



Gynecologic Cancer Foundation

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Women's Cancer Network Web Site:

www.wcn.org

Toll-Free Gynecologic Cancer Information Hotline:

1.800.444.4441



The Society of Gynecologic Nurse Oncologists

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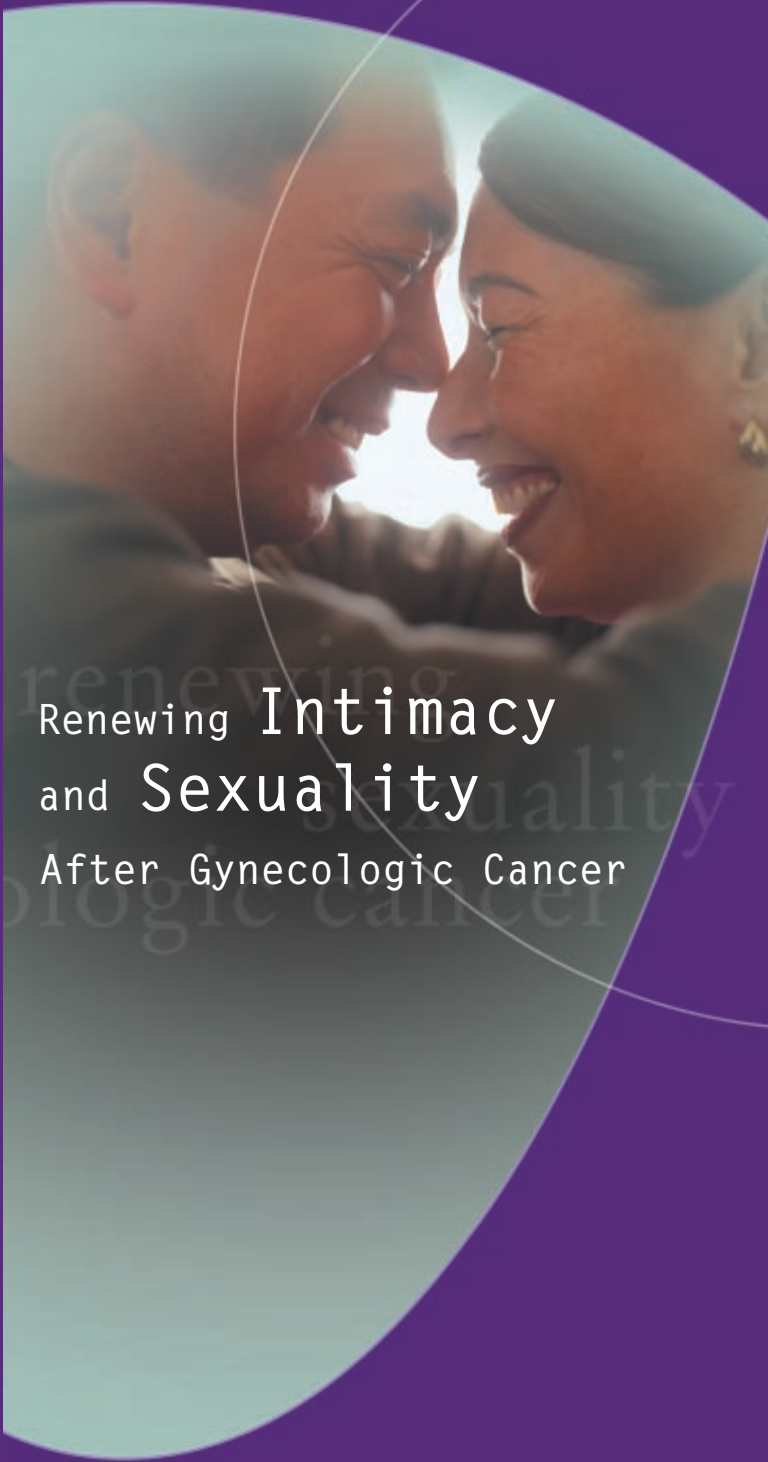
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Web site: www.sgno.org



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renewing
Intimacy
and Sexuality
After Gynecologic Cancer



Over 80,000 women a year are diagnosed with a gynecologic cancer each year.

