

Sex and cancer



A guide to managing the impact of cancer on your sex life



ANY CANCER, ANY QUESTION

0800 CANCER (226 237)

Cancer Information Helpline

Your GP: phone _____

Your nurse: phone _____

Your local Cancer Society office: phone _____

24 hour Emergency: phone 111

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Publications statement

Our aim is to provide easy-to-understand and accurate information on cancer and its treatments. Our Living with Cancer information booklets are reviewed and updated by cancer doctors, specialist nurses and other relevant health professionals to ensure the information is reliable, evidence-based and up-to-date. The booklets are also reviewed by consumers to ensure they meet the needs of people with cancer and their carers.

Other titles from the Cancer Society of New Zealand/Te Kāhui Matepukupuku o Aotearoa

Booklets

Advanced Cancer/Matepukupuku Maukaha
Breast Cancer/Te Matepukupuku o ngā Ū
Cancer Clinical Trials
Cancer in the Family: Talking to your children
Chemotherapy/Hahau
Coping with Cancer: A guide for people with cancer
Eating Well During Cancer Treatment/Kia Pai te Kai te wā Maimoatanga Matepukupuku
Emotions and Cancer
Getting on with life after treatment/Te hoki anō ki tō toioranga whai muri i te maimoatanga
Radiation Treatment/Haumanu Iraruke
Sexuality and Cancer/Hōkakatanga me te Matepukupuku
Talking about grief and loss

Brochures

Being Active When You Have Cancer
Questions You May Wish To Ask

Cancer Society Information and Support Services

The Cancer Information Helpline is a Cancer Society service where you can talk about your concerns and needs with cancer nurses on **0800 CANCER (226 237)**.

Your local Cancer Society offers a range of services for people with cancer and their families.

These services may include:

- volunteer support including drivers providing transport to treatment
- accommodation while you're having treatment away from home
- support and education groups.

The range of services offered differs in each region so contact your local centre to find out what is available in your area.

For information on practical support and the emotional impact of cancer, we suggest you read our booklet

Coping with Cancer: Your guide to support and practical help. You can get a copy from your local Cancer Society, by phoning the nurses on the Cancer Information Helpline **0800 CANCER (226 237)** or by downloading it from our website (www.cancernz.org.nz).



Sex and cancer

This booklet is about how cancer and cancer treatments can affect your sex life. We hope it answers some of your questions and helps you to rebuild your confidence.

This booklet is intended to be a general resource for people of all genders and sexual orientations. For more specific information about sex for men and women, see the list of recommended readings at the back of this booklet.

Te mahi ai me te matepukupuku

E pā ana tēnei puka ki ngā pānga ki te mahi ai o te matepukupuku me ngā maimoatanga matepukupuku. Ko te tūmanako, ka whakautuhia ō pātai, ka āwhinatia hoki te whakapiki ngākau titikaha.

Ko te tikanga, he rauemi whānui tēnei puka mā ngā tāngata katoa, ahakoa wahine, tāne rānei, ahakoa hoki te taera hōkakatanga. Mō te roanga ake o ngā kōrero e pā ana ki te ai mō te tāne, mō te wahine rānei, tirohia te rārangi o ngā pānuitanga kua tūtohua ki te wāhanga o muri o te puka nei.

Contents

What is sexuality?	5
How might cancer and its treatment affect your sex life?	7
Some common questions about sex and cancer	9
"Can I catch cancer from my partner?"	9
"Could sex make cancer spread to other parts of my body?	9
"Are there any good positions for having sex during and after cancer treatment?	9
"Are there times when I should not have sex?"	11
"I'm having a bone marrow transplant. How will it affect my sex life?"	15
"I seem to have lost interest in sex. What can I do about this?"	16
"I'm embarrassed about my scars but still want to have sex - any ideas?"	19
"Can having sex cause cancer?"	20
Talking about sex	22
Effects on your sexual relationships	23
If you are single	26
The impacts of changing roles	28
Cancer treatments and their effects	29
Surgery	29
<i>Abdomino-perineal resection</i>	30
<i>Breast surgery</i>	30
<i>Hysterectomy</i>	31
<i>Incontinence</i>	31
<i>Oophorectomy</i>	32
<i>Orchidectomy</i>	33
<i>Prostatectomy</i>	34
<i>Cystectomy</i>	34
<i>Vulvectomy</i>	34
Radiation treatment	35
Effects of radiation treatment	37
Chemotherapy	39

Effects of chemotherapy.....	41
Hormonal therapy	43
Infertility	46
Sex and cancer treatment.....	49
Suggestions that may help with sexual problems caused by cancer and its treatment	52
Help with body image problems	52
Solutions for a mismatch in desire	53
Help for pain during sex	56
Solutions for loss of erection after cancer treatment	57
Vaginal changes after cancer treatment	59
Vaginal dryness	60
Vaginal narrowing	61
Vaginal ulceration	61
Vaginal infection	62
Sex and head and neck cancer	63
Sex after treatment for bowel cancer	64
Sex after treatment for bowel cancer	65
Having sex when you have a stoma	65
Practical tips if you have a stoma.....	66
Problems with bladder and bowel control (incontinence).....	67
Finding you pelvic floor muscles	69
Practising your pelvic floor exercises.....	70
Sexual anatomy and responses	71
Your body	71
Stages of sexual arousal	75
Body systems that control sexual response.....	76
Suggested reading and websites.....	77
Notes	79
Feedback	81

What is sexuality?

Sexuality means different things to different people. It's about who you are, how you see yourself, and how you connect with others. It's much more than sexual intercourse. There are many ways you can be sexual and intimate, and when you are diagnosed with cancer it may be helpful to explore other options such as masturbation - either alone or with a partner.

Even if you're not ready for sex, it doesn't mean you can't enjoy being close. Be creative and take opportunities to express your sexuality in new ways. Kissing, touching (eg massage) and being naked with your partner can be satisfying. You may find it more relaxing if you are both clear about how far you are expecting to go.

“Sex is what we do, sexuality is about who we are and intimacy is about sharing the secret corners of ourselves.” - Grits (1990); Don Edgar (1997)

He aha te Hōkakatanga?

He rerekē te tikanga o te hōkakatanga ki tēnā, ki tēnā. Ko koe te mea nui, me te āhua o ō whakaaro ki a koe anō, me te āhua o ō hononga ki ētahi atu. He nui ake te kaupapa i te mahi ai anake. He nui tonu ngā huarahi e taea ai e koe te whai tō hōkakatanga, tāpuitanga anō hoki. I te wā e whakatauria ai te matepukupuku, tērā pea, he mea pai tonu te tiro tiro ki ētahi atu huarahi, pērā ki te tītoi - ko koe anake, ko kōrua rānei ko tō hoa moe.

Ahakoā kāore anō koe kia reri mō te mahi ai, he pai tonu tō kōrua noho tata. Me auaha te whakaaro, whāia ngā huarahi hou ki te whakaputa i tō hōkakatanga. He pai tonu te kihikihi, te whāwhā me te moe kore kākahu I te taha o tō hoa. Kia mōhio, kia mārama kōrua ki ngā āhuatanga ka whāia e kōrua.



How might cancer and its treatment affect your sex life?

Having cancer does not mean that you are no longer a sexual person. With support and clear communication, you will still be able to enjoy fulfilling sex.

There are four main ways that cancer and its treatment can affect your sexuality. It can affect:

- being able to give and receive sexual pleasure
- how you see yourself
- feelings, such as fear, sadness, anger and joy
- roles and relationships.

Cancer and its treatment may cause changes that are only temporary. If they are long-lasting or permanent, you can find new ways to enjoy sex.

Ka pēhea te pānga o te matepukupuku me nga maimoatanga ki tō mahi ai?

Ehara i te mea kua kore koe e tangata hōkaka nā te matepukupuku. Mā te tautoko me ngā whakawhitinga kōrero mārama, ka āhei tonu koe ki te whai i nga āhuratanga o te ai pai.

E whā ngā tino huarahi ka pā ki tō hōkakatanga nā te matepukupuku me ngā maimoatanga. Ka pā ki:

- te āhua o tō kaha ki te whakareka i tō hoa, o te kaha rānei ki te rongo i te reka
- tō waiaro ki a koe anō
- ō kāre-ā-roto, pērā ki te matakū, ki te pōuri, ki te riri me te harikoa
- ngā kawenga me ngā hononga.

Tērā pea, ka puta he panonitanga rangitahi noa iho, nā te matepukupuku me ngā maimoatanga. Mehemea ka roa te noho o ngā panonitanga kua ukauka rānei tana noho, ka taea te kimi huarahi hou kia pai ai te mahi ai.

Some common questions about sex and cancer

Can I catch cancer from my partner?

No, you cannot catch cancer from having sex with your partner.

Could sex make my cancer spread to other parts of my body?

No, sex will not cause cancer to spread to other parts of your body.

Are there any good positions for having sex during and after cancer treatment?

This will depend a lot on which part of your body is affected by cancer. If it's in your pelvis (genital area) it may take some gentle and patient experimenting to discover which positions now suit you both. This can also be true after a mastectomy (removal of the breast); some people say they don't want their partner's weight resting on them. In some situations, for example where penetrative sex is painful, you may want to find other ways to have sex or be affectionate. Maybe having sex side by side or swapping who is on top will be more comfortable. Most couples find that with clear communication they can find out what suits them best.

