaningful experience; and through physical affection. Most people need some kind of physical connection to others. Even for people who are not sexually active, touch is still important.

““ We’ve become more intimate on other non-sexual levels. Cancer has opened up a whole lot of things, quite surprisingly. ”” *Kerry*

Whether or not we have a partner, we are all sexual beings – having cancer doesn't change that. Cancer can, however, affect your sexuality and your ability to be intimate in both physical and emotional ways. Addressing any changes and challenges early on may help you and your partner (if you have one) to have a fulfilling sex life after cancer.

Creating intimacy

A sense of closeness or togetherness takes time to develop or restore. These tips may help to encourage intimacy during and after treatment.



Fact finding

Even if you're in a long-term partnership, don't assume you know what your partner is thinking and feeling.



Time and space

Check if your partner feels ready to talk. They may need time to process the changes first.



Communication

Spend time talking and actively listening to help maintain a sense of emotional intimacy. Pick a good time to talk, when you can give your full attention and are unlikely to be interrupted.



Power of touch

Offer non-sexual comfort and reassurance through holding hands, hugging or massage.



Key questions

Q: How does cancer affect sexuality?

A: Cancer and its treatment can have a range of effects on sexuality. The most obvious impacts are physical. Some types of cancer require treatment that can directly affect the physical ability to have sex or to enjoy it. More generally, many cancer treatments have side effects that may interfere with sexual pleasure.

Any type of cancer experience can also influence your body image, emotions and relationships, all of which can change how you feel about sex. Cancer diagnosis and treatment often magnify existing stresses. If there have been issues in your sexual relationship (or in your relationship more generally) prior to diagnosis, these may be intensified and it becomes all the more important to address them.

Most people who have had cancer treatment say they have faced issues with sexuality and intimacy.² Some find that any change in their sexuality is temporary. Others have to adapt to long-term changes, and these may be the most difficult aspect of life after cancer. It is possible, however, for the experience to strengthen a relationship, improve communication and lead to new ways to express sexuality and intimacy.

💬 Sex was the last thing on my mind when I found out I had cancer. I couldn't imagine ever having desire again. But after the treatment was over, it came back. 💬 Pat

Q: Do people really think about sex when they have cancer?

A: Research shows that sexuality is a key concern for people who have cancer, even when cancer is advanced. During the initial shock of diagnosis, sex might be the furthest thing from your mind. Sometimes treatment begins straightaway and there isn't much opportunity for reflection. Over time, however, you may start to have questions about the likely impact of treatments, when you can resume sexual activity, and how you can have a fulfilling sexual and intimate life after cancer.

Q: Will my doctor want to talk about sexuality?

A: Discussing sexual concerns with your treatment team might be difficult for you. You may feel uncomfortable with the subject, or sense that your health professional may be uncomfortable too. Or you might think there is no point because you don't realise that there are treatment options available. Sometimes your doctor may not be able to offer you the time needed for a sensitive and thorough discussion.

If your health professional doesn't ask about your sexuality, it's perfectly okay for you to bring up the subject. If you do not feel satisfied with the response, ask for a referral to someone who can more freely discuss sexual matters with you. You can also ask for a referral if you are same-sex attracted or transgender and feel that your health professional is uncomfortable talking about your sexual practices.

Q: Who else can I talk to?

A: You can start by talking to your GP or cancer specialist about your concerns, but you may also want to see someone who has particular expertise in sexuality or more time available to explore the issues. You might choose to see a clinical psychologist or a sexual therapist.

Psychologists – Most large public hospitals have a clinic staffed by psychologists with experience providing support and advice about sexuality and intimacy in the context of cancer. This may be called a psycho-oncology clinic. Speak to your cancer specialist about accessing these services. Additionally, you and/or your partner can discuss concerns with a private psychologist with relevant experience.

Sexual therapists – Also known as sex therapists, sexual counsellors or sexologists, sexual therapists are usually qualified counsellors who specialise in human sexuality. Some may also be psychologists. They have been trained to help people manage sexual concerns. Ask your treatment team for advice on finding a sexual therapist. Sex therapy is not yet regulated by the government, so untrained people can call themselves sexual therapists.

You can see a sexual therapist with a partner or on your own. You will not be asked to undress or do anything sexual in the therapist's room. The therapist will provide practical advice and reassurance, and help you develop strategies and goals to work through any sexual issues that concern you.

Q: What if I don't have a partner?

A: If you don't have a partner, you may feel that you can't raise sexual issues with your treatment team. However, your sexuality is as important as anyone else's and your treatment team should openly discuss any concerns you have.

You may be worried about finding a new partner after cancer treatment and how you will tell them about the effects of the cancer. See page 41 for ways to talk to a potential partner. You can also ask for a referral to a sexual therapist if you want to build up your sexual confidence for a future relationship.

Q: How soon can I have sex?

A: This will vary depending on the treatment you have had and how quickly you are healing – both physically and emotionally. Your doctor will tell you how long you need to wait before engaging in particular sexual practices, such as intercourse. This waiting period is for medical reasons, such as preventing injury or infection after surgery. It can be considered the minimum period – for some people, it will be much longer before they feel ready to have sex again.

Q: Are there dangers for my partner?

A: Your partner cannot 'catch' cancer from you. After some types of treatment, such as chemotherapy and radiotherapy, your doctor may advise you to protect your partner by using barrier contraception, such as condoms, for a short time (see page 29).

Q: Can sex make the cancer worse?

A: Sexual activity will not make the cancer worse. If you feel like having sex, the emotional benefits of an intimate physical relationship may help you cope with the demands of treatment and recovery.

Q: How can we feel like sexual partners again?

A: Roles within relationships often change during cancer treatment. Sometimes it happens gradually almost without noticing, and sometimes it is more sudden and obvious. It is important to recognise the changes and discuss them openly with your partner. You can develop strategies to manage sexuality and intimacy that take the changes into account. For example, regular 'date nights' can be scheduled, during which you revert to the role of partners and make a special effort to treat each other like people on a date.

Q: Will I ever enjoy sex again?

A: Most people can have a fulfilling sex life after cancer, but it often takes time, and you may need to develop a new approach to sex. If you have to learn different ways to give and receive sexual pleasure, you might not get it right first go. As with any new skills, practice, patience and perseverance are the keys. Some people say that because they have to try new things, their sex lives actually end up being much better after cancer.



Your sexual response

Our levels of sexual desire (libido) are affected by our overall physical and emotional wellbeing, relationship satisfaction, body image, and levels of sex hormones, as well as the desire to express love, give and receive pleasure, and create connection.

Sexuality starts in the mind. The brain is responsible for making you feel interested in sex through memories, feelings and imagination. These thoughts are created by what you see, smell, touch, taste, hear and remember. If you are depressed, anxious or worried about cancer, you will probably be less interested in sex.

The mind also affects your body image – how you feel about your body and how you think it looks. After changes to your body, even if the changes are not visible to others, you may feel ‘less of a man’ or ‘less of a woman’, or think you are less attractive.

The benefits of taking action

Sometimes unhelpful thoughts about body image, or fear of pain or rejection, can lead you to avoid intimacy and sex. While this may feel easier in the short term, it is not a helpful long-term strategy. Addressing and overcoming the issues could allow you to enjoy sex and intimacy again.

Often, the longer you’ve not been sexually active, the less intense your sexual response becomes. After cancer treatment, you may notice that your sexual desire or response has changed. To help revive your response, you can begin sexual activity even if your desire is low or you’re not aroused. You still may not reach orgasm, but you may feel pleasure and sexual satisfaction.

Stages of the sexual response cycle

Most people experience four stages of sexual response. However, you can have a satisfying sexual experience without going through all four stages – many people enjoy the intimacy of sex with or without orgasm.

Stage 1: arousal	You may become aroused by seeing someone you like; having a sexual thought or fantasy; having your genitals or other areas touched, kissed or stroked; or starting to masturbate.
Stage 2: plateau	This is a stage of more intense excitement. The plateau stage often leads to an orgasm, but this doesn't always happen.
Stage 3: orgasm	The peak or climax of sexual response. The muscles in the genital area contract in rhythm, sending waves of pleasurable feelings through the body. In men, semen is pushed through the urethra and out of the penis (ejaculation). Female orgasms involve intense sensitivity of the clitoris and vaginal expansion. Some women also experience a small ejaculation.
Stage 4: resolution	Body functions slowly return to normal. Some women can quickly return to the orgasm phase and have multiple orgasms, although many women feel satisfied after one orgasm. Men usually cannot be aroused again for a while.

Erogenous zones

Areas of the body that are highly sensitive to stimulation are known as erogenous zones. The clitoris in women and the penis, scrotum and anus in men are especially sensitive, but erogenous zones are located all over the body. Other pleasurable zones often include the breasts and nipples in women, the chest and nipples in men, and the mouth, ears, neck and inner thighs in both men and women. If you need to change how you have sex, you may discover new pleasures by exploring all of the body's erogenous zones.

The role of hormones

Hormones are substances that affect how your body works. They act as messengers carrying information and instructions from one group of cells to another. Hormones control many of the body's functions, including growth, development and reproduction.

Male sex hormones – The major male sex hormone is testosterone, which is produced mostly in the testicles and also in the adrenal glands (found on top of the kidneys). Testosterone causes a man's reproductive organs to develop and is responsible for other sexual characteristics, such as a deep voice and facial hair. Cancer treatments that lower a man's hormone levels, such as testosterone-blocking drugs for prostate cancer, can affect his ability to get or keep an erection and reduce his desire for sex.

Female sex hormones – The major female sex hormones are oestrogen and progesterone. Oestrogen keeps the vagina moist and supple, while progesterone controls reproduction. Both these hormones are produced mostly in the ovaries until menopause, when the ovaries cease releasing eggs and periods stop. A small amount is made in the adrenal glands (found on top of the kidneys) before and after menopause. Some cancer treatments can affect women's hormone levels in the short and long term, sometimes causing early menopause or menopause-like symptoms.

In women, the ovaries and adrenal glands also make small amounts of the male sex hormones (androgens). Androgen levels seem to be linked with a woman's sexual desire. They decrease during and after chemotherapy and can drop abruptly if the ovaries are removed.

Sex organs in men

A man's external sex organs (genitals) are the penis and scrotum:

- **penis** – the main male sex organ. It has three parts: the root, where the penis joins the abdomen; the shaft, the length of the penis; and the glans, the cone-shaped end. The glans is covered by a loose layer of skin called the foreskin, unless the foreskin has been removed by circumcision. The ridge on the underside of the glans, called the frenulum, is usually the most sensitive part of the penis. At the tip of the glans is a slit opening to the urethra, through which semen and urine pass
- **scrotum** – a loose pouch of skin at the base of the penis that holds the testicles. It acts as a 'climate-control system' for the testicles, keeping them slightly cooler than the rest of the body to allow for normal sperm development.

