Cancer Council

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Sex, Intimacy and Cancer

A guide for people with cancer and their partners

For information & support, call **13 11 20**

Sex, Intimacy and Cancer
A guide for people with cancer and their partners

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Note to reader
Always consult your doctor about matters that affect your health. This booklet is intended as a general introduction to the topic and should not be seen as a substitute for medical, legal or financial advice. You should obtain independent advice relevant to your specific situation from appropriate professionals, and you may wish to discuss issues raised in this booklet with them.

All care is taken to ensure that the information in this booklet is accurate at the time of publication. Please note that information on cancer, including the diagnosis, treatment and prevention of cancer, is constantly being updated and revised by medical professionals and the research community. Cancer Council Australia and its members exclude all liability for any injury, loss or damage incurred by use of or reliance on the information provided in this booklet.

Cancer Council
Cancer Council is Australia's peak non-government cancer control organisation. Through the 8 state and territory Cancer Councils, we provide a broad range of programs and services to help improve the quality of life of people living with cancer, their families and friends. Cancer Councils also invest heavily in research and prevention. To make a donation and help us beat cancer, visit cancer.org.au or call your local Cancer Council.



Cancer Council acknowledges Traditional Custodians of Country throughout Australia and recognises the continuing connection to lands, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures and to Elders past, present and emerging.

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About this booklet

This booklet has information about how cancer and its treatment may affect your sex life and relationships. You do not need to read it from cover to cover – just read what is useful to you.

Sex and intimacy are an important part of our life. They are how we experience physical and emotional closeness, pleasure and develop intimate relationships. We hope this booklet gives you practical ways to adapt to any physical or emotional changes you may experience, and explore ways to maintain intimacy.

The information in this booklet is for everyone, no matter what your sex, gender or sexual orientation, or whether you are in a relationship or not. In this booklet, the term "partner" means the person/s you choose to share a close, intimate relationship with.

When we talk about anatomy, we use the words "female" and "male" to refer to parts of the body, not a gender. Some people, including those who identify as transgender and non-binary, may have diverse gender identities or experiences of their bodies.

How this booklet was developed – This information was developed with help from a range of health professionals and people affected by cancer. It is based on research into sex after cancer treatment.[1–5]



If you or your family have any questions or concerns, call **Cancer Council 13 11 20**. We can send you more information and connect you with support services in your area. You can also visit your local Cancer Council website (see back cover).

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Key to icons

Icons are used throughout this booklet to indicate:



More information



Alert



Tips

Is this Cancer Council booklet helpful? Please follow this QR code for a quick 3-minute survey, or call 13 11 20 to provide your feedback.

SCAN ME

Sex and intimacy explained

How you express yourself sexually is shaped by many things, including your relationships and whether you have a partner; physical and mental health; culture, values and beliefs; opportunities and interests; caring responsibilities; and how you feel about yourself (your self-esteem).

Sexual expression – This is about who you are, how you see yourself, and how you communicate your desires. You can show this in many ways, including by the clothes you wear, the way you move, how you have sex, and who you have sex with. Your role in a sexual relationship may also affect your sexual expression.

Sexual orientation – This describes the attraction you feel towards another person. Some examples include heterosexual (straight), homosexual (gay or lesbian) and bisexual (attracted to men and women). Some people's sexual orientation is fluid, and may change.

Sex and sexual activity – Sex is more than intercourse or penetration. It also includes touching, kissing, masturbation and oral sex.

Intimacy – Feeling close and connected to someone can be physical or emotional. Intimacy can mean sharing feelings of love and care. It can also mean feeling valued, safe and trusting someone. You may share your thoughts and feelings, a special place, or a meaningful experience.

Sex is one way to show intimacy, but intimacy is not only about sex. Intimate touch like kissing, cuddling or holding hands is often still important, even for people who don't want other types of sexual activity.

How cancer treatment can affect your sex life

Cancer can affect your relationship with partners, family, friends and colleagues. Many people say cancer treatment also changes their sex life and intimacy.[2] These changes may last for a short time, a long time, or be permanent. For some people, this is one of the hardest parts of life during or after cancer.

This booklet offers information about changes you may experience, specific challenges and ways to manage them. It also lists health professionals and organisations that can support you, including Cancer Council 13 11 20.

Although some people with cancer say that sex is the last thing on their mind, others still want the closeness and comfort that intimacy can bring. Cancer and the stress of everyday life may mean sex and intimacy are not a priority, but this can change with time.

Sex after cancer may be different. Treatment, getting older or other medical conditions may mean accepting that you'll never have your previous sexual ability. But you can still find ways to have a fulfilling sex life, that is "good enough". You may need to try new ways to connect – both physically and emotionally. Taking time to focus on intimacy may help strengthen your relationship. The next 2 pages explain the changes you may notice and what may help.



If you identify as LGBTQI+, you can find additional information about cancer, including changes to your sex life, in our *LGBTQI+ People and Cancer* booklet.

Adapting to changes in your sex life

Changes to how you enjoy sexual intimacy and activity can be challenging and upsetting. Give yourself time to adjust. This booklet offers general information,

Talk about what has changed



Share any concerns you have, about sex or being intimate, with your partner. Tell them when you feel ready to have sex, what still works for you, what doesn't, and if they should do anything differently.

Explore different ways to have sex



If the way you used to have sex has changed, try new sexual positions or explore different erogenous zones. You could try manual sex using fingers for penetration, mutual masturbation, oral sex, genital rubbing with personal lubricants (lube), vibrators or sex toys, erotic images and stories, or sexual fantasies.

Try other forms of intimacy



Show affection by cuddling, holding hands, lying together naked, kissing or giving a massage. Discuss what's changed to avoid misunderstandings and take the pressure off going any further.

Plan ahead



Using lubricants (lube) and erection devices, taking medicines, and managing incontinence or stomas may all mean you have to plan when to have sex. Some people say they miss spontaneity, others find that scheduling sexual activity gives them something to look forward to.

as well as help with specific challenges. You might find that the suggestions below for adapting to how you have sex after cancer are a useful place to start.

Focus on other aspects of your relationship



Many people in relationships don't see sex as the most important part of being together. Feelings about sex may also change as you get older. Spend time doing things you both enjoy and that may bring you closer. Then sex isn't the only way you show affection and share intimacy.

Use relaxation and meditation techniques



Feeling relaxed can help you enjoy sex more. You can use free apps and podcasts to guide you through relaxation and meditation techniques. Many treatment centres run meditation programs.

- Listen to our *Finding Calm During Cancer* podcast.

Explore what has changed on your own



Touch and masturbation can help you to understand what has changed in how you feel. You have complete control and can find out what feels good, or what feels sore or numb, without any pressure to "perform" or to keep going with a partner. Once you feel more comfortable, you can show your partner what feels good and what works best for you.

Seek help



Ask your health care team how to manage any sexual changes. Your doctor can also refer you to a sexual health physician, sex therapist or psychosexual counsellor. See page 16 for more information.

The types of challenges you may face

Treatment or the cancer itself may cause a physical change to how you can have sex, the sensations you feel and your enjoyment of sex, or whether you still feel like having sex.

Physical changes – You may want to have sex, but your body may not respond like it used to. Some sexual positions or activities may be uncomfortable or different now. It's natural to feel sad or upset about the loss of your previous sex life or desire. Try to focus on creating intimacy and pleasure in new ways, instead of recreating how you used to have sex (e.g. kissing then penetration). Sex may be different after a cancer diagnosis, but it can still be good. You may find new ways to enjoy it and feel close to your partner.

Emotional changes – Cancer can influence how you feel about your body (body image), your emotions and your relationships. These things can affect your interest in sex. It is stressful finding out you have cancer. If you had stress already in your life or relationship, this may become more intense. It's important to find ways to manage stress and take care of your emotional wellbeing (see previous page).

For teenagers and young adults

Young people with cancer need to continue to develop and mature. This includes living as normally as possible, going on dates or having a partner. But this can feel hard, especially with changes to how you look, fertility issues, or if you don't have much experience of sex.

As well as talking to your treatment team or a sex therapist, you could get in touch with Canteen. They offer counselling in person, over the phone, by email or direct message (DM). They also run online forums and camps. Call 1800 835 932 or visit canteen.org.au.

Communicating with your partner

Talking about changes to your sex life and intimacy can be difficult. If you already had communication or intimacy problems before, a cancer diagnosis can make these worse. Misunderstandings, different expectations and different ways of dealing with change can all cause tension. Or you may feel distant from each other.

Don't avoid the topic – It can seem easier to avoid talking about sex when you are both tired from dealing with cancer and treatment. Even partners who are usually comfortable sharing their thoughts with each other may not have talked much about sex before. This may be because of embarrassment; not having time or privacy; not feeling confident; fear of rejection; waiting for the other person to bring it up; or assuming things are okay or normal.

Being able to communicate your needs, feelings and thoughts to your partner is now more important than ever. This can help prevent frustrations or tension, for example, if one of you is avoiding sex.