The challenge for the woman with cancer and her healthcare team is to balance the desire for the best possible treatment while maintaining quality of life. When describing “quality of life” most adult women include desires for intimacy and satisfying sexual relationships as part the vibrant full life that they hope to preserve or regain. Cancer affects an individual’s total being, including physical, emotional, spiritual, and sexual wellness. Many types of cancer treatment can affect a woman’s response to intimacy and sexuality. Sexual functioning can be affected by illness, pain, anxiety, anger, stressful relationships, medications, and cultural norms. Sexuality not only refers to sexual intercourse, but other means of

sexual expression, such as touching and kissing. Intimacy refers to the physical or emotional closeness shared with another individual. Self-esteem and body image are important factors that define how a woman feels about herself. Sexuality is important to one’s identity. Cancer treatment may interfere with desire and functioning, but it cannot take away an individual’s sexual self. This booklet will offer some general information that can be discussed further with your healthcare provider. Effective communication is important for the woman, her partner, and her healthcare team.

How will surgery affect my sexual functioning?

There are different treatments depending on the type of cancer diagnosis. The three most common gynecologic cancers are endometrial (also called uterine), ovarian, and cervical cancers. Most sexual disruption from these types of cancers are related to surgical interventions, such as hysterectomy (removal of uterus), bilateral salpingectomy-oophorectomy (removal of both fallopian tubes and ovaries, or BSO), and vaginal resection. Abdominal scars and surgical incisions can interfere with how a woman views her body, making her uncomfortable in an intimate situation. The vaginal canal may be shorter

after a hysterectomy causing discomfort with sexual intercourse. However, the elasticity of the vagina gives it the ability to stretch during intercourse.

The removal of both ovaries in a premenopausal woman will cause menopause or the lack of ovarian function. If estrogen is not replaced, vaginal dryness and vaginal atrophy (shrinkage) may occur causing discomfort with intercourse and pelvic examinations. The use of water-soluble vaginal lubricants and moisturizers often improves comfort. Regular vaginal intercourse will help to preserve normal vaginal length.

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Special surgical considerations

A colostomy (a surgical diversion from the intestine that creates a pouch outside the skin) is indicated in rare situations for advanced cancer. This will not interfere with the woman's sexual functioning but may affect body image. Feeling comfortable with your body, is part of feeling sexual. Some women use sexy clothing to cover areas that makes them feel unattractive. For more specific information on sex with ostomies, talk to an enterostomal nurse who has advanced training on ostomy care and sexuality issues.

In addition to colostomies, certain other surgical procedures can cause special challenges for a woman

seeking to regain sexual function. Surgical diversion of the urine flow, vulvectomy, surgical removal of the clitoris, and vaginal reconstruction are included in this group. Women recovering from these procedures will want to ask their surgeon frank questions about sexual recovery. Whenever possible, include your partner in these discussions.

How soon after a hysterectomy can I have sex?

Most patients can resume sexual intercourse in approximately four to six weeks after an abdominal or vaginal hysterectomy. It is important for the surgical incision at the top of the vagina (often called the vaginal cuff) to have adequate healing and cessation of vaginal spotting and discharge.

Will there be pain the first time I have sex after a hysterectomy?

The fear of pain after surgery is a common concern for a woman and her partner. After surgery there may still be pain and discomfort, in addition to fatigue that can interfere with sexual pleasure. Finding a comfortable position to reduce discomfort is important. Some recommendations are positioning the woman on top or in a side-lying position to control depth of penetration, and decrease abdominal discomfort at the incision site. Placing pillows under the knees or behind the small of the back may increase comfort. Dilators are recommended for women with narrowing of the vagina, if intercourse is not an option. For women not interested in sexual intercourse, other forms of pleasure include self or manual stimulation, and oral sex.

