



Sexuality and cancer

For people with cancer,
their family and friends



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Generous Victorians who fundraise to fight cancer make many Cancer Council services, including the publication of this booklet, possible. For information on how you can help, visit www.cancervic.org.au or call 1300 65 65 85.

Interpreting service: Deaf or hearing or speech impaired

If you use text-based communication, call the Cancer Council Helpline (13 11 20) through the National Relay Service (NRS) 13 3677. If you can hear and still use your voice, but have a speech impairment, call the Cancer Council Helpline through NRS 1300 555 727.

Introduction

This booklet has been prepared to help you understand how cancer and its treatment may affect your sexuality, and to help to rebuild your sexual confidence.

Sexuality is about who you are, how you see yourself, how you express yourself sexually and your sexual feelings for others. It is much more than just sexual intercourse.

Having cancer doesn't mean you are no longer a sexual person, though it can change your usual sexual practice, desire and the way you feel about yourself. These changes may be temporary or longer lasting.

We hope this booklet makes it easier for you to talk with your partner and the doctors and nurses in your treatment team about any problems.

This booklet should be helpful whether you are with someone in a relationship or single, gay or straight, young or old. Feel free to read only the sections that are relevant to you. Partners may also find it useful. Words in **bold** are explained in the glossary.

Some of the pictures may be a little confronting for some people; they are to help people find suitable lovemaking positions when their bodies have been affected by cancer or its treatment.

If you need to talk to someone about sexuality and cancer, the trained cancer nurses at the Cancer Council Helpline will listen to your concerns confidentially. Telephone 13 11 20.

'For me, the value of this booklet is not so much that people with sexual problems will rush out and start "doing it". The value is that once they know they can, they may not worry about it so much.' (Alan, 69)

*** Are you reading this for someone who does not understand English? Tell them about the Multilingual Cancer Information Line. See the inside back cover for details.**

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Staying sexually confident

Sexual confidence or sexuality is often linked to overall feelings of wellbeing. This may be hard if you are feeling unwell, struggling to meet the demands of a busy family, juggling employment and generally coming to terms with having cancer.

If you feel unsure about yourself as a result of the cancer, you may also lack confidence sexually. It can help to talk and express these difficult feelings.

If you want to share your feelings, you may want to talk to someone you know you can trust, perhaps a family member or a close friend, who will listen and not judge you. Or you may want to call the Cancer Council Helpline, confidentially, on 13 11 20.

You may be able to talk directly with your partner and share any feelings. By talking openly you may overcome problems in communication that are common in matters of sex and cancer. You and your partner may like to have counselling, either together or alone.

If you are single, not having a partner around can limit the opportunity to share feelings. You may find support by talking to understanding friends and others who love you.

If you are in a new relationship, finding the right moment to tell your new partner about your situation is not easy. It may be useful to consider how safe you feel in this new relationship, and talk about your fears of rejection. This is particularly so if your appearance has changed or will change and you are anxious about it.

Being close

Cancer need not mean the end of your sexual life. But you may need to develop more openness and confidence, in and out of the bedroom. Your favourite lovemaking positions may become less comfortable temporarily, or may change over time. Try to keep an open mind about ways to feel sexual pleasure.

Sexual pleasure is not just about sexual intercourse. You and your partner can help each other reach satisfaction through touching and stroking. At times, just cuddling can be pleasure enough. You can always enjoy self-stimulation if desired.

Even if sex becomes impractical, such as during a severe or terminal illness, being physically warm and close remains important. A cuddle or a hug can be really satisfying.

If you are feeling weak or tired and want your partner to take a more active role in touching you, say so. If some part of your body is feeling tender or sore, guide your partner to areas that feel pleasurable.

**‘My partner would give me foot massages.’
(Leanne, 40)**

Things to keep in mind

- Find out as much as you can about how your cancer and treatment could affect you – sexually and in other ways. A list of suggested questions to ask your treatment team is listed on pages 41 and 42.
- No matter what kind of cancer treatment you have, the ability to feel pleasure from touching almost always remains.
- Try to keep an open mind about ways to feel sexual pleasure.
- Strive for good communication with your partner and with your treatment team about sex and how cancer is affecting you. Helpful ways to raise the topic with your partner are listed on page 11.

‘It is important for your partner to give you the confidence to feel sexually confident. They play an important role.’ (Roslyn, 56)

How your body responds sexually

Excitement, orgasm and resolution are three important sexual stages. Underlying these is the interest you have in sex (libido).

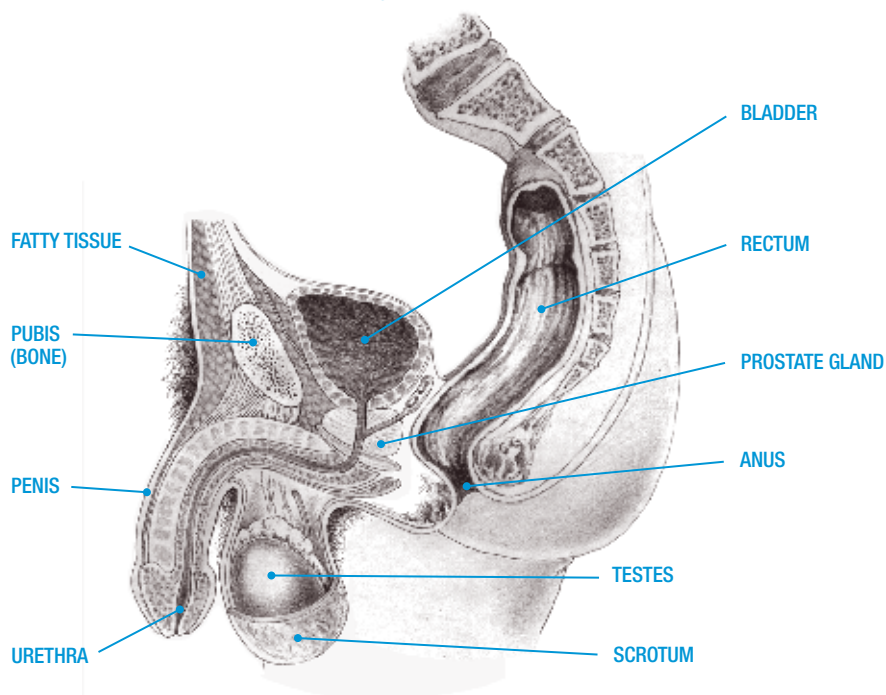
Excitement or arousal is when you begin to feel ready for sex. You may become aroused by seeing someone you like, having a sexual thought or fantasy, or having your **genitals** or other sensitive areas kissed, touched or stroked. Blood pressure and heart rate increase, the chest becomes more sensitive and blood is sent to the genital area. In both men and women the nipples may harden. In men, the penis becomes erect and sensitive. In women, the vagina becomes moist and increases in depth and width.