Talk openly – You can adjust to changes in your sex life after cancer with good communication. Let your partner know what you're going through and how they can help you cope. Talk about how your relationship is changing, how you're both feeling, and what you're both worried about. Discuss what you want or hope for, and ways you can enjoy intimacy during and after cancer or treatment.

Choose the right time and place – Sometimes it's better to talk about sex away from the bedroom. Choose a time when you aren't tired, rushed or upset about something else. You can also make plans for other ways to be close. Or explore sensual activities that don't involve penetrative sex, such as hugging, skin-to-skin contact or massage.

"My husband has more sexual needs than me, and during my treatment he didn't pressure me or make me feel bad about not initiating sex… I really appreciated it." CATHERINE

Talk to your partner about how they are feeling about sex – Your partner may be worried about hurting you or being too eager. Some people avoid all touch because they don't know what feels okay. Talking about how you both feel can help you understand the situation better. You can ask your partner what they want and discuss what feels comfortable for you.

Build your connection – A healthy relationship and trust help you feel safe and confident during sex. Feeling close and being able to talk and listen with respect can make a big difference. We all need emotional support. Sometimes, it may help to take a step back, and ensure that the foundation of your relationship is strong, before focusing on sex.

Ask for help – If talking about sex feels awkward for you or your partner, or you find it difficult to talk to each other without becoming upset, counselling may help. Call Cancer Council 13 11 20, ask your doctor or nurse, or see page 16 to find a psychologist, relationship counsellor or sex therapist. They can help you talk about your sexual concerns and find ways to meet each other's needs.



In some Aboriginal and Torres Strait Islander communities, and some other cultures, it's taboo for men and women to talk about sexual matters with each other. If this applies to you, try other ways to express your needs or show what you want. It may help to talk to a counsellor, or visit ourmobandcancer.gov.au.

Not feeling like sexual partners

During cancer, relationships often change. Sometimes it happens gradually almost without noticing, while other times it's sudden and obvious. Talking about these changes can help with concerns about sex and intimacy. Spending time together as a couple can rebuild closeness. Changing your location can help you both relax and focus on things other than cancer. This could be a weekend away, going to a restaurant or simply getting out of the house or hospital to sit in a park. For ways to connect, see page 9. If you're a carer, see page 45.

Talking with a new partner

You may be nervous about starting a sexual relationship with someone new. It can be hard to know when to tell a potential sexual partner about any changes to your body (e.g. having a breast removed, trouble getting an erection, or living with a stoma). You may also worry about how someone will react to seeing you naked for the first time, or feel unsure about how to explain any issues with fertility.

Take your time and when you feel ready let a new partner know how cancer has changed your body. It may help to practise what you want to say with someone you trust. Think about answers to any questions your partner may have. Start with small amounts of information and share more details if they ask. See the next page for ways to start the conversation with a new partner. Before starting any kind of sexual activity, you may want to show them how your body looks now. This can help you both feel more comfortable and get used to any changes.

A sex therapist can also help you to understand and manage any underlying physical, psychological and emotional concerns. Ask your doctor for a referral.

Ways to start a conversation about sex

It can feel hard to know how to begin a conversation sometimes, especially about a sensitive subject like sex. Even if these suggestions don't fit your situation, they might give you a good starting point.

Talking with your partner

"I feel like I don't have the energy for sex, but I'm worried about how that makes you feel. Can we talk and work out a plan together?"

"I'm happy to cuddle, but I'm not ready for sex – can we agree to just cuddle for now?"

"There are some things we could try that may help us feel close and connected, without 'going all the way'."

"I want to show you how I like to be touched and the places that are sore and out of bounds."

"I feel ready for sex again, but I'd like to take things slowly."

"I really miss our sex life. When can we talk about being physically close again?"

"That's the right spot, but a lighter touch would feel better."

"I'm not avoiding sex, but I don't feel as confident about it since my body has changed."

"Can we talk with someone who can help us with our sex issues?"

Talking with a new partner

"The cancer treatment changed my body. It's hard to talk about the changes, but I want you to know that after treatment I now have... (e.g. a stoma/erection problems/ a narrow vagina)."

"I really like where our relationship is going. I want to tell you that I have/ have had cancer. I'm afraid you might not find me attractive or that you'd rather be with someone who doesn't have or hasn't had cancer. What do you think?"

"I'm still interested in sex, but we need to do things a little differently. Are you okay with that?"

"I haven't had sex since my cancer treatment, and I'm nervous about how it will go. How do you feel about taking things slowly?"

"Before we get serious, I want to tell you how cancer treatment affected my fertility. I can't have children naturally, but I want to be a parent. Would you be interested in exploring other ways of becoming a parent, if that's something that we both see in our future?"

Common sex questions

Q: How could cancer affect my sex life?

A: Cancer and its treatments can have side effects. These changes can affect your sex life, including:

- your feelings, emotions and mental health (see page 44)
- changes in hormone levels that affect sexual desire and response (see pages 17–18)
- your physical ability to give and receive sexual pleasure
- fatigue, energy levels and pain
- how you feel about your body and your level of self-esteem.

When you are first diagnosed with cancer, it's natural to have a range of emotions. You may feel grief, anger, anxiety, sadness, fear, guilt, self-consciousness, shame or depression. These feelings can affect your sex life. You can read more about this in our *Emotions and Cancer* booklet.

Q: How soon can I have sex?

A: This depends on the treatment and how quickly you recover – both physically and emotionally. You can kiss or touch most parts of the body as soon as you feel comfortable. Ask your doctor how long to wait before sex, including penetrative sex. After a mastectomy, ask how long until you can put pressure on the area. This is called a minimum waiting period and helps to prevent injury or infection.

It's natural to worry or be nervous about having sex again after cancer treatment. If you feel unwell or not ready, it's okay to wait. Don't feel pressured to do anything before you're ready.

Q: Will I put my partner at risk?

A: You can't catch cancer from someone, or pass it on to your partner through sex. But during some treatments, you may need to use barrier contraception (condoms or dental dams). This may be to protect your partner from body fluids, or to avoid pregnancy.

Chemotherapy – These drugs may stay in body fluids for several days. Depending on the drug and how often you are having treatment, you may need to use protection.

For penetrative intercourse, including anal sex, use condoms or female condoms. For oral sex, use condoms, female condoms or dental dams (latex squares). Wear latex gloves if using hands on the genitals or for penetration. Some chemotherapy may pass into the saliva, so check if open-mouth kissing should be avoided.

Ask your doctor what safety steps you may need to take, and for how long, especially if you are having ongoing chemotherapy.

Radiation therapy – If you are having internal radiation (brachytherapy or radioactive seeds), you will usually need to use a condom during and for a while after treatment.

If you are having external radiation therapy, it's safe to have sex once you get home, as the radiation doesn't stay in your body for long.

Immunotherapy – After each Bacillus Calmette-Guérin (BCG) treatment for bladder cancer, use barrier protection for a week.

Many other immunotherapy treatments are new, so your doctor may suggest you use protection and avoid pregnancy for a time.



Before starting cancer treatment, it's important to talk to your doctor about ways to preserve your fertility, such as egg or sperm storage. See our *Fertility and Cancer* booklet.

Q: Will my doctor talk to me about sex?

A: Sex is a normal and important part of health, but it's something your doctor might not discuss with you. Even if cancer or its treatment affects your sex life, your doctor may not talk to you about it for several reasons:

- If you don't ask about sex concerns, your doctor may think that you don't want to talk about it. They may worry that they'll offend you if they bring it up.
- There may not be time during your appointments to talk about issues like sex. Or, there may not be a private space where you can comfortably have a discussion.
- Your doctor or health professional may feel uncomfortable talking to you about sex.
- You may not know that there are treatments available for many sexual concerns, so you don't think to ask your treatment team.

Many cancer treatments affect sex and intimacy. That's why it's important to know what to expect and how to have sex safely. During and after treatment, you can ask questions and share your concerns with your doctor. If they don't know how to help you, or don't feel comfortable talking to you about sex, they should refer you to someone who does.

If you don't feel safe or comfortable talking with your doctor, ask another person on the team for a referral to someone else (e.g. if you want to see a female or male doctor). You can also contact the organisations on page 46 or call Cancer Council 13 11 20.

Q: Who can I talk to?

A: Your general practitioner (GP), doctor or nurse can refer you to one of the health professionals below for help with specific concerns. See page 46 for organisations that may have links to other types of help.