Ngā pātai e rere ana e pā ana ki te ai me te matepukupuku

Ka pā ki a au te matepukupuku mai i taku hoa?

Kāo, kāore e pā te matepukupuku ki a koe nā ngā mahi ai me tō hoa.

Ka urutā anō te matepukupuku ki ētahi atu wāhi o te tinana nā te mahi ai?

Kāore e urutā te matepukupuku nā te mahi āi.

He takotoranga pai anō mō te ai whai muri i ngā maimoatanga matepukupuku?

Ka hāngai te whakautu e ai ki te wāhi o te tinana kua puta te matepukupuku. Mehemea kei roto i tō papatoiake (te wāhi o ngā taihemahema) tērā pea, mā ētahi whakamātautau ngāwari, manawanui hoki, ka tareka te kimi takotoranga e pai ana ki a kōrua mō te ai. He tika anō tēnei mō te pokanga-ū (te tangohanga o ngā ū), nā te kī a ētahi, kāore rātou e pīrangi ana kia rongō i te taumaha o tō rātou hoa i runga i a rātou. I ētahi wā, pērā ki ngā wā e mamae ana te ai ā-wero, tērā pea me rapu huarahi atu mō te mahi ai, mō te tuku atawhai rānei. Tera pea, mā te takoto kāpīpiti, mā te huri rānei ko wai ki runga, ka pai ake. Mō te nuinga o ngā tokorua, mā te mārama o te kōrero tahi, ka taea te whakarite he aha te mea pai.

Are there times when I should not have sex?

Avoid unprotected intercourse or oral sex for 48 hours after chemotherapy. This allows time for the chemotherapy drugs to be cleared from semen and vaginal fluids. Protection in the form of condoms, gloves or good hand-washing and/or dental dams is recommended if you do have sex.

Pregnancy should be avoided during cancer treatment, as the treatment is potentially harmful to a developing baby. If you think you may be pregnant while you are having treatment, please discuss this with your doctor.

Women who have had pelvic surgery shouldn't have vaginal or anal intercourse for six weeks after surgery. When you have sex again will depend on the sort of operation you've had, how quickly you heal and how you're feeling. You will be the best judge of when you are ready. Some types of cancer (of the cervix or bladder, for example) cause bleeding from the vagina or in urine. If this sort of bleeding is made worse by intercourse, stop and tell your doctor this has happened.

For men having low-dose brachytherapy (radioactive seeds) for prostate cancer, sex should be avoided for one month after treatment. After this a condom should be used because there's a very small risk that a seed will be passed in the ejaculation. After two or three ejaculations (after the seeds have been implanted) there's no further need to use a condom.

Men who have had high-dose brachytherapy can have sex but may find it's uncomfortable for the first week or so after treatment.

If you have low-dose brachytherapy and your partner is pregnant, you shouldn't share a bed or sit very close to them for the first two months after the treatment. By then the radiation levels will have dropped.

He wā anō, me kua e ai?

Mehemea ka taea, kua e ai, e ngotengote ai rānei, whai muri i te 48 hāora i muri i ngā maimoatanga. Mā tēnei, e āhei ai ngā whakapōauau iraruke ki te puta i te tātea me ngā wai o te tara. Mā ngā mea ārai, pērā ki te pūkoroure, te karapu, te āta horoi i ngā ringaringa, te tūtohu mehemea ka ai koe.

Kua e tukuna kia hapū koe i te wā kei te whai maimoatanga matepukupuku ana koe. Tērā pea ka pā he raruraru ki te whanaketanga o te pēpi. Mehemea ka whakaaro koe tērā pea kua hapū koe i te wā e whai maimoatanga ana, me matua kōrero ki tō rata.

Ko te tikanga, kua ngā wāhine kua whai pokanga papatoiake e whai ai ā-tara, ā-tero rānei mō te ono wiki whai muri i te mahi pokanga. Mā te momo pokanga kua whai koe e tohu te wā pai mōu ki te whai ai anō, tae-noa ki te tere o tō whakaora mai, me tō āhua hoki. Ko koe tonu te mea mōhio i te wā kua reri koe. Ka rere he toto i te tara, i roto rānei i te mimi nā runga i ētahi momo matepukupuku. Mehemea ka kaha ake te rere o te toto nā te mahi ai, me mutu, ka kōrero ki tō rata.

Me karo ngā tāne kei te whai i te brachytherapy low-dose (kākano ira rukeruke) mō te matepukupuku ure i te ai mō te kotahi marama whai muri i te maimoatanga. Ka ea ana te kotahi marama, me mau pūkoroure i te mea, tērā tētahi mōreatanga paku nei, ka puta tētahi kākano i te wā tuha ai. Whai muri i ngā tuha e rua, e toru rānei, (i muri i te whakatōtanga o ngā kākano) he pai noa iho te kore mau pūkoroure.

E āhei ana ngā tāne kua whai i te brachytherapy high dose rate ki te mahi ai, engari, tērā pea ka manawarau mō te wiki tuatahi whai muri i te maimoatanga.

Mehemea kei te whai koe i te low-dose brachytherapy, ā, kei te hapū tō hoa, kua e moe i te moenga kotahi, e noho tino tata rānei ki a ia i ngā marama e rua whai muri i te tīmatatanga o te maimoatanga. Whai muri i tēnei wā, ka heke te kaha o ngā kōeke iraruke.

***I'm having a bone marrow transplant.
How will it affect my sex life?***

Bone marrow transplant treatment won't affect your ability to have sex. If your platelet levels are low you may be at risk of bleeding, so you might be advised to avoid sex until they improve. It's likely that you will feel very tired after your transplant and this may affect your energy levels and your interest in sex.

Cuddles and kisses are affectionate and sensual ways of showing how much you care for someone, even if you don't feel like having sex. You can wait until you and your partner feel ready - there's no right or wrong time.

***Kei te whai whakatōnga mongamonga kōiwi au.
Ka pēhea te pānga ki tōku mahi ai?***

Kāore te maimoatanga whakatōnga mongamonga kōiwi e pā ki tō mahi ai. Mehemea kei te iti rawa tō kōeke platelet, tērā pea, ka rere he toto, nā reira, kāore e kore, ka tohutohuhia koe kia karo i te mahi ai, kia piki ake rā anō ngā kōeke platelet. Kāore e kore ka pokea koe e te hiamoe whai muri i tō whakatōnga, ā, ka pā hoki tēnei ki tō kōeke pūngao me tō hiahia ki te ai.

Mā te awhiawhi, mā ngā kihikihi e whakaatu ā-atawhai, ā-kare ā-roto, te nui o te aroha mō tētahi, ahakoa kāore noa iho koe i te hia ai. Me tatari koe kia reri ra anō kōrua ko tō hoa - kei a koe te tikanga.

I seem to have lost interest in sex.

What can I do about this?

It's OK if you don't want to have sex. There are many reasons why this might be the case. For many people, having cancer changes how they feel about themselves and how they feel about sex. Open communication with your partner is key to navigating these changes.

Kua ngaro haere taku hiahia ai. Me aha au?

He pai noa iho te kore e pīrangī ai. He nui ngā take ka pēnei ai. Mō te nuinga o ngā tāngata, nā te matepukupuku, ka rerekē ngā whakaaro mō rātou ake, me ō rātou whakaaro mō te ai. Mā te āta kōrero ki tō hoa moe, ka puta te huarahi tika.

Cancer treatments can often cause fatigue (tiredness that does not go away with rest) and reduce your desire for sex (your libido). Be flexible about the time of day and night you have sex. Find the time to be together when you feel less tired.

He nui ngā wā e puta ai te rūhā nā te matepukupuku (ko te hiamoe tonu, kāore e pai ake ahakoa tō whakatā) ā, ka whakahekea tō hiahia ki te ai (tō libido). Me ngāwari te whakaaro mō te wā o te pō o te rā ka ai koe. Kimihia he wā kāore kōrua i te hiamoe.

The Cancer Society has an information sheet titled **Cancer-related fatigue** that has ideas for managing fatigue. You can read this information sheet on our website www.cancer.org.nz or you can get a copy by phoning your local Cancer Society or the Cancer Information Helpline on **0800 CANCER (226 237)**.

For more solutions for loss of desire, read page 53.

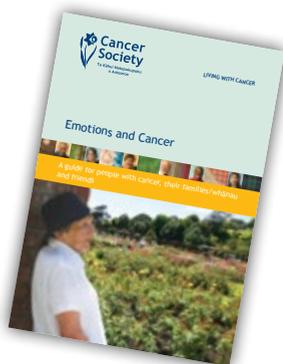
If you are feeling depressed, anxious or afraid about your cancer, its treatment or your relationship, you are less likely to be interested in sex. People who have had changes in their bodies through illness or surgery often describe a fear of rejection. This is not uncommon. For more information, see our booklet **Emotions and Cancer**.



Kei Te Kāhui Matepukupuku o Aotearoa tētahi puka pārongo **Cancer-related fatigue** e mau ana i ētahi whakaaro mō te whakahaere i te mate rūhā. Ka taea te pānui tēnei puka pārongo i runga i tō mātou paetukutuku www.cancer.org.nz ka taea he kape mā te waea atu ki Te Kāhui Matepukupuku o Aotearoa ā-rohe, mā te waea atu rānei ki te Waea-āwhina Pārongo o Te Kāhui Matepukupuku o Aotearoa i runga i te nama waea **0800 CANCER (226 237)**.