Orgasm is the peak of sexual response. The nervous system creates the intense pleasure you experience in the genital area. This causes the muscles in the area to contract in rhythm, sending waves of feeling through the body. In men, **ejaculation** occurs when the muscles around the base of the penis begin to squeeze in rhythm, pushing the semen through the urethra and out of the penis. In women, **clitoral** stimulation causes the sudden release of muscular tension which sends waves of pleasure through the genital area and sometimes over the entire body. Some women also experience a small ejaculation.

Resolution is when breathing, heart rate and blood pressure return to normal. Men usually cannot be sexually aroused again for a while. The length of time between having one erection and being able to have another usually increases with age. Women are able to have multiple orgasms but generally feel relaxed and satisfied after one.

The strength of men's erections may decrease with age. Women may experience increased dryness in their vaginas as they age, even when they feel aroused or excited. See page 18 for some practical tips.

The male pelvic organs



Men's sex organs

A man's sex organs (genitals) are mostly outside his body (see diagram).

The end of the penis is covered by the foreskin, if it hasn't been removed by circumcision. The ridge on the underside of the head of the penis, called the frenulum, is usually a man's most sensitive part. At the very end of the penis is a slit opening to the **urethra**, through which **semen** and urine pass.

At the base of the penis is a pouch of skin called the **scrotum**. It contains the testes. These produce **sperm** and store it. They also produce the male sex hormone, **testosterone**.

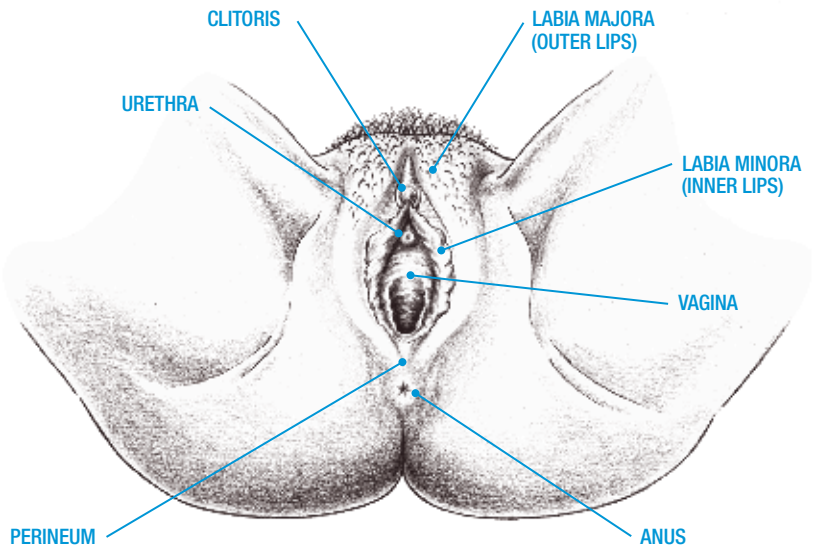
The other parts of the man's reproductive system lie inside his body. The **prostate** gland is deep in the pelvis and surrounds the urethra as it leaves the bladder. The prostate gland produces fluids that contribute to the semen and helps create the intense sensations a man experiences when he has an orgasm.

A man's chest and nipples can be sensitive and his body may have other erogenous or highly pleasurable zones.

Women's sex organs

A woman's sex organs are mostly inside her body. Outside the body are the outer lips of the vagina, or labia majora (see diagram). When parted, these show the thinner, inner lips, the labia minora. These join at the top to cover the external part of the clitoris with a fatty hood. The major part of the **clitoris** lies inside the body. The clitoris is usually sensitive to touch. The external organs are usually called the **vulva**.

The vulva

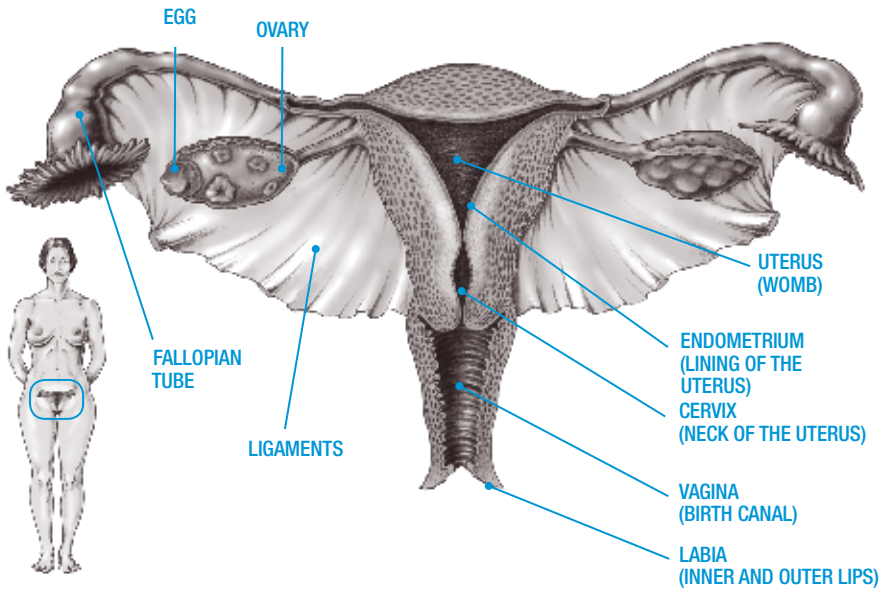


Beneath this is the **urethra**, for passing urine. Further back is the vagina. Beyond that is an area of skin called the perineum and beyond that is the anus.

Inside a woman's body is the uterus (womb), the cervix and the ovaries.

Other sexual areas include the breasts and nipples, which harden when sexually aroused, and there may be other erogenous zones that respond to direct touch.

