

Sexuality and Your Cancer Treatment

How Will My Cancer Treatment Affect My Sexuality?

Issues that affect quality of life, such as sexual health, have become increasingly important, even though cancer care has improved and survival rates have increased. Often patients are not sure what to expect from health care providers when talking about sexual health during cancer treatment. The World Health Organization defines sexual health as " a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity."

Sexuality involves all parts of every human being. It involves communication, intimacy and physical activity. Cancer treatment does not change you into a nonsexual person, though the disease or its treatment may interfere with some aspects of your ability to enjoy sexual activity. Often during illness, your needs for intimacy and affection will increase when the relationship is strained by worry and concern.

Health care providers are aware that cancer can act as a thief, stealing confidence and hope. It can rob relationships of intimacy. The purpose of this document is to help lessen those losses and to maintain your sexual health as much as possible during and after cancer treatment. Hopefully, it will openly address whatever sexual concerns you may have and encourage you to discuss these issues with your health care providers.

How Will the Physical Changes Caused by My Treatment Affect My Sexuality?

The normal human sexual cycle consists of one or more phases including desire, arousal, orgasm/climax and resolution. Cancer and its treatment may affect any of these phases.

Cancer treatment, such as surgery, chemotherapy, hormone therapy or radiation therapy, can decrease your level of sexual desire by slowing down the production of sex hormones. Side effects of treatment, such as nausea or fatigue, may also affect your desire. Negative emotions like depression, anger, fear or guilt, may keep you or your partner from wanting to have sex.

Medications for pain, nausea, anxiety, depression or seizures can also impact desire. If you have experienced changes in your appearance as a result of treatment, you may feel self-conscious or unattractive. All of these factors can affect your sexual desire.

Changes in arousal may also occur as a result of treatment. You may respond more slowly to sexual stimulation than before. Women may experience a decrease in vaginal lubrication. Vaginal dryness can be relieved by lubricants, which come in a variety of forms, including suppositories. These are available over the counter at any drugstore. Do not use oil-based lotions or Vaseline®, as these products may increase your risk of vaginal infections.

Men may experience a decrease in the firmness, reliability, frequency and sustainability of their erections while undergoing treatment. Changes in erections caused by chemotherapy are often temporary. Most men return to their prior level of sexual function once chemotherapy is over. Other cancer treatments, such as surgery or radiation therapy to the pelvis, may permanently damage erections. Hormone treatment can also affect erectile function.

Surgery or radiation treatment to the abdomen or pelvis may cause physical changes in blood circulation or nerve supply to the sex organs. These changes may disrupt a man or woman's ability to become aroused. Men who cannot have erections because of surgery or radiation may talk with their doctors about treatment options such as oral medications, penile implants, urethral suppositories, vacuum erection devices or penile injections. Women who experience vaginal dryness as a result of surgery or radiation may use water-soluble lubricants or moisturizing suppositories available at any drugstore without a prescription. Some women may experience some shrinkage of the vagina as a result of radiation or surgery. A combination of learning to relax the vaginal muscles and gentle, gradual stretching of the vagina with dilators can overcome this problem. Finding positions that give the woman control over movement and minimize deep penetration can also help.

Your doctor can give you additional advice about sexual activity after radiation treatment or surgery. For more detailed information about positioning and sexual techniques, refer to *Sexuality and Cancer* by the American Cancer Society.

Feeling self-conscious about the way you look or "stressed out" by your diagnosis and treatment can also interfere with the ability to focus on sexual excitement and pleasure. Seek counseling for any sexual problems from your doctor, nurse, social worker or a behavioral medicine professional.

You can also seek support from a cancer support group. Other patients who have gone through the same treatment can often offer advice about how to deal with these changes.