Mō ētahi atu hīraunga mō te kore hiahia ai, pānuihia te whārangi 53.

Mēnā kei te māha tō āhua, kei te anipā rānei, kei te matakū rānei koe mō tō matepukupuku, ngā maimoatanga, ō hononga rānei, tērā pea kāore koe e hiahia ai. Kōrero mai ai ngā tangata kua panoni te tinana nā runga i te pokanga, mō te matakū, me te kore e pirangitia. He mea auau tonu tēnei. Mō te roanga atu o ngā kōrero tirohia te puka **Emotions and Cancer**.



I'm embarrassed about my scars but still want to have sex - any ideas?

Talk to your partner about how you feel about your scars. Most people find their partners are much less concerned by their scars than they thought, and once you've talked about it openly you can feel more relaxed about the changes to your body. You may feel more comfortable if you have the lights turned down low during sex. Some people find it helpful to wear clothing such as a T-shirt during sex if they are bothered by their scars.

Kei te whakamā au mō aku nawe engari kei te hiahia ai tonu au - he whakaaro anō?

Kōrero ki tō hoa mō ō kare ā-roto e pā ana ki ō nawe. Ki te nuinga, kāore ō ratou hoa e tino māharahara ake mō ngā nawe, ā, whai muri i te kōrerorero mō te take, ka āhei koe ki te noho pai mō ngā whakarerekētanga ki tō tinana. Pai ake pea ki a koe mēnā ka whakaitia te kaha o ngā raiti i te wā ai. Me mau t-hāte mehemea kei te āhua māharahara tētahi mō ngā nawe.

"I found having sex with my bra on after a mastectomy made me feel sexier and it kept my prosthesis in place." - Jennifer

"I was a strong, active person. Now that I've been diagnosed with cancer I feel my body has let me down and I'm like a different person." - Alex

Can having sex cause cancer?

Some cancers of the cervix, vulva, anus, penis and mouth are linked to the human papillomavirus (HPV). HPV can be passed on through sexual contact. But only a few people who have the virus will develop cancer in later life. Most adults have been exposed to the HPV virus early in their lives.

People who have been diagnosed with HPV-related cancer may be worried about spreading cancer to their sexual partners. Likewise, people who have HPV may worry that they have caused their partner's cancer.

HPV is spread through skin contact, often during sex. Exactly how a person gets the virus is uncertain, and it's not always possible to find a sexual cause.

You don't need to take special precautions or change the way you have sex if you have cancer that may be related to HPV.

Some people believe their cancer is punishment for having sex with many partners. Some think it's a punishment for being unfaithful or for past sexual experiences they're ashamed of. If you are worried, it can be helpful to talk to a health professional or phone the Cancer Information Helpline **0800 CANCER (226 237)**.

Ka mau te matepukupuku nā te mahi ai?

He hononga tā te matepukupuku o te papatoiake, te taiawa, te tero, te ure, me te waha ki te human papilloma virus (HPV). Mā te mahi ai e whiti ai te mate HPV, engari, tokoiti noa iho ngā tāngata e mau ana i te wheori e pāngia ana ki te matepukupuku i ngā rā e tū mai ana. Ka waia haere te nuinga o ngā tāngata ki te wheori HPV i tētahi wā o tō rātou oranga.

Tērā pea kei te māharahara ngā tangata kua whakatauria me te mate HPV-matepukupuku hono, mō te whakawhiti matepukupuku ki ō rātou hoa. Me te rite anō o te whakaaro mō ngā tāngata whai HPV nā rātou te take i whiwhi ai tō rātou hoa.

Ka roha te HPV mā te pā o te kiri, i te wā ai. Kāore i te tino mōhiotia pēhea te pā o te wheori ki te tangata, ā, ehara i te mea nā te ai anake.

Ehara i te mea me whai whakatūpato, me whakarerekē rānei i tō āhua ai, mehemea e pāngia ana koe ki tētahi matepukupuku whai hononga ki te HPV.

Ka whakapono ētahi tangata, he whiunga te matepukupuku mō te mahi ai me te tokomaha o ngā hoa ai. Ki ētahi, he whiunga mō te mahi pūremu, mō ētahi mahi ai rānei i whakamā ai te tangata. Mehemea kei te māharahara koe, tērā pea he pai te kōrero ki tētahi tohunga hauora, te waea atu rānei ki te Waea-āwhina Pārongo Matepukupuku **0800 CANCER (226 237)**.

Talking about sex

Finding the right words when we talk about sex can be difficult. Embarrassment can make it hard to say what we want and it can often be difficult to bring up the subject of sex at an appointment with a doctor. You may find that health professionals don't think to ask whether your cancer or its treatment is affecting your sex life.

One way to reduce the embarrassment is to write down your list of questions and show the list to your doctor or nurse at your next appointment. If you feel more comfortable talking to someone different, you may wish to speak with Cancer Society Information Helpline staff (**0800 226 237**) or a counsellor or sex therapist. They will focus on how you feel about yourself as a sexual person and about your relationships, rather than only focusing on symptoms in your body or how your body functions.



Effects on your sexual relationships

If it's your partner you're supporting, you may find that cancer and its treatment affects your sexual relationship. However, sex may be one of the things that makes life more normal.

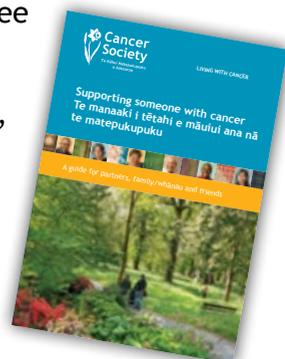
Talking openly with your partner about sex can help. Speak to your partner about whether or not they need time and space to recover from treatment. How it affects your sex life will depend on the type of cancer, the treatment and its side effects.

- Tiredness can make people lose interest in sex during and after treatment. This is called a lowered libido.
- Pain, medications and treatment can also reduce sexual feelings and desire. They can also affect someone's physical ability to have sex.
- A person's body may change after treatment, making them feel self-conscious and embarrassed.
- The stress of caring for someone with cancer may mean that you, as a supporter, cannot think about anything else and lose interest in sex.
- Many people worry that touching their partner will cause pain.
- If you provide personal care, such as showering the person or helping them go to the toilet, this can change the way you feel about having sex. There are some ways you may be able to improve your intimate relationship with the person who has cancer.

Tips

- Restore the intimacy in your relationship by spending time alone together. If your partner is well enough, you may be able to go to a movie or out to dinner. Otherwise, watch a DVD together, give each other massages, read the newspaper together, look through photo albums or talk about how you first met.
- Your partner may need to be told that you love them and find them attractive despite the physical changes from cancer or treatment.
- If you no longer feel sexually attracted to the person with cancer, it may be helpful to talk with a trusted friend or a counsellor about how to handle this.
- Discuss any fears you have about being intimate with your partner or worries about causing them pain. Many people feel embarrassed talking about their sexual needs, but being open can help you identify changes you need to make.
- Go to an adult shop together and see what is available.

For more information, see our booklet, **Supporting someone with cancer/Te manaaki i tētahi e māuiui ana nā te matepukupuku.**





If you are single

If you are single, your sex life is still an important part of who you are.

You may find that masturbation helps to satisfy your sexual needs. Take time to relax and explore your body and find what works for you. Masturbation may be different after treatment. Try using a water-based lubricant to increase sensation.

Recovery can take time. Don't get discouraged if it takes longer to become aroused, or you feel less aroused than before.

“When an individual has no partner, there is still a desire for sexual activity and masturbation is one way to achieve this.” - Lee

“The old adage of ‘use it or lose it’ can be substantially enhanced by the use of sex toys. I found using a ‘flesh light’ [a device like an artificial vagina] helped me a lot as a single person.” - Andy

“Using a vibrator really helped me to feel sexually satisfied after my cancer treatment.” - Jan

If you want to start a new relationship it can be very difficult to decide what to tell a new partner about your cancer, and also when to tell them. There is no simple answer that will work well for everyone. To help you decide, it may be useful to consider how safe you feel in this new relationship. Many people are worried they will be rejected by new partners because of the way their bodies have changed. You may find it useful to talk to a counsellor about starting a new relationship or any worries you have.

The impacts of changing roles

Cancer, or its treatment, usually changes a person's role in their family. While having treatment or after surgery, you may not have the physical energy to do all the jobs around the house that you did before. Relatives and neighbours may get involved in lending a hand, and sometimes this can leave the person with cancer with a sense of not being needed or not having control over their life. For some people, fulfilling their roles as mums, dads or breadwinners, or leading independent lives, has been part of their sexual self-esteem.

Plans may also have to be changed as a result of cancer and its treatment. Couples can have all kinds of plans, spoken or unspoken, to enrich their relationships or sex lives. Some look forward to their children leaving home so that they have more time, money and privacy for their relationships. Cancer at this stage of life cheats them of these opportunities. It's perfectly normal to grieve for this kind of loss.

