Living With Cancer

Sexual Health When You Have Cancer

Sexual arousal, ability to reach orgasm and even general interest in sex can all be affected by having cancer or by the effects of treatment. Changes in sex drive (libido) and sexual function can affect things such as self-esteem and relationships with partners.

Sexuality is an important part of everyday life and contributes to feelings of well-being for individuals and couples. Aspects of sexuality, such as feeling attractive to someone, contribute to self-confidence and identity.

Having cancer can lead to a variety of possible changes, which depend on the type of cancer, the type of treatment, how long the treatment lasts and a person's age. Men might have trouble getting an erection or ejaculating, while women might experience changes that make intercourse difficult or painful. Hormone therapy using drugs that block the sex hormones estrogen or testosterone can cause impaired sexual function. Some types of chemotherapy, medications used to treat pain, some antidepressants and drugs that affect the nerves and blood vessels can reduce sex drive and sexual arousal in both men and women.

Appearance

Some cancer treatments or surgery can change a person's appearance, which can make people feel self-conscious and lower their self-esteem, leading to a decreased interest in sex. Changes in appearance can be temporary, such as weight loss or gain and hair loss due to radiation or chemotherapy. Others can be permanent, such as scars from surgery or having a breast or limb removed.

Such changes often lead to feelings of loss, anger and frustration, which can affect sexual desire and the ability to function sexually. Partners might have a hard time understanding a lack of sexual interest and need time to adapt to changes in appearance and function. Single people may have concerns about when to bring up cancer and its effects while dating.

Some people with cancer may use medical devices such as an implanted port for chemotherapy or a colostomy bag. You may be worried that having sex can damage the device or the device will get in the way. Discuss these concerns with your cancer care team, but usually accommodations can be made to allow for sexual activity.

Issues for Men

Many problems that affect men's sexual desire and function are temporary and return to normal after a course of treatment is completed. For example, hormone therapy that blocks testosterone can lead to lower libido, erection problems and changes in secondary sex characteristics (such as breast enlargement). Men undergoing chemotherapy are advised to wear condoms, because semen may contain traces of the drugs during and for a period of time after treatment.

Surgeries and localized treatments for prostate, bladder, penile, testicular, colorectal and anal cancers can affect a man's sexual and reproductive function, including the ability to get an erection. Removal of both testicles will stop testosterone production and many require replacement therapy, but if only one is removed, the other can usually compensate.

Issues for Women

Many problems that affect women's sexual desire and function are temporary and return to normal after treatment. Hormone therapy that interferes with estrogen can lead to symptoms of early menopause in premenopausal women, including hot flashes, irregular or no periods and vaginal dryness.

Surgery or localized treatments for uterine, ovarian, bladder, cervical, vaginal, colorectal or anal cancer can affect a woman's sexual or reproductive function. Removal of the ovaries dramatically reduces estrogen production, and a woman who has her uterus removed cannot become pregnant. Treatment can affect the muscles around the vagina and the vaginal lining, leading to reduced elasticity and vaginal irritation, burning or pain. Medicated creams and vaginal lubricants may help relieve symptoms.

Maintaining Intimacy

The ability to be sexually active during cancer treatment varies depending on the type of cancer and type of therapy. Before treatment starts, ask whether it is likely to affect sexuality or sexual function to reduce any surprises. Ask whether there are ways to prevent, lessen or reverse problems related to reduced sex drive or impaired sexual function. These types of problems are common, and there may be medications, devices or exercises that can help.

Understanding the changes that may happen during cancer and its treatment, and why they occur, is important both for people living with cancer and their partners so they can work on strategies to maintain intimacy. If intercourse isn't an option, there are other ways to be intimate. But it can take time and effort to get back to the same level of intimacy that was present before cancer.

You can ask your cancer care team about issues related to sexual health, and working with a trained sex therapist or marriage counselor may be helpful. The American Cancer Society advises looking for one with a background as a mental health professional. Some hospitals have sexual-rehabilitation programs for cancer patients.

Open, honest communication between partners is an important step to maintain sex and intimacy during cancer and its treatment. A counselor may be able to facilitate communication and help set realistic expectations. It is also worth considering participation in a support group; check with your local hospitals and cancer clinics to see what is offered. Talking with others dealing with the same issues is often helpful and reassuring.

For more information on sexual health when you have cancer, visit:

American Cancer Society: Sex and the Woman with Cancer
American Cancer Society: Sex and the Man with Cancer
National Cancer Institute: Sexual Health Issues in Men with Cancer
National Cancer Institute: Sexual Health Issues in Women with Cancer

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