



Sexuality and cancer

From the JASCAP booklet series

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Sexuality and cancer

Cancer and its treatment can have a dramatic effect on your sexuality and relationships. Even if the changes are temporary, you may have many questions that you would like answered to help you understand what is happening. We hope that this information will help you to understand more about sexuality so that you are able to ask the questions which relate directly to you and your situation.

About sexuality

Sexuality is a very personal matter and means different things to different people. Sexual attitudes and behaviour vary enormously from person to person. Behaviour can also vary due to circumstances. Feelings and behaviour can change at different times, in different places, and in different situations.

Cancer and its treatment can have a big impact on sexuality. This booklet explains the effects that cancer and its treatment can have and also discusses ways of dealing with these effects. We can't advise you about the best treatment for yourself because this information can only come from your own doctor who will be familiar with your full medical history.

It may be useful when reading this information to remember that you are a unique individual. When considering sexuality it is important to focus on your own needs, wishes and desires. You do not need to worry about what is considered 'normal'. Your sexuality is not fixed. You can change your mind, find new things pleasurable and communicate in new ways. You can aim to feel good about who you are, and how you choose to share that with others.

Talking about sex and your sexual needs

Our sex lives are usually private and not openly discussed with strangers. Because of this you may feel that talking about sex will be embarrassing and difficult, both for you and the health professionals you talk to. This doesn't have to be the case.

Sex is an important part of most people's lives, which brings pleasure, closeness and helps us define who we are. So, even if you think it will be embarrassing or difficult, it's important to try and talk about any sexual problems the cancer or its treatment are causing. There are things that can help with most problems; but if you keep them to yourself, you may never find out about them!

It can be difficult to find the right words to use and this can put people off starting the conversation. Often, when talking about sexual areas of our body people use slang words and unclear expressions. This can lead to confusion and misunderstanding. If you aren't sure of the right words to describe sexual organs or sexual activity, you may find it helpful to note the words used in this booklet. You could also speak to your doctor or nurse.

Embarrassment can make us feel awkward and stop us saying what we want to. One way to reduce the embarrassment may be to write down all your questions in advance and then discuss them. You could show the list to someone who may be able to give you answers.

Support

It can often be difficult to bring up the subject of sexuality in an appointment with your doctor, but most doctors are used to dealing with this subject and should be able to answer your questions. Your GP or hospital doctor can discuss these issues with you. Many hospitals also have specialist nurses who can answer any questions that you have.

Health professionals may not think to ask you whether your cancer or its treatment are affecting your sexuality. However, they would be happy to help or refer you for counselling or specialist treatment if they can't answer your questions.

It can sometimes be difficult to talk with your partner about sexual problems. You may feel embarrassed and not want to upset them. Your doctor or nurse, can give you support and help with discussing these difficult issues.

If you don't want to talk to anyone face to face, there are many confidential helplines with staff who can help you. Sometimes the anonymity of a helpline can help you to talk about issues that you may find difficult to discuss in person. Sexuality is an important part of many people's lives and it can be very reassuring to discuss any problems that you have.

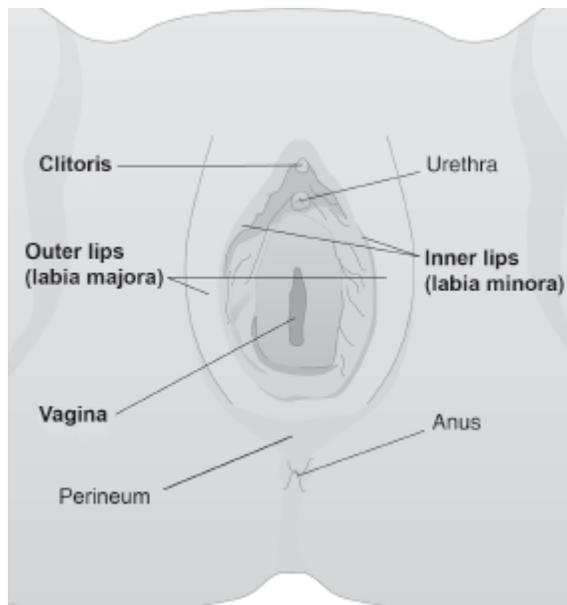
Sexual organs and responses

In order to understand any physical changes which occur because of your cancer or its treatment, it may be helpful to be reminded of the sexually sensitive areas of your body and how they respond to stimulation.

- Women and their bodies
- Men and their bodies
- Stages of sexual arousal
- Emotional effects on desire and sex drive
- Physical effects on sexual response

Women and their bodies

A woman's sex organs are mostly inside her body. Outside the body are the outer lips of the vagina, also known as the labia majora (see below).