Changes in orgasm or climax may occur as a result of cancer treatment. However, most men and women continue to be able to reach a climax, even if cancer treatment interferes with erections and vaginal lubrication or involves removing some parts of the pelvic organs. Once in a while, physical changes in the nerve supply to the sex organs may reduce sensitivity. Some patients find that it takes longer to reach a climax than before. Tension and anxiety or trouble getting in the mood for sex can also slow down the ability to reach orgasm. Some medications that are taken for depression or anxiety may also make it harder to reach orgasm.

While receiving chemotherapy and following pelvic radiation or the removal of the prostate and/or bladder, the amount of fluid that a man releases during orgasm may decrease or disappear entirely. Men who had the prostate removed will experience dry orgasms, but are still able to experience feelings of sexual pleasure during climax.

In addition, it is important to know what your platelet count is before engaging in sexual activity. If your platelet count is lower than 50,000 and you engage in sexual activity, you may be at risk for bleeding.

During chemotherapy, you also have a greater risk for getting an infection. Normal germs that are not a threat to others can cause an infection in a cancer patient during treatment. For this reason, practice good personal hygiene and bathe daily. Wash your hands and genitals before and after sexual activity. If you are not in a monogamous sexual relationship (having only one partner) where you are not sure of your partner's faithfulness, you should practice safer sex, using latex condoms and dental dams to avoid contact with your partner's body fluids. If you use a lubricant with latex condoms, choose a water-based lubricant that does not contain oil (i.e., baby oil or petroleum jelly), since such products can weaken the condom. Nonoxynol-9 is no longer recommended as an HIV preventive.

What About Pregnancy During Cancer Treatment?

Pregnancy should be prevented during chemotherapy or radiation treatment. These types of cancer treatments in the mother or the father can damage eggs and sperm. If you are being treated with a newer type of biological cancer treatment, make sure to discuss risks of pregnancy with your doctor. Even though treatment may lower a man's sperm count or cause a woman's periods to stop, a pregnancy is still possible. Talk to your doctor or nurse about the best method of birth control for you.

If you wish to have children after your cancer treatment, discuss your options with your doctor as soon as possible after diagnosis.

Men who receive chemotherapy, radiation treatment to the pelvis, abdomen, brain or whole body, or surgery in the pelvic area may consider sperm-banking or freezing before they start treatment. This is a way of increasing the chance to have a biological child in the future.

A woman's ability to have children after chemotherapy or radiation will depend upon the dose, the type of chemotherapy used and her age at the time of treatment. Women over 35 are less likely to recover their fertility. Women who want to have children after treatment should discuss these fertility issues with their doctors. Women who had chemotherapy or radiation to the pelvic or abdominal area should consult an obstetrician before trying to get pregnant to ensure her heart, lungs and uterus are healthy enough to avoid complications. Also, if pregnancy should occur after a woman has had cancer, the chance of cancer recurring does not increase.

Some centers are now banking ovarian tissue for women before treatment begins, however, this technique is still very experimental and has not resulted in any pregnancies. Some women may benefit from taking a hormone that will put their ovaries into temporary menopause during chemotherapy, but this is also still experimental. Another option is to go through a cycle of in vitro fertilization and store frozen embryos before starting cancer treatment.

Can I Get or Give Cancer through Sexual Activity?

You cannot get cancer from sexual intercourse. It is medically impossible to pass cancer from one person to another. Sexual activity does not cause cancer, nor does it increase the risk for recurrence. The causes of cancer are complex, such as exposure to certain toxic chemicals, tobacco use or genetic factors. However, some chemotherapy drugs can be present in semen or vaginal fluid during treatment. If your partner is receiving chemotherapy, use condoms or a dental dam for the first 72 hours after treatment is finished to avoid any exposure to these drugs. This is especially important if a man is on chemotherapy and his wife is pregnant.

What Other Options Do I Have for Intimacy?