Health professionals who can help	
nurse	administers drugs and provides care, information and support; may be able to talk about some of your concerns, or direct you to other people who can help
cancer care coordinator, clinical nurse consultant (CNC), clinical nurse specialist (CNS)	specialist nurses who coordinate your care, liaise with members of your health care team, and support you and your family; explain any issues you're having, and they may help you find the best person to talk to
physiotherapist/ continence physiotherapist	help restore movement and mobility, strengthen pelvic floor, improve bladder/bowel control, and recommend aids or equipment; ask for a referral, especially before and after prostate cancer or a hysterectomy
continence nurse	assesses bladder and bowel control, and helps you find ways to manage any changes
occupational therapist/exercise physiologist	help to adapt your living and working environment to make your usual activities easier, including sex, during or after cancer or treatment
psychologist, counsellor, clinical psychologist	help you manage your emotional response to diagnosis and treatment; provide support and advice about sex and intimacy
sexual health physician/doctor, sex therapist	can help you, or you and your partner, with concerns before and after treatment, including medicines, exercises and adjusting to your new situation
social worker	links you to support services and helps you with emotional, practical and financial issues

Sex and your body

Feeling like you want to have sex is called your sexual desire or libido. It is affected by your physical and emotional wellbeing, levels of sex hormones, relationship and body image, as well as the need to express love, give and receive pleasure, and connect with others. Some cancer treatments can reduce your desire or libido (see pages 22–23).

The sexual response

Knowing what happens to your body during sex can help you to understand any changes. This is called the sexual response cycle. It includes several different phases: desire (wanting sex), arousal (feeling excited or turned on), plateau, orgasm and resolution. These phases are the same for all genders, but the timing can be different for each person. You may not go through every stage (e.g. you may not orgasm).

Arousal can begin in 2 ways – from the brain (psychogenic), or by touch (reflexogenic). The brain controls your interest in sex through memories, feelings and thoughts – what you see, smell, touch, taste, hear and imagine. If you are touched on the genitals or a sensitive area, this can start the process of feeling like sex.

Erogenous zones

Areas of the body that make you feel aroused when touched are called erogenous zones. The main ones are the clitoris, labia, vagina, penis, scrotum and anus. Other erogenous zones include the breasts, nipples, chest, mouth, ears, neck and inner thighs. Cancer or its treatment may change how these areas feel. They may become more sensitive or they may lose some sensation (see pages 26, or 30–31).

About sex hormones

Hormones are made naturally in your body. They control many functions, including how you grow and develop, and your ability to have children (your fertility). Generally, males have more testosterone and females have more oestrogen and progesterone. These hormones may vary for transgender or intersex people.

Low sex hormones or sudden hormone changes can affect your mood or lead to depression. Talk to your doctor and see page 44 for more.

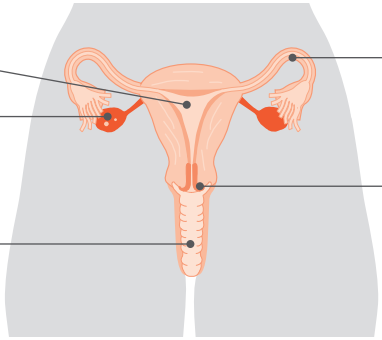
Androgens (male sex hormones) – The main androgen is testosterone, which is made mostly in the testicles. It's also produced in small amounts by everyone's adrenal glands (including females).

Some cancer treatments (e.g. for prostate cancer) use testosterone-depriving drugs called androgen deprivation therapy or ADT. These medicines can cause erection problems, fatigue and low interest in sex (libido). They may also increase body fat and change your body image. If you are on ADT, exercise may help you to maintain muscle mass and bone strength, and support your mental health.

The ovaries also make small amounts of androgens, which may help female sexual wellbeing. Androgens often drop during and after chemotherapy, and can decrease suddenly if the ovaries are removed.

Oestrogen and progesterone (female sex hormones) – Oestrogen keeps the vagina moist and stretchy. It helps with concentration and overall wellbeing. Progesterone controls reproduction (periods and pregnancy). These hormones are mostly made in the ovaries before menopause, but some continue to be made in the adrenal glands. Some cancer treatments may lower these hormones or cause early menopause.

The female sexual and reproductive anatomy



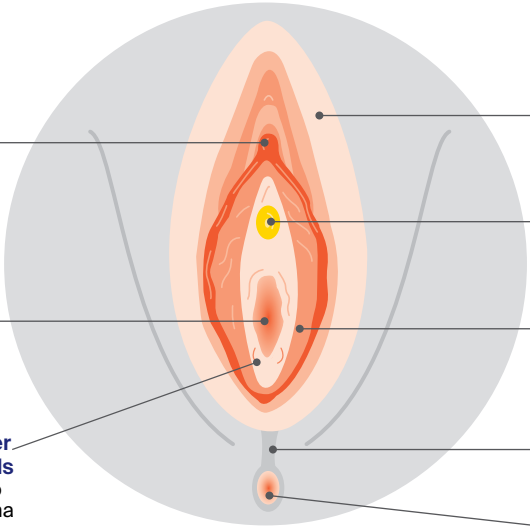
Uterus (womb)

Ovaries
contain eggs and produce hormones

Vagina

Fallopian tubes
carry eggs from the ovaries to the uterus

Cervix
the neck of the uterus



Clitoris
the external part of an organ made of sensitive tissue that can create feelings of pleasure

Vaginal opening

Bartholin (greater vestibular) glands
produce mucus to lubricate the vagina

Labia majora
the outer lips of the vulva

Urethra*
carries urine from the bladder

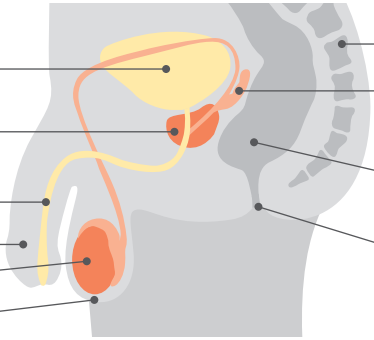
Labia minora
the inner lips of the vulva

Perineum*
skin between vulva and anus

Anus*
opening at the end of the bowel

** Not part of the external sexual organs or the reproductive system*

The male sexual and reproductive anatomy



Bladder* stores urine

Prostate

Urethra*

Penis

Testicle

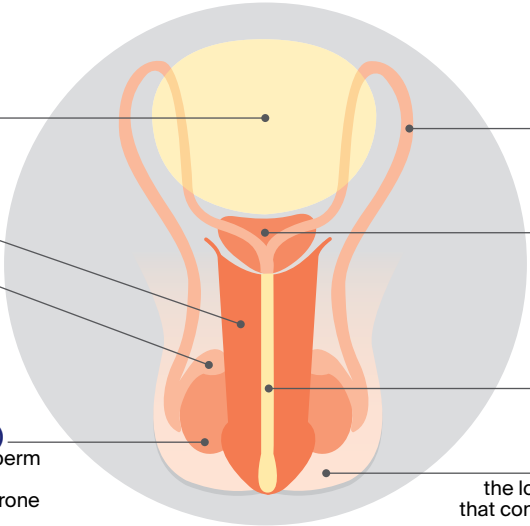
Scrotum

Spine*

Seminal vesicles glands that produce fluids that make up part of the semen

Rectum* last part of the bowel

Anus* opening at the end of the bowel



Bladder*

Penis

Epididymides tubes on the outer surface of the testicles; immature sperm travel through the epididymides

Testicles (testes) make and store sperm and produce the hormone testosterone

Vas deferens long tubes joining the testicles and the penis

Prostate small gland about the size of a walnut that surrounds the urethra

Urethra* carries urine from the bladder

Scrotum the loose pouch of skin that contains the testicles

** Not part of the external sexual organs or the reproductive system*

Specific challenges

Some concerns in this chapter may affect anyone, while others only happen with some types of cancer. These issues may be temporary or ongoing. If you need more information, talk to a health professional, contact one the organisations on page 46, or call Cancer Council 13 11 20.

Fatigue

It's common to feel tired and lack energy during and after cancer and its treatment. This can last for weeks, months or years and affects everyone differently. Fatigue may cause you to lose interest in sex or be too tired to take an active role. Your partner may also be tired, and not feel like sex.



Tips for managing fatigue

- Do some regular light to moderate exercise. This has been shown to reduce fatigue. Even a walk around the block can help. An exercise physiologist or physiotherapist can suggest exercises suited to you.
- Plan some time to rest before having sex.
- Use memories and fantasies, or erotic material to spark your interest.
- Try being intimate at different times of the day.
- Talk to an occupational therapist, cancer nurse or Cancer Council 13 11 20 consultant about ways to manage fatigue.
- Spend time being affectionate with your partner – hugging, kissing and holding hands can help you feel close when you're too tired for sex.

▸ See our *Fatigue and Cancer* fact sheet or listen to our "Managing Cancer Fatigue" podcast episode.

Loss of desire

While loss of desire may not happen to some people, changes in sex drive or interest (low libido) are common during cancer treatment.

There are many reasons why your libido may change, including:

- treatment side effects, such as feeling tired and sick
- pain from cancer or when recovering from surgery
- being too worried or stressed about your health to think about sex
- fear of pain during penetrative sex
- changes in your hormone levels
- feeling less confident or having lower self-esteem if treatment has changed the way you look.

For most people, their libido returns after active treatment ends. But keep in mind that hormone levels also change naturally with age, and this can lower your sex drive as you get older.