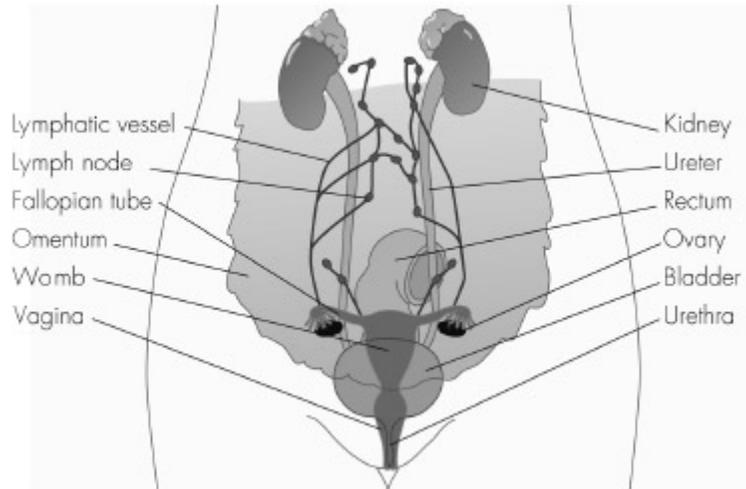


The female external sex organs

When parted, these show the thinner, inner lips, the labia minora. These join at the front to cover the clitoris with a hood. The clitoris is usually sensitive to touch. The head of the clitoris, when not aroused, is about the size of a pea. All together, these form the **vulva**. Just beneath this, towards the vaginal opening, is the outlet for urine (the urethra). Further back still is the vagina itself. Behind the vagina is an area of skin called the perineum. Beyond that is the anus (opening to the back passage).

Inside a woman's body lie the uterus (womb), the cervix (neck of the womb), the fallopian tubes and the ovaries (see diagram below).

Other sexual areas on the body include the breasts and nipples, which change in hardness and sensitivity when touched. Women also have other sensitive areas on their bodies which respond to direct touch, such as the nape of the neck, behind the knees, the buttocks and inner thighs. The sensitivity of these areas, known as erogenous zones, varies from woman to woman.

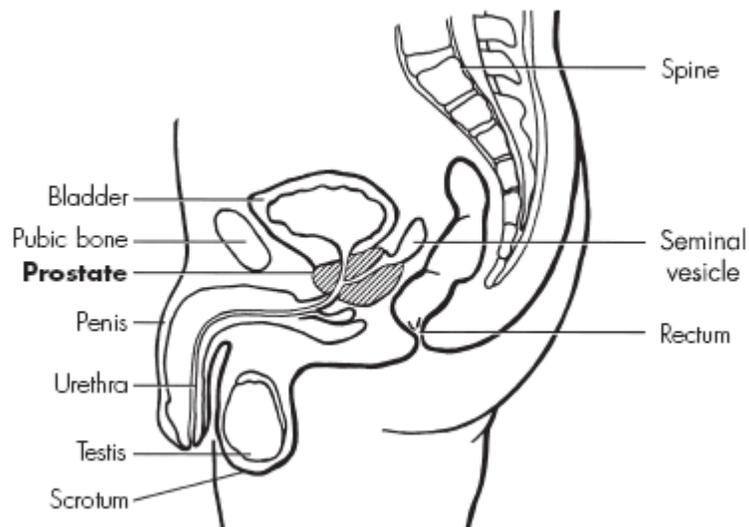


The womb and ovaries

Men and their bodies

In a man, the sexual organs are mostly outside the body and include the penis, testicles (testes or balls) and prostate gland (see diagram below). The end of the penis is covered by the foreskin, unless the man has had it removed by circumcision. The ridge on the underside of the head, called the frenulum, is usually the most sensitive part of a man's penis. At the very top of the penis is a slit opening to the urethra, through which semen and urine pass.

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



The male sex organs

The other parts of a man's sex organs are inside his body. The prostate gland lies deep in the pelvis and surrounds the first part of the urinary tube, the urethra, as it leaves the bladder (see the diagram). The prostate gland produces a fluid that mixes with the sperm to form semen, and helps create the intense sensations a man has during orgasm.

The penis, testicles and anus are erogenous zones. A man's chest and nipples can also be sensitive, and his body may have other erogenous zones.

Stages of sexual arousal

Sexual desire, also known as **libido**, is the name for interest in sex. Everyone's desire for sex is different and it can vary between men and women, and according to things such as age, events that happen in your life, your state of mind and changes in the body. For example, most women find their desire for sex changes throughout the menstrual cycle, when they are pregnant or breast-feeding and after the change of life (the menopause). Feelings and relationships can greatly influence the desire for sex in many people.