The female reproductive system



How cancer and treatment may affect sexuality



It is very difficult to predict how cancer and its treatment will affect you. For many people there are changes that mean they need to develop new ways of giving and receiving pleasure. This may involve having an **orgasm** or simply being touched or caressed. Some of the changes are temporary; others may be longer lasting.

Cancer and its treatments can affect your:

- production of the **hormones** that are important for sexual responses
- physical ability to give and receive sexual pleasure
- thoughts and body image (how you see yourself)
- feelings such as fear, sadness, anger and joy
- roles and relationships.

These are linked. For example, if you lose your hair you may not feel as attractive. This means you may feel less confident or desirable when you are with your partner.

Remember, you should be able to develop or renew your sexuality, despite cancer and side effects from treatment.

Planning for changes after treatment

Discussing your feelings, concerns and what you want with your partner can help your sex life. Not talking can lead to frustration and confusion.

Your relationship is undergoing change. It can take time for both of you to readjust.

There are many ways you can prepare for sex after or during cancer treatment:

- Talk openly with your partner about any fears you have about resuming sexual activity.
- Let your partner know how you feel – when you're ready to have sex, what level of intensity you prefer, if they should do anything different and how they can help you to feel pleasure.
- Be concerned about how your partner feels, as 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. While this may lessen spontaneity, choosing the right time can help deal with fatigue and pain.
- Be patient. Things will improve with time and practice.

Below are some suggested ways to start talking to your partner:

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

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

'I want to put "going all the way" aside for a while until I get my confidence back. We can try some new things out to make us feel close.'

A note to partners ...

This can be a very difficult time for both of you. It can be upsetting watching someone you love go through cancer, its treatments and side effects. You may have concerns but feel unable to express them for fear of worrying your partner.

It can be helpful to talk to close family or friends, or someone you trust, about your fears and concerns for your partner. Call the Cancer Council Helpline on 13 11 20 to speak with a cancer nurse and to be linked with a carer from Family Cancer Connect. They can connect you to someone who has been in a similar situation to you.

Try to make time to spend with your partner doing things you enjoy doing together, such as seeing a movie or walking in the park, so that you are not focusing on the cancer all the time.

During cancer and its treatment, roles within the relationship may need to change. Try to talk openly about these changes and how you can readjust your life around them.

Honest and open discussions are important so that you aren't trying to guess what your partner may be thinking.

Despite physical and emotional changes, your partner needs to know that you still love them and find them attractive. They may be concerned about losing you or being unable to satisfy you sexually. If they have changed physically, remind yourself of their other qualities, such as their sense of humour, intelligence or personality. These will help you see past the physical changes.

Be prepared to go at their pace. Give your partner time and space to recover.

Ask your partner to tell you or show you what feels good or what areas are sensitive to touch, as well as areas that are sore or painful.

You may be concerned that you could get cancer from your partner. It is not possible for cancer to be passed from person to person through kissing, intercourse or oral sex. Also, sex will not make the cancer grow or spread.

Take time to adjust.

Potential problems for men and women



Many of the problems discussed in this section are common among women and men who have cancer. They may be temporary or ongoing. Some changes, such as **incontinence** and having a **stoma**, affect people who have a particular cancer or need to have a particular type of treatment.

Fatigue

During and after cancer treatment, many people say they feel washed out and have no energy. They can feel like this for a long time. This extreme tiredness – which is often not relieved by rest – can lead to temporary loss of interest in intimacy.

★ Tips

- Plan your day so that you have time to rest.
- Take short naps or breaks, rather than one long rest period.
- Eat as well as you can and drink plenty of fluids.
- Try different times of the day to be intimate.

- Take short walks or do light exercise if possible.
- Try easier or shorter versions of activities you enjoy.
- Try activities that are less strenuous, like listening to music or reading.
- Save your energy for the most important things.
- Become comfortable having others do some things that you usually do.
- See what helps you feel less tired and make those activities a priority for you.

* **The Cancer Council has an information sheet on fatigue. Visit www.cancervic.org.au or telephone 13 11 20 for a free copy.**

Loss of libido (loss of interest in sex)

This is common during cancer treatment, but may not be a problem for some people.

Cancer treatments may leave you tired and weak or you may be too worried about the cancer to think about sex. It can also occur when cancer treatments disturb the normal **hormone** balance. **Libido** usually returns some time after treatment is over. Keep in mind that libido changes with age.

* Tips

- Make it a priority to spend time with your partner. Arrange a 'date'.
- If you have lost your libido, talk about it with your partner. They need to know so they can think of ways to help get you in the mood.
- Touching, holding, hugging and massaging are other ways of showing affection.

- Set the scene with soft lights and your favourite music. Get dressed-up. All of these will assist with fantasy and help your mood.
- Stimulate and help your partner reach satisfaction.
- Suggest a quick, gentle lovemaking session rather than a long session.
- Change the venue. If your home has been where you and your partner have been coping with side effects of treatment and your partner has been helping you with personal care, book a night away. Try using other rooms in the house not associated with cancer. Change the bedroom around or think about redecorating if your treatment is over.
- If you have tried all of the above, it could be worthwhile to have a hormonal assessment done to check your **androgen** profile. There are also treatments available that may help. Talk to your doctor if you are interested.

'I took hold of my partner's hand ... her response was "Do you realise that this is the first time that you've touched me in three weeks?" and I'm a fairly tactile person.' (Ian, 58)

Different levels of desire

In many relationships one partner is more interested in sex than the other. Cancer can exaggerate this. While you may have managed your different levels of desire before, cancer can complicate things. It may be upsetting for you both.

* Tips

- Talk it over with your partner. Agree on ways you can satisfy your partner without having sexual intercourse.
- Discuss the range of videos and sex toys, for example, dildos and vibrators, that are available so your partner can satisfy themselves either alone or with you present.

Fear

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

* Tips

- It is possible to learn how to cope with tension and anxiety. Different methods work for different people. Experiment to find the ways that work best for you.
- Get counselling. Contact the Cancer Council Helpline on 13 11 20, or an oncology social worker or psychologist, who are usually available at your hospital or oncology centre. The cancer nurse can send you the fact sheet *Learning to relax*, which discusses strategies for reducing anxiety.
- Think about how you have managed fearful situations in the past. Discuss these strategies with your partner.
- Learn to relax or meditate. Often relaxing your body and your mind can help you to feel good and in control.
- Find out more about your illness – your treatment team will be happy to answer questions about your illness and what you can expect.
- Talk it over with someone – a friend or colleague.