Adjusting to changes in sex drive can be emotionally and physically challenging for people with cancer. Discuss things with your partner, so they understand what's going on and don't feel hurt or rejected.

If you feel you need more support or ideas on how to help your relationship during this stressful time, talk to a counsellor, sexual health physician or sex therapist. Speak to your doctor for contacts in your local area or call Cancer Council 13 11 20.

"My wife went off sex completely during her treatment, which was difficult for me. When we talked about it, and she told me she still loved me, it made me feel better." DAVID



Tips for when your libido is low

- Make time to be with your partner. Plan a “date” or a fun activity to do.
- Enjoy physical contact without sexual penetration. Try skin-to-skin touch, such as massaging each other, or having a bath together.
- Keep an open mind. You could read or watch something erotic, or try toys like vibrators or personal lubricants. These may help spark your interest in sex, or your partner can masturbate, either alone or with you present.
- Touching yourself and gently masturbating can help you learn what feels good. This can also help you explain to or show your partner how you would like to be touched.
- Change the setting. If your home reminds you of treatment, book a night away or use a different room in the house that is not associated with cancer. You could even consider going away for the weekend.
- Rearrange your bedroom or redecorate it once your treatment is over.
- If your usual positions for sex are no longer comfortable, try different ones to find something that feels better.
- Use cushions or pillows to support your body.
- Ask your doctor to check your hormone levels. This may explain some changes in your libido.
- Try different ways of getting in the mood for intimacy – whatever makes you feel sexy, relaxed and good about each other.
- You could wear clothes that make you feel sensual.
- Create an intimate atmosphere by turning off phones and minimising distractions. Or try lighting candles and playing soothing music.
- You could share an erotic fantasy.

Changes to the vagina

Cancer treatments may cause temporary or permanent changes to the vagina. Some treatments can make the vagina tighter, or cause pain or discomfort during sex. Others may cause dryness, thrush or a loss of sensation.

Radiation therapy, especially to the pelvic area, can cause pain, inflammation and scarring in the vagina, vulva, urethra, bowel and bladder. If the ovaries are affected, it may cause early menopause (see page 41). Other treatments, including surgery, hormone treatment and chemotherapy, can also cause a range of vaginal problems.

Tight vaginal muscles

After cancer treatment, some people experience tight vaginal muscles (vaginismus) or pain in the vulva or vagina (vulvodynia). If this happens, a qualified pelvic physiotherapist who specialises in rehabilitation after cancer can help you learn how to relax the pelvic muscles during penetration. Ask your doctor for a referral.

Fear of painful penetration can make tightness or pain worse. You should never try to push though the pain, as this can also make the tightness worse and increase discomfort. See pages 34–35 for more about pain.

Vaginal dryness

After some cancer treatments, you may need vaginal moisturisers and lubricants to avoid discomfort during sex. Taking more time to become aroused before and during penetration can also help the vagina relax and lubricate.

Hormonal creams – A lack of oestrogen may cause vaginal dryness after some cancer treatments. Talk to your doctor about whether

oestrogen creams or pessaries (tablets put into the vagina) are an option for you. These may not be suitable if you are having hormone therapy for cancer. Vaginal oestrogen creams may help relieve dryness, a lack of elasticity and bladder symptoms. They are applied in the vagina or on the vulva.

Moisturisers – Non-hormonal vaginal moisturisers (e.g. hyaluronic gels) help restore moisture and lubrication. You can buy them without a prescription. They are usually applied 2–3 times a week at night.

Personal lubricants – These liquids or gels are used during sex. You can put them on the clitoris, labia and vaginal entrance – as well as your partner's penis or a sex toy. Try applying lubricant during foreplay.

Lubricants can be water-based or silicone-based. Those with a silicone base may last longer. Do not use oil or petroleum-based products (e.g. baby oil or Vaseline), as they can cause vaginal infection and damage latex condoms.

Thrush

Dryness may cause too much growth of a yeast-like fungus found in the vagina. This is called thrush. It can cause itching, burning, an unpleasant discharge, and pain during intercourse. Some cancer treatments that lower your immunity may also cause thrush.

Talk to your doctor to make sure the symptoms are not caused by other types of vaginal infections. Your doctor may suggest a prescription or over-the-counter cream or medicine. Use a condom during sex to avoid spreading thrush to your partner. Also avoid soap, bubble bath, scented creams and lubricants with added sugar, as these can irritate your genitals and make thrush worse.

Loss of sensation

After some treatments, including radiation therapy, sex may not feel the same. Some people lose some feeling in the vagina or labia, which may be temporary or permanent. It can make sex uncomfortable or less enjoyable, or may make you feel less interested in sex. If your doctor has checked it is not an infection or thrush, these tips may help.

- Focus on other parts of the body or genitals that feel good to touch.
- Try regular sexual activity of some kind to keep some interest in sex.
- Use different sexual positions to find what improves sensation.
- Try a vibrator to increase sensation.
- A sex therapist can show you strategies to help reconnect to your body through sensation and pleasure.

Short or narrow vagina

Surgery may shorten the vagina and pelvic radiation therapy may narrow the vagina (vaginal stenosis). Scar tissue from treatments may also cause the vagina to become shorter and narrower. This can make sexual penetration difficult and painful.

These changes to the vagina can also cause thinning of the walls and dryness (see page 24). Using water-based lubricants or vaginal moisturisers can help. In some cases, your doctor may recommend using an oestrogen-based cream (see pages 24–25).

A vaginal dilator may help after treatment (see the opposite page). It may help to widen your vagina or to keep it supple after you've finished radiation therapy. This can make sex more comfortable, and may also make cervical screening easier.

Ask your doctor for a referral to a qualified pelvic health physiotherapist for advice before trying to use a vaginal dilator.

Other tips that may help with changes to the vagina's size include:

- trying different positions to find what feels most comfortable
- using lubricant to make penetration comfortable (see pages 24–25)
- applying a non-hormonal vaginal moisturiser (see page 25)
- trying a vibrator or having regular, gentle sexual intercourse
- placing a foam ring around the base of your partner's penis to reduce pain or discomfort during intercourse.

Using a vaginal dilator

A vaginal dilator is a tube-shaped device made from plastic or silicone. It can help keep your vagina open after treatment.

The dilator is inserted into the vagina for short periods of time to gradually widen the entrance and prevent the walls from sticking together. You may feel some discomfort from the stretching of the vaginal wall, but it shouldn't be painful.

Ask your doctor for a referral to see a qualified pelvic health physiotherapist. They can make sure it's safe for you to use dilators and help you get the most from them.

Dilators come in different sizes. You usually start with a smaller, thinner one and slowly move up to a longer, wider one over time.



You need to use dilators regularly. They can be uncomfortable and take time to make improvements.

Not everyone needs or wants to use a vaginal dilator (e.g. if you don't have penetrative sex or no longer need vaginal examinations). Talk to your doctor about the possible benefits – for some people, using a dilator is helpful, while for others, it may not be.

Difficulty reaching orgasm

Stress and worry can make reaching an orgasm more difficult. The brain is one of the major sexual organs and thinking about past positive sexual experiences or fantasies may help. You could also try exploring erotic stories in books, magazines or movies.

If you've had sensitive areas removed (such as your clitoris or parts of the vulva), you may have difficulty reaching orgasm. Surgery to remove the uterus, cervix or ovaries can also change how you experience sexual pleasure. See a sex therapist for help with this.

Only 1 in 3 women can have an orgasm with penetration alone. Accept that you may not orgasm every time. Focus on giving and receiving pleasure in ways that feel good, rather than reaching a certain point.



Tips for reaching orgasm

- Use masturbation to find what feels good for you.
- Use stroking and massage or guide your partner's hands or fingers to areas that arouse you.
- Try tensing and relaxing your vaginal and pelvic floor muscles in time with your breathing.
- Try reaching orgasm in other ways than penetration (e.g. oral sex, masturbation).
- Experiment with different positions, like tensing your thighs, closing or opening your legs or pointing your toes.
- Consider using an electric vibrator for the extra stimulation you need to reach orgasm. You can try clitoral stimulation during penetration by touching yourself, or try a sex toy designed for use during intercourse.

Anxiety

Feeling anxious and scared is a normal reaction to finding out that you have cancer. You may also feel anxious about having sex. You may worry about how you look, how your partner will react, how your body will work, fear being touched, or be anxious that sex will hurt. If you're single, you may also feel worried about starting a new relationship. If the anxiety is about intimacy, ask your GP or other doctor for a referral to a sex therapist or psychosexual therapist.

Anxiety may affect your self-esteem and you may lose interest in sex or even avoid it. Learning more about the cancer and asking your treatment team what to expect can help reduce uncertainty and ease anxiety. Think about how you have coped with stressful situations in the past and talk about these strategies with your partner, a trusted family member or friend.