Excitement or arousal is the awakening of sexual feelings, when we feel 'turned on' and ready for sex. These feelings can be produced by simply seeing someone we fancy, being touched by or touching our lover, thinking about sex, or having our sexual areas touched. Arousal may, or may not, lead to orgasm.

Plateau is the phase where the body maintains a heightened state of arousal. The body is very sensitive during this phase.

Orgasm is the sexual climax and the feelings of intense pleasure that occur as areas of the body go into a series of rhythmic contractions. Some women can feel the uterus contract. Men ejaculate semen, unless they have had surgery (vasectomy) that affects the production of sperm.

Resolution is the phase that follows sexual arousal and orgasm. This is when the sexual changes in the body go back to normal. Men cannot usually be excited again for a while. However, many women can be aroused to orgasm again straight away. As people get older, they tend to lose the ability to become sexually excited repeatedly.

Emotional effects on desire and sex drive

Desire and sex drive make us act in a certain way when we are sexually aroused. Desire is not fixed, it changes over the years. Many things can reduce sexual desire, including:

- tiredness
- stress
- mood changes (such as anxiety)
- changes in contraception methods
- feeling unhappy about our body
- relationship problems
- traumatic sexual experiences in the past
- excessive drug or alcohol use
- boredom with your sexual routine.

Desire for sex is greatly affected by our state of mind. If you are depressed, anxious or afraid about your cancer, its treatment or your relationship, you may find it more difficult to be sexually aroused.

Physical effects on sexual response

For the phases of sexual arousal to occur, certain systems in the body need to be working normally.

Physical arousal, plateau and orgasm will only happen if the body has a good blood supply, if the nerves to the pelvic area are working well and if the balance of hormones in the body is right.

How cancer and its treatment can affect your sexuality

Some of the possible effects of cancer and its treatment on sexuality are described here. Later, we suggest some ways in which these problems can be overcome.

It is very difficult to accurately predict how cancer and its treatment will affect you, but some people may need to adapt to changes and develop new ways of giving and receiving sexual pleasure. Cancer does not mean your sexuality will be destroyed. With support and clear communication, you will often still be able to enjoy a fulfilling sex life.

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

- physical ability to give and receive sexual pleasure
- thoughts and feeling about your body (body image)
- feelings, such as fear, sadness, anger and joy
- roles and relationships.

The links between these four areas are important. If there is a problem in one of them, it may have an impact on another.

When someone becomes ill, it can affect their ability to feel good about themselves sexually, or their physical ability to give and receive sexual pleasure. If this has happened to you or your partner, it might be helpful to understand that some changes will only be temporary. Even if the changes are long lasting, or permanent, you can find ways to adapt sexual techniques that are no longer possible or discover new ones. You can learn to feel good about yourself sexually despite the cancer and the possible side effects of the treatments.

Tiredness

Many people with cancer say that they feel washed out and almost completely without energy for many months or even years. This may be to do with the cancer itself, or sometimes the treatment. This tiredness can make people lose interest in sex during and after cancer treatment.

Mismatch in sex drive

In many relationships one partner may be more interested in sex than the other. Cancer can exaggerate this. If one partner has a change in their level of desire, this can be upsetting when there is the added complication of cancer.

Effects of surgery on sexuality

Any type of surgery can affect our sex lives, even if it doesn't involve the sex organs. However, cancer treatment that affects the genitals and breasts directly may cause quite marked changes.

- Effects on women
- Effects on men
- Effects on men and women

Effects on women

Hysterectomy

Hysterectomy is the removal of the uterus (womb) and cervix.

Once the womb is removed, the surgeon stitches up the top end of the vagina. This makes it slightly shorter than it was before. Sometimes one or both ovaries are also removed, if you have given

consent for this. The slightly shorter vagina is usually no problem at all. Early on however, while healing takes place, a woman might prefer her partner to be very gentle, or not to have penetrative sex. Try different positions to find out which are most comfortable. Having the woman on top may be best as she can then control the depth of penetration.

A hysterectomy may affect a woman's experience of orgasm, as some of the nerves leading to the clitoris can be affected by the surgery. Most women find that they are still able to have an orgasm, but the sensation may be different from before the operation. Some surgeons specialise in doing surgery which is less likely to damage the nerves. This is known as nerve-sparing surgery.

Unfortunately, women who have a hysterectomy will be unable to have children. If you wanted to have children, this can be very difficult to cope with. The feelings and emotions you may have are discussed later in this booklet.

Oophorectomy

Oophorectomy is the name of the operation where an ovary is removed. The ovaries produce most of the oestrogen in the body. If both ovaries are removed, you will go into a menopause and will have menopausal symptoms. Removing both the ovaries is sometimes known as a **surgical menopause**.