- Make a list of things that you enjoy doing. Make time to do one enjoyable thing every day so you feel like you are achieving something that may help to ease your anxiety.
- Talk with your doctor to see if anti-anxiety medication will be helpful. Keep in mind that some medications may lower your **libido**.

Difficulty reaching orgasm or satisfaction

This may be caused by pain during intercourse, or by distracting emotions or worrying thoughts – not uncommon among cancer patients.

A person's capacity to reach **orgasm** usually remains intact unless cancer treatment damages the spinal cord and the **genital** area is numb. Cancer surgery can also remove sensitive parts such as the **clitoris**, lower vagina or **vulva** in women, or the penis or **scrotum** in men. However, recent research has found that some women and men are still able to have an orgasm after extensive surgery to their genital areas. Nerves may also be damaged during prostate or bowel surgery.

* Tips

- Choose a time when you won't be disturbed and set the mood or atmosphere with soft lighting or candles and music.
- Help each other by placing your partner's hands and fingers on the areas that arouse and excite you – or do it yourself, if you feel comfortable.
- Use generous amounts of water-based lubrication, available from the supermarket or chemist.
- Change your normal positions to more comfortable ones that heighten stimulation. Use pillows to support parts of your body to make you more comfortable.

- Accept that you may not reach an orgasm each time, and to take the pressure off, focus on other things that give you pleasure.
- Don't be too disappointed if you do not reach orgasm.

Painful intercourse

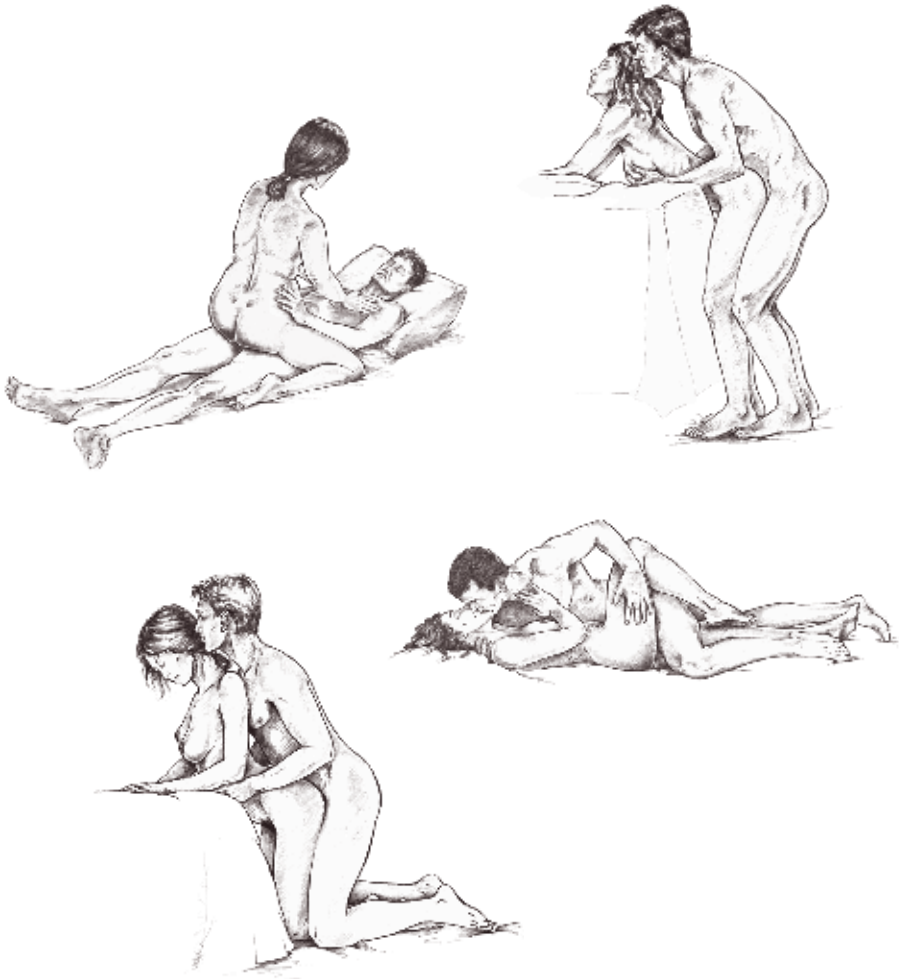
This can sometimes be experienced after cancer treatment.

In men, irritation of the **prostate** gland or **urethra** from surgery or radiotherapy can cause painful **orgasms**. Some men may develop scar tissue in their penis after some cancer treatments such as **cystoscopy** or **transurethral prostatectomy**, which may cause pain or bleeding. This usually settles down in time.

Try different positions to find what is comfortable for both of you



In women, pain is often related to changes in the size of the vagina or extreme dryness. These changes can occur after pelvic surgery, radiotherapy or treatment that affects a woman's **hormones**. Your capacity to orgasm usually remains intact unless the cancer surgery removes sensitive areas such as the **clitoris** or **vulva**. Sometimes pain during intercourse can distract you from reaching orgasm.



* Tips

- Plan sexual activity for the time of day when your pain is lowest. If you are using pain medication, take it shortly before sex so it will have maximum effect.
- Find a position for touching or intercourse that puts minimal pressure on the painful areas of your body (see diagrams).
- Try to focus on your feelings of pleasure and excitement.
- Use plenty of water-based lubricant.
- Avoid sexual activity when you are tired or stressed.

Changed appearance

You may look different, or feel less attractive, because of effects from your cancer and treatment. Some commonly experienced changes include weight loss or weight gain, hair loss, loss of a body part and surgery scars.

Some cancers of the head and neck may result in significant change to your appearance. This can be upsetting, not only because the change is visible, but also because speech and eating may be affected. It may take some time before you are used to, and more confident about, your new appearance.

Here are some ideas that might help.

* Tips

- Lower the lights when you have sex until you feel more confident about your body.
- Show your partner any body changes before sexual activity. This may help you both express how you feel.
- Choose clothes that hide the part of your body you feel uncomfortable about. There are crotchless knickers, special underwear for men, etc. which can be left on during sexual play.
- Wear a wig or scarf if your hair has fallen out from **chemotherapy**.