Tips for managing anxiety

- Relaxing your body and mind can help you feel more in control. Try mindfulness, relaxation or meditation. Cancer Council's *Finding Calm During Cancer* podcast includes relaxation and meditation tracks.
- Talk to your doctor about medicine to help manage your anxiety. Keep in mind that some medicines may lower your libido or your ability to have an orgasm.
- If thoughts race or are hard to control, cognitive behaviour therapy (CBT) may help. It changes unhelpful thought patterns that affect your sex life. A psychologist or counsellor can support you. Ask your GP for a referral as you may be able to get a Medicare rebate.
- Anxiety can affect sleep, and poor sleep can cause anxiety. Ask your doctor how you can improve your sleep.

Ways to improve erections

Erection problems are common after prostate surgery or radiation therapy to the pelvic area – especially when combined with ADT (see page 18). These problems usually start 6–18 months after treatment and may gradually get worse over time. Not having regular erections can lead to penile shortening.

Tablets



Medicines that increase blood flow to the penis can help, but only if the nerves controlling erections are still working. Your doctor may suggest taking the tablets before and soon after surgery, as the increased blood flow can help preserve penis health while the nerves recover.

You may be able to take tablets after radiation therapy and ADT, but they are less effective used with ADT long-term.

These tablets can't be taken with some blood pressure medicines. Ask your doctor whether this applies to you.

Vacuum erection device (VED)



A VED or "penis pump" increases blood flow to help you get or keep a natural erection.

You place a clear, rigid tube over the penis. A battery-operated or manual pump creates a vacuum that causes blood to flow into the penis, so it gets hard. You put a rubber ring at the base of the penis to keep the erection firm after you remove the pump. The ring can be worn comfortably for up to 30 minutes.

Talk to your doctor or specialist nurse about which VED is right for you, and where you can buy one.

You may see ads for herbal or natural therapies, nasal sprays and lozenges to treat erection problems. Talk to your doctor before using them as some could be harmful. Products with testosterone, or that act like testosterone in the body, may make some cancers grow.

There are several options for trying to improve the quality of your erections. Ask your treatment team for more information about the options shown here, or other ways to get erections firm enough for penetration.

Penile injection therapy (PIT)



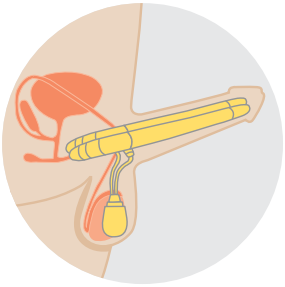
Injecting medicine into the penis makes its blood vessels expand and fill with blood. This causes an erection. It usually starts in 15 minutes and lasts for 30–60 minutes.

The medicine must be prescribed by a doctor, nurse practitioner or erectile dysfunction specialist service. It comes in a syringe you use once, or in small bottles (vials) from a compounding pharmacy, where you measure the dose into a syringe.

You will need to learn how to give the injection. This may sound painful, but the discomfort only lasts for a moment.

PIT works well for many people, but it can sometimes cause pain and scarring. One side effect that can happen is a painful erection that won't go down (priapism). This needs emergency medical attention.

Implants



A penile prosthesis is a permanent implant that helps you get an erection.

During surgery, flexible rods or thin, inflatable cylinders are placed inside the penis. These are connected to a small pump in the scrotum. You squeeze the pump to get an erection.

Implants may be an option when tablets or injections haven't worked after 12 months of trying.

A rare side effect of penile implants is infection. If this happens, the implant must be removed. This means you will no longer be able to have an erection.

Changes in ejaculation

After some cancer treatments, you may still be able to orgasm, but how you ejaculate may change.

Retrograde ejaculation – After transurethral resection of the prostate (TURP) surgery, semen may go backwards into the bladder, rather than forwards out of the penis. This is called retrograde ejaculation. It is not harmful, but it does mean that you will be infertile and unable to get someone pregnant naturally.

Dry orgasm – Some surgery, including prostate removal surgery, stops the body from making semen. This means that when you orgasm, nothing comes out (called anejaculation). This may feel quite different. Some people say this type of orgasm doesn't feel as strong or last as long as an orgasm with semen, while others say it's more intense.

Leaking urine – After some types of cancer treatment, including for testicular or prostate cancer, you may leak a small amount of urine (pee) during ejaculation. This is not harmful.

Premature ejaculation – Some people with cancer may experience early ejaculation, before or just after penetration.

Ejaculation changes after radiation therapy – After some cancer treatments, including radiation therapy to the pelvic area, you may ejaculate less semen, and the semen may look slightly discoloured. If the urethra is inflamed, ejaculation may be painful for some weeks. Radiation may also reduce sperm production, which may be temporary or permanent. If you might want to have a child in the future, talk to your doctor or nurse about saving sperm or other fertility options.

▸ See our *Understanding Radiation Therapy* booklet.



Tips for adapting to ejaculation changes

- Talk to your partner about the changes. Let them know that it doesn't affect your enjoyment of sex and that you can still have an orgasm.
- Include lots of foreplay to build arousal and increase your satisfaction.
- Try to urinate (pee) before sex to reduce any chance of leaking urine.
- If you or your partner are worried about urine leaks, you can use a constriction ring (available from sex shops) at the base of the penis during sex. It puts pressure on the urethra, which stops urine from passing through.
- Use a condom to catch any urine leaks, or if your partner doesn't like the changes to the semen you ejaculate.
- Do pelvic floor exercises (see page 37) to improve your bladder control.
- If you are worried about premature ejaculation, try changing to a position that reduces stimulation.
- Ask your doctor or a sex therapist about medicines or numbing gels.
- Use the stop–start technique if you are ejaculating too soon.
- Focus on enjoying sexual activity. Worrying about controlling ejaculation may lead to erection problems or loss of interest in sex. Counselling may help if your anxiety becomes a concern.

▸ For men who have sex with men, changes to ejaculation may feel more significant. See our *LGBTQI+ People and Cancer* booklet.

"Sex was the last thing on my mind when I found out I had cancer. I couldn't imagine ever having desire again. But after the treatment was over, it came back." PAT

Pain

After surgery, you may feel sore for several weeks, or sometimes longer. It may be uncomfortable to be touched or hugged, especially if your wounds are still healing or the area around a scar is painful.

Pain can reduce your pleasure or interest in sex, and make it harder to reach orgasm. It may make some positions uncomfortable. Some pain medicines may also make you feel sleepy or tired, which can affect your sex drive.

Painful intercourse

It's important not to push through pain during sex. This can often make things worse. In the female body, pelvic or abdominal surgery, radiation therapy or treatment that affects hormones can make the vagina smaller or less moist, which can make intercourse painful.

Some people experience vaginismus, where the vagina muscles tighten during or before penetration. This is an unconscious reaction, often caused by fear that intercourse will be painful. Vulvodynia is another condition that causes pain or a burning feeling along vaginal walls during sexual intercourse, often due to dryness or other side effects from treatments. Ask your health care team for a referral to a qualified pelvic health physiotherapist. They can teach you ways to relax your muscles during intercourse.

Scar tissue in the penis after surgery can cause pain or bleeding, but these usually settle down in time. Surgery or radiation therapy can irritate the prostate or urethra, which can cause painful orgasms. Anal sex can be painful after radiation treatment for prostate or anal cancer. Consider other ways to be intimate, such as oral sex.

▸ See our *Understanding Cancer Pain* booklet.

Tips for managing pain

Managing pain during sex

- Plan sex for the time of day when you have the least amount of pain. If you are using pain medicine, take it about an hour before sex so it has time to work.
- Try different positions (such as lying side by side) to find one that may be more comfortable for both of you and puts less pressure on painful areas.
- Use pillows or cushions to help support your body and reduce pressure on sore areas.
- Try relaxation techniques or have a warm bath or massage before having sex.
- If pain continues, ask your doctor for a referral to a specialist pain clinic. Treating pain early and using a holistic approach can lead to better long-term results.

▸ See our *Understanding Cancer Pain* booklet and our "Managing Cancer Pain" podcast episode.

Making penetrative sex more comfortable

- Avoid deep pelvic thrusts. Choose positions where you can control the depth of penetration.
- Use plenty of lubricant. A water-based lubricant is easier to wash off but a silicone-based one will last longer. Ask your health care team which one is best for you.
- Try to be close to orgasm or very aroused before penetration.
- A women's pelvic health physiotherapist can give you advice on using vaginal dilators (see page 27) and pelvic floor exercises (see page 37) to help with pain during intercourse. Using vaginal dilators can be challenging, but they may help over time.
- Ask an occupational therapist what products can help with positioning during sex – they may suggest wedges, pillows, electric beds or transfer boards.

"After my operation I had quite a bit of pain. I would either take the pain medication or try and get into a comfortable position with the pillows around me." ANNMAREE

Incontinence

Trouble controlling the flow of urine or pee (urinary incontinence) or bowel movements (faecal incontinence) is a common side effect after treatment for cancer of the prostate, bladder, bowel and penis, or the female reproductive organs. Incontinence may be temporary or permanent. The pelvic floor muscles, which affect bladder and bowel control, can also affect sexual function and arousal. Sometimes pelvic floor muscles can become too tight (hypertonic pelvic floor), which may make it harder to fully empty the bladder and bowel.