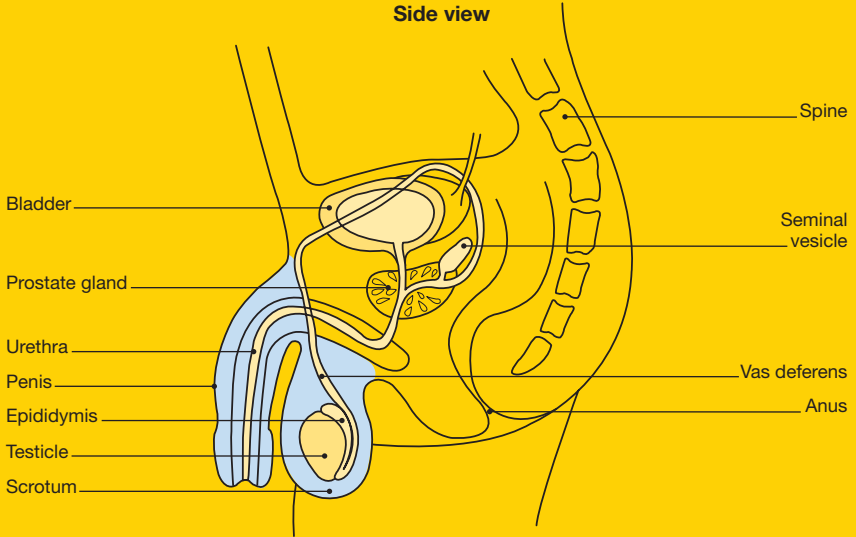
There are several other parts in a man's reproductive system:

- **testicles (also called testes)** – two egg-shaped glands held in the scrotum. They make and store sperm and produce the male sex hormone, testosterone
- **epididymes** – coiled tubes on the outer surface of the testicles. The immature sperm travel from each testicle to the epididymes, where they mature
- **prostate** – a small gland about the size of a walnut that sits below the bladder, deep in the pelvis. It surrounds the urethra, which carries urine from the bladder. The prostate produces fluids that form part of the semen
- **seminal vesicles** – glands that lie very close to the prostate and produce secretions that form part of the semen
- **vas deferens** – the tubes joining the testicles and the penis.

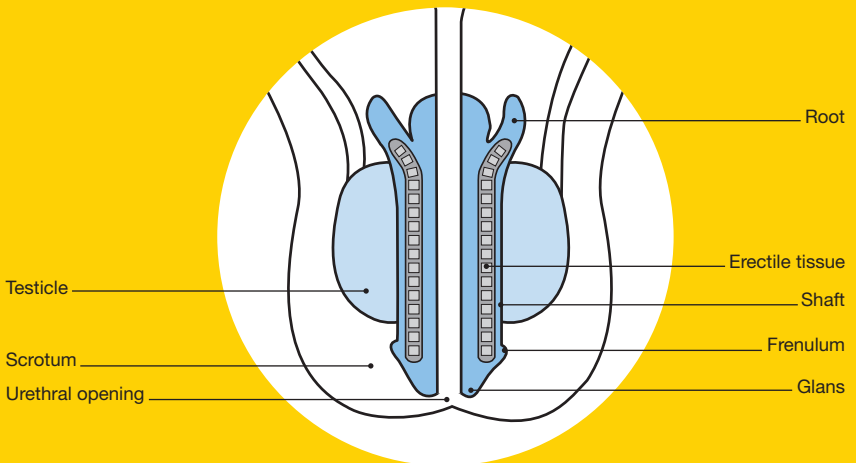
Male sexual anatomy



Side view



Front view



Sex organs in women

A woman's external sex organs (genitals) are collectively referred to as the vulva:

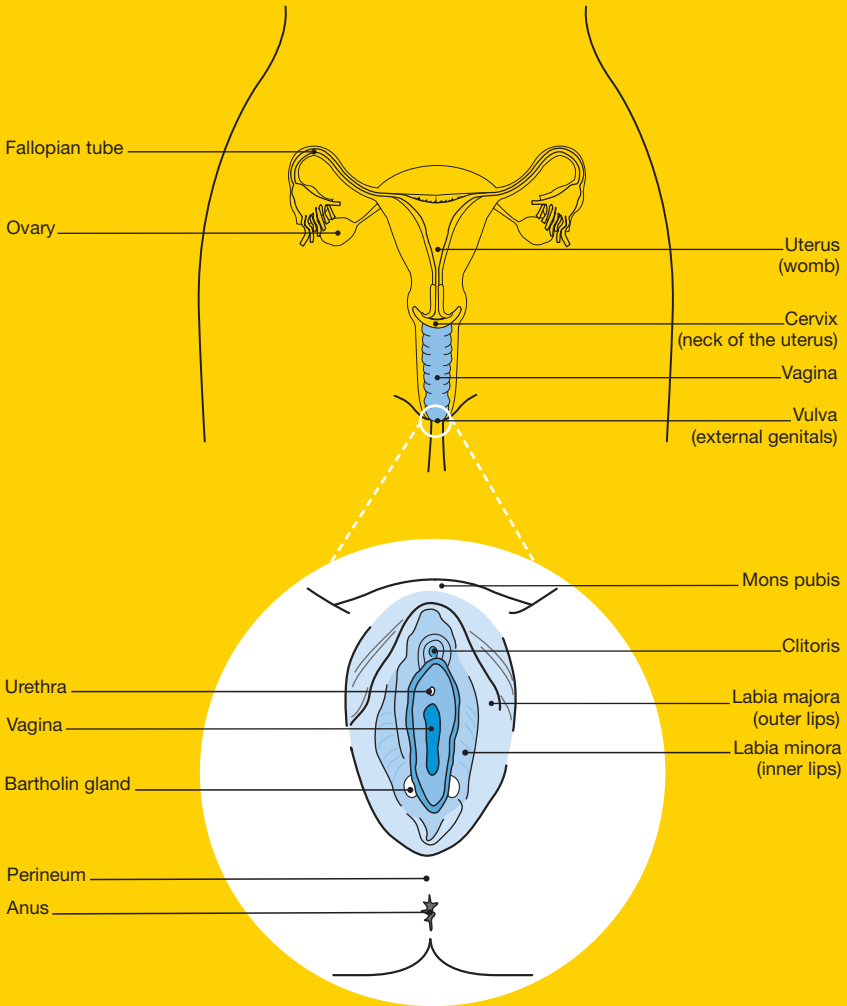
- **clitoris** – the main sexual pleasure organ for women. It is located where the labia minora join. The clitoris is made up of highly sensitive erectile tissue and becomes erect during arousal
- **mons pubis** – the area of fatty tissue covered with pubic hair
- **labia majora** – the outer lips of the vulva
- **labia minora** – the inner lips of the vulva
- **Bartholin glands** – two small glands near the opening of the vagina. They produce mucus to lubricate the vagina.

Beneath the clitoris is the urethra, for passing urine. Further back is the entrance to the vagina. Beyond that is an area of skin called the perineum, and beyond that is the anus.

Several parts of a woman's reproductive system are inside her body:

- **vagina (birth canal)** – a muscular sheath or canal that extends from the neck of the uterus (cervix) to the vulva
- **uterus (womb)** – a hollow muscular organ where a fertilised egg (ovum) is nourished to form a baby
- **cervix** – the neck of the uterus
- **fallopian tubes** – two long, thin tubes that extend from the uterus and open near the ovaries. These tubes carry sperm to the eggs, and carry the eggs from the ovaries to the uterus
- **ovaries** – two small glands found on either side of the uterus, near the end of the fallopian tubes. The ovaries contain eggs and produce the female sex hormones, oestrogen and progesterone, as well as small amounts of male sex hormones (androgens).

Female sexual anatomy





Treatment and its effects


When you are first diagnosed with cancer, it's natural to focus on getting well. You may not think about the impact on your self-esteem, body image, relationships and sex life until treatment is over. Increasingly, people are 'living with cancer', and this may involve ongoing treatment. You can find ways to live a fulfilling life while managing longer-term treatment for cancer.

Emotions and sexuality

It is normal to feel a range of emotions when dealing with cancer and its treatment. Some of the emotions you may feel include:

Anger – You may feel angry about having cancer and about the ways it has affected your life, including your sexuality or your ability to have children (fertility).

Anxiety – The thought of having sex again after treatment can cause anxiety. You may be unsure how you'll perform, dread being touched, fear that intercourse will be painful, or feel self-conscious about being seen naked. If you're single, you may feel anxious about getting involved in a new relationship. Worrying that you're not satisfying your partner sexually, or that your partner no longer finds you sexually attractive, can also cause distress.

“Max felt he was not the same man after treatment. He would avoid talking and touching. Counselling gave us ways to help express what was really going on.”  Amy

Fear – You may worry that others will avoid or reject you when they see how your body has changed. You may not be able to imagine yourself in a sexual situation again.

Guilt – Many people think they should just be grateful to have the cancer treated and feel guilty for thinking about their sexual needs.

Self-consciousness – If your body has changed physically after cancer treatment, you may feel self-conscious. Often people discover that their partner (or a potential partner) isn't as concerned about these changes as they are.

Shame – You may feel ashamed by changes that affect your sexuality, your appearance or the way your body functions.

Depression – Symptoms of depression can include feeling sad, irritable or anxious, having trouble sleeping, losing interest in activities you previously enjoyed, poor appetite and a decreased interest in sex (low libido).

Grief – You may grieve for your former body and sex life if things have changed significantly.

These emotions can affect your self-esteem, sexuality and attitude towards intimacy. It can help to talk about how you're feeling with someone you trust, such as your partner or a health professional, or with another person who has had cancer (see pages 71–72). You might also like to read Cancer Council's *Emotions and Cancer* booklet – call 13 11 20 or visit your local Cancer Council website.

How cancer treatment affects sexuality

The most common cancer treatments are surgery, radiotherapy, chemotherapy and hormone therapy.

These treatments, as well as the cancer itself, can have temporary or permanent effects on your sexuality by changing:

- your feelings (they may cause fear, anger, anxiety, sadness, relief and joy)
- the body's production of the hormones needed for sexual response
- the physical ability to give and receive sexual pleasure
- your body image, how you see yourself, and your level of self-esteem
- roles and relationships.

Even if you are aware of the potential impact, it is very hard to predict how cancer and its treatment will affect you. Some sexual problems are common, but these will not be an issue for everyone.

Common sexual problems for men and women include:

- tiredness and fatigue
- depression and anxiety
- loss of interest in sex
- painful intercourse
- changed body image, e.g. due to scarring, loss of a body part, hair loss from any part of the body, changes in weight
- loss of a body part, such as a reproductive organ
- incontinence
- fertility problems (temporary or permanent)
- strain on, or changes to, your relationship(s).

Some men also have:

- erection problems
- ejaculation difficulties.

Some women also have:

- vaginal dryness
- reduced vaginal size
- loss of sensation
- pelvic pain
- trouble reaching orgasm
- menopausal symptoms.

Surgery

Surgery aims to remove the cancer from your body. It can potentially affect your sex organs and body image.

After any surgery, you will have a period of recovery. This will vary depending on the type of surgery, but it is often around 4–8 weeks and even longer for some people. During this time, you may need to do some gentle exercise to build up your strength. Talk to your doctor about what level of activity is safe and when you can resume your usual activities, including sex.

Some forms of surgery for cancer can have longer-lasting impacts. The removal of a body part can affect body image (see page 50). Sometimes bowel or bladder surgery involves the creation of a stoma, an opening on the abdomen that collects waste in a disposable plastic bag (see page 54). Surgery in the pelvic or abdominal region can cause trouble holding urine or bowel movements (incontinence, see page 55). If the surgery removes part or all of a sex organ, sexual function can be directly affected. Nerve damage can also affect sexual function and pleasure.

Surgery for men

Surgery in the abdomen or pelvic region – Surgery for bowel, bladder or prostate cancer can damage the nerves used for getting and maintaining an erection (erectile dysfunction, see page 58). This may be temporary or longer-lasting.

It is sometimes possible to preserve the nerves that control erections, but this works best for younger men who had good

quality erections before the surgery. Problems with erections are common for 1–3 years after nerve-sparing surgery, but aids such as penile injection therapy can improve the situation.