- Choose sexual positions that make the changed area less visible if you are self-conscious.
- If you have a significant change in your facial appearance from surgery or **radiotherapy**, talk to your doctor about the possibility of plastic surgery or a facial **prosthesis**. This may help you regain a more natural appearance and help with altered speech.

Depression

Depression is very common in cancer patients and can and should be treated. Discuss with your doctor whether medication, counselling or both will be helpful.

★ Tips

- Ask your doctor if your mood change could be related to medications, hormone changes or other medical illness. Depression is a common feature of low **testosterone** in men and of low sex **hormones** in women.
- Be as active as possible. Plan activities for each day such as exercise or meeting people.
- Find someone who will allow you to talk about your feelings. Try the Cancer Council Helpline on 13 11 20 as a starting point.

'I lacked confidence in my appearance. I was thin, pale and bald and had a tube sticking out of my chest. During sex I kept a T-shirt on to hide the tube. I kept the lights down low.' (Leanne, 40)

Adapting to life with a stoma

Surgery for cancer that results in the formation of a **stoma** – allowing waste (urine or faeces) to flow through an opening in the abdomen and to be collected in a pouch – means a sudden change in the way you see yourself and the way your partner sees you. You may feel different or unattractive or feel that your pouch smells.

Whatever sexual positions you choose should not affect the pouch or cover, as long as you have put on your pouch securely.

Intercourse via the stoma can be dangerous and sexually transmitted diseases can be transmitted through the stoma. The closing of the anus may be a problem for you and your partner and may require adjustment. Understanding, communication and warmth between you and your partner are vital. If necessary, a stomal therapy nurse can refer you to an appropriate counsellor.

Sexual activity needs a little more planning but can still be satisfying and fulfilling.

* Tips

- Change the pouch before intercourse. You may like to wear a cover over your pouch to prevent the plastic clinging to your skin. Covers can be made in many materials such as cotton or satin.
- When making love, some women like to wear a sexy mini-slip or short nightgown, or crotchless knickers. Men may like to wear a cummerbund, nightshirt, specially designed underwear or boxer shorts.
- If you have a colostomy, then consider using either a plug or stoma cap or learning irrigation of the bowel to regain some control. Talk to your stomal therapy nurse, who will explain the procedure.
- Rest for at least two or three hours after a heavy meal before having sex.

- Have sex in the bath or shower.
- Use perfumes, aftershave lotions or odour control products to help with odour control. You can obtain a list of these products from the stomal therapist or ostomy association.
- If your partner wants to see the stoma or touch it, let this happen.
- Contact your local continence or ostomy association for support.

Incontinence

Incontinence means poor bladder or bowel control, but may also involve increased frequency or urgency without actually leaking. Just as the physical ability of the pelvic floor muscles affect bladder and bowel control, this can also affect sexual function and interest.

Incontinence can be temporary or permanent. It is one potential side effect of treatment for cancer of the **prostate**, bladder, bowel, and penis or of the female reproductive organs.

Men experiencing urinary incontinence may find they dribble after urinating. Women may dribble after an **orgasm**.

Men and women may leak when coughing, sneezing or laughing. This is known as stress incontinence.

For many people, incontinence and the impact this has on sexuality is an embarrassing problem, for which they find it difficult to seek help.

★ **For advice on managing bowel or bladder problems, visit www.continence.org.au or telephone the Continence Foundation of Australia Helpline on 1800 330 066, 8 am to 8 pm Monday to Friday.**

★ **Specialist continence adviser nurses from the Royal District Nursing Service are able to visit you to assess your continence and provide advice and support. Contact 1300 33 44 55 to be put in touch with your closest centre.**

* Tips

- If you have an indwelling or supra-pubic **catheter**, tape the catheter to your skin, remove the bag and insert a flow valve or stopper.
- It is important that you find someone you feel comfortable talking to. You may wish to call the Cancer Council Helpline on 13 11 20.
- Have a continence assessment done with a specialised physiotherapist, continence nurse or through the Royal District Nursing Service, so **incontinence** can be better managed or perhaps cured.
- Exercising the pelvic floor muscles (see next page) can help with incontinence problems and with erection or **ejaculation** problems.
- **Oestrogen**, inserted into the vagina as a cream or tablet, may improve pelvic floor muscles.
- Plan for sex – wait at least two to three hours after a meal and empty the bowel or bladder beforehand.
- If you have faecal oozing, use plugs designed for rectal use.

‘My gym instructor turned out to be really helpful here, giving me a set of exercises that not only strengthened my pelvic floor but helped with a back problem as well and only needed to be done each morning.’ (Ian, 58)

Pelvic floor exercises for men and women

These exercises are used to improve bladder control.

To correctly identify the pelvic floor muscles:

- 1 Sit on a chair, leaning forward with your knees slightly apart.
- 2 Now imagine that you are trying to stop yourself from passing wind. You should be aware of the skin around your back passage tightening and being pulled up and away from the chair. Your buttocks and legs should not move at all.
- 3 Now imagine that you are sitting on a toilet passing urine. Try to stop your stream of urine. This will help you to identify the right muscle. Again, you should feel a lifting and tightening.

Practising your exercises:

- 1 Sit, stand or lie with your knees slightly apart. Slowly tighten and draw up around the back passage and **urethra** (and vagina for women) all at once, lifting them up inside. Try and hold strongly for a count of five, then release and relax. You should feel a definite 'letting go' sensation.
- 2 Repeat and squeeze and lift and relax, making sure you rest for 10 seconds between contractions. If you find holding for five seconds easy, aim for longer – up to 10 seconds.
- 3 Repeat this as many times as possible – up to 8–10 squeezes.
- 4 Now do 5–10 short, fast but strong contractions.
- 5 Do this whole exercise routine at least four to five times each day.

(Adapted from the Continence Foundation of Australia's publications: *The continence guide: bladder and bowel control explained* and *Sexuality and incontinence*.)

Potential problems for men

Impotence (erectile dysfunction)

Some cancer treatments can cause erection problems because of nerve damage. For other men, it may not be due to the treatment, but the worry of having cancer can leave you feeling depressed and affect your ability to have an erection. Your sexual confidence may have suffered and this also affects your ability to get or maintain an erection.