Having bladder or bowel issues can be embarrassing for your sex life, but there are ways to manage them. Ask your GP for a referral to an accredited pelvic health physiotherapist for advice. You can find a list of health providers at choose.physio/find-a-physio and continence.org.au. Or call Continence Health Australia on 1800 33 00 66 for help.



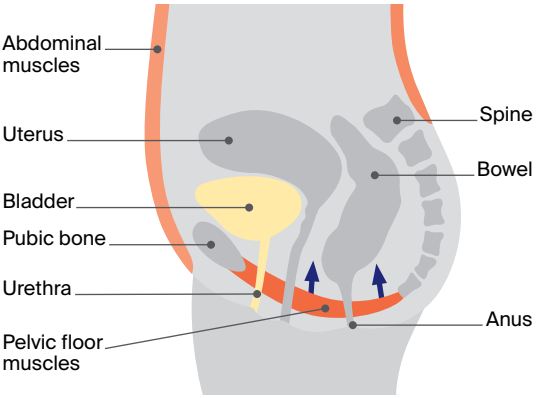
Tips for managing bladder and bowel issues

- Talk to your partner about the incontinence.
- Wait at least 2–3 hours after a meal, and empty your bowel and bladder before having sex.
- After prostate surgery, try sex with you on the bottom and your partner on top.
- Use thick towels, washable blankets or sheets that wick moisture away. A waterproof mattress protector may help you feel less anxious.
- If you have a catheter for draining urine, tape the tube to your skin, remove the bag and insert a flow valve or stopper before sex. If the catheter is in the penis, fold it back against the penis and cover it with a condom to hold in place. Make sure there's enough catheter tube for the penis to extend.
- Talk to a continence nurse about using plugs for your rectum if you have trouble with faeces (poo) leaking.

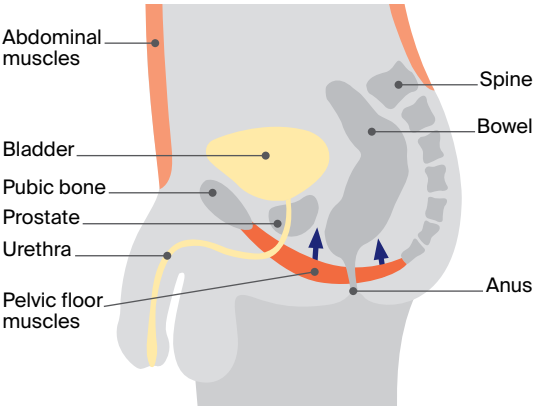
How to exercise your pelvic floor muscles

To find your pelvic floor muscles, try stopping your flow of urine for a couple of seconds while emptying your bladder. You use your pelvic floor muscles to do this. You need to do pelvic floor exercises several times a day. The technique is the same for males and females.

Female



Male



1. First, relax all of your pelvic floor and belly or stomach (abdominal) muscles.
2. Gently lift your pelvic floor muscles up and hold while you continue breathing normally. Keep your upper abdominal muscles relaxed. Try to hold the contraction for up to 10 seconds. Relax your muscles slowly after each hold.
3. Repeat this exercise up to 10 times. Rest for 10–20 seconds between contractions. Relax your pelvic floor muscles completely during the rest periods.

Removal of a body part

If your cancer treatment involved removing a limb, breast or part of your genitals, you may feel grief, loss and anger. These feelings can affect your interest in sex and your sexual confidence.

It takes time to get used to how your body has changed and how that makes you feel. Try to remember that people love you for who you are, not for just how your body looks.

For suggestions on how to feel better about your body, see pages 42–43. Talking to a psychologist or counsellor may help you adjust to the changes and improve your sex life and relationships.

Using a prostheses – If you had a breast, penis or testicle removed, you may choose to use a prosthesis to improve your self-esteem. This is a personal decision and not something everyone wants. Your doctor can explain your options and what the procedure involves.

If you are worried about how the breast area looks, you may consider nipple tattooing. This can create the colour and shape of a nipple.

If you have a brain tumour

Any type of tumour in the brain and its treatment can have an effect on your sex life and intimacy. Many people only think about the sexual side effects when cancer directly involves the genital organs, but the brain is important for sexual arousal.

Some areas of the brain are especially important for sexual function. These include the frontal, temporal and parietal lobes, and pituitary gland. When these are affected, it can cause changes in behaviour, thinking and memory, personality and social skills.



Tips for sex and intimacy after the removal of a body part

- Show your partner the changes. If it feels okay, show them how to touch the area in a way that feels good.
- Be patient with yourself. It may take time to feel comfortable about your body again.
- Touch your genitals to work out what feels different and what feels good now. You can also explore other parts of your body that make you feel aroused when touched. This may take some time and practice.
- If you feel worried about how your partner (or a potential partner) may react, remember that talking openly can help. Sharing your feelings and keeping an open mind can help you find new ways to be intimate.
- Ask your partner to stroke different areas of your body if your usual erogenous zones have changed. This may include kissing and touching your neck, ears, inner thighs and genitals.
- Look at yourself in the mirror to get used to the changes to your body.
- If you've had one or both breasts removed, see our *Breast Prostheses and Reconstruction* booklet.
- If you've had a limb removed, try wearing your limb prosthesis during sex. If you prefer to take off the prosthesis, use pillows to support the affected limb.
- Try a Look Good Feel Better workshop (see page 42). Call 1800 650 960 or visit lgfb.org.au to book in.
- Talk to a sexual health physician, psychosexual counsellor or sex therapist if your body changes are affecting your sex life or relationship. See page 46 for where to find support or visit societyaustralian sexologists.org.au to find an accredited sex therapist or sexologist.
- Call Cancer Council 13 11 20 to talk to someone about your feelings.

Sex life with a stoma

Having a stoma usually worries the person with the stoma more than their partner. Getting used to looking after the stoma will help your confidence, and sex may feel more relaxed with a little planning. The bag won't come off during sex if it's properly sealed.



Tips for sex when you have a stoma

- Wait for 2–3 hours after a big meal before having sex.
- Change the bag and check the seal, so you don't worry about it leaking. Tape the pouch to your skin so it doesn't move around.
- You can cover the bag with a specially made fabric pouch. Or you can fold the bag in half and cover it with a cummerbund (wide elastic support band). You can wear a "body tube" that covers the belly, with a hidden pocket for the bag.
- Wear clothes that make you feel good – a mini-slip, short nightgown, special stoma underwear or boxer shorts. High-waisted underwear can cover the stoma, or crotchless underwear may help if you don't want to get completely naked.
- Try positions that don't push on the stoma (e.g. lying side by side). A pillow can help protect the stoma.
- Ask a stomal therapy nurse about learning irrigation. This is when you use a stoma cap or a small pouch (a "mini") during sex. You can only use a cap or mini if you're sure no waste will come out. Take care, as a cap or mini can't hold any outflow. You might want to use one during oral sex, so that a bag is not near your partner's face.
- Use a pouch deodorant or essential oils in the room if you're worried about smell.
- Never use your stoma for sex. It is dangerous for the stoma to be penetrated.
- Find a stoma association at australianstoma.com.au.

Early medical or surgical menopause

Natural menopause happens when the ovaries gradually stop working, periods stop, and you can no longer get pregnant naturally. This usually happens between ages 45 and 55. But some cancer treatments can cause early menopause, also called induced menopause or premature ovarian insufficiency (POI). When menopause happens suddenly, symptoms can be more severe than natural menopause because your body hasn't had time to slowly get used to the lower hormone levels.

Most menopause symptoms are caused by a drop in your body's oestrogen levels. Symptoms may include aching joints, mood changes, hot flushes, night sweats, trouble sleeping, a dry vagina, reduced libido, dry or itchy skin, needing to pee more often or brain fog. Menopause can also weaken your bones (osteoporosis or osteopenia).

There are medicines and other ways to help with low or no oestrogen. Speak to your doctor to find out what's best for you. Be careful with herbal or over-the-counter products, or anything you find online. These may not be safe and may interact with prescription medicines or your cancer treatments. Always talk to your doctor about any supplements.

Early menopause may affect how you feel about yourself. You may feel older than your age, less feminine or less attractive. But for some people, not having periods is a relief.

See pages 24–27 for help with common vaginal issues that can happen after menopause. You can make an appointment at a menopause clinic to talk about ways to manage symptoms, and how they may be affecting your sex life.

- See our *Fertility and Cancer* booklet, or for more information about early menopause, visit menopause.org.au and jeanhailes.org.au.

Changes in appearance

If the way your body looks has changed, you may feel self-conscious. It's common to feel a range of emotions about the physical changes, which may include: changes to how your body works; removal of a body part or use of a prosthesis (see pages 38–39); having a stoma (see page 40); loss of hair on the head and body; weight changes; rashes; swelling (lymphoedema); scars; and increased chest tissue in males.