Removal of the prostate (prostatectomy) – Side effects vary but may include:

- erection problems (see page 58)
- feeling the same sensations of build-up before orgasm, but not ejaculating semen during climax (dry orgasm, see page 59)
- semen going backwards towards the bladder instead of forwards (retrograde ejaculation, see page 59)
- leaking urine during orgasm (see pages 55 and 59)
- loss of pleasure (see page 48)
- pain during orgasm (see page 49).

Removal of the testicles (orchidectomy or inguinal orchiectomy) – If you have only one testicle removed, there should be no lasting effects on your ability to have sex or your fertility. Unless there are unrelated fertility issues, your remaining testicle will make enough testosterone and sperm for you to be able to father children. The scrotum's appearance can be maintained with an artificial testicle (prosthesis, see pages 52–53).

Having both testicles removed (bilateral orchidectomy) causes permanent infertility because you will no longer produce sperm, but you may be able to have sperm stored before the surgery for later use. Your body will also produce less testosterone, which may affect your sex drive, but this can be improved with testosterone replacement therapy.

Removal of the penis (penectomy) – Part or all of the penis may be removed to treat penile cancer. The part of the penis that remains may still get erect with arousal and may be long enough for penetration. A penile implant (see page 58) may be an option to help get and maintain an erection. It is sometimes possible to have a penis reconstructed after removal, but this is currently experimental and would require another major operation.

Removal of the anus (abdominoperineal resection) – Anal or bowel cancer sometimes requires the removal of the anus. This is a key erogenous zone for many men. For men who have sex with men, some sexual acts may no longer be possible, but you can find new ways to express intimacy (see pages 52–53).

Surgery for women

Breast surgery – Most breast cancers are treated with surgery. Women may have: part of the breast removed (breast conserving surgery or lumpectomy); the whole breast removed (mastectomy); or both breasts removed (bilateral mastectomy). Breast and nipple sensation usually remains the same after breast conserving surgery, but mastectomy can affect sexual arousal, particularly if you previously enjoyed being touched or kissed on the breast and nipple. You may also feel you have lost a part of your female identity or be worried about how your partner will react.

Lymph nodes are sometimes removed during surgery for breast cancer. This may cause the arm to swell (lymphoedema), making movement and daily activities such as dressing difficult. The swelling may also make you feel embarrassed or self-conscious.

Removal of the uterus (hysterectomy) – A hysterectomy may be used to treat gynaecological cancers, such as cancer of the cervix, ovary, uterus and endometrium (lining of the uterus). After a hysterectomy, you will be unable to become pregnant and will stop having periods (menopause, see pages 65–66).

The surgery may shorten the top part of the vagina. The clitoris and the lining of the vagina will remain sensitive, so you will usually still be able to feel sexual pleasure and reach orgasm. For women who previously experienced uterine orgasms, however, removal of the uterus can have a significant impact on sexual satisfaction.

Removal of the ovaries (oophorectomy) – If both ovaries are removed (bilateral oophorectomy), and if you haven't already been through menopause, you will experience early menopause. You will no longer have your monthly periods or be able to become pregnant (menopause, see pages 65–66). The hormonal changes can result in vaginal dryness (see page 60).

If only one ovary has been removed, the other should continue to release eggs and produce hormones. You will still have periods and may be able to become pregnant if you have an intact uterus.

Removal of the vulva (vulvectomy) – The removal of some or all of the vulva will alter the appearance and sensation of your genital area and can mean major changes to your body image, self-esteem and sexual practices. If this is a concern for you, ask your doctor for a referral to a sexual therapist either before your surgery or during your recovery.



Most people feel shocked and upset about having cancer in one of the most intimate and private areas of their body. Call Cancer Council **13 11 20** for support.

Even if the clitoris is removed, an orgasm may still be possible. Stimulation of other sensitive areas of your body, such as your breasts or inner thigh, can lead to a climax. However, it will take time for you and your partner to adjust to these changes (see page 48 for some tips).

Vaginal surgery – Vaginal cancer may be removed by surgery that takes out a small section of the vagina. Usually the remaining vaginal tissue can be conserved so you are still able to have intercourse. Some women need a larger operation that removes the whole vagina (a vaginectomy). A vaginal reconstruction may be an option, but the scar tissue from surgery can make intercourse painful and difficult.

Radiotherapy

Radiotherapy (also called radiation therapy) uses x-rays to kill cancer cells or injure them so they cannot grow and multiply. It can be delivered by an external radiation beam or given internally (brachytherapy or radioisotope therapy). If you are having internal radiation, you may need to take some precautions, such as avoiding sexual contact or using barrier contraception (such as condoms), while the treatment is active. Your doctor will discuss any precautions with you.

During radiotherapy, your body uses a lot of energy dealing with the effects of radiation. Many people feel very tired during and after treatment. This fatigue may last several weeks or months. Your skin may also be very sensitive or painful to touch. You may not feel like having sex during this time, but physical affection such as hugs or holding hands can be very reassuring.

Depending on the area treated, you may also lose your appetite and lose weight. If you have hair in the area that is receiving radiotherapy – for example, your scalp, face or body – you may lose some or all of it during treatment. Usually it grows back and returns to normal after radiotherapy has finished.

Radiotherapy for men

Pelvic radiotherapy is commonly used to treat prostate, rectal and bladder cancer. It can damage the blood vessels and nerves that help produce erections, and this can cause temporary or permanent erectile dysfunction. It may also make the urethra inflamed, so ejaculating might be painful for some weeks.

Reduced sperm production is common after radiotherapy, and it may be temporary or permanent. If you might want to father a child in the future, ask about having sperm stored before treatment.

Radiotherapy for women

If you are having radiotherapy to the pelvic area for cancer of the rectum, bladder or cervix, the radiation oncologist will try to avoid the ovaries, especially if you have not yet been through menopause. In some cases, however, the radiation does affect the ovaries and

stops them producing female hormones. This can cause symptoms of menopause such as a dry and itchy vagina, and your periods may become irregular or stop, a sign that your fertility is affected. Your periods may return after treatment is over, but some women will be permanently infertile (see pages 56–57).

Pelvic radiotherapy can cause short-term inflammation of the vagina and vulva. It may also cause bowel problems, such as diarrhoea, either temporarily or permanently. Scar tissue from radiotherapy can make the vagina shorter and narrower (vaginal stenosis). Sexual intercourse may be painful, but the use of vaginal dilators or vibrators can help (see pages 60–63).

“ I didn't really realise the radiation would affect my sexuality until it happened. I don't think anyone can tell you what the pain, discomfort and exhaustion will do to you. ” *Donna*

Radiotherapy to the breast area can cause the skin to become red and sore and develop a sunburnt look. Small blood vessels in the skin can be damaged, causing red 'spidery' marks (telangiectasia), but this is becoming less common with new techniques.

Your skin may also have a slightly darker tone. It's not unusual for the breast to feel firmer, and over months or years it may shrink slightly. Changes often can't be noticed under clothing. If you're unhappy with the changes, talk to your doctor about the options (e.g. an operation to reduce the size of your other breast).

Chemotherapy

Chemotherapy uses drugs to kill or slow the growth of cancer cells. The drugs are called cytotoxics and they particularly affect fast-growing cells such as cancer cells. Other cells that grow quickly, such as the cells involved in hair growth, can also be damaged.

The side effects of chemotherapy vary depending on the individual and the drugs given. Common side effects include tiredness, nausea, vomiting, diarrhoea, constipation, hair loss and mouth ulcers – all of which may reduce your desire to have sex. Chemotherapy can also directly affect the levels of hormones linked to libido. If you have a partner, it may be helpful for them to understand why your libido has changed. Sex drive usually returns after treatment ends.

Chemotherapy for men

Chemotherapy drugs may lower the number of sperm produced and their ability to move (motility). This can cause temporary or permanent infertility (see pages 56–57). If you want to have children, talk to your doctor before treatment about arranging to store your sperm. The ability to have and keep an erection may also be affected, but this is usually temporary.

Chemotherapy for women

Chemotherapy can reduce the levels of hormones produced by the ovaries. This causes some women's periods to become irregular, but they often return to normal after treatment. For other women, chemotherapy may bring on menopause. After menopause, a woman can't conceive children with her own eggs. If this is a concern for you, speak to your doctor before treatment.

Protecting your partner

Whatever your preferred method of contraception, you should also use some sort of barrier during sexual activity for seven days after chemotherapy.

This reduces the potential risk of your partner being exposed to the drugs, which may be excreted in your body fluids.

For intercourse, use condoms or female condoms. Partners can wear latex gloves if using their hands for penetration.

For oral sex with a woman, dental dams (latex squares) are sold in sex shops and some pharmacies.

Chemotherapy for ovarian or colon cancer can be given as liquid directly into the abdominal cavity. This can cause the belly to swell a little, which may affect your body image, but the liquid will drain away after a short time.

Another common side effect in women having chemotherapy (especially if they are taking steroids or antibiotics to prevent infection) is thrush, which can cause vaginal itching or burning and a whitish discharge (see page 63 for tips).

Hormone therapy

Hormones that are naturally produced in the body can cause some cancers to grow. The aim of hormone therapy (also called endocrine therapy) is to reduce the amount of hormones the tumour receives. This can help reduce the size and slow down the spread of the cancer.

Hormone therapy for men

In men, testosterone helps prostate cancer grow. Slowing the body's production and blocking the effects of testosterone may slow the growth of the cancer or even shrink it. Men receiving hormone therapy may experience side effects such as tiredness, erection problems, reduced sex drive, weight gain, hot flushes, breast tenderness, enlarged breasts, depression, and loss of bone density (osteoporosis).

Hormone therapy for women

In women, oestrogen helps some kinds of breast cancer to grow. Anti-oestrogen drugs (such as tamoxifen, goserelin and aromatase inhibitors) are used in hormone therapy to treat oestrogen-sensitive cancers. They can help slow or stop new breast cancers developing. Some women have no side effects, while others experience symptoms similar to menopause, including vaginal dryness or discharge, painful intercourse, hot flushes, weight gain, decrease in sex drive, night sweats, urinary problems and mood swings. Regular gynaecological check-ups after hormone therapy are recommended as there is a small risk of developing cancer of the uterus lining (endometrial cancer).

Other cancer therapies

Other treatments for cancer include immunotherapy and targeted therapies. Immunotherapy uses substances that encourage the body's own natural defences (immune system) to fight disease. Targeted therapies attack specific weaknesses of cancer cells while minimising harm to healthy cells. Side effects for these treatments

vary depending on the particular drug that is used, but can include swelling, weight gain, fatigue and pain, all of which may affect your desire for or ability to have sex. Your doctor will explain if you need to take any precautions during sex after having these therapies.

Palliative treatment

Palliative treatment aims to reduce symptoms without trying to cure the disease. It can be used at any stage of advanced cancer to improve quality of life. As well as slowing the spread of cancer, palliative treatment can relieve pain and help manage other symptoms. Treatment may include surgery, radiotherapy, chemotherapy, targeted therapies or other medication.

Many people say that sexuality and intimacy remain important to them even when cancer is advanced. It is still okay to talk to your health care team about the impact of any treatment on your sex life or your ability to be intimate. If you have a partner, try to spend time together as a couple, rather than as 'patient' and 'carer', during palliative treatment. Intimacy can provide comfort and maintain connection during this time. Even if sexual intercourse is no longer possible or desired, you may find physical closeness through touching, massage or simply lying beside each other.