* Tips

- If you have had treatment for **prostate** cancer, talk with your doctor about your ongoing ability to have an erection.
- You can have sex with a half-erect penis. This works best with the partner on top guiding the penis inside. Men do not need a full erection to have an orgasm.
- Help your partner reach satisfaction without penetration. Experiment with other sexual activities, such as all-over touching, oral sex or masturbation.
- Other ways of getting an erection include taking tablets to increase the blood flow to the penis or injections to the penis that cause the blood vessels to expand and the penis to become erect.
- A vacuum pump device can be used, which draws blood into the penis to make it firm. A rubber ring is then placed around the base of the penis to keep it firm. When you have finished having sex, the ring is taken off and the blood flows normally again.
- Implants can be surgically placed in the penis. A pump is placed in the **scrotum** and squeezed when an erection is needed.

‘The first time we tried Viagra and were waiting for the hour or so to see if it would work, we thought, “This is a bit like being at the dentist and waiting for the anaesthetic to work”’ (Ian, 58)

- Preserving the nerves that control erections can help reduce the risk of impotence in men treated for prostate and rectal cancer. These nerves can only be saved if the cancer has not spread along the nerves. **Nerve-sparing** surgery works best with younger men who had firm erections before the surgery.

‘Male impotence requires sometimes conservative-minded partners to broaden their attitudes to what they have considered “normal” sexual practices.’
(Bill, 53)

Ejaculation and orgasm changes

Men who have had radical surgery for **prostate** cancer may have **dry orgasms** (retrograde ejaculation). This may be as pleasurable as a normal orgasm but little or no **semen** is **ejaculated**. Some men say it is more intense and others say it does not feel as strong or long lasting. Sometimes it may be quite a different sensation.

Premature ejaculation may be a problem for some men who are feeling anxious about their sex life.

‘Impotence can be quite frustrating as the desire is there but the ability is not.’ (Ian, 58)

* Tips

- Concentrate on your enjoyment of sexual activity. Worrying about controlling your ejaculation may lead to erection problems or loss of interest in sex.
- Talk to your partner about the problem. Even if you feel you ejaculate too quickly, your partner may be satisfied.
- Avoid rushing through foreplay as your partner may not have sufficient stimulation or may feel rushed.
- Increasing the frequency of ejaculations, perhaps by masturbation, may help control ejaculation and may increase the amount of semen ejaculated.
- Sometimes medication or numbing gel can help with premature ejaculation.

Loss of part of your body

Removal of part of your genitals or a limb due to cancer treatment can change how you think about yourself; it could even make you feel 'less like a man'. It will take time to get used to how your body has changed.

* Tips

- A **prosthesis** can be inserted into the **scrotum** to provide a normal appearance after surgery when testes have been removed.
- Even if all or part of the penis has been removed (which is rare), it is still possible to have a satisfying sex life.
- If a limb has been removed, try wearing your prosthesis during sex. If you remove your prosthesis, use pillows to support your affected limb or limbs.

Fertility problems

You may have temporary **fertility** problems after being treated with **radiotherapy** in the pelvic or groin area. Some men become permanently infertile. If the testes are outside the treatment area, they can usually be protected from the radiation.

Chemotherapy drugs may lower the number of **sperm** produced and reduce their ability to move, however a man having chemotherapy could still make his female partner pregnant.

Pregnancy should be avoided during chemotherapy in case the drugs harm the unborn baby. Barrier contraception, for example condoms, must be used. Talk to your doctor about when it is safe to father a child after your treatment has finished.

★ Tip

- If infertility is likely to be permanent, you may be able to store sperm before the treatment begins. Talk to your doctor about this.

Potential problems for women

Premature menopause

Some cancer treatments can affect the ovaries and may cause temporary or permanent failure of the ovaries (**menopause**). Sometimes the ovaries are removed altogether. In either case, much of a woman's **oestrogen** production is lost and menopause symptoms occur. The common symptoms are hot flushes and sweats, as well as vaginal dryness. Symptoms are usually more severe than those from natural menopause.

* Tips

- Try to identify causes of hot flushes, such as alcohol, hot drinks and anxiety, and avoid these.
- Regular exercise and learning relaxation techniques can help reduce hot flushes.
- **Oestrogen** can be used as a vaginal cream or vaginal suppository to help with vaginal dryness and urinary frequency. This is often helpful for women who have had certain types of cancer. You will need to discuss this with your doctor to see if it is safe for you.
- Vaginal lubrication and a vaginal moisturiser can help with dryness.
- Moderate to severe symptoms can be treated with different hormones. Sometimes low-dose **testosterone** is also included for women who have persistent loss of **libido**.
- If your doctor does not advise **hormones** for you, hot flushes can be treated in other ways. Talk to your doctor about this.

- Use a water or silicone-based lubricant, because these are less irritating when touching or stroking your genitals as part of sexual play or having sexual intercourse.

Changes to your vagina, dryness, shortening and narrowing

Cancer treatments may cause a variety of changes that might lead to vaginal dryness, shortening or narrowing, ulcers and infection. These changes may lead to pain on intercourse. Vaginal narrowing may happen after radiotherapy to the pelvis and together with shortening sometimes after surgery.

★ Tips

- You may need extra lubrication to make intercourse comfortable. Choose a water or silicone-based gel that has no perfumes or colouring added to reduce irritation. Before intercourse, spread the lubricant around and inside the entrance to your vagina. A vaginal moisturising cream used several times a week may also help keep your vagina lubricated. Some do not contain **oestrogen**.
- For severe dryness, try an oestrogen suppository or tablet and use a gel around the **vulva**.
- If your vagina has narrowed, your doctor may offer you treatment with graduated vaginal dilators. These are plastic or glass tubes of varying sizes, which can be inserted for short periods of time into your vagina, by yourself or with your partner's assistance. The dilators prevent the side walls of the vagina from sticking together. Alternatively, try a vibrator or regular gentle sexual intercourse to overcome the problem.
- If your vagina has shortened through surgery, experiment with different positions very gently until you find what works for you.

Using a foam ring around the base of your partner's penis may also reduce discomfort and pain during intercourse.

Loss of your uterus and other changes to sexual organs

Hysterectomy is the surgical removal of the uterus. Because the uterus is removed, no menstrual bleeding will take place.