There are many forms of sexual activity besides intercourse. Sexual activity does not have to include intercourse. A sensuous back or foot rub, kissing, hugging and caressing one another are forms of pleasurable sexual activity that can help you and your partner feel close and share intimacy. Physical touch is extremely therapeutic and may even boost the healing process. Touching keeps communication open between you and your partner and sets the stage for more physical intimacy later, when you feel better. You can also bring each other to orgasm through manual stimulation or oral sex if you both feel comfortable with these options.

If you are alone, solo sex may be an option. After a diagnosis of cancer, some patients feel as if their bodies have betrayed them. Solo sex can help you feel good about your body again and stimulate positive physical feelings instead of painful ones. It also is a good way to find out if your sexual sensitivity or sensation has changed after cancer treatment. When you have a partner again, you can communicate what you have learned about your own responses. Solo sex can help you feel like a sensual person and deal with sexual frustration. Medical research has shown that solo sex is harmless. It may even be healthy, since women who can bring themselves to climax have an easier time having orgasms with a partner. Some people worry that solo sex is not acceptable from a religious point of view. If this is a concern, ask your clergy or other spiritual person whom you trust.

How Will My Treatment Affect My Relationships and Me?

Whether in a relationship or not, all humans are sexual beings. Your sexuality is not just about one or two specific organs. Instead, it is engraved upon every cell in your body and into every nerve fiber within your brain. It is a part of your physical, emotional and spiritual well-being. Disease and treatment cannot destroy your sexuality. Sexuality remains with you throughout your entire life, regardless of your age.

Cancer and cancer treatment can cause changes in your appearance which may distress you. Side effects, such as hair loss, weight changes, scars or changes in skin color, may leave you feeling unattractive and self-conscious. You may feel helpless and frustrated by changes beyond your control. The way you feel about your body and yourself can affect how you interact with others. Classes to improve your appearance during treatment are available to help you look good and feel better. Contact your local chapter of the American Cancer Society to find out about classes near you.

Remember, even though cancer and its treatment may change your outward appearance, it cannot change the essence of who you are as a person. If you have experienced love and affection before treatment, there is every reason to think that your sexual partner, family members and friends will continue to love and value you now.

Anxiety caused by cancer and its treatment can cause a strain on any relationship, as well as, interfere with your ability to enjoy any activity. Worry and fear about the future may make it hard to share intimacy and affection. This commonly occurs when your need for closeness and intimacy are greater than ever. Your life has changed, but you have not lost the ability to love and be loved. The good news is that anxiety is a treatable condition. Patients and their partners who have been through this tell us that talking with each other about their fear and anxiety is very important. It is normal to experience these emotions during treatment, and it's healthy to talk about them. Many people find that their love and commitment to each other deepens when facing the challenge of cancer. Opportunities may arise for you to give and receive love in ways that will enrich your sexual relationship.

Depression is another treatable condition that occurs in about 25 percent of cancer survivors. In addition to crying and feeling sad, depression can affect your quality of life, including your sexuality.

It is important to talk with your health care provider about your feelings of anxiety, worry, fear or depression. Ask him or her to refer you to a behavioral health clinician for additional help.

If you are single, you may have concerns about dating during or after treatment. Questions about what or when to tell someone, becomes a major issue. Do you say on the first date: "Oh, by the way, I've had cancer," or do you wait until the second or third date? Patients who begin dating after treatment say that they developed powerful "radar" around new people. They are able to tell the difference between people who are interested in only a temporary casual affair and those who enjoy their company because of who they are. When you have established trust and friendship, go ahead and tell your new partner that you have been treated for cancer. This needs to happen early enough so that your relationship can be based upon honesty, confidence and acceptance.

Your doctor, nurse, social worker, chaplain or behavioral health clinician is available to listen to your concerns and give you advice. Many people don't talk to health care professionals about their sexual relationships because they feel embarrassed, ashamed or afraid. These are common feelings when talking about sexuality. Some people feel guilty about "bothering" the health care professional and worry about "being a good patient." However, all patients have a right to information that will improve their health and well-being. Sexuality is very important for total health and well-being. Discuss your concerns with one of your health care providers. Choose a doctor, nurse, social worker, chaplain or a clinician from the behavioral medicine team whom you trust and who cares about you. He or she can give you information and advice to help you maintain your sexual and emotional health during and after treatment. If you do encounter a doctor or other health provider who dismisses your concerns and questions about sex, get a second opinion.