Palliative treatment is one aspect of palliative care, in which a team of health professionals aim to meet your physical, emotional, practical and spiritual needs. For more information, visit your local Cancer Council website, or call 13 11 20 for free copies of *Understanding Palliative Care* and *Living with Advanced Cancer*.



Key points

- The main cancer treatments are surgery, radiotherapy, chemotherapy and hormone therapy (endocrine therapy).
- It is difficult to predict how treatment will affect you. Changes can be temporary, longer-lasting or permanent.
- It is natural to feel a range of emotions. These can include anger, anxiety, fear, guilt, self-consciousness, shame, depression and grief, which can all affect sexuality.
- Surgical removal of a body part can affect your sense of self and your body image.
- The side effects of cancer treatments can lower your libido.
- Radiotherapy to the pelvic area can affect sexual function and fertility by damaging blood vessels and nerves in, or near, the sexual organs.
- Chemotherapy can have a permanent effect on your hormones and your fertility.
- Side effects from hormone therapy can include tiredness, decreased libido, weight gain, hot flushes, loss of bone density, breast tenderness, increased breast tissue, and depression. Women may experience additional menopause-like symptoms.
- It is important for partners to be aware of the impact that treatments may have on sexuality and intimacy.
- Even when cancer is advanced, sexuality and intimacy remain important. Discuss any concerns you have with your medical team.
- Awareness, education and talking to a qualified counsellor can help you to find new ways to experience intimacy and sexuality.



Resuming sexual activity after treatment

While some people find sexual intimacy is the last thing on their minds after treatment, others experience an increased need for closeness. An intimate connection with a partner can make you feel loved and supported as you come to terms with the impact of cancer. However, cancer can strain a relationship, particularly if you had relationship or intimacy problems before the diagnosis.

Sexuality and intimacy after cancer may be different, but different does not mean better or worse. Your favourite sexual positions may become less comfortable temporarily or change over time. To adapt to these changes, you may need to develop more openness and confidence, in and out of the bedroom. Try to keep an open mind about ways to feel sexual pleasure.

What if I am in a same-sex relationship?

It is important to feel that your sexuality is respected when discussing how treatment will affect you. Recognition and validation of your sexuality is a crucial part of receiving support. Your clinical team should openly discuss your sexual needs and support you throughout treatment.

Try to find a doctor, nurse or counsellor who helps you feel at ease discussing sexual

issues and relationships. You could also visit qlife.org.au. QLife is a national counselling and referral service for people who are lesbian, gay, bisexual, trans and/or intersex (LGBTI).

If you have a partner, take them to your appointments. This will show your doctor who's important to you and will enable your partner to be included in discussions and treatment plans.

Adapting to changes

There are a number of ways to prepare for sex during or after cancer treatment:

Talk openly with your partner – Share any fears you have about resuming sexual activity.

Let your partner know how you feel – Tell them when you're ready to have sex, what level of intensity you prefer, if they should do anything differently and how they can help you to feel pleasure.

Ask your partner how they are feeling – They may be worried about hurting you or appearing too eager.

Take it slowly – It may be easier to start with cuddles or a sensual massage the first few times, rather than penetrative sex.

Plan ahead – Sex may need to be less spontaneous after treatment. Choosing a particular time can help deal with pain and fatigue, and may also build arousal.

Explore different sexual practices – Some of the sexual practices you used to enjoy may not be possible after cancer treatment. If intercourse is difficult, try oral sex, mutual masturbation, or using sex toys.

Focus on other aspects of your relationship – Many relationships are not dependent on sex. Be mindful if this is a concern for your partner.

Try exploring your sexuality on your own – Self-pleasuring can help you understand what’s changed and what feels good, and you can then talk about this with your partner.

Seek assistance – Talking to your doctor or seeing a sexual therapist can help you find solutions.

Be patient – Things often improve with time and practice.

👩👨 We were like, oh, two puppies playing together, even though I’m 59 and he’s 74. 🗣️ *Oona*

Communicating with your partner

Communication is the most important tool for adjusting to sexual changes after cancer. If you have a partner, you may need to work together to adapt your sexual activities during and after your cancer experience. If you had a good relationship before the diagnosis and found it easy to communicate your needs, the process will probably be easier. However, problems can arise due to misunderstandings, differing expectations and different ways of adapting to changes.

Talk with your partner about your feelings, concerns and needs. Common barriers to talking about sex during and after cancer treatment include: embarrassment; lack of time or privacy; fear of rejection; fear of contracting cancer or confusion about treatment precautions; and waiting for the other person to mention it.

It may feel awkward, but try not to let embarrassment get in the way. Make the discussion a priority. Avoiding the topic can lead to frustration and confusion, as neither of you will have your needs met. See page 40 for some ways to start talking to your partner. It could help to acknowledge that your relationship is changing and that it may take time to readjust. Reconnect over a meal, go for walks together or have a date night, and then try non-sexual touch like hugging, skin-to-skin contact or massage.

When you are both coping with the demands of cancer and treatment, it can be difficult to act on relationship concerns. Don't be afraid to seek support through counselling – call Cancer Council 13 11 20 or talk to your doctor to find a counsellor in your area. Cancer Council may also be able to recommend online resources to help improve communication in stressful situations.

Starting a new relationship

Many people face cancer and treatment without the support of a partner. But in time, you may wish to meet new people and possibly start a relationship. Some cancer survivors say that a new relationship helped to restore their sexual confidence. On the other hand, you may decide that you don't want to be in a relationship, either temporarily or for the long term, because of what you've been through. This is also a natural reaction and it is your choice.

If you've had major body changes after treatment, finding a new partner can seem daunting. You may worry that you are no longer attractive. Attraction in a new relationship is always a combination

of emotional and physical attraction, so the physical changes may be less important than you imagine. Even so, it is difficult to tell a new person in your life that you've had a breast removed, had a breast reconstruction or have a stoma. It's natural to be worried about their reaction to seeing your body for the first time. Likewise, you may feel concerned about explaining any fertility issues, especially if you had cancer when you were young.

Take your time and have the discussion when you feel ready. It may be easier if you practise what you want to say (see page 41). You might want to show the other person how your body has changed before any sexual activity so that you can both get used to how that makes you feel.

If you are a young adult

During and after cancer, young people need opportunities to continue to develop and mature. This means living as normal a life as possible, which might include going on dates or having a girlfriend or boyfriend. It can feel challenging, however, if you are dealing with body image changes or fertility issues, particularly if you haven't had much experience of sex.

As well as talking to your treatment team and possibly seeing a sexual therapist, you could get in touch with CanTeen. Young people aged 12–24 who have been affected by cancer can contact CanTeen for counselling in person or by phone, email or instant messaging. They also run online forums and camps. Visit canteen.org.au or call **1800 226 833**.

Staying sexually confident

If you feel unsure about yourself because of the cancer, you may also lack confidence sexually. It can be especially difficult if you are feeling unwell and tired while still coming to terms with having cancer. Things that lift your overall wellbeing, like good food, exercise and relaxation, will help to boost your sexual confidence. Call Cancer Council 13 11 20 to find out about programs to improve self-esteem and wellbeing after cancer treatment.

Sex appeal is sometimes judged by physical characteristics, but for most people, sexual attraction is based on a combination of looks and other personal attributes, such as personality and sense of humour. It may help to express how you feel with your partner, a trusted friend or family member, or a doctor or counsellor.

Mindfulness and sex

It is easy to become distracted during sex, particularly if you are feeling anxious about the sex or preoccupied with other worries. If this happens to you, try talking to your partner about why you're distracted. Without this communication, your partner might misinterpret your distraction as a lack of interest in them and feel that the sex lacks intimacy.

Mindfulness and relaxation techniques can help you stay in the moment with your partner. Your treatment centre may run a program where you can learn such techniques, or may be able to direct you to organisations that run these programs. You can also call Cancer Council 13 11 20 to ask about resources that may help.

Masturbation

Self-pleasuring (masturbation) can be a positive and satisfying way to enjoy sexual activity when you don't have a partner or if you're not ready for intimacy with a partner. It can help you find out what your body is capable of sexually. Many couples enjoy mutual masturbation as an alternative to penetrative sex. You can masturbate with your hand or with a vibrator.

If you have had treatment in your breast or genital region, it may help to spend time alone touching these areas to find out if there is soreness or numbness, what feels different and what you enjoy. This preparation may make it easier to tell your partner what feels good and what doesn't when you are ready to be intimate.

New strategies

When cancer means you have to adapt to sexual changes, it can be helpful to embrace a new definition of 'real' sex. For many people, arousal does not happen as easily as it once did. Your favourite sexual positions may now be uncomfortable or unsatisfying, or penetrative sex may no longer be possible.

The next chapter provides suggestions for particular challenges, but some general sexual strategies that might help include: exploring different erogenous zones, such as the breasts, ears or thighs; mutual masturbation; oral sex; personal lubricant; vibrators and other sex toys; erotic images and stories; and sexual fantasies. With a playful approach and open communication, many people find new ways to have a fulfilling sex life after cancer.

Let's talk about sex

You know you have to talk about it, but it's hard to find the right words. Even if these suggestions don't fit your situation, they might give you a starting point.

With your partner



"I feel like I never have any energy for sex, but I'm worried about how you're feeling about that. Maybe we can work out a plan together."



"I am going to show you the way I like to be touched and the places that are sore and out of bounds."



"I feel ready for sex again, but I'd like to take things slowly."



"There are some things I would like to try to do together that will help us feel close and connected, without 'going all the way'."



"I really miss our sex life. When should we talk about being physically close again?"

"That's the right spot, but a lighter touch would feel good."

With a new or potential partner



“The cancer treatment changed my body in different ways. It’s hard to talk about the changes, but I want you to know about them. The treatment left me with [a stoma/ erection problems/etc.]”



“Before we get really serious, I want to let you know how cancer treatment affected my fertility. I can’t physically have/father children, but I’m willing to explore other ways of becoming a parent down the track.”

“I really like where our relationship is going. I need you to know that I had cancer some years ago, but I’m afraid you might prefer to be with someone who hasn’t had cancer. What are your thoughts about it?”



“I haven’t had sex since my cancer treatment and I’m worried about how things will go. How do you feel about taking things slowly?”

“I am still interested in sex, but we might have to be a little inventive.”





Key points

- For many people, having a fulfilling sex life after cancer means finding new ways of giving and receiving pleasure.
- An intimate connection with a partner can make you feel loved and supported as you come to terms with the impact of cancer.
- When you are ready for sexual relations, start slowly and take your time. Talk to your partner about how you are feeling and how things may have changed for you.
- You might need to plan ahead for sex. Choosing your times carefully and being prepared can help you cope better with pain, fatigue, body image problems and other issues.
- Remember that sexual attraction is always a combination of emotional and physical attraction.
- If you are starting a new relationship, it may take some time before you feel ready to discuss how cancer has changed your body.
- Speaking to a counsellor or sexual therapist or to someone who has been in a similar situation can help you develop personal strategies for adapting to sexual changes.
- Things that lift your general sense of wellbeing, like good food, exercise, relaxation and getting back into things you enjoy, may help improve your sexual confidence.
- If you find that you become distracted during sex, try learning mindfulness and relaxation techniques to help you stay in the moment.
- Self-pleasuring (masturbation) can help you explore how your body has changed and what makes you feel good.



Overcoming specific challenges

Many of the problems discussed in this chapter are common among women and men who have cancer, but some changes affect only men or only women, and others affect people who have had a particular treatment. The changes may be temporary or ongoing.

Fatigue

During and after cancer treatment, many people feel tired and have no energy. Fatigue (extreme tiredness that is often not relieved by rest) can lead to a temporary loss of interest in sex and intimacy. Any form of fatigue should be discussed with your doctor. How long fatigue lasts varies from person to person.