Hysterectomy does not change your ability to feel sexual pleasure. Although your vagina is shorter, the area around the **clitoris** and the lining of the vagina remain as sensitive as before. You do not need to have a uterus or cervix to reach **orgasm**.

Vulvectomy results in major body image changes and changes to sexual practices. To prepare you for these changes, it is important that you are referred to a sexual counsellor before having this surgery. If you have already had this surgery and are still experiencing difficulties, ask for a referral to a sexual counsellor.

* Tips

- Talk to your doctor or someone in the treatment team before and after surgery about sexuality issues and the changes to your relationship. You and your partner may find it helpful to talk to a sexual counsellor also. Your doctor can refer you to a counsellor at any time.
- You may want to concentrate on sexual massage, stroking nipples and other erogenous areas of your body rather than penetrative intercourse.
- It is important to realise that you are loved for who you are, not for particular body parts. However, communicating with your partner about the changes and different ways of enjoying intimacy is important.

Loss of a breast or other part of your body

If you have had breast surgery or **radiotherapy** to the breast, your sexual arousal patterns may change, particularly if you were previously aroused by breast massage and nipple stimulation.

The loss of any body part can affect a woman's self-confidence and sexual confidence.

★ Tips

- Women who lose a part of their body to cancer, especially if it is a breast or part of the **genitals**, sometimes miss the pleasure they felt from the stroking of that area during sex. Ask your partner to stroke your whole body, including kissing your neck, or touching your inner thighs or genital area.
- If you've had a limb removed, try wearing your **prosthesis** during sex, or remove it and support your affected limb or limbs with pillows.
- Setting the scene with soft lights, favourite music, or by dressing up may help get you in the mood. The use of fantasy is a powerful way to gain sexual confidence.
- Setting time aside to experiment alone or with a partner may improve your overall confidence.

Fertility problems

If your uterus has been removed as part of treatment, you will not be able to become pregnant. Other treatments can also make it difficult to become pregnant, such as **radiotherapy** to the pelvic area or some types of **chemotherapy**.

* Tips

- If chemotherapy means that you may not be able to conceive a child, talk with your doctor about your options, including the possibility of storing eggs or part of an ovary. Note that this is a relatively new technique. Its success has not been fully established and is only available in some treatment centres. Furthermore, this technique may only have limited success.
- Talk to your doctor about when it is safe to become pregnant, because it is important not to get pregnant while having chemotherapy, radiotherapy or **hormone treatments** such as tamoxifen.
- Some women's fertility may not be affected, so if you do not wish to become pregnant, contraception must be used.

Common questions answered

How soon can I have sex after treatment?

This will vary greatly from person to person. It will depend on the treatment you had and how quickly you are healing – both emotionally and physically. Penetrative intercourse may take some time to achieve or may no longer be possible without medical help, especially if you have had major surgery or are continuing treatment. Start slowly with sensual massage and touching. This alone can lead to satisfaction. From there, if you are both ready, a more physical approach can be taken. Listen to yourself and your partner and take your time.

Will I ever feel normal again?

Your idea of what is ‘normal’ will broaden or change. You have undergone a life-changing experience. Your body may have changed forever, so new sexual expression may be needed. Over time, with a loving and patient partner, or on your own, you will begin to feel safe and secure with your ‘new normal’.

Does it make any difference what position we use?

No, if it's not a problem for either of you. However, if you have breathing difficulties it is important that you are always the person on top. If fatigue and soreness are causing problems, change positions. Use pillows and cushions to support you and take the pressure off sore body parts. See diagrams on pages 18 and 19 for different positions.

How long will it be before I get an erection again?

This will depend on the cancer and treatment you have had. Men who have had **prostate** cancer may not be able to have an erection again without medical intervention. Other men may experience erection

problems after cancer treatment, but this isn't always because of the surgery or **radiotherapy**. Worrying about the cancer or feeling depressed can affect your ability to get an erection.

Anxiety about getting and maintaining an erection, or about your ability to satisfy your partner, may also lead to erection problems. Talk to your partner – what may seem like a problem to you, may not be a problem to them.

Can I have children, and if so, when?

This will depend on a number of things, such as the type of treatment you have.

Explain your desire to have children to your treatment team before your treatment starts. Speak with your doctor about the best chance of having a baby and when that may be possible.

For women of childbearing age, cancer does not always mean infertility. Your eggs or part of an ovary may be able to be stored in case your ovaries are damaged by treatment. (This is still the subject of research and only available in some treatment centres.) Speak with your doctor about treatment that minimises damage to your **fertility**. If there are no other problems following your cancer surgery, there is no reason why you cannot become pregnant. Most doctors recommend a waiting period of about two years so that your body adapts and settles down, before trying for a baby. Ultimately, it is your decision, so being well informed will assist you to decide on the best timing for your situation.

Men should speak with their doctor about storing **sperm** before starting treatment, if they are interested.

It is important to avoid becoming pregnant during **chemotherapy**. This reduces the possibility of harm to the unborn baby should any of the chemicals be absorbed.

I'm single. Will anyone ever want to have sex with me once I tell them I have/had cancer?

There is no simple answer. It may be useful to consider how safe you feel in a new relationship before you decide to have sex. It may be possible to talk through your fears of rejection early on in the relationship, particularly if you have a significant body image change. It is a sad reality that some potential lovers may reject you because of your cancer treatment. Although you can avoid being rejected by isolating yourself, you might also miss the opportunity to build a happy relationship.

Can you catch cancer?

Cancer is not something you can 'catch'.

Cervical cancer, however, is almost always caused by the human papilloma virus (HPV), which is 'spread' through **genital** skin-to-skin contact.

It is important to realize that HPV infection is very common, so common in fact that it could be considered a normal part of being sexually active.

Most women with genital HPV will not develop cervical cancer. However, in rare cases, HPV can cause cell changes that, if left undetected and untreated could lead to cervical cancer.

In order to check for changes to the cells of the cervix all women aged 18 to 69 should have a Pap test every two years.

Those eligible for the cervical cancer vaccine should also speak to their doctor about being vaccinated. Visit www.papscreen.org.au for more information about Pap tests and the cervical cancer vaccine.

Could sex or masturbation make my cancer worse?