It is likely that you will notice menopausal symptoms occurring more quickly than the gradual onset that occurs with a natural menopause. For many women, hormone replacement therapy (HRT) can return the body's systems to nearly normal. You may find it helpful to talk all this through with your doctor or specialist nurse.

Mastectomy or lumpectomy

Mastectomy is the removal of a breast. This operation creates a body change that can affect sexual arousal in many ways – particularly if you were previously aroused by having your breasts touched. Some women say that the operation affects their image of themselves and they feel less womanly. Some women may find that they need a lot of time to talk through the feelings and emotions that a mastectomy can cause.

A lumpectomy removes just the breast cancer and an area of surrounding tissue, not the whole breast. It can still affect the way women feel about their bodies and may affect the sensations in the breast.

Abdomino-perineal resection

An abdomino-perineal resection is one of several different operations used to remove tumours of the bowel (colon or rectum). This operation can affect the nerves leading to the womb, vagina and clitoris. Modern surgical procedures are aimed at not damaging the nerves in this part of the body, but even so, women may find that their sensations during sex and orgasm are different after this type of operation.

Vulvectomy

Vulvectomy is where part or all of the vulva is removed. This is a rare operation, which is sometimes necessary for women who have cancer of the vulva. Removal of the vulva will affect sexual sensations, especially if the clitoris has been removed.

Effects on men

Prostatectomy

Radical prostatectomy is the removal of the prostate gland. Up to 90% of men who have a prostatectomy will have difficulty getting or keeping an erection after the surgery. This is due to damage to the nerves that control an erection. This can be permanent and starts immediately after the surgery. There are ways of dealing with impotence and these are discussed in our section solutions to

sexual problems. Sometimes, surgery that tries to avoid damaging the nerves can reduce the risk of problems.

In men who can still have and maintain erections, it is very common to have **dry ejaculations**. When this happens you will feel the same sensations of build-up before orgasm, but when you ejaculate, the semen passes into your bladder and not out through your penis. You will still have an orgasm, although some men say it feels slightly different. It does not cause any harm, but can be worrying if you do not expect this to happen. You can tell if it has happened as when you next pass water the urine is cloudy with the semen.

These changes will mean that you are infertile (no longer able to father a child). If you wanted to have a child, this can be very upsetting. Some of the feelings and emotions that you may have are discussed later in this booklet.

Abdomino-perineal resection

An abdomino-perineal resection is one of several different operations used to remove tumours of the bowel (colon or rectum). This operation can affect the nerves that control erection and ejaculation. Modern surgical procedures are aimed at not damaging the nerves in this part of the body but even so, many men will have erection problems.

Orchidectomy

Orchidectomy is an operation where a testicle is removed.

Removal of one testicle In men with testicular cancer, usually only one testicle is removed. This will not cause infertility and does not usually affect your sexual performance. Initially, after the operation, sexual positions which apply pressure to this area should be avoided. Some men describe orgasm as feeling different, and the normal contractions of the testicular sack (scrotum) at orgasm may feel uncomfortable. The amount of ejaculated fluid is usually less than before.

Removal of both testicles If both testicles are removed, for example as a treatment for prostate cancer, the man will be infertile and may be unable to have an erection.

Testicle replacement

It is common for a false testicle (prosthesis) to be inserted into the scrotal sac. This gives the appearance and feel of a normal testicle. However, although it looks normal, men may still feel differently about their body. Some men describe feeling less masculine, and need time to talk through this change.

Effects on men and women

Stoma

Sometimes surgery is used to create an opening on the abdominal wall (a stoma) because of bowel or bladder cancer, or advanced cervical or ovarian cancer. In this situation there is a high chance of permanent damage to the blood supply and the nerves in the genital area. This may cause a man to have problems in getting and maintaining an erection. It is not clear how this type of operation affects arousal and orgasm in women.

A stoma can make some lovemaking positions uncomfortable.

Having to change a stoma bag before lovemaking may reduce spontaneity and people often worry that the stoma will leak. Stoma nurses can give advice and help with all the effects on sexuality that a stoma may cause. Information is also available from the Sexual Dysfunction Association or the Ileostomy and Internal Pouch Association.

Removal of lymph nodes

If lymph nodes have been removed as part of your treatment, this can cause swelling in a nearby area of the body. For example, when lymph nodes are removed from under the arm as part of treatment for breast cancer, the affected arm may swell. If lymph nodes are removed from the groin, this may cause swelling of the legs. The swelling is called lymphoedema.

Lymphoedema can affect the way that you feel about your body and may make it difficult to use the affected part of the body. You may need to find positions during sex that do not put weight on the area affected by lymphoedema.