Tips for managing fatigue

- Plan your day so that you have time to rest. Take short naps, rather than long ones.
- Eat as well as you can and drink plenty of fluids.
- Insomnia is common during and after cancer, and can make you tired and irritable. Talk to your doctor about ways to overcome insomnia.
- Save your energy for the most important things. Allow others to help.
- Although you are tired, exercise and fresh air may make you feel more energised. Take short walks or do light exercise if possible.
- Try less strenuous activities like listening to music or reading.
- Ask for flexibility if you are working, e.g. variable starting times.
- Try to be intimate at different times of the day.

Sadness and depression

Depression is very common in cancer patients, but it can be treated. It is natural to feel down after cancer treatment. Changes to your body can be upsetting and it takes time to adjust. You may find that you have difficulty sleeping, lose interest in activities you used to enjoy, don't feel like eating, or lack energy. Your energy and desire for sex may also be low.

If you suspect that you, or someone you care for, may be depressed, you can find a simple depression checklist and helpful information at beyondblue.org.au.



Tips for managing low mood

- Do things that make you feel good, such as watching funny movies, going for a walk or having a massage.
- Get up at the same time every morning, regardless of how tired you feel. Avoid long naps during the day.
- Try to regain parts of your life from before you had cancer.
- Be as active as possible. Plan activities for each day such as exercise, spending time with other people, or reading.
- Ask your doctor if your mood change could be related to medicines, hormone changes or another illness. Depression is a common result of low levels of sex hormones (see page 13).
- If feelings of depression are ongoing, tell your doctor about it, as counselling and/or medication may help. Let your doctor know if sex is important to you, as some antidepressants can affect sexual function and libido.

Fear

Fear is a normal reaction to cancer and its treatment. You might dread the treatment and how you will cope with it. You may be concerned about an uncertain future. People whose partners have cancer often worry that they may lose someone they love. It is difficult to be interested in intimacy when you are feeling afraid.

You may feel less fearful if you find out more about your illness and ask your treatment team what to expect. Think about how you have managed fearful situations in the past and discuss these strategies with your partner or a trusted family member or friend.



Tips for overcoming fear

- Ask your doctor if anti-anxiety medicine will help. Be aware that some medicines may lower your libido.
- Learn how to cope with fear, tension and anxiety by experimenting with different methods.
- Learn mindfulness-based techniques, including deep relaxation and meditation (see page 38). Relaxing your body and mind often helps you to feel more in control.
- If you feel like your thoughts are becoming negative and hard to control, consider cognitive behaviour therapy (CBT). This can show you how to change unhelpful patterns of thinking that might be getting in the way of a fulfilling sex life. A psychologist could help you learn CBT. You can also call **13 11 20** to ask about online CBT guides.
- Seek counselling. Call Cancer Council **13 11 20**, or see a social worker or psychologist.

Different levels of desire

Often in relationships, one partner is more interested in sex than the other. Cancer can exaggerate this. While it may not be a problem for some people, a loss of interest in sex (low libido) is common during cancer treatment.

Cancer treatments may leave you tired and weak, or you may be too worried about the cancer to think about sex. Low libido can also occur when cancer treatments disturb your normal hormone balance. Libido usually returns when treatment is over, but keep in mind that libido can also change with age.

If you don't want to have sex, talk this over with your partner so you understand each other's expectations and so they don't feel rejected. Agree on different ways you can satisfy each other. Explore and discuss the range of videos, websites and adult enhancement products that are available (for example, personal lubricant and sex toys like dildos and vibrators), so that your partner can satisfy themselves, either alone or with you present.

If you feel you need further support or ideas on how to help your relationship get through this stressful time, consider talking to a counsellor or sexual therapist. Speak to your doctor or call Cancer Council 13 11 20 for contacts in your local area.

“ My wife went off sex completely during her treatment, which was difficult for me. When we talked about it, and she told me she still loved me, it made me feel better. ” David



Tips for when your libido is low

- If you have lost your desire for sexual intimacy, talk to your partner about how the treatment has affected this aspect of your relationship.
- Make it a priority to spend time with your partner. Arrange a 'date' or even a weekend away.
- Reconnect by initially trying skin-to-skin touch, such as massaging each other and cuddling naked.
- Suggest a quick, gentle lovemaking session rather than a long session.
- Set the scene with soft lights and music, and dress in something that makes you feel good, sensual and sexy. All of these things may help you get in the mood for sexual activity.
- Keep an open mind. See whether reading an erotic story or watching an erotic movie helps spark your interest in sex.
- Stimulate yourself so you become aware of how you like to be touched.
- Explore different ways to help you and your partner reach satisfaction.
- Try different sexual positions if your usual ones have become uncomfortable.
- Use cushions or pillows to support your weight.
- Change the venue. If your home has been where you and your partner have been coping with the side effects of treatment, book a night away or try using rooms in the house that are not associated with cancer.
- Change the bedroom around or think about redecorating once your treatment is over.
- Ask your doctor about having a hormonal assessment to check your hormone levels.

Loss of sexual pleasure

After cancer treatment, some people find that although they can still have sex, they do not enjoy it as much. This may be because worrying thoughts get in the way, or it might have a physical cause, such as nerve damage or removal of sensitive tissue during surgery. Many women and men are still able to enjoy sex after extensive surgery to their genital areas, but they often need to explore other parts of the body and new methods of stimulation.

Difficulty enjoying sex may also be caused by other types of cancer treatment (such as stem cell transplants), side effects (such as fatigue and nausea) and painful intercourse (see opposite).



Tips for increasing your enjoyment of sex

- Choose a time when you won't be disturbed and set the mood with soft lighting, candles and music.
- Place your partner's hands and fingers on the areas that arouse and excite you – or touch those areas yourself.
- Change your normal positions to more comfortable ones that heighten stimulation.
- Try using a personal lubricant with a water or silicone base, e.g. Pjur, Sylk or Astroglide.
- Use pillows to support parts of your body.
- If you are having difficulty reaching orgasm, see the tips for men on page 59 and for women on page 64.
- Accept that you may not reach orgasm every time. Take the pressure off by focusing on other things that give you pleasure.
- If you find yourself getting distracted, try mindfulness techniques (see page 38).

Painful intercourse

In men, irritation of the prostate or urethra from surgery or radiotherapy can cause painful orgasms. Some men may develop scar tissue in their penis after surgery. This may cause pain or bleeding, but it usually settles down in time. Anal sex can be painful after radiation treatment for prostate or anal cancer.

In women, pelvic surgery, radiotherapy or treatment that affects hormones can reduce the size or moistness of the vagina, which can make intercourse painful. Fear of pain can cause the muscles around the vagina to become tight (vaginismus), and this can make penetration difficult or impossible.



Tips for making intercourse more comfortable

- Try different positions to find what is most comfortable for both of you if pain during intercourse distracts you from reaching orgasm.
- Plan sexual activity for when your pain is lowest. If you are using pain medicine, take it shortly before sex so it will have maximum effect.
- Try new positions to control the depth of penetration.
- Find a position for touching or intercourse that puts minimal pressure on painful areas. Try to focus on your feelings of pleasure rather than pain.
- Use plenty of water-based or silicone-based lubricant, e.g. Pjur, Sylk or Astroglide.
- Talk to a doctor or sexual therapist if these methods don't work. A women's health physiotherapist may be able to advise on the use of vaginal dilators (see page 60) and pelvic floor exercises to help manage painful intercourse.

Changes in appearance

Common physical changes caused by treatment include: weight loss or weight gain; loss of hair from the head and body; loss of a body part and use of a prosthesis (see pages 52–53); lymphoedema; having a stoma (see page 54); and scars.

Some cancers of the head and neck result in significant changes to your appearance. This can be upsetting because the change is visible and because kissing, speech and eating may be affected.

It is natural to focus on the part of your body that has changed. You may feel that any visible changes make you less attractive and worry that others will reject you. This, in turn, can affect your sexual confidence and body image.

Look Good Feel Better program

If the side effects of chemotherapy or radiotherapy have affected your appearance, you might want to get in touch with the Look Good Feel Better program. This free two-hour program explains how to use skin care, hats and wigs to help restore appearance and self-esteem during and after treatment. It is aimed at men, women and teens. Call 1800 650 960 or visit lgfb.org.au for more information and to book into a workshop.

“ My sexual partner has always wanted to have sex with me – this made me feel good about myself after my surgery and when my head was shaved. He didn’t care – he just loved my body anyway. ” *Daphna*



Tips for adjusting to appearance changes

- Be gentle with yourself at all times and acknowledge how you are feeling.
- Give yourself time to get used to any physical changes.
- Focus on yourself as a whole person and not just the part of you that has changed.
- Talk about your concerns with your partner or a close friend or counsellor.
- Remember that sexual attraction is based on a complex mix of emotional and physical factors, not on a single body part or another physical characteristic.
- Draw attention to your best features with clothing, make-up or accessories.
- Choose well-fitting clothes. Wearing something too tight or too baggy will draw attention to your weight loss or gain.
- If your hair has fallen out, you can wear a hat, wig or scarf, or you may prefer to leave your head uncovered.
- Show your partner any body changes before sexual activity. This may allow both of you to get used to how the differences make you feel.
- If you feel uncomfortable about part of your body, you can wear clothes to hide it during sex – e.g. a woman who has had breast surgery may choose to wear a camisole. You may also prefer to avoid sexual positions that leave the area exposed.
- Lower the lights when you have sex until you feel more confident about your body.
- Talk to your doctor about the possibility of plastic surgery or a facial prosthesis if you have had a significant change in your facial appearance from surgery or radiotherapy. This may help you regain a more natural appearance and help with altered speech.

Losing a body part

If your cancer treatment involved the removal of a limb, breast or part of your genitals, it will take time to get used to how your body has changed. For ideas and information on restoring body image, see pages 50–51.



Tips for men and women

- Look at yourself naked in the mirror to get used to the changes to your body (women can use a handheld mirror to see the genital area). Also show your partner the body changes. Accept that it may take time to feel comfortable about your body again.
- Touch your genitals to feel how your response has changed. Explore other areas of your body that are sensitive to touch.
- If you are worried about the reaction of your partner (or a potential partner), remember that good communication is vital. Talking openly and keeping an open mind will help you explore new ways to be intimate (see pages 35–36).
- Ask your partner to stroke your whole body. This may include kissing and touching your neck, ears, inner thighs and genital area.
- If you've had a limb removed, try wearing your limb prosthesis during sex. If you prefer to take off the prosthesis, support the affected limb with pillows.
- Try to reconnect sexually with your partner – this will help them understand the changes.
- Call Cancer Council **13 11 20** to talk to someone neutral about your feelings.
- Talk to a sexual therapist about the ways the change to your body may be affecting your sex life and relationship (see page 8).

It is natural to feel a range of complex emotions in response to the loss of a limb or part of your genitals. Your sexual confidence can be affected. Try to remind yourself that you are loved for who you are, not for your particular body parts.

Tips for men



- If one or both testicles have been removed, a prosthesis can be inserted into the scrotum to provide a normal appearance.
- If part of your penis has been removed, you may still be able to have penetrative sex. A penile implant may help with erections (see page 58).
- Men who have sex with men may face particular issues after some types of surgery. If the prostate is removed, there may be reduced sexual pleasure during anal penetration. Try focusing on pleasure around the anal area, or other erogenous zones. The removal of the anus is a major change, but many men still enjoy other types of sexual activities.