No. Masturbation and sex can physically and emotionally benefit those who have experienced cancer.

Are there times when intercourse should be avoided?

Yes. Vaginal intercourse is probably best avoided very soon after surgery or **radiotherapy** to the pelvic area in women. Discuss this with your treating team before you start treatment, so you and your partner have realistic expectations. Also, it's safest to use a condom or some other form of barrier contraception during and immediately after chemotherapy for 48 hours.

How long after chemotherapy can we stop using a condom?

Usually, about 48 hours after chemotherapy. It is, however, important to avoid becoming pregnant while having **chemotherapy** and for some time after your treatment has finished.

Caring for someone with cancer



A carer is anyone, whether family or friend, who is helping to look after someone with cancer. Caring for someone with cancer can be very stressful, particularly when it is someone you care about very much. The person with cancer may be experiencing distressing emotions about their cancer diagnosis, **side effects** from treatment and mood changes from the effects of drugs.

Look after yourself during this time. Give yourself some time out, enjoy a cup of coffee with a friend, and share your worries and concerns with someone not involved. Make a list of 10 things you like to do and make sure that you do one enjoyable thing each day.

You may have to make many decisions. You will probably have to attend many appointments with doctors, support services and hospitals. Many people have found it helpful to take with them another member of the family or a close friend. It also helps to write down questions before you go, and to take notes during the appointment.

Cancer Support Groups are usually open to patients and carers. A support group can offer the chance to share experiences and ways of coping. There is a range of support services such as home help, meals on wheels and visiting nurses that can help you cope with treatment at home. These are provided by local councils, the Royal District Nursing Service and the palliative care services.

Call the Cancer Council Helpline on 13 11 20 to:

- be linked with another partner or spouse by telephone
- speak with a cancer nurse for further support and information
- be sent a carer's kit so that you can find out about financial assistance and other resources.

*** The Cancer Council has a booklet for people caring for someone who has cancer. Visit www.cancervic.org.au or telephone 13 11 20 for a free copy.**

Questions to ask your treatment team

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 too. If a member of your treatment team doesn't ask about your sexuality, it's perfectly okay for you to bring the subject up.

If, however, you do not feel satisfied with their response, ask for a referral to someone who can more freely discuss sexual matters with you. *This is also perfectly acceptable.*

Below is a list of suggested questions to get the conversation started with your health professional. (See the previous section for general answers to some of these questions.)

General

- How will this treatment affect me, sexually?
- How will this treatment affect my hormones?
- What changes are likely in the short term and what changes are likely long term?
- When will I feel like having sex again?
- How soon can I masturbate or have oral sex or sexual intercourse?
- What sort of problems may we experience during intercourse?
- It hurt when we had intercourse. Why?
- What kind of contraception should I use?
- Can I have children?
- If I've had a sexually transmitted disease, will it come back with **chemotherapy**?
- Will I ever feel normal again?
- Can I get any information about finding a sexual counsellor or therapist?

For women

- Would hormone replacement therapy be necessary or beneficial?
- I have extreme vaginal dryness. What do you recommend?

For men

- Why can't I get an erection?
- How long will it be before I can get an erection again?
- What can I do if I can't get an erection?

Glossary: what does that word mean?

Most of the words listed here are used in this booklet, others are words you are likely to hear used by doctors and other health professionals who will be working with you.

androgens Hormones responsible for the development of male characteristics such as facial hair or a deep voice. Men and women both produce androgens. Androgens are associated with libido and ability to orgasm.

catheter A flexible tube inserted into the bladder through the urethra so urine may pass from the body.

chemotherapy The use of anti-cancer drugs which kill or slow cell growth to treat cancer.

climax The peak of sexual response. Also known as orgasm.

clitoris Woman's equivalent of the penis. Clitoral tissue becomes erect when stimulated.

cystoscopy An examination of the inside of the bladder. A tube is inserted through the urethra and a light and camera are used to inspect the inside of the bladder.

dry orgasm Sexual climax without the release of semen from the penis.

ejaculation When the semen is forced through the urethra and out of the penis.

fertility Ability to have children.

genitals The sexual organs.

hormone A natural chemical that is made in one part of the body, but works on other parts of the body. Some hormones control growth, others control reproduction.

hormone treatment A treatment that blocks the body's natural hormones, preventing cancer growth.

hysterectomy Surgical removal of the uterus (womb).

impotence Inability to get and maintain an erection firm enough for penetration.

incontinence Inability to hold or control the loss of urine or faeces.

libido Sex drive.

menopause The end of menstruation. Usually, it occurs in healthy women at around the age of 50, but illness and some medical treatments can cause premature menopause.

nerve-sparing A type of surgery to save the nerves that affect ejaculation.

oestrogen A hormone responsible for female characteristics and with a role in female reproduction, mainly produced by the ovaries.

orgasm Sexual climax or peak.

premature ejaculation The inability to delay the time of ejaculation.

prostate A gland about the size of a walnut found only in men. It produces part of the fluid that makes up semen.

prosthesis An artificial replacement for a part of the body.

radiotherapy The use of radiation to kill cancer cells or injure them so they cannot grow and multiply. Radiotherapy can also harm normal cells, but they are better able to repair themselves.

scrotum The 'external' pouch of skin behind the penis containing the testes.

semen The fluid containing sperm and secretions from the testes and seminal vesicles ejaculated from the penis during sexual climax.

side effect Unwanted effects from a drug or treatment.

sperm The male sex cell. It is made in the testes.

stoma An artificial opening of the bowel or bladder, which is brought to the surface of the abdomen.

testosterone An androgen. The major sex hormone produced by the testes in men. It is also an important hormone produced by the ovaries in women. It promotes the development of male sex characteristics and controls libido.

transurethral prostatectomy An operation to remove the prostate gland. A tube is placed through the urethra (the tube that travels through the penis).

urethra The tube that carries urine from the bladder to the outside of the body.

vulva The 'external' sex organs in women. Includes the mons, outer and inner labia, vaginal opening and clitoris.

vulvectomy Removal of part or all of the vulva.

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Cancer information in other languages

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For other languages please call 9209 0169. Tell us which language you speak and an interpreter will help you talk to a nurse. To speak to a nurse in English, call 13 11 20.

INTERNET: For information in a range of languages please visit our multilingual website at: www.cancervic.org.au/other_languages



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