“It was difficult being both my partner's carer and sexual partner. Getting that feeling of intimacy back was a challenge.” - Matthew

Cancer treatments and their effects

Surgery

Any form of surgery can affect our sex lives, even if it does not involve the sex organs directly. It can affect your body image and how you think about your body. For example, some people feel or say that their bodies have “let them down” because they used to feel fit and healthy. Some feel like different people and they’ve lost confidence. Others find they experience sexual sensations even though they have changes to their erections and orgasms. Everyone reacts differently.

Pokanga

Ka rerekē te mahi ai nā ngā momo pokanga, ahakoa kāore i pā hāngai te pokanga ki ngā hemahema. Ka pā ki ō whakaaro mō tō tinana. Hei tauira, ka kī ētahi tāngata kua koretake te tinana i te mea kāore rātou i te noho pakari, i te noho hauora. Ko ētahi, kua whakaaro, he tangata rerekē rātou, kua ngaro te ngākau titikaha. Ko ētahi, ka rongō i ngā kare ā-roto mō te ai, ahakoa ka rerekē te āhua o te tora o te raho, o te tuha (tokomauri). He rerekē tēnā, ki tēnā.

Abdomino-perineal resection

An abdomino-perineal resection is one of several operations used to remove cancer of the colon or anus. This operation can affect the nerves that control erection and ejaculation.

In some cases of low rectal cancer the anus is removed and closed over permanently. A stoma is formed for bowel motions.

For more information about stomas, see page 65.

Breast surgery

Breast surgery creates a body change that can affect sexual arousal in many ways - particularly if you were “turned on” by having your breasts and nipples touched. Some women say that the operation affects their image of themselves and they feel less womanly. You may find that you need a lot of time to talk through the feelings and emotions that breast surgery can cause.

For more information on emotions after breast surgery, see our booklets **Breast Cancer/Te Matepukupuku o ngā U** or **Breast Cancer in Men**.



Hysterectomy

Hysterectomy is the removal of the uterus (womb) and cervix. Sometimes one or both ovaries are removed as well. Once the womb is removed the surgeon stitches up the top end of the vagina. This makes it slightly shorter than it was before. While healing takes place you might prefer not to have intercourse or for your partner to be very gentle. Try different positions to find out which are most comfortable.

A hysterectomy may affect a woman's experience of orgasm, as some of the nerves leading to the clitoris may be affected by the surgery. Most women find that they are still able to have orgasms, but the sensations may be different from before the operation. You may need to experiment with touch in different places around the clitoris and use lubricant to increase sensation.

Some surgeons specialise in doing surgery that is less likely to damage the nerves; this is known as nerve-sparing surgery.

Incontinence

Incontinence can also be a problem. See page 67 for more information.

Oophorectomy

Oophorectomy is the name of the operation where your ovaries are removed. This produces a “surgical” menopause, so you will go through symptoms of menopause. It’s likely that you will notice these symptoms occurring more quickly than the gradual onset that occurs with natural menopause. Vaginal dryness is a common symptom of menopause. For more information on this and other symptoms, see page 59 or read our information sheet, **Early menopause and cancer**.

In many cases replacement hormones (HRT) can return the body to near normal. You may find it helpful to talk this through with your doctor.



Orchidectomy

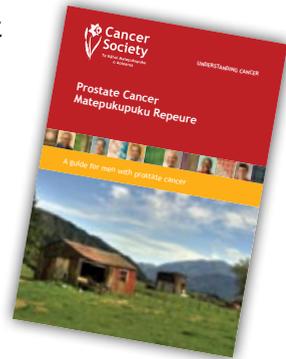
Orchidectomy is the name of the operation where one or both testicles are removed. If only one is removed (usually the case for testicular cancer) this will not cause infertility and does not usually affect your sexual function. For a short time after the operation, sexual positions that apply pressure to this area should be avoided. Some men say their orgasms feel different. The amount of ejaculated fluid is usually less than before.

A false testicle (prosthesis) can be inserted into the scrotum, which will give the appearance and feel of a normal testicle. Even though it looks normal, you may feel a change in your body image. Some describe feeling less masculine and needing time to talk through this change.

If you have both testicles removed (usually for advanced prostate cancer), you will be infertile and almost always unable to have an erection.

Prostatectomy

Prostatectomy is the removal of the prostate gland. Following radical prostatectomy you will no longer ejaculate semen so you will have a dry orgasm (no fluid is ejaculated). Some men say this feels totally normal, while others say that their orgasms don't feel as strong, long-lasting or pleasurable as they did before. Modern surgical procedures aim not to damage the nerves in this part of the body, but even so many men will have erection problems. For more information you may like to read the Cancer Society's booklet **Prostate Cancer: A guide for men with prostate cancer**. You can get a copy at your local Cancer Society or by phoning the Cancer Information Helpline **0800 CANCER (226 237)**.



Cystectomy

Cystectomy is the removal of the bladder. This can cause an inability to have an erection as nerves in the penis are cut when the bladder is removed.

Vulvectomy

Vulvectomy is where part or all of the vulva is removed. This is a rare operation that is sometimes necessary for women who have cancer of the vulva. Removal of the vulva can affect sensations during sex, especially if the clitoris has had to be removed. This surgery may alter how you view your femininity, body and sense of self.

Radiation treatment

Radiation treatment treats cancer by using high-energy rays (radiation), which destroy the cancer cells while doing as little harm as possible to normal cells. Radiation treatment commonly causes fatigue (tiredness that does not go away with rest), which may last for several weeks, months or even years.

The tiredness from having radiation treatment can make you feel less like having sex. Your skin may also feel tender and you may not want that area touched.

Radiation to the head and neck area could mean that any oral contact, including kissing and oral sex, is painful as your mouth is dry (see page 63).

Maimoa iraruke

Ko tā te maimoatanga iraruke, he patu i te matepukupuku mā ngā hihi whai kaha te pūngao, ka whakamate i ngā pūtau matepukupuku, me te karo i ngā pūtau pai. Ka māuiui te tangata i te maimoa iraruke (kāore e ngaro atu te māuiuitanga i te whakatā) tērā pea ka noho mō te maha o ngā wiki, ngā mārama, ngā tau rānei.

Tērā pea ka heke te hiahia ki te ai nā te hiamoe ka pā ki a koe nā te maimoatanga iraruke. Tērā pea ka ngāwari tō kiri, ā, kāore koe e hiahia kia pā tētahi ki tō kiri.

Nā te mahi iraruke ki te wāhanga o tō kaki, tō upoko rānei, tērā pea ka mamae koe i te mahi kihikihi nā te mea ka maroke tō waha (tirohia te whārangi 63).

Effects of radiation treatment

Radiation treatment may affect sexual function when it's given to the pelvic area for cancers of the prostate, anus, bladder, cervix, ovaries and uterus.

In men it can reduce the ability to have an erection. This will depend on the amount of radiation treatment given. The effects occur because of nerve damage, or because blood vessels that supply the penis become scarred and are unable to let enough blood through to fill the penis. About one-third to one half of all men treated in this way say their erections are not as strong as before. The changes can be slow at first, and may worsen during the first year or two following radiation treatment. Some men may be able to have erections but find they don't last. Others are unable to have erections at all. Many men find there are ways to be sexual without having erections.

Radiation can cause irritation to the urethra that can reduce pleasurable sensation when a man ejaculates. Some feel a sharp pain as they ejaculate, caused by radiation irritating the urethra (to see a picture of the urethra, see page 74). This usually disappears within a few weeks after the treatment has ended.

Radiation to the pelvic area affects the ovaries and reduces female hormones. Usually the ovaries permanently stop making hormones, leading to early menopause. If you have had menopause you will have far fewer changes than if your ovaries were still working before the radiation treatment; however, if you have been through menopause you may experience menopausal symptoms again.

Doctors may be able to give you hormone replacement therapy (HRT), which prevents/eases menopausal symptoms. If you have had breast cancer you may be advised not to take HRT, and it's helpful to discuss this with your doctor. If you have not yet been through menopause you cannot be sure that your ovaries will not produce eggs, so you may still need to use contraception. Talk to your doctor for advice.

The vagina can be affected by pelvic radiation. It becomes tender in the early stages and for a few weeks afterwards, and in the long term this irritation may leave scarring. This makes the vagina narrower and less able to stretch - vaginal dilators, regular intercourse or using a vibrator may be helpful (for information on vaginal narrowing, see page 61).

Chemotherapy

Chemotherapy is the use of anti-cancer (cytotoxic) medication to destroy cancer cells. Some of the side effects of chemotherapy, such as sickness, depression, tiredness and lack of energy, can reduce your desire for sex. However, these side effects of treatment may be reduced or stopped with medication. With time your sex drive (their desire to have sex) is likely to return once chemotherapy is over.

If the chemotherapy causes hair loss, or weight changes or if you have a portacath (an implantable port or central venous line in your chest), you may feel “unsexy” at the time. Some of the tablets given to prevent sickness can cause a lack of desire. Once you stop taking the tablets your desire should return.

Hahau

Ko te whakamahi i ngā rongoa matepukupuku-kore (cytotoxic) he patu i ngā pūtau matepukupuku te mahi hahau. Ka heke te hiahia ai nā ētahi o ngā pānga ki te taha o te mahi hahau, pērā ki te rūhā, ki te māuiui, te kore pūngao, me te hiamoe. Heoi anō, mā te rongoa pea ētahi o ēnei pānga ki te taha e whakaiti ake ai, e whakamutu ai rānei. Tāria te wā ka hoki mai anō tō hiahia ai ka mutu a nga hahau.