Effects of radiotherapy on sexuality

Radiotherapy treats cancer by using high-energy rays (radiation) which destroy the cancer cells, while doing as little harm as possible to normal cells. Radiotherapy commonly causes fatigue (tiredness that doesn't go away with rest) which may last for several weeks or months. In this situation, sex may be one of the last things on your mind, or you just may be too tired to actually have sex.

- Effects on women
- Effects on men
- Infertility

Effects on women

Pregnancy and radiotherapy

Radiotherapy can cause damage to an unborn child. So, if you have not yet had your menopause, you may be asked by the staff in the radiotherapy department to have a pregnancy test before you start your radiotherapy. You will need to use effective contraception throughout your radiotherapy treatment. You can discuss this with your doctor or specialist nurse.

If you are pregnant before your cancer is diagnosed and your radiotherapy starts, it is very important to discuss with your doctor the pros and cons of continuing with your pregnancy. It is sometimes possible to delay starting radiotherapy until after the baby is born. It depends on the type of cancer you have, the extent of the disease, and how advanced the pregnancy is. You will need to talk to your doctor about your pregnancy. It is important to be fully aware of all the risks and alternatives before making any decisions.

Pelvic radiotherapy

Any radiation to the pelvic area for cancer involving the rectum, bladder or cervix, affects the ovaries and reduces the production of female hormones. Sometimes this is temporary, but usually the ovaries permanently stop producing hormones. The production of hormones gradually decreases over about three months. This will cause symptoms of the menopause, such as hot flushes and mood swings. In the long-term, the low hormone levels can increase the risk of weakened bones (osteoporosis) and heart disease.

Your doctor may be able to give you hormone replacement therapy (HRT), which can make up for these changes. If you have had breast cancer or a hormone-sensitive gynaecological cancer, you may be advised not to take HRT. It is helpful to discuss this with your doctor.

A woman who has already had her menopause will have far fewer hormonal changes than a woman whose ovaries were still working before the radiotherapy treatment.

The vagina can be affected by radiotherapy to the pelvic area. It becomes sore and tender in the early stages and for a few weeks afterwards. Over time, this irritation may leave scarring. This makes the vagina narrower and less flexible.

We have a booklet about coping with the effects of pelvic radiotherapy in women.

Effects on men

Radiotherapy may affect sexual function when it is given to the pelvic area for cancers of the prostate, rectum and bladder.

Some men feel a sharp pain as they ejaculate if they have recently had radiotherapy treatment. This is caused by radiation irritating the urethra. The pain usually disappears within a few weeks after the treatment has ended.

Impotence

Radiotherapy to the pelvic area can reduce a man's ability to have an erection. Up to 30% of men (3 in 10) will have problems getting or keeping an erection after radiotherapy for prostate cancer. In affected men, the erections are less strong than before the treatment and this gradually gets worse over a year or two. This occurs because of nerve damage or because blood vessels that supply the penis become scarred and are unable to let enough blood through to fill the penis. Some men get an erection but then lose it. Other men are unable to have an erection at all. Treatment with drugs can help some men to get and maintain an erection after radiotherapy.

Overcoming impotence

Treatments that can help to overcome impotence are discussed in our information on solutions to sexual problems. It is thought that using these treatments soon after the radiotherapy may help to prevent impotence in some men.

Dry ejaculations

In men who can still have and maintain erections, it is very common to have dry ejaculations. When this happens, little or no semen is ejaculated at orgasm. This is not harmful but can worry you if you don't expect it.

We have a booklet about coping with the effects of pelvic radiotherapy in men.

Infertility

For both men and women, radiotherapy to the pelvic area will cause infertility (the inability to have children). Radiotherapy to other parts of the body may also give a dose to the sexual organs that will cause infertility. In women the ovaries may stop making eggs, and in men the production of sperm may stop. If they happen, these changes cannot be reversed and infertility will be permanent. If you wanted to have children, this can be very difficult to cope with.

Our booklet on possible ways of preserving fertility discusses the options for dealing with infertility, as does our booklet on fertility and cancer.

See feelings about infertility for the feelings and emotions you may have about fertility.

It is important that you discuss the risk of infertility fully with your doctor before you start treatment. If you have a partner they will probably want to join you at this discussion. Then you can both be aware of all the facts and have a chance to talk over your feelings and the options for the future.

Effects of chemotherapy on sexuality

Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. Some of the side effects of chemotherapy, such as feeling sick, weakness, depression, tiredness and lack of energy, can reduce your sex drive. However, these side effects of treatment can often be reduced or stopped with medicines.