The use of water based lubricants, which can be purchased without a prescription, and/or vaginal estrogens (prescribed by your physician) may reduce discomfort from vaginal dryness. If a woman is having post-operative pain from surgery or cancer related-pain, pain medication prior to sex may ease discomfort.

Will sex feel any differently to my partner after surgery?

Your partner will not be able to determine that you had a hysterectomy. The vagina is quite elastic and comfort can be achieved even if the vagina is shortened from surgery. Lubrication to the vagina will make penetration more gentle and pleasurable.

Intimacy refers to the physical or emotional closeness shared with another individual.

Will the ability to have an orgasm be affected by the surgery?

The nerves responsible for having an orgasm will not be affected by having a hysterectomy. Some of the physical changes associated with arousal, such as fullness in the labia and vaginal lubrication may not be as prominent or easily triggered if hormone levels are low or after radiation treatment. Talk to your partner; provide assurance that these changes are caused by your surgery and that they do not mean that you have lost interest in sex or that you do not find your partner desirable. Together you can find ways to adjust to these changes. Women who were able to achieve an orgasm prior to removal of their

uterus, cervix, and ovaries should expect to achieve orgasm after most cancer treatments.

How will radiation affect my sexual functioning?

The effects of radiation are specific to each individual and depend on the dose and the area treated. Radiation to the pelvis or abdomen may cause side effects such as fatigue, nausea, diarrhea, bladder inflammation, and vaginal swelling that may interfere with sexual desire. Delayed side effects may include diarrhea, vaginal discharge, swelling of the legs, and vaginal narrowing. Frequent intercourse is an excellent way to minimize the vaginal narrowing and maintain the elasticity of the tissues lining the vagina.



Other than intercourse, vaginal dilators can be used to maintain normal vaginal size. Water soluble vaginal lubricants may be needed for vaginal dryness.

Is it safe to have sex while I am still receiving radiation treatments?

Radiation is not contagious, nor will you or your partner become radioactive if you have sex during this time. During pelvic radiation, the vagina may be temporarily tender to touch, or swollen, due to sunburn-like effect. The use of lubricants may increase comfort. Many women find that they need to take a temporary break from vaginal intercourse

during and shortly following radiation treatment. After a short time of healing (commonly 2-4 weeks) be reassured that sexual relations will be comfortable again.

How will chemotherapy affect my sexual functioning?

Chemotherapy does not directly cause sexual dysfunction, however side effects from treatment such as fatigue, nausea, mouth sores, and diarrhea, may interfere with mood and desire. Not all chemotherapy causes the same side effects and the treatment

prescribed will depend on the specific cancer diagnosis and stage. Chemotherapy may cause low white blood counts 7-10 days after treatment, resulting in an increased risk for infection. Women may be more vulnerable to infections (i.e. respira-

tory, gastrointestinal, and vaginal) during the 7-10 day period after receiving chemotherapy. Your healthcare provider may recommend individual strategies to reduce your risk. Intimacy with a partner who has a sore throat or a cold sore should be limited during this time due to possible spread of infection. Fatigue, due to low red blood counts, is a common side effect of chemotherapy and may affect libido. Medications are available to help reduce or relieve many of the side effects of chemotherapy. Be sure that your doctor knows about the side effects that are troublesome for you. Loss of hair and skin rash can affect self-esteem and body image. Some women may feel more comfortable wearing a head covering or wig for hair loss, or a nightgown to cover wounds or scars. Being

comfortable with one's self is the first step to a healthy sexual self.