Tips for women



- See a sexual therapist before and/or after any surgery that removes part of your sex organs.
- If a hysterectomy or other cancer treatment has affected your vagina, you may need to adapt your sexual practices (see pages 60–63).
- If you have had one or both breasts removed, or have had radiotherapy to the breast, you may have to find new patterns of sexual arousal.
- After a mastectomy, the appearance of your breast can be improved with a prosthesis or you can have your breast surgically rebuilt. Call Cancer Council **13 11 20** or visit your local Cancer Council website for a free copy of the *Breast Prostheses and Reconstruction* booklet.
- If penetrative sex is painful, try the strategies on page 49.

Adapting to life with a stoma

Some types of surgery for bowel or bladder cancer create a stoma – an opening in the abdomen that allows faeces or urine to flow through and be collected in a small plastic bag. Often a stoma is needed for only a short time, but in other cases it is permanent.

Different sexual positions should not affect the stoma bag, as long as you have attached it securely. Intercourse via the stoma can be dangerous, and sexually transmitted infections can be passed on through the stoma. Sexual activity for people with a stoma may need a little more planning but can still be satisfying and fulfilling.



Tips for sex if you have a stoma

- Change the bag before intercourse. You may prefer to wear a cover over your bag to prevent the plastic clinging to your skin.
- When making love, women can wear a mini-slip, short nightgown or crotchless knickers. Men can wear a cummerbund, nightshirt, specially designed underwear or boxer shorts.
- Talk to your stomal therapy nurse about whether you can use a stoma cap or a small pouch (a 'mini') during sex.
- After a heavy meal, wait for 2–3 hours before having sex.
- Have sex in the bath/shower.
- Use pouch deodorants or wear perfume to help control any odours.
- Allow your partner to see or touch the stoma.
- Contact a stoma association for support. Find one near you at australianstoma.com.au.

Incontinence

Incontinence means poor bladder or bowel control. Temporary or permanent incontinence can be a potential side effect of treatment for cancer of the prostate, bladder, bowel and penis, or of the female reproductive organs. The pelvic floor muscles that affect bladder and bowel control also affect sexual function and interest.

For many people, incontinence, and the impact it has on sexuality, is an embarrassing problem. However, there is help available, and ways to better manage or perhaps even cure the incontinence. Call Cancer Council 13 11 20, contact the National Continence Helpline on 1800 33 00 66, or visit bladderbowel.gov.au.



Tips for managing bladder and bowel issues

- If you have a catheter for draining urine, tape the tube to your skin, remove the bag and insert a flow valve or stopper.
- Use plugs designed for rectal use if you have faecal leakage.
- Exercise your pelvic floor muscles. If you aren't sure how, see Cancer Council's *Exercise for People Living with Cancer* booklet. Call **13 11 20** or visit your local Cancer Council website.
- Plan for sex, wait at least 2–3 hours after a meal, and empty both the bowel and bladder beforehand.
- Prepare your bed with large, fluffy towels.
- Women only: Talk to your doctor about whether oestrogen inserted into the vagina as a cream or tablet could improve things. This may not be an option if you are having hormone therapy, so talk to your doctor.

Fertility issues

Some cancer treatments can cause infertility (inability to conceive a baby), which can be temporary or permanent. If fertility is important to you, talk to your doctor before treatment about your risk of infertility and ways your fertility might be preserved. It may be possible to store your eggs or sperm for use in the future.

When people learn that they may be permanently infertile, they often feel a great sense of loss. You may be devastated that you won't have your own children or additional children, and you may worry about the impact of this on your relationship or future relationships. Even if your family is complete or you weren't planning to have children, you may experience distress.

As well as talking with your partner, it may be beneficial to discuss your situation with a counsellor, sexual therapist, oncologist, urologist or oncology nurse.

Fertility after cancer for men

Chemotherapy may lower the number of sperm produced and reduce their ability to move. This can sometimes cause temporary or permanent infertility. The ability to get and keep an erection may also be affected – this is usually temporary. If the problem is ongoing, ask your doctor about options such as sperm storage.

If you have radiotherapy in the pelvic or groin area, you may experience temporary or permanent fertility problems after treatment. If your testicles are outside the treatment area, they can usually be protected.

Fertility after cancer for women

If your cancer treatment involved the removal of your uterus (hysterectomy), you will not be able to conceive. If you retain your uterus, there may be options when treatment is completed, even if your ovaries were affected or removed. For example, you may be able to store eggs for future use before the treatment begins.

In women who are still menstruating, the ovaries produce both eggs and female hormones. This means that if your ovaries are damaged or removed during treatment, you may go through early (premature) menopause (see pages 65–66).



Tips for managing fertility and treatment

- If you think you may want to have children in the future, tell your doctor before the cancer treatment begins.
- Share your feelings about any fertility issues with your partner, who may also be worried or grieving.
- Call Cancer Council **13 11 20** to seek information, support and counselling. Ask for a free copy of our *Fertility and Cancer* booklet, or download a digital version from your local Cancer Council website.
- During and after your cancer treatment, ask your doctor what precautions you have to take. You may need to use barrier contraception, such as condoms or female condoms, for a short time. This is to reduce any potential risk of the treatments harming a developing baby or being toxic to your partner.
- Tell your cancer specialist immediately if you or your partner become pregnant during treatment.

Erection problems

When a man has trouble getting or keeping an erection firm enough for intercourse, it is called erectile dysfunction (or impotence). For many men, erection problems are a result of anxiety about the cancer, but sometimes cancer treatment damages the nerves.

Erectile dysfunction can sometimes improve. There are also many products to treat the problem, including penile injections, penile implants and PDE5 inhibitor drugs (e.g. Cialis® or Viagra®), which you can obtain through a doctor. There are also herbal preparations, nasal sprays and lozenges that contain testosterone, but check with your treatment team before using any of these.



Tips for managing erection problems

- Try sex with a half-erect penis. Men do not need a full erection to have an orgasm. This may work best with the partner on top guiding the penis inside.
- Help satisfy your partner and yourself without using penetration. Experiment with all-over touching, oral sex, masturbation or sex aids.
- Ask your doctor about taking tablets or having injections to help with erections.
- Use a vacuum pump device, which draws blood into the penis to make it firm.
- Consider having an implant surgically inserted into the penis. A pump is placed in the scrotum and squeezed when an erection is needed.
- If your cancer specialists say it is safe to use with your type of cancer, you could consider testosterone replacement therapy. This may help if you have low testosterone levels.

Ejaculation and orgasm changes

Men who have had their prostate removed produce little or no semen. This means that they may have a dry orgasm, which can be quite a different sensation – some men say it does not feel as strong or long-lasting as an orgasm with semen, while others say it is more intense. They may also experience retrograde ejaculation, where the semen goes backwards towards the bladder, rather than forwards out of the penis. This is not dangerous or harmful.

In some cases after prostate surgery, men leak urine during orgasm. Premature ejaculation can also be a problem for men who are feeling anxious about their sex life.



Tips for adapting to orgasm changes

- Talk to your partner about the issue. Even if you feel you ejaculate too quickly, your partner may be satisfied, especially after lots of foreplay. If you have no semen, explain why and that it doesn't affect your enjoyment of sex.
- Ejaculate often, perhaps by masturbating, to help control ejaculation and increase the amount of semen ejaculated.
- To minimise urine leakage, empty your bladder before sex. Try wearing a condom to catch any leakage. Pelvic floor exercises (see page 55) can help improve bladder control.
- To improve ejaculation control, explore medicines or numbing gels or talk to a sexual therapist about the stop-start technique.
- Concentrate on enjoyment of sexual activity. Worrying about controlling your ejaculation may lead to erection problems or loss of interest in sex.

Changes to your vagina

Cancer treatments may cause a variety of changes to your vagina, which can lead to discomfort and/or pain during intercourse.

Shortening and narrowing of the vagina – The vagina may be shortened by surgery, and vaginal narrowing can occur after radiotherapy to the pelvis. Doctors may advise you to use a vaginal dilator. You insert the dilator into the vagina for short periods of time to gradually widen the entrance and prevent the side walls sticking together. Although dilators are not designed specifically for use during sexual activity, some couples do incorporate them into their sexual play. Some people find it is more fun to use a vibrator to help gradually widen the vagina.

Tight vaginal muscles – After cancer treatment, some women experience vaginismus, when the muscles around the vagina become tight. This is often caused by fear that intercourse will be painful, and can make penetration difficult. Ask your doctor for a referral to a pelvic floor physiotherapist, who can help you learn how to keep the muscles relaxed during intercourse.

Vaginal dryness – A lack of oestrogen often causes vaginal dryness, which can make penetration during sex painful. You may also become prone to vaginal infections, such as thrush.

Thrush (candida) – Thrush can occur when genital dryness causes an overgrowth of a fungus that is commonly found in the vagina. It can cause itching, burning and an unpleasant discharge, and may make intercourse painful.

Loss of sensation – Some women experience a loss of sensation in their vagina temporarily or permanently, depending on the type of treatment they have had. This can make sex uncomfortable or unsatisfying, or may cause low libido.

The table on the next two pages offers tips for coping with these vaginal changes.

Vaginal health

When treatment leads to changes in the vagina, women may need both vaginal lubricants and vaginal moisturisers to prevent discomfort and pain. Some women can also use oestrogen products. Avoid products containing perfumes, oils or glycerine.

Vaginal lubricants (personal lubricants) – These are liquids or gels that are applied around the clitoris and labia and inside the vaginal entrance during sexual activity. You can buy water-based or silicone-based lubricants at supermarkets and chemists. Lubricants with a silicone base may last longer than the water-based ones. Petroleum-based products (e.g. Vaseline) are not recommended as they can increase the chance of a vaginal infection.

Vaginal moisturisers – These non-hormonal, over-the-counter products help to restore lubrication and the natural pH level to the vagina and vulva. They are usually used 2–3 times per week.

Vaginal oestrogen therapy – Prescription suppositories or creams can help restore oestrogen levels in the vagina. These may not be an option if you are having hormone therapy for cancer.

Coping with vaginal changes

Short/narrow vagina

- Use personal lubricant to make intercourse comfortable. Choose a water-based or silicone-based gel that has no added perfumes or colouring (e.g. Pjur, Sylk or Astroglide).
- Use a non-hormonal vaginal moisturising cream several times a week to help keep your vagina lubricated.
- Try a vibrator or regular, gentle sexual intercourse. Experiment with different positions for penetration.
- Use a foam ring around the base of your partner's penis to reduce discomfort and pain during intercourse.
- Ask your doctor about dilators to widen your vagina. Using dilators can be challenging and some women feel like giving up. Call Cancer Council **13 11 20** and ask to speak to someone who has used a dilator after cancer treatment.

Vaginal dryness

- Avoid soap, bubble bath and creams that can irritate your genitals.
- Use a non-hormonal vaginal moisturising cream several times a week.
- Talk to your doctor about whether oestrogen creams or suppositories are an option with your type of cancer.
- Apply lubricant as part of your sexual play. Choose a water-based or silicone-based gel that has no added perfumes or colouring (e.g. Pjur, Sylk or Astroglide).
- Take more time before and during penetration to help the vagina relax and become well lubricated.



Thrush

- Seek medical advice to rule out other types of vaginal infections.
- Treat thrush with prescription creams or medicines.
- Wear loose, cotton clothes. Avoid nylon pantihose, tight jeans or trousers.
- Avoid using petroleum-based products (e.g. Vaseline) as a lubricant.
- Use a condom to avoid the spread of thrush to your partner.