Once chemotherapy is over, your sex drive will usually come back in time. Unfortunately, if the chemotherapy has made your hair fall out, or if you have lost weight, or if you have a central line or PICC line you may feel very unsexy. Some of the tablets given to prevent sickness cause a low sex drive. Once you stop taking these tablets your sex drive should return.

- Effects on women
- Effects on men
- Pregnancy and contraception
- Infertility

Effects on women

In women, chemotherapy can reduce the amount of hormones produced by the ovaries. You may notice changes in your monthly periods, which can sometimes stop altogether. Despite this change, it is important to talk to your doctor about contraception because it is still possible to become pregnant even with irregular menstrual cycles.

You should use a reliable barrier method of contraception all through your treatment and for up to a year afterwards.

Tiredness

Tiredness and the change in hormone levels may also cause a lower sex drive, and to reduced arousal during sex. Some medicines can help to increase sexual drive and improve arousal. You can discuss this with your doctors.

Symptoms of early menopause

Because chemotherapy can reduce the amount of hormones produced by the ovaries, it can cause the symptoms of an early menopause, including hot flushes, irritability, sleep disturbances and vaginal dryness. Vaginal thrush is common in women having chemotherapy, especially if you are taking steroids or powerful antibiotics to prevent infection. Your doctor can prescribe treatment for this.

Effects on men

Some men find that their sex drive falls at the time of the therapy, due to tiredness and possibly feelings of sickness. It will usually return to normal soon after the end of the therapy. Some types of therapy reduce the amount of male hormone (testosterone) that is produced, but this also usually goes back to normal in time.

Pregnancy and contraception

Pregnancy

If you are pregnant before your cancer is diagnosed and your chemotherapy starts, it is very important to discuss with your doctor the pros and cons of continuing with your pregnancy. It is sometimes possible to delay starting chemotherapy until after the baby is born. It depends on the type of cancer

you have, the extent of the cancer, how advanced the pregnancy is and the particular chemotherapy you will be having.

You should talk to your doctor about your pregnancy and be sure that you are fully aware of all the risks and alternatives before making any decisions.

Contraception during chemotherapy

Although chemotherapy can reduce fertility, it is quite possible for a woman having chemotherapy to become pregnant during the treatment. The side effects of chemotherapy, such as sickness and diarrhoea, can make the contraceptive pill less effective. Female partners of a man having chemotherapy can also become pregnant.

Pregnancy should be avoided during chemotherapy (in both men and women) in case the drugs harm the baby. For this reason, your doctor will advise you to use a reliable method of contraception (usually barrier methods of contraception - such as condoms or the cap) throughout your treatment and for up to a year afterwards.

Infertility

Unfortunately some chemotherapy treatments may cause infertility in both men or women. Infertility is the inability to become pregnant or father a child. This may be temporary or permanent, depending on the drugs that you are having. It is very important that you fully discuss the risk of infertility with your doctor before you start treatment. If you have a partner, they will probably want to join you at this discussion so you can both be aware of all the facts. You will then both be able to talk over your feelings and options for the future.

Women and infertility

Some drugs will have no effect on your fertility, but some may stop your ovaries producing eggs, either temporarily or permanently. If this happens, it means, unfortunately, that you can no longer become pregnant and it will also bring on symptoms of the change of life (the menopause). During chemotherapy, your monthly periods may become irregular or stop and you may have hot flushes, dry skin and dryness of the vagina.

If your ovaries are going to start producing eggs again and the infertility is short-term, your periods will go back to normal after your treatment finishes. This happens in about a third of women. Usually, the younger you are, the more likely you are to get back to normal periods and still be able to have children after chemotherapy.

Depending on the type of cancer you have, your doctor can often prescribe hormone replacement therapy (HRT) to help relieve the menopausal side effects. Unfortunately, the hormones will not make you start producing eggs again and so can't prevent infertility.

Men and infertility

Some chemotherapy drugs will have no effect at all on your fertility, but some may reduce the number of sperm you produce or affect their ability to reach and fertilise a woman's egg during sex. Unfortunately, this means you may no longer be able to father children. However, you will still be able to get an erection and have an orgasm as you did before you started your treatment.

If the chemotherapy causes infertility, some men will remain infertile after their treatment has stopped, while some find their sperm goes back to normal levels and their fertility comes back. Sometimes it may take a few years for fertility to return. Your doctor will be able to do a sperm count to check your fertility when your treatment is over.

See our booklets on the options for dealing with infertility and fertility and cancer.

Effects of hormonal therapy on sexuality

Some cancers are influenced by hormones naturally produced within the body, so treatment is given to change the hormone levels. Some hormonal therapy drugs are given as tablets and some by injection.