Mehemea ka takataka o makawe, ka puta rānei he panoni nā te hahau, ka whai rānei koe i te whai portacath (tētahi kapiti-hono, tētahi ngongo uaua pokapū rānei kua whakatōngia ki roto i tō uma), tērā pea ka whakaaro koe he whakahiamo-kore koe i taua wā. Ka heke te hiahia ai nā ētahi o ngā pire ka hoatu hei ārai i ngā mate ka pā. Ko te tikanga, ka mutu ana tō kai i ngā pire, ka hoki mai anō tō hiahia ki te ai.

Effects of chemotherapy

Chemotherapy may make you feel tired or sick and you may not feel like having sex. Sex drive usually returns soon after treatment ends. Chemotherapy can sometimes reduce testosterone (the hormone that gives you sex drive), but this usually returns to normal after treatment finishes. Chemotherapy drugs can affect fertility. Before beginning chemotherapy you may want to talk to your doctor about keeping your sperm stored for the future.

Chemotherapy can reduce the amount of hormones made by the ovaries. You may notice changes in your monthly periods, which can sometimes stop altogether. It's still possible to become pregnant even with irregular periods. Talk to your doctor about contraception. Chemotherapy can cause the symptoms of early menopause, including hot flushes, irritability, sleep disturbances, achy bones and vaginal dryness. Vaginal thrush is common if you are having chemotherapy, especially if you are taking steroids or powerful antibiotics to prevent infection. Your doctor can prescribe treatment for this.

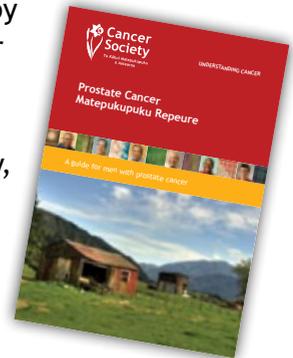


Hormonal therapy

Some cancers are influenced by hormones naturally produced by the body, so treatment is given to change hormone levels. These changes in hormone levels can make you feel less like having sex.

Everyone's sex drive is different and hormones are just one reason why you may not feel like being sexual. It's common for people to have a changed sex drive - whether they have cancer or not - but if you start to be sexual, you may feel sexual.

If you have prostate cancer, it can be helpful to lower testosterone (the male hormone) as this can stop the growth of prostate cancer cells. This may be done by taking tablets or having injections or by removing the testicles. See the Cancer Society's booklet, **Prostate Cancer**, for more details. You can get this booklet from your local Cancer Society, by phoning the Cancer Information Helpline **0800 CANCER (226 237)**, or by downloading it from our website **www.cancernz.org.nz**.



Treatments to lower testosterone can have major effects on your sex life. You may find that you feel much less like sex and, when or if you do feel like it, you can't have or maintain an erection. You may notice that you make less semen, have less facial hair and less muscle strength. Some people also develop breast swelling and tenderness.

“Through the treatment I lost all my sex drive. It’s a real downer. Luckily I can talk to my wife about this.” - Brent

Medicines that keep oestrogen levels down are often given as part of the treatment for breast cancer. They have fewer side effects than chemotherapy. Symptoms are similar to those of menopause, such as hot flushes, vaginal soreness, dryness or discharge, weight gain, vaginal changes and a lower sex drive. However, some people have no such side effects.

There are many other hormonal therapies and these may have side effects, such as tiredness or vaginal dryness, that can affect your sex drive.

Other medicines are sometimes given to reduce the production of sex hormones, such as goserelin (Zoladex). Goserelin reduces the production of sex hormones by the ovaries, so periods stop, and women have menopausal symptoms while they are taking the drug. It can cause a reduction in sex drive. Usually it’s given for two years, and once the drug is stopped sex drive gradually returns to normal and the other side effects also disappear.

Goserelin is sometimes given to men in the treatment of prostate cancer. It may produce menopause-like symptoms.



Infertility

Infertility means that a man cannot get a woman pregnant and a woman cannot become pregnant.

Chemotherapy, radiation treatment and some types of surgery can cause infertility. Ask your doctor if your treatment is likely to cause fertility problems.

Your cancer doctor will be able to advise if there are ways to save your fertility before you start any treatment. In some cases it's possible for a man's sperm to be collected, frozen and stored before chemotherapy starts. This sperm can then be used at a later date. For women it may be possible for eggs to be removed, fertilised, frozen and stored. As this can involve the use of hormone drugs to make the ovaries produce more eggs, it may not be suitable for women who have hormone-related cancer. You can ask your cancer doctor or surgeon to arrange an appointment with a fertility specialist to talk about these options. You may like to look at the website of an organisation such as Fertility Associates (www.fertilityassociates.co.nz) for more information.

For some people there is uncertainty, which is ongoing and difficult to cope with. If you want to have children and find that you are infertile, this can be devastating and can cause a whole range of emotions. The sadness, disappointment and sense of loss can be overwhelming. If you feel this way, ask your health professional or Cancer Society information staff about counselling.

Once your treatment has ended you may wish to explore the fertility options further. Specialised help is available, including counselling and guidance on alternatives to having your own children, for example adopting a child.

Pākoko

Ko te tikanga o te pākoko, kāore e taea e te tāne te whiwhi tamariki, ā, kāore e hapū te wahine.

Ka puta te pākoko ngā mahi hahau, maimoatanga iraruke, me ētahi atu momo pokanga. Uiuitia tō rata mehemea tērā pea ka puta te pākoko nā ngā maimoatanga.

Mā tō rata koe e tohutohu mehemea ka taea te āhuru pākokotanga i mua i te tīmatanga o ngā maimoatanga. I ētahi wā, tērā pea ka taea te kohikohi te tātea o te tāne, ka rokiroki i mua i te tīmatanga o ngā maimoatanga. Ka taea te whakamahi te tātea i tētahi atu wā. Mō te wahine, ka taea pea te tango hēki, ka rokiroki. Ka āhei koe ki te uiui i tō rata matepukupuku, i tō rata kokoti rānei, ki te whakarite wā mōu ki te kōrero ki tētahi mātanga pākoko e pā ana ki ngā kōwhiringa. Tērā pea ka hiahia koe ki te tiro tiro i te paetukutuku o tētahi whakahaere, pērā ki te Fertility Associates (www.fertilityassociates.co.nz) mō ētahi atu pārongo.

Mō ētahi tāngata, ka puta te kumukumu, tērā rā te haere tonu me te uaua ki te whakahaere. Mēnā ka pīrangī tamariki koe, engari kua pā te pākokotanga ki

a koe, he mea whakaiki e puta ai te maha o ngā kāre ā-roto. He mea poke i te tangata te pōuritanga me te matekiri. Mehemea ka pēnei tō āhua, kōrero ki tō tohunga hauora, ki ngā kaimahi pārongo o te Te Kāhui Matepukupuku o Aotearoa, ka pātai atu mō ngā āwhina tohutohu.

Inā mutu tō maimoatanga tērā pea ka hiahia koe ki te tuhura i ngā kōwhiringa pākoko. Ka taea he āwhina i ngā mātanga, tae noa ki ngā mahi whai tohutohu, whai ārahitanga hoki e pā ana ki ngā whiringa mō te whai tamariki: hei taura, pērā ki te whāngai tamariki.

Sex and cancer treatment

This table is a summary of the main side effects of the more common types of cancer. Talk to your health professional about ways of managing them.

Surgery:

Area of treatment	Side effects	Things that may help
Any area of the body	Body image changes, loss of libido and pain	Counselling, sexual aids (eg toys, vibrators, specialist support [see websites on page 78])
Prostatectomy Surgery to the penis	Continence problems, erection problems and infertility	Pelvic floor exercises (see page 70), oral medication, penile pumps and injections
Orchidectomy (removing a testicle)	Body image changes	Counselling, specialist support (see page 78)
Bowel surgery	Stoma, erectile disfunctions	Support from a stoma therapist, oral medication, penile pumps and injections
Mastectomy and breast lumpectomy	Lymphoedema	Lymphoedema therapist and breast reconstruction
Gynecological surgery	Hormone problems (vaginal dryness) and shortening or narrowing of the vagina	Specialist support, vaginal dilation, vaginal moisturisers and gels

Radiation:

Area of treatment	Side effects	Things that may help
To the breast	Skin irritation, body image changes, fatigue, effects on fertility, lymphoedema	Exercise to reduce fatigue, a healthy diet, fertility counselling, lymphoedema therapy
To pelvic area, anus, bladder, prostate - external beam and brachytherapy	Continence problems, erection problems and infertility	Pelvic floor exercises
To cervix area - external beam and brachytherapy	Menopause symptoms - hot flushes, sleep problems, osteoporosis (thinning bones), vaginal dryness, vaginal thrush, fertility problems	HRT may be suitable, vaginal moisturisers and gel, calcium replacement, anti-thrush medication, vaginal dilators

Chemotherapy:

Side effects	Things that may help
Loss of libido, fatigue, feeling sick and vomiting, fertility problems and hair loss	Exercise to help with fatigue, anti-sickness medication, and sperm banking and fertility counselling
Effect on ovaries - cycle changes, early menopause	Light cotton layers of clothing, vaginal moisturisers and lubricants and protective pads

Hormone tablets or injections:

Side effects	Things that may help
Loss of libido, erection problems, loss of facial and body hair, breast enlargement, weight gain, irritability, hot flushes, night sweats, fatigue, lowered libido, joint aches and pains	Sexual counselling, radiation treatment for breast enlargement, relaxation skills, meditation, acupuncture, diet and exercise
Menopausal symptoms, especially vaginal dryness and vaginal discharge	Light cotton layers of clothing, vaginal moisturisers and lubricants and protective pads

Suggestions that may help with sexual problems caused by cancer and its treatment

Help with body image problems

Body image is the mental picture you have of the way you look. This image may not be how your body actually looks, but rather how you think your body looks. Throughout life your body image is constantly changing. Your body image may alter regardless of whether or not a cancer, or its treatment, causes changes to the way you look.