If you are a family member or the close friend of a patient, you need to realize the importance of expressing tenderness and affection frequently. The best therapy that you can provide in the fight against cancer is "hug therapy." Love and affection will reduce the feelings of "aloneness" and fear that most cancer patients feel while going through treatment. Some research scientists believe that hugging boosts the immune system and may contribute to your health. If family tensions prevent the free expression of affection, contact a social worker, chaplain or family therapist. He or she can help you work through some of the barriers that are preventing you from creating a loving environment.

How Will My Treatment Affect My Family's Expectations of Me?

Tradition and culture also affect how you see yourself as a sexual person and how you interact with others. Your neighborhood, your ethnic background, your education and your spiritual beliefs define how you think a man or woman should look and behave. Your sexual identity is made up of the values and behavior that you adopted and may affect how you react to illness and stress. Certain beliefs like "it's not ladylike to get angry" or "real men don't cry" can influence how you cope with crisis and how you feel about yourself.

TV, movies and magazines send very clear-cut messages of what the "ideal" man or a woman should be. These images, although glamorous, are typically unrealistic. They can, however, influence how you feel about yourself. By not living up to an "ideal image," you may think that you are less of a man or a woman. Remember that your worth as a person is based upon more than your looks and athletic abilities.

You carry out different roles every day. You may be a friend, parent, daughter or son, spouse or lover, sister or brother, worker and breadwinner all at once. Each of these roles makes demands upon your time and energy. Fatigue and stress caused by treatment may prevent you from duties once taken for granted. Beliefs like "a real man provides for the family" and "a good wife takes care of her husband" can put added pressures on you. If you are not able to meet these demands, you may feel guilty and frustrated. You may need to be more realistic about what you can do for your family while undergoing treatment. As one patient said, "The only thing I can do for my husband right now is to be there as a friend; and yet, we are closer now than we have ever been before." You may not be able to do as much for your family as you did before, but, you still have a lot to offer through your love and friendship.

Because of your illness, your family and loved ones may try to protect you. Even though they mean well, you may feel like they are taking away your independence or your rights as an adult. After treatment and through recovery, your loved ones may have become used to you as a "patient". Your partner may no longer see you as a sexual person. You may need to sit down together and discuss how to switch back from the caretaker and patient roles into helpmates and sexual partners. Sometimes you may need to make an extra effort to put some romance back into your relationship, too.

For more information about your cancer treatment and its impact on your sexuality, please talk with your doctor, nurse, social worker, chaplain or family therapist.

How Will My Spiritual Well-Being Be Affected?

Human sexuality touches deep roots in the spiritual well-being of all persons. A diagnosis of cancer may raise questions and concerns about your spirituality and sexuality. Questions such as "why did this happen to me?" and "is God punishing me for past wrongs?" may come up over and over. Many religious traditions affirm that sexuality is a gift from God. It is not unusual for people with cancer to have feelings of shame or guilt as a result of having a cancer diagnosis, but it is very important to understand that cancer does not come from God. Scientists believe that a variety of factors cause cancer, such as toxic chemicals in the environment, the use of tobacco or heredity. The medical community does not yet have all the answers.

Personal faith and religious practice should provide personal strength and hope and not be a source of worry. Your faith should inspire you and help you understand yourself. You may find it helpful to discuss your concerns with a priest, rabbi, minister or other spiritual person whom you trust, especially if you see cancer as a punishment or blame yourself for your illness.

For additional support and to address sexual side effects of treatment, ask your healthcare provider for a referral to behavioral medicine.