Loss of sensation

- Focus on other areas of your body and genitals that feel pleasurable when touched.
- Try regular sexual activity of some kind to help maintain your sexual response.
- Experiment with different sexual positions to see whether this improves sensation.
- Use a vibrator to enhance sensation in the vagina and surrounding area.
- Seek medical advice – some women may benefit from a vaginal examination to identify and treat medical conditions such as thrush.
- If your usual contraceptive device or medicine is irritating you, try alternative methods of contraception.

Difficulty reaching orgasm

A woman's ability to reach orgasm may be unchanged after cancer treatment. However, women who have had their clitoris or other sensitive areas of the vulva removed will have difficulties. Removal of the uterus, cervix and ovaries can also change how a woman experiences orgasm.

Initially, you or your partner might feel that the activities listed below are not 'real sex', but if they provide sexual pleasure and connection they are not inferior to intercourse.



Tips for reaching orgasm

- Try different ways of getting in the mood for intimacy: wear clothes that make you feel sensual, shower or bathe together, or have a weekend away if you can – whatever makes you feel sexy, relaxed and good about each other.
- Use stroking, caressing and massage, or guide your partner's hands or fingers to areas that arouse and excite you.
- Focus on your breathing. Try to tense and relax your vaginal muscles in time with your breathing during intercourse or while your clitoris is being stroked.
- Think about a past sexual experience or use erotic books, magazines or films.
- Set the mood or atmosphere with soft lighting, candles and soothing music.
- Consider using an electric vibrator, which may give you the extra stimulation you need to reach orgasm faster.
- Explore reaching orgasm without penetration. Try oral sex, masturbation or all-over touching.

Early menopause

Menopause occurs when your ovaries stop working and you have not menstruated for one year. This means you will not be able to fall pregnant naturally. For most women, this happens naturally between 45 and 55. Most menopause symptoms are associated with the decrease in your body's oestrogen levels. These may include irregular periods, aching joints, mood changes, hot flushes, night sweats, sleep disturbance, a dry vagina, increased urinary frequency and 'fuzzy' thinking.

Early menopause (or premature menopause) is the term for menopause that occurs before the age of 40. When this happens because of cancer treatment, it may be called induced menopause. The sudden start of menopause can cause more severe symptoms than natural menopause because your body hasn't had time to get used to the loss of hormones. Premature menopause may also cause bones to weaken (known as osteoporosis or osteopenia).

The loss of menstruation and fertility at a younger age can lead to feelings of grief and low self-esteem. You may feel old before your time or less feminine, and worry that you are less attractive.

A number of cancer treatments can affect your ovaries, either temporarily or permanently, and result in menopausal symptoms or early menopause. These treatments include: surgery in which both of your ovaries are removed; hormone therapy to decrease your ovaries' production of oestrogen; and radiotherapy and chemotherapy, which may affect your ovaries' ability to produce eggs and hormones.

If your uterus is removed (hysterectomy) but one of your ovaries remains, you will no longer have monthly periods or be able to carry a child, but you will continue to produce oestrogen and can still go through natural menopause at the normal stage of life. If both of your ovaries and/or your uterus are removed, your periods will stop and you will experience induced menopause.

If you wish to have children, it is important to talk to your doctor about your options before any treatment that may affect fertility.



Tips for managing menopause symptoms

- If your cancer treatment causes early menopause, consider seeing a menopause clinic to discuss the options for managing symptoms.
 - Identify and avoid things that trigger hot flushes, such as alcohol, hot drinks, spicy foods and anxiety.
 - Eat well, exercise regularly and learn relaxation techniques.
 - Ask your doctor whether it is safe for you to use hormone replacement therapy (HRT) to treat menopausal symptoms.
- There are also non-hormonal options, such as acupuncture, that you could try.
- Antidepressants may help manage depression and/or anxiety, but can lower libido, so talk to your doctor.
 - Ask your GP to arrange a bone density test to check for osteoporosis/osteopenia.
 - Eat high-calcium foods and/or take a calcium and vitamin D supplement, and exercise regularly to strengthen your bones and help reduce the rate of bone loss.



Key points

- Cancer and its treatment can have a variety of impacts on your sexuality, but there are many treatment options available. It is always worth talking to your health care team about ways to manage sexual issues.
- Communicating openly with your partner may help you overcome any sexual problems brought about by cancer treatment.
- The loss of any body part can affect your sexual confidence. Take time to get used to the changes and explore how your sexual response has changed. Remember that you are loved for who you are, not for particular body parts.
- Loss of interest in sex (low libido) during cancer treatment is very common because you may feel too sick, tired, weak or worried to think about sex, or the treatments may have disturbed your body's normal hormone balance.
- Physical changes may make some of your usual sexual practices and positions uncomfortable or painful. Try to have an open mind about exploring some new ways of giving and receiving sexual pleasure.
- Some cancer treatments can cause temporary or permanent infertility. If you may want to have children in the future, talk to your doctor before treatment begins.
- If you find that the changes after cancer are getting in the way of a fulfilling sexual life, talk to your GP or cancer specialists about seeing a sexual therapist.



A note to partners

It can be difficult watching someone you love go through cancer, its treatments and side effects. Try to look after yourself – give yourself some time out and share your worries or concerns with somebody neutral, such as a counsellor or your doctor.

If you have been your partner's primary carer, it can sometimes be hard to switch between the roles of carer and lover. You may find that changing the setting (e.g. going away for a night or two) can help you both relax and focus on things other than cancer.

Thoughts about cancer and the way it may affect your life can interfere with your desire for sex, yet your partner may be craving physical contact. On the other hand, it may be that your partner seems to have lost interest in sex, and you may feel guilty for even bringing up the topic. All these feelings can lead to misunderstanding and conflict.

Ways to communicate

Open communication will be more important than ever. You and your partner may never have talked much about sex before, or it might be difficult to discuss your different needs without both becoming defensive. A counsellor or psychologist can suggest new ways to approach such conversations. They can help you talk about your feelings and how the physical needs in the relationship can be met.

If your partner is not ready for sexual contact, try other ways of showing you love them and find them physically attractive,

such as touching, holding, hugging and massaging them. Stroking their scars may show your partner that you have accepted the changes to their body. If you are finding the changes confronting, try talking sensitively to your partner or to a counsellor. Physical contact that doesn't lead to sex can still be comforting and often helps to take the pressure off both of you.

“ I took hold of my partner's hand ... Her response was, ‘Do you realise this is the first time that you've touched me in three weeks?’, and I'm a fairly tactile person. ” Ian

The impact of cancer

You may have had to face the possibility that your partner could die. If they have recovered, you may expect to feel relieved but instead feel emotionally low and drained of energy. Acknowledge that you and your partner have been through a difficult and confronting experience and allow yourselves time to adjust.

Relationships are often challenged through a cancer experience. Take time to look after yourself. Although you don't have cancer, you have also been affected. Try talking openly about changes to the relationship and how you can readjust your life around them.

Call Cancer Council 13 11 20 for a free copy of the booklet *Caring for Someone with Cancer*, or to speak with a cancer nurse and be linked with a carer in a similar situation. You can also visit your local Cancer Council website to find a digital version of the booklet.

Safety concerns for partners

- Be assured that it is not possible for your partner to transmit cancer through intimate activities such as kissing or intercourse.
- Sexual activity will not make cancer spread, nor will it make the cancer come back.
- Chemotherapy drugs may stay in your partner's body fluids for some days. Using condoms or other barrier methods (see page 29) for a week after treatment can protect you from any potential risk.
- It will usually be safe to have sex after radiotherapy. If your partner is having external radiotherapy, they will not be radioactive once they return home. If your partner is having internal radiotherapy (brachytherapy or radioisotope therapy), you may need to take some precautions, such as avoiding sexual contact or using condoms or other barrier methods, particularly during pregnancy – your treatment team will be able to advise you.
- If your partner is receiving immunotherapy for bladder cancer (Bacillus Calmette-Guérin, or BCG), ask their treatment team what precautions you need to take. You will usually have to avoid sex for 48 hours after each treatment, and then use condoms or other barrier methods during the rest of the treatment cycle and for six weeks after the final treatment.



Seeking support

Cancer may cause you to experience a range of emotions, such as fear, sadness, anxiety, anger or frustration. It can also cause practical and financial problems.

Practical and financial help

There are many services that can help deal with practical or financial problems caused by the cancer. Benefits, pensions and programs can help pay for prescription medicines, transport costs or utility bills. Home care services, aids and appliances can also be arranged to help make life easier.

Ask the hospital social worker which services are available in your local area and if you are eligible to receive them.

If you need legal or financial advice, you should talk to a qualified professional about your situation. Cancer Council offers free legal and financial services in some states and territories for people who can't afford to pay – call 13 11 20 to ask if you are eligible.

Talk to someone who's been there

Coming into contact with other people who have had similar experiences to you can be beneficial. You may feel supported and relieved to know that others understand what you are going through and that you are not alone.

People often feel they can speak openly and share tips with others who have gone through a similar experience.

In a support setting, you may find that you are comfortable talking about your diagnosis and treatment, relationships with friends and family, and hopes and fears for the future. Some people say they can be even more open and honest because they aren't trying to protect their loved ones.

Types of support

There are many ways to connect with others for mutual support and to share information. These include:

- **face-to-face support groups** – often held in community centres or hospitals
- **telephone support groups** – facilitated by trained counsellors
- **peer support programs** – match you with someone who has had a similar cancer experience, e.g. Cancer Connect
- **online forums** – such as cancerconnections.com.au.

Talk to your nurse, social worker or Cancer Council 13 11 20 about what is available in your area.

“ Before I joined the men's group, I hadn't talked much about sexuality. Now it's just a normal part of conversation, and I think it ought to be. If a group trusts in each other, people will share a whole lot of stuff. ” Trevor



Useful websites

The internet has many useful resources, although not all websites are reliable. The websites below are good sources of information.

Australian

Cancer Council Australia.....	cancer.org.au
Cancer Australia.....	canceraustralia.gov.au
Carer Gateway.....	carergateway.gov.au
Carers Australia.....	carersaustralia.com.au
Cancer Connections.....	cancerconnections.com.au
Department of Health.....	health.gov.au
Department of Human Services (including Centrelink and Medicare).....	humanservices.gov.au
healthdirect Australia.....	healthdirect.gov.au
Andrology Australia.....	andrologyaustralia.org
Australian Council of Stoma Associations	australianstoma.com.au
beyondblue.....	beyondblue.org.au
Bladder and Bowel (Australian Government)	bladderbowel.gov.au
Breast Cancer Network Australia.....	bcna.org.au
Continence Foundation of Australia.....	continence.org.au
Gynaecological Cancer Society.....	gcsau.org
Prostate Cancer Foundation of Australia.....	prostate.org.au
Relationships Australia.....	relationships.org.au
Society of Australian Sexologists.....	societyaustraliansexologists.org.au

International

American Cancer Society.....	cancer.org
Macmillan Cancer Support (UK).....	macmillan.org.uk
National Cancer Institute (US).....	cancer.gov



Question checklist

Below is a list of suggested questions to get the conversation started with your health professional:

- How will this treatment affect me sexually?
- What can be done to preserve sexual functioning and pleasure?
- How will this treatment affect my hormones?
- Will this treatment affect my fertility? What can I do about it?
- What changes are likely in the short term and longer term?
- Are any changes permanent?
- If the changes are temporary, how long will I experience them?
- What treatment options are available to help with sexual issues after cancer?
- When is it safe to have sex again?
- When can I expect to feel like, or enjoy, having sex or being intimate again?
- How soon can I masturbate, have oral sex or sexual intercourse?
- What sort of problems might we experience during intercourse?
- It hurts when we have intercourse. What can we do about this?
- Should we take any precautions when having sex?
- What kind of contraception should I use and for how long?
- If I've had a sexually transmitted infection, will it come back with chemotherapy?
- Can I have children?
- I am having trouble feeling confident about my body and reaching orgasm. Will it always be like this?