Effects on women
Effects on men

Effects on women

Tamoxifen and anastrozole (Arimidex®) are commonly used hormonal therapy drugs often given as part of the treatment for breast cancer. They have fewer side effects than chemotherapy but can make some women have symptoms similar to those of the menopause. These can include vaginal soreness, vaginal dryness or discharge, shrinking of the vagina, and a drop in sex drive. However, some women have very few side effects, or none at all.

There are many other hormonal therapies, and these may often cause side effects which may affect your sex drive, such as tiredness or vaginal dryness.

A drug called goserelin (Zoladex®) is sometimes given to women who have not yet had their menopause. Zoladex reduces the production of sex hormones by the ovaries, so periods stop and women have menopausal symptoms while they are taking this drug. Zoladex can cause a reduction in sex drive. Usually Zoladex is taken for two years and, once the drug is stopped, your sex drive will gradually return to normal. The other side effects will also disappear.

Effects on men

In men with prostate cancer, it can be helpful to lower testosterone levels. This may be done by removing the testicles or by giving tablets or injections.

Treatments to lower testosterone levels have major effects on a man's sex life. You may find that you feel much less like sex and when, or if, you do feel like it, you may not be able to get or keep an erection. You may notice that you produce less semen, need to shave less often and have less muscle strength.

Some men having hormonal therapy treatments may also develop breast swelling and tenderness. A man whose testicles have been removed may feel less masculine (false testicles can sometimes be used to give the appearance and feel of normal testicles). However, neither the operation nor hormonal therapy will make you feminine, as some men fear.

Feelings about infertility

Feelings
Possible ways of preserving fertility

Feelings

Many people are devastated when they discover that the surgery, radiotherapy or chemotherapy treatment they need for their cancer will also mean they can no longer have any children. Infertility is very hard to come to terms with, especially if you were planning to have children in the future or to have more children to complete your family.

The sense of loss can be very painful and distressing. Sometimes it can feel as though you have actually lost a part of yourself. You may feel less masculine or less feminine because you can't have

children. Bodily changes, such as the menopause or inability to have an erection, may undermine your self-confidence even more.

People vary in their reactions to the risk of infertility. Some people may come to terms with it more quickly and feel that dealing with the cancer is more important. Others may seem to accept the news calmly when they start treatment, and find that the impact doesn't hit them until the treatment is over and they are sorting out their lives again. There is no right or wrong way to react.

Who can help?

You may want to discuss the risks and all your options with your nurse or doctor before you start treatment.

You may also need an opportunity to talk with a trained counsellor about any strong emotions which threaten to become too much for you. See our database for details of helpful organisations.

Your partner will also need special consideration in any discussions about fertility and future plans. You may both need to speak to a professional counsellor or therapist specialising in fertility problems. They can help you to come to terms with your situation.

Your doctor may be able to refer you to a specialist or you can be put in touch with one directly by contacting a support organisation.

Possible ways of preserving fertility

There are a number of techniques that may help you to get pregnant or father a child, if cancer or its treatment have affected your ability to do this naturally. These need to be started before your treatment, so it is important that you discuss the risk of infertility fully with your doctor before you start treatment. If you have a partner they will probably want to join you at this discussion. Then you can both be aware of all the facts and have a chance to talk over your feelings and the options for the future.

Women

It may be possible to collect and store some of your eggs for later use. Collecting eggs takes about 3–4 weeks and involves stimulating your ovaries with hormones, to produce more eggs than normal. The eggs are collected and then fertilised with sperm from your partner. The embryos are then frozen. When needed, the embryos are thawed and placed in the womb. Because this process takes a number of weeks, it may not be suitable if you have to start treatment straight away.

There is a risk with some cancers, such as breast cancer, that the hormones used to stimulate the ovaries may also stimulate the cancer to grow. It is possible to store unfertilised eggs but this is still an experimental procedure and much less successful. You may be charged a fee to store your embryos or eggs, and also for any fertility treatment that you decide to have.

It may be possible to remove small pieces of tissue from the ovaries before treatment. They can then be used in the future to achieve a pregnancy. The samples are frozen and stored until they are needed. This way of preserving fertility is still experimental and very few pregnancies have been achieved using this method. Only a few hospitals in the UK are able to store samples. Your doctor or specialist nurse can discuss this with you.

Teenage girls, who have started their periods, may also be able to collect and store eggs before treatment, in the same way. However, if the eggs are not fertilised before they are stored, the chance of a successful pregnancy will be very low.

Men

If you have not completed your family before you need to start treatment, you may be able to save (bank) some of your sperm for later use. If this is possible in your case, you will be asked to produce several sperm samples over a few weeks. These will then be frozen and stored so that they can be used later to try to fertilise an egg and make your partner pregnant. The pregnancy should then carry on as normal. You may be charged a fee to store your sperm, and also for the infertility treatment.