The following are recommendations for improving libido and intimacy during chemotherapy:

1. Plan for it, by scheduling a 'date night'.
2. Set the mood for intimacy (i.e. candles, bubble bath, soft music, romantic movies).
3. To reduce fatigue, plan a nap prior to the occasion.
4. If symptoms such as nausea or pain occur from treatment, take medication an hour before having sex.
5. Discuss with your physician the use of testosterone and/or estrogen based products (i.e. creams) as an option to enhance your libido.
6. Touching, kissing, cuddling, or using massage and/or oils may be more desired and fulfilling than intercourse.
7. Ask your doctor about medications to reduce anemia and white blood cell depletion or to combat depression, anxiety or severe fatigue.
8. Experiment with your partner finding means of sexual pleasuring that may or may not result in orgasm or sexual intercourse. The goal is to keep the sexual part of your relationship alive during a time when you might not be able to participate in sexual intercourse.
9. Play communication games with your partner. For example, take turns asking each other what types of touch is most pleasing. Practice touching parts of the body such as neck, ear, fingers, or inside of thigh, to discover what each other enjoys.

Communication

Women who are concerned about potential or actual sexual dysfunction should discuss these issues with the healthcare team, which may include their



physician, oncology nurse, or social worker. A discussion with both the woman and her partner is encouraged to help reduce fears by the partner. Often partners are afraid that sex will be painful or even afraid that they may ‘catch’ cancer. Single women who are dating or not yet involved in a relationship have concerns about when to disclose their cancer diagnosis to a potential partner. Support groups through the hospital or in the community can help women network with other patients who are dealing with similar issues. Effective communication is important for the woman, her healthcare team, and her partner, to understand that sexuality is part of her total return to wellness.

Special Experts are Available

Cancer experts have variable levels of comfort and expertise in dealing with issues of sexual function. If you and your partner are not recovering intimacy, don’t give up and don’t assume that you are asking for too much. Don’t assume that your problem is unheard of or hopeless. Ask for a referral to an expert in sexual counseling. Your recovery to full living is worth the extra effort.

About The Gynecologic Cancer Foundation

The Gynecologic Cancer Foundation was established by the Society of Gynecologic Oncologists in 1991 as a charitable organization to support programs that benefit women who have or who are at risk for developing a gynecologic cancer. To contact us, visit our web site at www.wcn.org/gcf or call our Information Hotline at 1-800-444-4441.

About The Society of Gynecologic Nurse Oncologists

The Society of Gynecologic Nurse Oncologists (SGNO) is an international organization of nurses and health professionals dedicated to the advancement of patient care, education, and research in the field of gynecologic oncology and women’s health care.

Additional Resources

American Cancer Society (ACS)

Contact local telephone listings. Or call 1-800-ACS-2345

Schover, L. (2001).

Sexuality and Cancer: For the woman who has cancer, and her partner. Atlanta: American Cancer Society. Free by calling the ACS.

Look Good...Feel Better®

CTFA Foundation, 1101 17th Street, NW, Washington, DC 20036.
www.lookgoodfeelbetter.org

Look Better...Feel Better® is a public service program which teaches women ways to cope with appearance-related side effects resulting from cancer treatment. 800-395-LOOK.

Coping Magazine

2019 North Carothers, Franklin, TN 37064
(615) 790-2400. Bimonthly magazine for people whose lives have been touched by cancer and patient education articles by healthcare professionals.

The Wellness Community

919 18th Street NW, Suite 54, Washington, DC 20006
1-888-793-WELL. Provides free support groups, educational programs, stress management and social networking for people with cancer and their loved ones. www.thewellnesscommunity.org

The Women’s Cancer Network Web Site

www.wcn.org. Informational web site developed by the Gynecologic Cancer Foundation for women. Highlights include survivor section, clinical trials information, treatment options and Wall of Hope.

United Ostomy Association, Inc.

36 Executive Park, Suite 120, Irvine, CA 92714
The United Ostomy Association is a health organization providing education, information, support and advocacy for people who have had or will have intestinal or urinary diversions. 1-800-826-0826