Physical changes in your body can affect how you feel about yourself and your sexuality. This may cause feelings of distress that go beyond the physical effects of cancer and its treatment. When there has been a change in your body, or how you think about your body, you may feel embarrassed, less confident or angry.

Many people find that having a breast removed or a stoma affects how they feel about themselves.

If your body image affects how you feel about yourself, it's important to tell someone your fears rather than hiding them and letting them grow into something bigger. You may find it helpful to talk about this with your partner, a friend, your doctor or a counsellor/psychologist.

When having sex, changing the lighting level can help to build your confidence about how your body looks when giving and receiving sexual pleasure. You could try having sex in underwear or partly dressed rather than naked. It may help to lie on your side for sex to prevent pressure on scars or a stoma. Facing away from your partner, not towards, may also help.

If you are the partner of someone who has had changes in their real or perceived body image, it may also take you time to adjust to and accept the changes. You may need to reassure them that the changes to their body haven't affected the way you feel about them. You may find it helpful to talk to a counsellor/psychologist about this.

Solutions for a mismatch in desire

It's important to talk with your partner if you don't feel interested in sex. It can be helpful to explain how you feel so they don't feel hurt or rejected. You can also suggest what you are happy to offer as an alternative.

Everyone's sex drive is different and hormones are just one reason why you may not feel like being sexual. It's common for people to have a changed sex drive - whether they have cancer or not - but if you start to be sexual, you may feel sexual.



If your partner is feeling frustrated it may be helpful for them to reduce the frustration through masturbation, either mutual or alone. If you are fatigued and don't have much energy, it might help to have sex. Sexual positions where your weight is well supported can be more comfortable. Choose a time of the day when you have more energy. Make it a priority. Focus on sensuality and setting the scene. You may prefer quick sexual contact rather than long sessions. These are things you can talk about together.

If the tension is building between you, you may find it helpful to get support from a counsellor/psychologist who specialises in offering help in these circumstances. Contact your local Cancer Society or phone the Cancer Information Helpline **0800 CANCER (226 237)** for information on counselling.

Help for pain during sex

Pain during sex can occur after pelvic surgery or radiation to the area (see page 37). The pain can take away sexual feelings and reduce desire. Often one experience of pain can lead to a fear of pain, which can lead to muscle tension. Increased muscle tension in the pelvic floor muscles can stop you achieving arousal, prevent lubrication, make penetration difficult and cause further pain. There are many reasons why pain can be felt. It may be helpful to see a pelvic health physiotherapist and learn relaxation techniques to stop the muscles tensing. It's important to let your partner know what is painful during sex. Talk to your doctor about lubricants and moisturisers. See page 60 for a list of products and tips that may help you with dryness and improve sensation.

Āwhina mō ngā mamae i ngā wā ai

Ka puta te mamae i te wā ka ai koe whai muri i tētahi pokanga pelvic, mahi iraruke rānei ki taua wāhi (tirohia te whārangi 37). Nā te mamae, ka puta te kore hiahia ai. Ka puta ana te mamae, ka puta te matakū mō te mamae, ā, nā konā e puta ai he maniore uaua. He nui ngā take e rongohia ai te mamae. Tērā pea he mea āwhina ki te haere ki tō kairomiromi hauora whītiki papatoiake hei ako i ngā huarahi paroretanga hei aukati i te maniore uaua. He mea nui te whakamōhio i tō hoa moe i ngā wāhi e mamae ana te mahi ai. Kōrero ki tō rata mō ngā hinu me ngā whakahauku. Tirohia te whārangi 60 mō tētahi rārangi o ngā rawa me ngā tūwhiri hei āwhina i a koe i tō maroketanga me te whakapiki i tō hiahia.

Solutions for loss of erection after cancer treatment

Some men say they have erection difficulties after cancer treatment. Generally, you may find it helpful to increase your range of sexual activity to include oral sex, mutual touching, masturbation or the use of a vibrator to help your arousal or that of your partner. For some this provides a whole new opportunity to explore sensual experiences without the pressure of ending in intercourse. If you are interested in using a vibrator or sex toy, adult shops and online services may be helpful.

If you have had treatment that has damaged the nerves that produce an erection, such as surgery or radiation treatment for prostate or colorectal cancer, you may notice changes in ejaculation, orgasm and erectile function (how well you have, or maintain, an erection firm enough for penetration). Many people find that a half-erect penis can still be effective for sex. However, an erection that is firm enough for vaginal sex may not be firm enough for insertive anal sex. And if you receive anal sex, it may not feel the same after your prostate is removed, or you have had treatment for colorectal cancer.

There are practical ways to help overcome changes to erectile function (impotence), including:

- physical devices such as vacuum pumps and constriction rings that can help you to achieve and maintain an erection
- oral drugs such as Avigra, Viagra, Cialis and Levitra, which are options to discuss with your cancer doctor. These drugs cannot be used by men who take nitrate-based medicine for heart problems
- injections given straight into the penis
- a penile implant - a device that achieves an erection through the use of a small pump within the scrotum
- pelvic floor exercises (see page 70).

Regular pelvic floor exercises, which involve exercising the muscles of the pelvic floor, help many men with bladder control and help with sexual sensations after prostate surgery. It's advisable to start these exercises before treatment as sensations are affected for several weeks afterwards. Ask your doctor, a nurse or a pelvic health physiotherapist for information about pelvic floor exercises.

Vaginal changes after cancer treatment

Cancer treatments such as chemotherapy, hormonal therapy and radiation treatment to the pelvic area and pelvic surgery may cause a variety of vaginal changes. These might lead to vaginal dryness, narrowing or shortening, ulcers and infection. These changes may lead to pain during intercourse. Try experimenting with different positions when having sex. You may want to look into the options of using a vibrator or sex toy. Adult shops and online services may be helpful.

Ngā panoni taiawa whai muri i te maiomoatanga matepukupuku

Tērā pea ka puta ngā momo rerekētanga ki tō taiawa whai muri i ngā maimoatanga matepukupuku, pērā ki te hahau, haumanu taiaki, maimoatanga iraruke rānei, ki te wāhanga whītiki papatoiake, me te pokanga whītiki papatoiake. Tērā pea ka maroke te taiawa, ka kūiti rānei, ka puta rānei he keha, he whakapokenga. Nā ēnei panonitanga, ka puta te mamae i te wā o te ai. Tērā pea me whakamātau i ētahi atu takotoranga i ngā wā ai. Tērā pea ka hiahia koe ki te tiro tiro i ētahi atu kōwhiringa pērā ki te whakamahi taputapu ā-ai. Tērā pea mā ngā toa mō te pakeke, mā ngā ratonga ā-ipurangi e āwhina rānei.

Vaginal dryness

There are a number of lubricants and moisturisers that can be put directly into the vagina to help prevent vaginal dryness. Lubricants are used as part of intercourse and moisturisers can be used regularly to prevent dryness. Water-based lubricants (such as Sylk) can be bought at a chemist or supermarket.

Replens is an example of a non-hormonal vaginal moisturiser, which you insert into your vagina three times a week. This is available at your chemist and you don't need a doctor's prescription - but this does not replace a vaginal lubricant and for your comfort you may need to use both. Ask your local chemist or doctor for other options, or phone the Cancer Society information staff on the Cancer Information Helpline **0800 CANCER (226 237)** about this product.

To prevent dryness, wash the vaginal area gently with water only or use a fragrance-free soap substitute. Oil-based creams such as Vaseline and hand cream should not be used as they can cause infection.

Ovestin cream (oestriol) is available on prescription from your doctor. It contains a very small amount of oestrogen, and you put it into your vagina. This relieves dryness temporarily. Talk to your doctor about whether this is suitable for you. Vagifem (oestradiol) is also available on prescription, and is a tablet that you place into the vagina. It also contains a small amount of oestrogen. You may find you need to use a vaginal lubricant as well as the vaginal oestrogen.

Vaginal narrowing

This may happen after radiation treatment to the pelvis, and sometimes after surgery. After your treatment you may be advised to use vaginal dilators. These dilators prevent the two side walls of the vagina sticking together. The dilators are plastic tubes of varying sizes, which you insert three times a week for a few minutes. Ask your radiation therapist, doctor or nurse about where you can get a set of dilators and how to use them. You may use the dilators with your partner, and alternative ways to achieve vaginal dilatation (stretching) are to have regular intercourse, use a vibrator or use fingers.

If you have problems using your vaginal dilators, ask your nurse specialist or doctor for a referral to a pelvic health physiotherapist.