The way you look may affect how you feel about yourself. Changes to your face or body may make you feel less attractive, and this can affect your sexual confidence, self-esteem and body image. Often, your partner (or someone you like) won't care about how you look. Even so, you may worry about people's reactions to you, or that they will avoid or reject you when they see how your body has changed.

Some head or neck cancers can cause changes to how you look, speak, eat or breathe. These changes can be upsetting because they are visible, and may also affect kissing, talking and eating.

It takes time to adjust to changes in appearance. Some changes may improve with time, while others may be permanent. When there are changes to your body image as a result of cancer, remember: you are much more than how your body looks. Be gentle with yourself. You are a person, who deserves love and care, and it's okay to accept yourself just as you are.

Look Good Feel Better program

This free 2-hour program teaches adults and teens of any gender how to use skin care and hats to feel more confident during and after treatment. Visit lgfb.org.au to book into a workshop. They can also send you a confidence kit if you can't attend in person.



Tips for adjusting to changes in your body

- Remember that sexual attraction is a mix of emotional and physical factors, not just how your body looks.
- Wear clothes, make-up or accessories that make you feel good or highlight your favourite features.
- Consider showing your partner any changes to your body before sex and tell them what feels okay. Letting your partner look and gently touch these areas may help both of you feel more comfortable with the changes.
- If you feel shy or worried about part of your body, keep that area covered during sex. If you have had breast surgery, you may choose to wear a camisole. You may also want to avoid positions that show the area.
- If your hair has fallen out, you can wear a scarf, hat or wig, or you may prefer to leave your head uncovered. See our *Understanding Hair Loss* fact sheet or call 13 11 20 to find a wig service near you.
- If your weight has changed, choose clothes that fit you well. Something too tight or too baggy may highlight changes. You may want to buy a new outfit that helps you to feel more confident.
- Try dimming the lights or using candles when you have sex, to help you feel more relaxed about your body.
- Ask your doctor about plastic surgery or a facial prosthesis if surgery or radiation therapy has affected your face. This may help you regain a more natural appearance and improve the way you speak.
- See a counsellor to help you adjust to the changes.
- For some people, it may help to spend time looking at yourself in the mirror. This way you get used to the changes to your body. You can use a handheld mirror to see the genital area. Touch your scars so you learn how they feel now.

Ways to cope with sadness and depression

Try to get enough sleep



Poor sleep can make you feel worse. Try to wake up and go to bed at the same time every day. Avoid long naps or caffeine after lunchtime. Limit screen time (TV or your phone/tablet) at night. Read or try relaxation exercises. If you wake up to pee, drink less at night or talk to your doctor.

Exercise and eat well



Physical activity can improve mood, so try to move a bit each day. Slowly start some exercise or just take time to get outside. Stop if you feel unwell. Eating nutritious food gives you energy. If you're not hungry, try a snack or smoothie.

Try an activity



Make time for what you enjoy, or to talk to a friend – don't wait to feel "up to it". If reading feels too hard, try an audiobook. Doing small tasks can help you feel in control. Break tasks into little steps. If you don't do it today, you can try tomorrow.

Ask about side effects



Ask if your medicine or treatment can affect your mood. If you feel depressed, talk to your doctor, as counselling or medicines – even for a short time – may help. Let them know if sex is important, as some antidepressants affect sexual function.

Find support

If you continue to feel sad, or worry that someone you care for may be depressed, call 1300 22 4636 or visit beyondblue.org.au. For 24-hour crisis support, call Lifeline 13 11 14 or visit lifeline.org.au. You can talk to your GP or cancer care team. In an emergency, call Triple Zero (000) or go to an emergency department.

Concerns for partners

It can be difficult to see someone you love have cancer. Even though you don't have cancer, it still affects you. Take time to look after your own health, and talk to a counsellor or your doctor if you need support.

Ways to talk about sex – Some people are content not having sex. If you miss this part of the relationship, you can find ways to have sex again. If your partner has lost interest in sex, you may feel guilty bringing it up. Never pressure your partner or ask for anything they aren't comfortable with. But it's okay to talk about intimacy. For ways to improve communication and start a conversation, see pages 5–12.

Find out what is safe – You may worry about hurting your partner or putting yourself at risk (see page 14). Ask what feels okay (or they can show you) or talk to their doctor if you are both unsure what is safe.

Connect through touch – If your partner is not ready for sex, you can still be close in other ways. Touching, holding, hugging and massaging can show love, support and that you still find them attractive. This takes the pressure off both of you. You can stroke their scars to show that you accept the changes to their body.

Acknowledge your feelings – You may be facing the possibility of losing your partner. If they have recovered, you may be relieved but feel tired, sad or worried still. You are both going through a difficult time, so allow yourselves time to adjust. If you still find it hard to cope with the changes, it may help to talk to a counsellor.

- See our *Caring for Someone with Cancer* booklet, and listen to our "Cancer Affects the Carer Too" podcast episode.

Useful websites

You can find many useful resources online, but not all websites are reliable. These websites are good sources of support and information.

Australian	
Cancer Council Australia	**cancer.org.au**
Cancer Council Online Community	**cancercouncil.com.au/OC**
Cancer Council Podcasts	**cancercouncil.com.au/podcasts**
Australasian Menopause Society	**menopause.org.au**
Australian Council of Stoma Associations	**australianstoma.com.au**
Australian Physiotherapy Association	**choose.physio**
Australian Psychological Society	**psychology.org.au**
Cancer Australia	**canceraustralia.gov.au**
Carer Gateway	**carergateway.gov.au**
Carers Australia	**carersaustralia.com.au**
Continence Health Australia	**continence.org.au**
Healthy Male	**healthymale.org.au**
Jean Hailes for Women's Health	**jeanhailes.org.au**
Pelvic Pain Foundation of Australia	**pelvicpain.org.au**
Prostate Cancer Foundation of Australia	**pcfa.org.au**
Relationships Australia	**relationships.org.au**
Society of Australian Sexologists	**societyaustraliansexologists.org.au**
International	
American Cancer Society	**cancer.org**
Macmillan Cancer Support (UK)	**macmillan.org.uk**

Question checklist

Below is a list of questions that you could ask your health professional. It may help you start a conversation about your sexual health and concerns.

Before or during treatment

- Could this treatment affect my sex life, libido, hormones or fertility? What are the risks?
- Are changes likely to be temporary or permanent? How long will they last?
- What can be done to keep my sexual function and pleasure? Are there treatments that can help?
- Is it safe to have sex or masturbate? Do I need to take any precautions?
- Is there anything I should avoid when having sex?
- What type of contraception should I use, and for how long? Is it safe to get pregnant, or to get my partner pregnant?

Side effects and concerns after treatment

- Sex doesn't feel the same as it used to. What can I do?
- I want to have sex, but find it hard to feel aroused. What can help?
- I've lost interest in sex. Is there anything that could help? When will I feel like, or enjoy, sex or being intimate again?
- What problems may I have with intercourse or penetration?
- It hurts when I have sex. Why is this, and how can I manage it?
- Why can't I get an erection? Will this be temporary? What are my options if I can't get an erection?
- Why don't I ejaculate anymore?
- How can I manage the symptoms of menopause? Could menopausal hormone therapy help?
- I have vaginal dryness. What can I do? Is oestrogen cream safe to use?
- How can I stretch my vagina? Is it safe, and who can help me learn about vaginal dilators?
- I'm having trouble feeling confident about my body and reaching orgasm. Will things improve?
- I'm worried I can't satisfy my partner anymore. What can I do?
- Can you refer me to a sex therapist? Is there anyone else who might be able to help?

Glossary

androgen
A hormone that produces male physical characteristics (e.g. facial hair). The main androgen is testosterone.

androgen deprivation therapy (ADT)
A treatment that blocks the body's natural hormones that help cancer grow. See hormone therapy.

Bartholin (greater vestibular) glands
Small glands on either side of the vagina that secrete mucus for lubrication.

body image
How you feel about yourself and what you think when you look at yourself.

brachytherapy
A type of internal radiation therapy in which radioactive materials or "seeds" are placed into or near the tumour.

catheter
A hollow, flexible tube through which fluids can be passed into the body or drained from it.

cervix (neck of the uterus)
The lower part of the uterus that connects the uterus to the vagina.

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

clitoris
The main sexual pleasure organ for females. It is made up of erectile tissue with rich sensory nerve endings and becomes erect during arousal or when stimulated.

dam
A silky thin sheet of latex used by people of any gender when having protected oral sex. Also called a dental dam.