- I'm afraid I can't satisfy my partner any more. What can I do?
- Sex doesn't feel the same as it used to. What can I do?
- Is there anything I should be careful about when I have sex?
- Will the cancer come back if I have sex?
- Can I give cancer to my partner if we have sex?
- Are there any complementary therapies I could try? Are there any over-the-counter products I should avoid?
- Can you refer me to a sexual therapist?

Questions for men

- Why can't I get an erection?
- How long will it be before I can get an erection again?
- What are the options if I can't get an erection?
- Why don't I ejaculate anymore?

Questions for women

- Will I still experience the same sexual sensations after having this treatment?
- Would hormone replacement therapy be necessary or beneficial?
- I have vaginal dryness. What do you recommend?
- Is it safe to use an oestrogen cream?
- How can I stretch my vagina?
- How can I manage the symptoms of menopause?



Glossary

adrenal glands

Triangular glands resting on top of each kidney that produce adrenaline and other hormones.

androgens

The male sex hormones that produce male physical characteristics such as facial hair or a deep voice. The main androgen is testosterone.

brachytherapy

A type of internal radiotherapy treatment in which radioactive material is placed into or near the tumour.

breast conserving surgery

Surgery to remove part of the breast. Also called a lumpectomy.

breast reconstruction

The surgical rebuilding of a breast after mastectomy.

catheter

A hollow, flexible tube through which fluids can be passed into the body or drained from it.

cervix

The end of the uterus that forms a canal and extends into the vagina.

chemotherapy

The use of cytotoxic drugs to treat cancer by killing cancer cells or slowing their growth.

climax

See orgasm.

clitoris

The main sexual pleasure organ for women. It has rich sensory nerve endings and becomes erect during arousal.

cystoscopy

A procedure that uses a cystoscope, a thin tube with a light and a camera, to examine the vagina, cervix, bladder or rectum.

cytotoxic drug

A substance that is toxic to cells and kills or slows their growth.

dental dam

A silky thin sheet of latex used when having protected oral sex.

depression

Very low mood on most days, lasting for more than two weeks.

dry orgasm

Sexual climax without the release of semen from the penis (ejaculation).

early/premature menopause

Menopause that occurs before 40.

ejaculation

When semen passes through the urethra and out of the penis during an orgasm.

erectile dysfunction

Inability to get and keep an erection firm enough for penetration. Also called impotence.

erection

When a penis stretches and stiffens in response to sexual stimulation.

erogenous zones

Areas of the body that respond to sexual stimulation.

fallopian tubes

The two thin tubes that extend from the uterus to the ovaries. The tubes carry

sperm to the egg, and a fertilised egg from the ovary to the uterus.

fatigue

Extreme tiredness and lack of energy that doesn't go away with rest.

fertility

The ability to conceive a child.

genitals

The sexual organs in men and women. Often used to mean the external sexual organs.

hormone replacement therapy (HRT)

Drug therapy that supplies the body with hormones that it is no longer able to produce naturally. Often used to treat the symptoms of menopause.

hormones

Chemicals in the body that send information between cells to bring about changes in the body. Some hormones control growth, others control reproduction.

hormone therapy

A treatment that blocks the body's natural hormones that help some cancers grow. Also known as endocrine therapy.

hysterectomy

The surgical removal of the uterus and the cervix.

impotence

See erectile dysfunction.

incontinence

The accidental or involuntary loss of urine or faeces.

labia majora

The outer lips of the vulva.

labia minora

The inner lips of the vulva. These join at the top to cover the clitoris.

libido

Sex drive/sexual desire.

lumpectomy

See breast conserving surgery.

lymphadenectomy

Removal of the lymph glands from a part of the body.

lymph nodes

Small, bean-shaped glands that form part of the lymphatic system. They collect and destroy bacteria and viruses. Also called lymph glands.

lymphoedema

Swelling caused by a build-up of lymph fluid. This happens when a blockage or removal of lymph nodes stops the lymphatic vessels and remaining lymph nodes from draining properly.

mastectomy

The surgical removal of the whole breast.

masturbation

Stimulation of your own or a partner's genitals without sexual intercourse for pleasure or orgasm.

menopause

When a woman stops having periods (menstruating). This can happen as a result of natural hormonal changes; because of chemotherapy, radiotherapy or hormone therapy; or after surgery to remove the ovaries.

oestrogen

A female sex hormone produced mainly by the ovaries.

oophorectomy

The removal of one or both ovaries.

orchidectomy

The removal of one or both testicles. Also called an inguinal orchiectomy.

orgasm

The peak of sexual response. Also known as climax.

osteoporosis

Thinning and weakening of the bones. It can lead to bone pain and fractures. Osteopenia is milder bone thinning.

ovary

The female reproductive organ that contains eggs (ova) and makes hormones.

ovulation

The release of an egg during the menstrual cycle.

penectomy

The surgical removal of part or all of the penis.

perineum

The area of skin between the vulva (or, for males, the scrotum) and the anus.

premature ejaculation

The inability to delay ejaculation.

progesterone

A female sex hormone made mostly by the ovaries that prepares the uterus lining (endometrium) for pregnancy.

prostate

A gland in the male reproductive system. It produces most of the fluid that makes up semen.

prostatectomy

An operation to remove all or part of the prostate gland.

prosthesis

An artificial replacement for a body part.

radiotherapy

The use of radiation to kill cancer cells or injure them so they cannot grow.

retrograde ejaculation

A condition where the sperm travels backwards into the bladder, instead of forwards out of the penis.

scrotum

The external pouch of skin behind the penis containing the testicles.

semen

The fluid containing sperm and secretions from the testicles and seminal vesicles that is ejaculated from the penis during orgasm.

seminal vesicles

Glands that lie near the prostate and produce part of the semen.

side effect

Unintended effect of a drug or treatment.

sperm

The male sex cell.

stoma

A surgically created opening that connects an organ, such as the bowel, to the outside of the body.

testicles

Two egg-shaped glands that produce sperm and the male sex hormone, testosterone. Also called testes.

testosterone

The major male sex hormone. In men, it is produced by the testicles and also by the adrenal glands. In women, the ovaries and adrenal glands produce small amounts of testosterone.

urethra

The tube that carries urine from the bladder to the outside of the body. For men, the urethra also carries semen.

uterus

The hollow organ in which a fertilised egg grows and a fetus is nourished until birth. Also called the womb.

vagina

A muscular canal that extends from the entrance of the uterus to the vulva.

vaginal atrophy (atrophic vaginitis)

Thinning of the vaginal walls due to a decline in oestrogen.

vaginectomy

An operation that removes some or all of the vagina.

vaginismus

A tightness in the vaginal or pelvic muscles that may prevent sexual intercourse.

vas deferens

Tubes in the male reproductive system that carry the sperm from the testicles to the prostate.

vulva

The external sexual organs of a woman. It includes the mons pubis, labia majora and minora, and clitoris.

vulvectomy

Removal of some or all of the vulva.

womb

See uterus.

Can't find a word here?

For more cancer-related words, visit:

- cancercouncil.com.au/words
- cancervic.org.au/glossary
- cancersa.org.au/glossary

References

1. We have used quotes from cancer survivors who took part in the Western Sydney University research project 'Multiple perspectives on sexuality and intimacy post-cancer, leading to the development and evaluation of supportive interventions', which has been funded by the Australian Research Council, in partnership with Cancer Council NSW and National Breast Cancer Foundation.
2. LA Brotto, M Yule & E Breckon, 'Psychological interventions for the sexual sequelae of cancer: a review of the literature', *Journal of Cancer Survivorship*, vol. 4, no. 4, 2010, pp. 346–60. doi: 10.1007/s11764-010-0132-z.
3. J Perz & JM Ussher et al., 'Feeling well and talking about sex: psycho-social predictors of sexual functioning after cancer', *BMC Cancer*, vol. 14, no. 228, 2014, pp. 22–47. doi: 10.1186/1471-2407-14-228.



How you can help

At Cancer Council, we're dedicated to improving cancer control. As well as funding millions of dollars in cancer research every year, we advocate for the highest quality care for cancer patients and their families. We create cancer-smart communities by educating people about cancer, its prevention and early detection. We offer a range of practical and support services for people and families affected by cancer. All these programs would not be possible without community support, great and small.

Join a Cancer Council event: Join one of our community fundraising events such as Daffodil Day, Australia's Biggest Morning Tea, Relay For Life, Girls' Night In and Pink Ribbon Day, or hold your own fundraiser or become a volunteer.

Make a donation: Any gift, large or small, makes a meaningful contribution to our work in supporting people with cancer and their families now and in the future.

Buy Cancer Council sun protection products: Every purchase helps you prevent cancer and contribute financially to our goals.

Help us speak out for a cancer-smart community: We are a leading advocate for cancer prevention and improved patient services. You can help us speak out on important cancer issues and help us improve cancer awareness by living and promoting a cancer-smart lifestyle.

Join a research study: Cancer Council funds and carries out research investigating the causes, management, outcomes and impacts of different cancers. You may be able to join a study.

To find out more about how you, your family and friends can help, please call your local Cancer Council.



Cancer Council 13 11 20

Being diagnosed with cancer can be overwhelming. At Cancer Council, we understand it isn't just about the treatment or prognosis. Having cancer affects the way you live, work and think. It can also affect our most important relationships.

When disruption and change happen in our lives, talking to someone who understands can make a big difference. Cancer Council has been providing information and support to people affected by cancer for over 50 years.

Calling 13 11 20 gives you access to trustworthy information that is relevant to you. Our cancer nurses are available to answer your questions and link you to services in your area, such as transport, accommodation and home help. We can also help with other matters, such as legal and financial advice.

If you are finding it hard to navigate through the health care system, or just need someone to listen to your immediate concerns, call 13 11 20 and find out how we can support you, your family and friends.

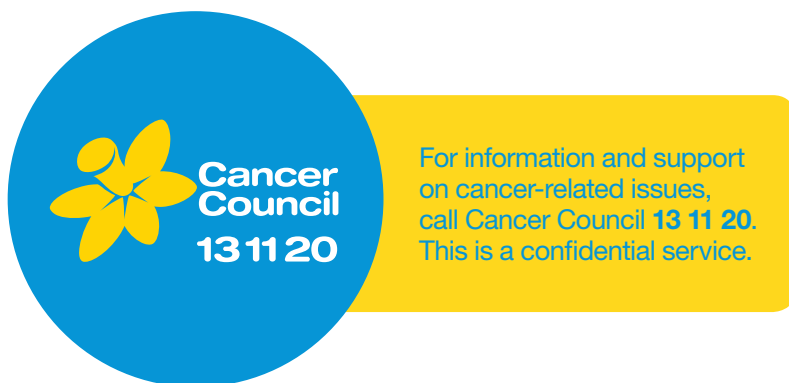
Cancer Council services and programs vary in each area.
13 11 20 is charged at a local call rate throughout Australia (except from mobiles).



If you need information in a language other than English, an interpreting service is available. Call 13 14 50.



If you are deaf, or have a hearing or speech impairment, contact us through the National Relay Service.
www.relayservice.gov.au



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actcancer.org

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To support Cancer Council, call your local Cancer Council or visit your local website.*