

Sex, Intimacy & Fertility

Sex & Intimacy Concerns

Cancer treatment can affect sexual function for both women and men and sexual concerns may occur while you are receiving treatment. Some concerns and changes may be physical, while others may be emotional. Your desire for sex may decrease, it may be painful to have intercourse, it may be difficult to reach a climax, surgery may have changed your physical appearance or you may be scared to resume any intimacy with your partner. Please do not be afraid to discuss any concerns with your team. Your nurse or doctor can provide you with information on sexual activity during treatment and recovery.

One of the best resources is found on the American Cancer Society's website. Go to [cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects.html](https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects.html)

From there, you can find information specific to men and women regarding sexual side effects of treatment.



Safe Sex During Chemotherapy

- While on chemotherapy, condom or dental dam use is recommended as a precaution to protect your partner from body fluids that may contain chemotherapy.
- Do not become pregnant or father a child while undergoing chemo or immunotherapy. It can damage a fetus.
- If you are a premenopausal woman and you stop your period during treatment, you can still get pregnant. Be sure to discuss this with your doctor. There is also additional information about this topic later in the chapter.

Intimacy

Continuing to share physical and emotional intimacy with our loved ones is important before, during and after cancer treatment. However, the physical and emotional changes that commonly occur as a result of cancer treatment and recovery may affect your responses to intimacy. Most people do experience some level of change in this area.

Many people feel a sense of vulnerability and uncertainty once they are diagnosed, throughout treatment and beyond. For those people who are sexually active and have a partner, the “cancer experience” sometimes allows couples to grow closer and become more intimate. Others may distance themselves because of physical limitations related to treatment, lack of desire, fear of rejection or fear of expressing one’s true thoughts and feelings. Some people experience changes in body image as a result of hair loss, weight changes and other body changes.

Surgery, medication and radiation therapy can cause problems with sexuality and intimacy. Common sexuality problems are a decreased interest or energy for sexual activity, pain with sex, changes in body image, incontinence, fertility problems, changes in your self esteem, changes in how you feel about your partner and relationship, changes in the ability to provide and receive pleasure, depression and anxiety. Some men may have problems with erections or ejaculation. Some women may have vaginal dryness, thinning of vaginal tissue, loss of sensation, trouble having an orgasm or experience menopausal symptoms.

Surgery can result in pain and altered body image. Couples can have difficulty being intimate after surgery because of the creation of an ostomy. Whether the ostomy is temporary or permanent, people with ostomies can still live fully. Ostomy nurses can help with necessary supplies and guidance.

Radiation therapy can result in skin changes and sensitivity to touch in the radiated area. It can also cause scarring of vaginal tissues exposed to radiation if the colon cancer is low in the sigmoid colon. Erectile dysfunction is very rare, but can occur due to any damage to the prostate.

Fatigue can be associated with most cancer treatments. If you have had surgery, ask your doctor about when you can resume sexual intimacy. This may vary depending on the type of surgery you have undergone.

As complex and individual as cancer treatments are, there are three concepts that can be quite powerful in helping you.

Adapt to Your New Body

- Explore your new body/sensations so that you can get comfortable with it and eventually share this information with your partner.
- The brain is the biggest sex organ in the body, use your mind to imagine what a fulfilling post-cancer sex life would be like.
- Consider fluctuations in your energy level so you can plan sex when you are feeling your best.
- Consider emotional changes that you have experienced and how they affect your desire for sex.
- Acknowledge relationship changes that may have happened during treatment.

If You Are Sexually Active, Communicate With Your Partner

- Unfortunately, many people are uncomfortable talking about sex. When cancer is involved, you and your partner may also feel worried, stressed or depressed.
 - Instead of diving right into your own sexual concerns, try talking about sex in general. By working sex into your daily conversation you will build a vocabulary and comfort level that makes negotiating your own sex life feel more comfortable.
 - When you're ready to talk, find a time when there are no distractions, when your energy level is good and you and your partner can talk freely.
 - Your partner may be at a loss for words or may be hesitant to touch you, for fear of hurting you. If you and your partner are being intimate less often, try other activities that make you feel close to one another. Hugging, holding and sensual expression are important at this time.
- Your partner is not a mind-reader. Do not assume that your partner knows what to do or what not to do. Let your partner know what you want. Express yourself through your words and actions. Doing a light exercise routine with your partner, using soft music can be a way to ease back into physical intimacy. If you and your partner have always enjoyed dancing, that may be a familiar way to maintain physical closeness.
 - A good rule of thumb regarding intimacy of any kind is to keep the channels of communication open and know that there is no "normal" time frame you must follow. Be sure to express your feelings, concerns and needs with your partner and allow your partner to do the same.



Communicate With Your Doctors And Nurses

Recognize and report to your doctors and nurses any symptoms you are experiencing.

For women:

Signs of bladder or vaginal infection include itching, pain or burning, frequent small amounts of urine, cloudy urine with abnormal odor and/or vaginal discharge, fever and/or abdominal pain. These are easily treated when caught early.

If you are experiencing menopausal side effects, some practical ways to relieve vaginal dryness include: the use of water or silicone-based lubricants (not oil-based) as well as some medicated creams that can be prescribed.

For men:

You may reach climax quickly or have problems staying erect. Sometimes practice in slowing down excitement will help. There may be creams or pills your doctor may prescribe to help.