Vaginal ulceration

Radiation treatment can also cause vaginal ulcers, which may produce a little bleeding. These can take weeks, or even months, to heal. If you have any unusual bleeding after sexual activity, you need to tell your doctor.

Vaginal infection

Some women find that they get vaginal thrush while having radiation treatment or chemotherapy. This is because there are changes in the acidity of the vaginal area that allow the normal organisms in the vagina to overgrow. If you notice a creamy white discharge, or itchiness, you may have thrush. This is easily treated and can be quickly resolved. You can purchase medication for the treatment of thrush from your chemist or with a prescription from your doctor. The medication comes in the form of a cream or pessary, for example Canestan. If you have had sexual contact, your partner may also need treatment.

Sex and head and neck cancer

Cancer in the head or neck area (eg mouth, tongue, throat or voice-box) may be tough on your sex life. You may have to cope with many changes, such as changes in your appearance after surgery, dry mouth after treatment, and changes to your speech or breathing. This can affect the way you feel about yourself and how you think others see you. You may feel less confident about sex. You may have ongoing pain and dry mouth, which makes kissing and oral sex uncomfortable.

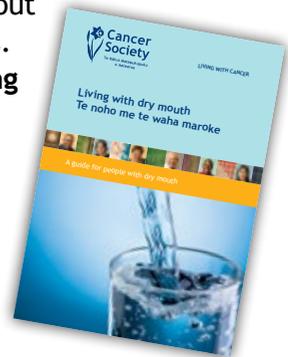
Try talking to your partner about how you are feeling. If talking is difficult, eye contact and touch are very powerful ways of showing how you feel. This can help you both to get used to the situation gradually.

Talking to a counsellor/psychologist or your nurse about ways to cope with changes to your appearance can be helpful. Some people find using make-up to hide scars is helpful. For more information, visit: www.dermnetnz.org/topics/cosmetic-camouflage/

If you feel very self-conscious, try having the lighting low when you have sex.

Talk to your doctor, dentist or nurse about managing pain and dry mouth problems. The Cancer Society has a booklet, **Living with Dry Mouth/Te Noho me te Waha Maroke**.

Some people with HPV-related head and neck cancers worry about spreading cancer to their partners. For more information on this, see page 20.



Sex after treatment for bowel cancer

Most people are able to have satisfying sex lives after bowel cancer, but you will need time to get over surgery or other treatment. You should not have penetrative sex for at least six weeks after major surgery. This allows that area time to heal and gives your stomach muscles time to recover. If you have had surgery involving the anus, you are advised to wait 10 to 12 weeks before having sex. But there is no reason why chemotherapy or radiation treatment should stop you having sex if you feel like it.

Many people don't feel like sex while they are having treatment. Side effects and general tiredness can get in the way. Surgery to the bowel or anus can affect the nerves to the sex organs.

Maintaining or keeping an erection may be difficult and the orgasm may be dry. The ability to have an erection depends on whether there is nerve damage. If you have any problems with sex after your treatment you can discuss this with a health professional. There are a number of treatments available for erectile problems. You can find out more about them on page 57.

Anal sex can resume or may start when it's comfortable for patients and partners. For those who have had surgery to close the anus, this will not be possible.

Having sex when you have a stoma

If your surgery requires you to have a stoma (an opening on the abdominal wall) formed for bowel or bladder cancer, there is a high chance of permanent damage to the blood and nerves that supply the genital area. This may cause problems in getting and maintaining erections.

A stoma can make some sexual positions uncomfortable. Having to change a stoma bag before sex may spoil the moment. People may worry that the stoma bag will fall off and/or they may have a bowel motion during sex. If you're worried about a noisy stoma, try playing music during sex.

Having a stoma may make you feel self-conscious about the change in your body. This can result in sexual difficulties with your partner or make you feel anxious about new relationships. Stoma therapists can give advice and help with all the effects on sexuality that a stoma may cause.

Occasionally problems may arise because partners are struggling with change. It can be helpful to discuss it if you feel there's awkwardness between you.

Your partner cannot damage the stoma so go with the position you are comfortable with.

Practical tips if you have a stoma

People with stomas sometimes worry about whether their bags will get in the way. If the bag is emptied before sex, it can be folded up and secured with some tape to your body to prevent it moving around.

If the bag is not covered with fabric, some people choose to use a cotton cover during sex; this will prevent the bag rubbing on you and your partner's skin. If you usually wear a transparent bag, the cover hides the contents. Some choose to wear silky or cotton vest-like tops that cover the bags and the top half of their bodies.

If your anus has been removed, the position of being on top of your partner may be uncomfortable for vaginal sex. One option is to enter the vagina from behind.

A finger, a penis or a sex toy should not be pushed into a stoma because this could damage the stoma.

If you have faecal oozing, use plugs designed for rectal use. Plan to have a spare stoma bag, toilet tissues or wet wipes on hand in case an accident does occur.

Plan for intercourse - wait at least two or three hours after a meal and empty the bowel or bladder before you have sex. Place an absorbent pad/draw sheet on the bed if you are concerned about wetting.

Problems with bladder and bowel control (incontinence)

Incontinence means poor bladder or bowel control and may also involve increased frequency and urgency without leakage from the bladder or bowel. Incontinence can be caused by weak pelvic floor muscles. It can also affect your confidence in having sex.

For many people, incontinence and the impacts this has on sexuality is an embarrassing problem for which it may be difficult to seek help. You may wish to talk confidentially to one of our staff on the Cancer Information Helpline **0800 CANCER (226 237)**, or speak to a continence nurse or a pelvic health physiotherapist. You can also phone the Continence NZ helpline (0800 650 659) or see www.continence.org.nz. These services can help by teaching you how to exercise your pelvic floor muscles correctly and give advice on managing bowel and bladder problems.

Incontinence may be a short- or long-term problem. People may leak urine when coughing, sneezing or laughing. This is known as stress incontinence. Needing to go to the toilet without being able to hold on is called “urge incontinence”. It’s one possible side effect of treatment for cancer of the prostate, bladder, bowel, penis, vagina, vulva, cervix or uterus. People may find they dribble after they urinate or after an orgasm.

Men with an indwelling catheter should fold the catheter down the length of their erect penis then place a condom over the penis. Always use plenty of water-based soluble lubricant when having intercourse with someone with an indwelling catheter in place.

If you have an indwelling or supra-pubic catheter you may find it possible to tape the tubing to your skin, remove the bag and insert a specially designed valve or stopper (FLIP-FLOW is one trade name). Talk to your doctor or nurse to see if this is an option for you, and where to get one.

Finding your pelvic floor muscles

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 anus 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 pelvic floor exercises

1. Sit, stand or lie with your knees slightly apart. Slowly tighten and draw up around the anus and urethra (and vagina for women) all at once, lifting them up inside. Try to hold strongly for a count of three, then release and relax. You should feel in control of the whole contraction with a definite “letting go” sensation at the end.
2. Rest for ten seconds.
3. Repeat and squeeze and lift and relax. If you find holding for three seconds easy, aim to progressively hold for longer - up to ten seconds.
4. Repeat this combination of contractions and rest periods as many times as possible - up to ten times.
5. Now do five to ten short, quick but strong contractions.
6. Aim to do this whole exercise routine several times each day.
7. Tighten the pelvic floor muscles just before you lift something, cough, sneeze, laugh, lean forwards etc.

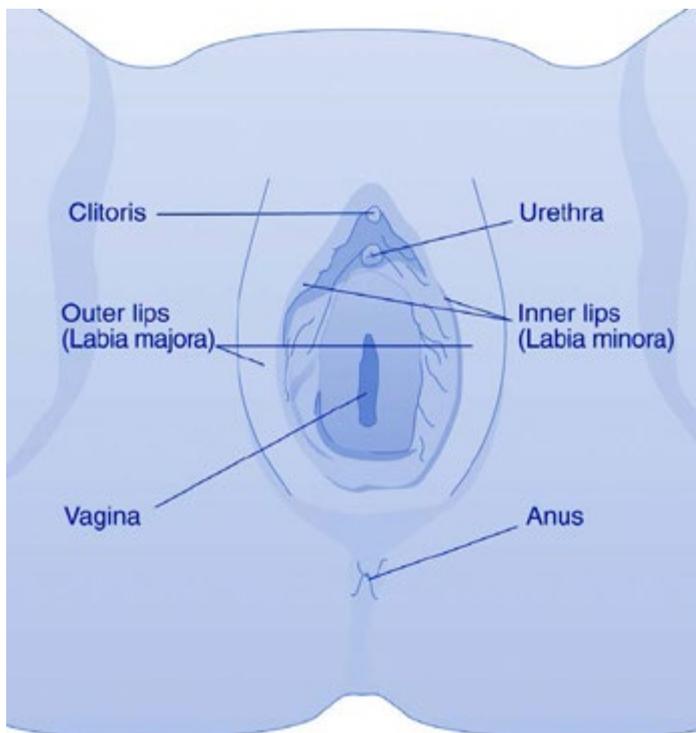
(Adapted from the Continence Foundation of Australia’s publications: *The Continence Guide: Bladder and bowel control explained*, and *Sexuality and Incontinence*.)