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

ejaculation
When semen passes through the urethra and out of the penis during an orgasm.

erectile dysfunction (ED)
When you can't get and keep an erection firm enough for penetration. Also known as impotence.

erection
An enlarged, rigid penis (sexual excitement).

erogenous zones
Areas of the body that respond to sexual stimulation or touch.

fallopian tubes
Two thin tubes between the ovaries and the uterus. They carry eggs from the ovary to the uterus and sperm to the egg.

fertility
The ability to conceive a child.

gender
The sense of whether you are a man, woman, non-binary, agender, genderqueer, genderfluid, or a combination of one or more of these definitions. Gender can be binary (either a man or a woman), or non-binary (including people who have no binary gender and people who have some binary gender/s).

genitals
The sexual organs. Often used to mean the external sexual organs.

gynaecological cancers
Cancers of the female reproductive system. They include cervical, ovarian, uterine, vaginal and vulvar cancers.

hormone replacement therapy (HRT)
See menopausal hormone therapy (MHT).
hormones
Chemicals in the body that send information between cells. Some hormones control growth, others control reproduction.
hormone therapy/treatment
A treatment that blocks the body's natural hormones, which sometimes help cancer cells grow. It may be used when the cancer is growing in response to hormones. Also called endocrine therapy or hormone-blocking therapy.
hysterectomy
Surgery to remove the uterus. A total hysterectomy also removes the cervix.

impotence
See erectile dysfunction (ED).
incontinence
The accidental or involuntary loss of urine (wee or pee) or faeces (poo).
infertility
Difficulty conceiving a child, after trying to conceive for 12 months if aged under 35, or 6 months if aged over 35.
intersex
A term used to describe a person born with anatomical, reproductive or chromosomal characteristics not typically female or male.

labia
The lips of the vulva, which join at the top to cover the clitoris.
LGBTQI+
A commonly used acronym referring to those who identify as lesbian, gay, bisexual, transgender, queer or questioning, or other sexualities (such as pansexual or asexual), as well as intersex. Other acronyms may also be used, such as LGBTQIA+, LGBTIQ.
libido
Sex drive and sexual desire.
lymphoedema
Swelling caused by a build-up of lymph fluid. This happens when lymph vessels or nodes can't drain properly because they have been removed or damaged.

masturbation
Stimulation of your own or a partner's genitals without sexual intercourse for pleasure or orgasm.
menopause
When someone stops menstruating (having periods). This can happen naturally; because of cancer treatment; or because the ovaries have been removed.
menopausal hormone therapy (MHT)
Drug therapy that supplies the body with hormones it no longer produces naturally. Also called hormone replacement therapy (HRT).

oestrogen
A sex hormone made mainly by the ovaries. After menopause, it is made in the fat cells.
oophorectomy
An operation to remove an ovary. If both ovaries are removed, it is called a bilateral oophorectomy.
orchidectomy
An operation to remove one or both testicles. Also called orchiectomy.
orgasm
The peak of sexual response. Sexual climax.
osteoporosis
Thinning and weakening of the bones that can lead to bone pain and fractures. Osteopenia is milder bone thinning.
ovary
A female reproductive organ that contains eggs (ova). It produces the hormones oestrogen and progesterone.

pelvic floor exercises
Exercises to strengthen the muscles controlling the bladder and rectum.

penectomy
Surgery to remove part or all of the penis.

penile prosthesis
An implant that is surgically inserted into the penis to mechanically create an erection.

progesterone
A female sex hormone made mostly by the ovaries that prepares the uterus lining (called the endometrium) for pregnancy. Progesterone is also present in males.

prostate
A gland in the male reproductive system. It produces fluid that makes up part of semen.

prostatectomy
Surgery to remove all or part of the prostate gland.

prostheses
An artificial replacement for a removed or damaged body part.

retrograde ejaculation
When the sperm travels backwards into the bladder, instead of forwards out of the penis.

salpingectomy
Surgery to remove the fallopian tubes connecting the ovaries to the uterus.

scrotum
The external pouch of skin behind the penis that contains the testicles.

semen
The fluid ejaculated from the penis during sexual climax. It contains sperm from the testicles and fluids from the prostate and seminal vesicles.

seminal vesicles
Two small glands that lie near the prostate and produce fluid that forms part of semen.

sex
1. Penetrative intercourse and other activities such as oral sex and masturbation.
2. Anatomical gender (such as male, female, intersex).

sexual arousal
When your body and mind become more sensitive or responsive to sexual things. It may involve physical changes like a faster heartbeat and increased blood flow to the genitals. It includes the ability to respond to sexual stimulation and be turned on.

sexuality
How people express themselves as sexual beings. Also may mean sexual orientation.

sexual orientation
How a person thinks about their sexual identity, how they behave and the people they are attracted to (e.g. heterosexual is an attraction to the opposite sex and homosexual is an attraction to the same sex).

sperm
The male reproductive cell. It is made in the testicles.

stoma
A surgically created opening to allow urine or faeces to leave the body. Also called ostomy.

targeted therapy
Drugs that target specific features of cancer cells to stop the cancer growing and spreading.

testicles
Two egg-shaped glands found in the scrotum that produce sperm and testosterone. Also called testes.

testosterone
The main sex hormone in males. It is made by the testicles and promotes the development of male sex characteristics. A small amount is also made in the ovaries and can also increase sexual desire in women.

transgender (trans)
A term for a person whose gender is different from the gender assigned at birth.

urethra
The tube that carries urine from the bladder, as well as semen from the male sex glands to the outside of the body through the penis.

uterus
A hollow muscular organ in a female's lower abdomen in which a baby grows during pregnancy. Also called the womb.

vagina
A muscular canal that extends from the entrance of the uterus to the vulva.

vaginal dilator
A cylinder-shaped device used to keep the vagina open and supple.

vaginal stenosis
Narrowing of the vagina. It may be caused by radiation therapy to the pelvic area or by vaginal surgery.

vaginectomy
An operation that removes some or all of the vagina.

vaginismus
A spasm in the vaginal or pelvic muscles that may prevent penetration.

vas deferens
A pair of tubes that carry sperm from the testicles to the prostate.

vulva
A female's external sexual organs (genitals). It includes the mons pubis, labia and clitoris.

vulvectomy
Removal of some or all of the vulva.

Can't find a word here?

For more cancer-related words, visit:

- cancercouncil.com.au/words
- cancervic.org.au/glossary.

References

Note: We have used quotes from cancer survivors who took part in the Western Sydney University research project "Multiple perspectives on sexuality and intimacy post-cancer, leading to the development and evaluation of supportive interventions", funded by the Australian Research Council in partnership with Cancer Council NSW and National Breast Cancer Foundation.

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How you can help

At Cancer Council, we're dedicated to improving cancer control. As well as funding millions of dollars in cancer research every year, we advocate for the highest quality care for cancer patients and their families. We create cancer-smart communities by educating people about cancer, its prevention and early detection. We offer a range of practical and support services for people and families affected by cancer. All these programs would not be possible without community support, great and small.

Join a Cancer Council event: Join one of our community fundraising events such as Daffodil Day, Australia's Biggest Morning Tea, Relay For Life, Girls' Night In and other Pink events, or hold your own fundraiser or become a volunteer.

Make a donation: Any gift, large or small, makes a meaningful contribution to our work in supporting people with cancer and their families now and in the future.

Buy Cancer Council sun protection products: Every purchase helps you prevent cancer and contribute financially to our goals.

Help us speak out for a cancer-smart community: We are a leading advocate for cancer prevention and improved patient services. You can help us speak out on important cancer issues and help us improve cancer awareness by living and promoting a cancer-smart lifestyle.

Join a research study: Cancer Council funds and carries out research investigating the causes, management, outcomes and impacts of different cancers. You may be able to join a study.

To find out more about how you, your family and friends can help, please call your local Cancer Council.

Cancer Council 13 11 20

Being diagnosed with cancer can be overwhelming. At Cancer Council, we understand it isn't just about the treatment or prognosis. Having cancer affects the way you live, work and think. It can also affect our most important relationships.

When disruption and change happen in our lives, talking to someone who understands can make a big difference. Cancer Council has been providing information and support to people affected by cancer for over 50 years.

Calling 13 11 20 gives you access to trustworthy information that is relevant to you. Our experienced health professionals are available to answer your questions and link you to services in your area, such as transport, accommodation and home help. We can also help with other matters, such as legal and financial advice.

If you are finding it hard to navigate through the health care system, or just need someone to listen to your immediate concerns, call 13 11 20 and find out how we can support you, your family and friends.

TIS TRANSLATING AND INTERPRETING SERVICE

If you need information in a language other than English, an interpreting service is available. Call 131 450.

National Relay Service

If you are deaf, or have a hearing or speech impairment, you can contact us through the National Relay Service. accesshub.gov.au

Cancer Council services and programs vary in each area.
13 11 20 is charged at a local call rate throughout Australia (except from mobiles).

For information & support
on cancer-related issues,
call Cancer Council 13 11 20

Visit your local Cancer Council website

Cancer Council ACT
actcancer.org

Cancer Council NSW
cancercouncil.com.au

Cancer Council NT
cancer.org.au/nt

Cancer Council Queensland
cancerqld.org.au

Cancer Council SA
cancersa.org.au

Cancer Council Tasmania
cancer.org.au/tas

Cancer Council Victoria
cancervic.org.au

Cancer Council WA
cancerwa.asn.au

Cancer Council Australia
cancer.org.au

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To support Cancer Council, call your local Cancer Council or visit your local website.

Cancer Council

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