Both men and women may experience pain during sex or when having an orgasm. If you are experiencing pain or discomfort with sexual intercourse that persists or does not improve after attempts at problem-solving, contact your doctor to discuss possible next steps. If you speak with a healthcare provider who is not comfortable or knowledgeable about sexual health, don't give up! You may have to ask for a referral to a specialist who is knowledgeable and experienced in post-cancer sexual and reproductive issues.



The booklet, *How Cancer Affects Sexuality* by the American Cancer Society, is an excellent guide that can help you and your partner begin to have open, honest talks about your sexual relationship with practical problem-solving techniques. You can find it on the ACS website, cancer.org or by calling 1-800-227-2345. You may also consider joining a support group to talk about your experience. Chances are, you will not be the only one in the room who is facing these issues.

Again, remember that sexual and intimacy issues are likely to improve over time.

Fertility

For women:

- If you wish to consider having children following your treatment, ask your oncology team about a referral to a fertility specialist that has expertise in treating women undergoing cancer treatments. **This should be done before starting treatment.**
- Your period could stop as a side effect of your treatment. It is important to talk with your doctor if this happens. Please remember that even if you are not having a period, you can still become pregnant.
- It is important that you not become pregnant while on chemotherapy and/or immunotherapy and for at least 6 months after your last dose, as it can affect a fetus. Talk to your doctor about birth control methods and how long to use them.

For men:

- *If you wish to consider having children following your treatment ask your oncology team about your options before starting treatment.*
- Chemotherapy can affect a man's hormone production, ability to make healthy sperm and sperm ejaculation. Chemotherapy works to kill rapidly dividing cells, like cancer. Sperm cells also rapidly divide, so they are often injured by chemotherapy. Sometimes the treatment can cause permanent infertility, but there is no way to know ahead of time. Chemotherapy can cause infertility in men older than 40.
- Radiation to the pelvis can also increase the risk of permanent infertility. Surgery for colon or rectal cancer may affect a man's ability to ejaculate. Sometimes nerves are damaged when removing lymph nodes to check for cancer (which is standard of care for these surgeries) and make it so the semen can't move out of the body.
- It is important that you not father a child while on chemotherapy and/or immunotherapy and for at least 6 months after your last dose as it can affect a fetus. Talk to your doctor about birth control and how long to use them.

More information about this can be found at [cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects.html](https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects.html)

Early Menopause

Chemotherapy may induce early menopause, either temporarily or permanently, depending on your age and the type of treatments given. Menopausal symptoms may include hot flashes, vaginal dryness, thinning of the vaginal wall, painful intercourse, decreased libido (sex drive), mood changes and sleep problems. Menopausal women are also at risk for developing osteoporosis or bone loss.

Radiation to the pelvis can be absorbed by the ovaries and could also cause early menopause. If you are going to have pelvic radiation, your surgeon may be able to move your ovaries outside of the target area before radiation begins.

Not enough is known about the effects of immunotherapy on pregnancy. It is important that you talk to your healthcare team about egg harvesting and birth control methods before you start treatment.

For women who have received chemotherapy, most women 40 years or older will stop their menstrual periods and only 5 to 25 percent will resume regular menstrual periods. Approximately 40 percent of women younger than 40 will stop their menstrual periods and about half will resume their regular cycles after finishing treatment.

The symptoms of treatment-induced or medical menopause are the same as natural menopause. However, they may be more severe since treatment-induced menopause comes on very quickly. This is particularly true for younger women.

Cancer treatments can cause early menopause, but menopause also happens naturally as a part of aging. If you experience changes to your period or any other side effect, it is important to speak with your oncology team. Together, you can determine whether it is occurring because of treatment or as a natural part of your aging process.

Common menopause symptoms include:

- Hot flashes, a sign that the ovaries are no longer producing enough estrogen.
- Problems with your vagina or bladder as tissues in these areas become thinner and drier.
- Lack of interest in sex, pain upon vaginal penetration and difficulty experiencing orgasm.
- Fatigue and sleep problems.
- Memory issues and other problems, such as depression, mood swings and irritability.
- Weight gain.

There are a variety of non-hormonal approaches available to treat menopause symptoms, including:

- For relief of hot flashes, avoid alcohol, caffeine, spicy foods and sugar. Wear layered cotton clothing. Try splashing cool water on your wrists.
- Try drinking warm milk or chamomile tea at bedtime to help you sleep better.
- Eat a well-balanced diet low in fat and high in fiber. Adding flaxseed, tofu and miso may provide additional relief, as they are dietary sources of estrogen. These are called phytoestrogens and their safety should be discussed with your physician.
- Try different relaxation techniques –such as visualization, deep breathing, massage or acupuncture – to help deal with irritability, stress or anxiety.
- Water soluble lubricants can help relieve vaginal dryness during penetration. You can also use Vitamin E capsules, inserted into the vagina at bedtime to provide relief from dryness. You can also try Replens, a long lasting vaginal moisturizer. If these methods do not help, ask your oncologist if using low dose vaginal estrogens, such as the Estring or Vagifem tablets, are safe for you.
- Drink lots of water, wear cotton underwear and urinate frequently to prevent bladder infections. Kegel exercises will also improve your bladder control.

Consult your health care provider before taking any additional medications or supplements and to discuss appropriate treatments for you.