Sexual anatomy and responses

Even though sexuality is much more than sexual function or your ability to have sexual intercourse, it may be helpful to be reminded of the sexually sensitive areas of your body and how they respond to stimulation.

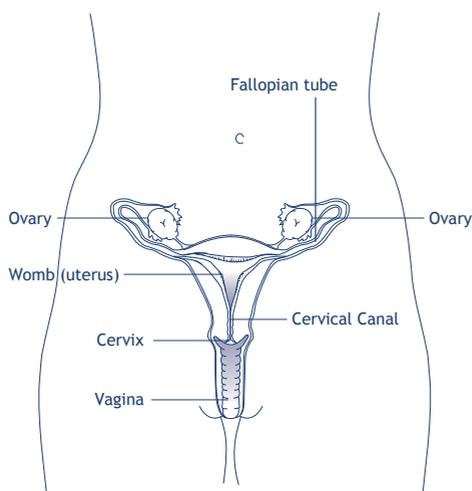
Your body

Female sex organs are mostly inside the body. However, outside the body are the outer lips of the vulva, or labia majora (see picture below).



When parted, these show the thinner, inner lips - the labia minora. These join at the top to cover the clitoris with a hood. The clitoris is usually sensitive to touch. The head of the clitoris, when not aroused, is about the size of a split pea. Just beneath this, towards the vaginal opening, is the urinary outlet or urethra. Further back still is the vagina itself. Beyond the vagina is an area of skin called the perineum and beyond that the anus or opening to the anus. The uterus (womb), the cervix (neck of the womb) and the ovaries lie inside the body.

Other sexual areas on the body include the breasts and nipples, which change in hardness and sensitivity when touched. There are other sensitive areas on the body, such as the nape of the neck, behind the knees, the buttocks and the inner thighs, which respond to direct touch. These areas, which vary from person to person and are known as erogenous zones, may help you achieve intimacy even when sex is not possible or desired.

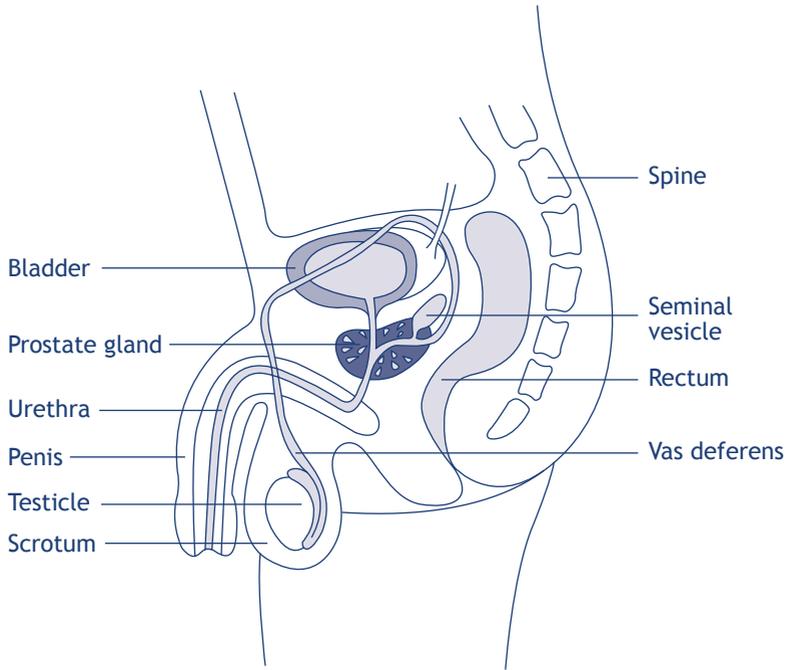


Male sex organs are mainly outside the body and include the penis and testes (see picture). The end of the penis is covered by the foreskin, if it has not been removed by circumcision. The ridge on the underside of the head, called the fraenum, is usually the most sensitive part of a penis. At the very top of the penis is a slit opening to the urethra through which semen and urine are passed.

At the base of the penis there is a bag formed by wrinkly skin called the scrotum. Inside this bag lie the testicles (or balls). These produce sperm, which is then passed through tubes (vas deferens) to mix with other fluids to make semen.

The prostate gland lies deep in the pelvis and surrounds the first part of the urinary tube, the urethra, as it leaves the bladder. The prostate gland produces a fluid that mixes with the sperm to form semen and helps create the intense sensations felt during an orgasm.

The penis, testicles and anus are erogenous zones. The chest and nipples can also be sensitive and the body may have other erogenous zones, which are helpful to understand when sex is not desired or possible.



Stages of sexual arousal

Sexual desire, also known as libido, is a phrase used to describe a person's interest in sex. It's generally accepted that people's desire for sex can vary. For example, desire for sex changes throughout the menstrual cycle and during pregnancy, breastfeeding and menopause.

Excitement or arousal is the phase of sex in which we feel "turned on" and ready for sex. This can be produced by simply seeing someone we find attractive, being touched by or touching, having a sexual fantasy, or having our genital area touched. Arousal may, or may not, lead to orgasm. Orgasm is the sexual climax and a feeling of intense sensation that occurs as areas of the body go into a series of rhythmic contractions.

After sex there is a phase when sexual changes in the body return to normal. As people get older they may lose the ability to become sexually excited repeatedly, but their desire for intimate and sensual touching, hugging and closeness rarely changes.

Body systems that control sexual response

All these sensations and experiences are linked and require certain systems in the body to be working normally. The changes described above will only happen if the body has a good blood supply, if the nerves to the pelvic area are intact, and if the hormone balance is right. However, our desire for sex is greatly affected by our state of mind. If you are depressed, anxious or afraid about your cancer, its treatment or your relationship, you may find it more difficult to be aroused by thoughts of sex.

You may find it useful to talk to a sexual counsellor if you are having ongoing problems.

Suggested reading and websites

Reading

Good Loving, Great Sex: Finding balance when your sex drives differ

by Dr Rosie King, Random House, Australia, 1998.

Intimacy After Cancer: A woman's guide

by Dr Sally Kydd & Dana Rowett, Big Think Media Inc., USA, 2006.

Intimacy with Impotence: The couple's guide to better sex after prostate disease

by Ralph and Barbara Alterowitz, Da Copa Press, USA, 2004.

Kanwa - Everything Nobody Tells You about Cancer Treatment and Your Sex Life

<http://prc.coh.org/A-Z%20Booklet%209-14.pdf>

Man, Cancer, Sex

by Anne Katz, Hygeia Media, Oncology Nursing Society, USA, 2010.

United Ostomy Associations of America

www.ostomy.org/uploaded/files/ostomy_info/uoa_sexuality_en.pdf?direct=1

What About Sex?

- online booklet for people with a stoma and their partners, www.e-pages.dk/dansac/23.

Woman, Cancer, Sex

by Anne Katz, Hygeia Media, Oncology Nursing Society, USA, 2009.

Websites

Cancer Council Victoria (Australia)

www.cancervic.org.au

Dr Leslie Schover - Will2Love - A website for people with cancer, their partners and the health professionals who treat them

www.will2love.com

Macmillan Cancer Support

www.macmillan.org.uk

Continence NZ

www.continence.org.nz

Prostate Cancer UK - Sex and relationships

<http://prostatecanceruk.org/prostate-information/living-with-prostate-cancer/sex-and-relationships>

Kanwa - Sex life from A to Z

<http://kanwa.org/sexual-health/a-z-guide>

The suggested websites are not maintained by the Cancer Society of New Zealand. We only suggest sites that we believe offer credible and responsible information, but we cannot guarantee that the information on such websites is correct, up to date or evidence-based medical information. We suggest you discuss any information you find with your cancer care health professionals.

Notes

You may wish to use this space to write down any questions for or advice given by your doctors, nurses, or health providers at your next appointment.

Notes

Feedback

Sex and Cancer

Hōkakatanga me te Matepukupuku

We would like to read what you thought of this booklet, whether you found it helpful or not. If you would like to give us your feedback please fill out this questionnaire, cut it out, and send it to the Communications Officer at the address at the bottom of the following page.

1. Did you find this booklet helpful?

Yes

No

Please give reason(s) for your answer:

2. Did you find the booklet easy to understand?

Yes

No

Please give reason(s) for your answer.

3. Did you have any questions not answered in the booklet?

Yes

No

If yes, what were they?

4. What did you like the most about the booklet?

5. What did you like the least about the booklet?

6. Any other comments?

Personal information (optional)

Are you a person with cancer, or a friend/relative/
whānau?

Age:

Ethnicity (please specify):

Thank you for helping us review this booklet. The Editorial Team will record your feedback when it arrives, and consider it when this booklet is reviewed for its next edition.

Please return to:
The Communications Officer,
Cancer Society of New Zealand,
PO Box 651, Wellington 6011.

Cancer Society of New Zealand Inc. Te Kāhui Matepukupuku o Aotearoa

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and Waikato

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Wellington Division

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Telephone: (04) 389-8421

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and Wellington

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Otago/Southland Division

PO Box 6258, Dunedin 9016

Telephone: (03) 477-7447

Covering: Urban and rural Otago and Southland

Cancer Information Helpline

0800 CANCER (226 237)

www.cancernz.org.nz

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Communications Officer

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www.cancernz.org.nz

ANY CANCER, ANY QUESTION 0800 CANCER (226 237) Cancer Information Helpline