Teenage boys should also be aware of the infertility risk so that, if possible, their sperm can be stored for later years. It is important to discuss sperm storage with your doctors before starting treatment.

Our booklet cancer and fertility discusses the options for dealing with infertility.

Some solutions to sexual problems caused by cancer and its treatment

In this section there are some suggestions of what may help with some of the sexual problems that you may experience as a result of cancer or its treatment.

- A mismatch in desire
- Pain during intercourse
- Vaginal problems
- Lowered sex drive in women
- Loss of erection after surgery
- Support with body changes

A mismatch in desire

It is important to let your partner know if you do not feel interested in sex. It can be helpful to explain how you feel, so that they do not feel rejected. You can also suggest what you are happy to offer as an alternative – such as, 'I don't want to have sex but would love to give you a cuddle'.

If your partner is feeling frustrated it may be helpful for them to reduce the frustration through masturbation, either with you or alone.

If you have fatigue (continual tiredness that is not relieved by rest) and don't have much energy, it might help to make love differently. Less energetic positioning, where your weight is well supported, can reduce strain. You may prefer quicker sexual contact rather than longer sessions. These are things you can talk about together.

If the tension is building between you, you may find it helpful to get support from a counsellor who specialises in offering help in these circumstances.

Pain during intercourse

Pain during intercourse can occur after pelvic surgery or radiation to the area. It may also occur if medicines reduce the production of natural lubrication.

Pain can reduce sexual feelings and reduce desire. Often, an experience of pain can lead to a fear of pain, which can in turn lead to tension. This tension can then distract the person from achieving arousal, prevent lubrication and cause further pain.

There are many reasons for pain. It is important to let your partner know what is painful so that you can explore other positions or ways of making love. Often, the cause can be treated simply. If you have pain, it is important to tell your doctor, who can examine you to find out why and suggest solutions.

If you have pain or are worried about pain, it may help if you:

- take control over the depth and speed of penetration
- try to ensure your partner, and/or you, are close to orgasm before penetration
- make love after pain medicines have been taken
- use pillows and cushions to help you feel more comfortable and supported
- make love side by side, to reduce body weight on a sore scar area.

Our booklet on controlling cancer pain might help.

Vaginal problems

Cancer treatments, such as chemotherapy, hormonal therapy, or radiotherapy to the pelvic area, may cause changes to the vagina that can lead to dryness, narrowing, ulcers and infection. These changes may lead to pain during intercourse.

Vaginal dryness

This can be helped by a number of creams and gels that can be put directly into the vagina.

Replens® is a non-hormonal cream available from most chemists. It is applied 2–3 times per week and works for about three days at a time. The cream binds to the vaginal wall and the water held within it reduces dryness and boosts the blood flow in the vagina.

Ovestin®, **Ortho-gynest®**, and **Premarin®** are available on prescription from your doctor. They contain very small amounts of oestrogen and can be used as a cream or a pessary. The effect in the vagina is short lasting. The amount of oestrogen in this product is considered to be so small that it does not cause any hormonal influences elsewhere in the body.

Vagifem®, also on prescription, is a gel which contains a small amount of oestrogen. It can be used twice a week. A small research study has shown that Vagifem can increase the amount of oestrogen circulating in the body. Because of this risk, Vagifem may not be recommended for women who are taking aromatase inhibitors, such as anastrozole (Arimidex®), exemestane (Aromasin®), or letrozole (Femara®). Your specialist or breast care nurse can give you further advice and information about this.

Water based lubricants such as **KY Jelly**, **Senselle®**, **Astroglide®** and **SYLK®** which can be bought at a chemist, can help to increase moisture levels, making sex easier. Some women prefer to use glycerine as it is cheap and not embarrassing to buy due to its many uses.

Vaginal narrowing

This may happen after radiotherapy to the pelvis and sometimes after surgery. After your treatment you will usually be advised to use vaginal dilators. These are plastic tubes of varying sizes which you can be inserted by yourself or as part of joint sexual touch. The dilators prevent the two side-walls of the vagina sticking together, and are used with lubricants. They are available from your doctor or specialist nurse at the hospital. An alternative way to prevent vaginal narrowing is to have regular intercourse or to use a vibrator.

Vaginal ulceration

Radiotherapy can also cause sore areas (vaginal ulcers) which may bleed slightly. These can take weeks, or sometimes months, to heal. If you have any unusual bleeding after intercourse, you should tell your doctor and ask for an examination.

Vaginal infection

Some women find that they are prone to getting vaginal thrush infections while having radiotherapy or chemotherapy. This is because there are changes in the acidity in the vaginal area, which allow the

normal organisms in the vagina to overgrow. You may have thrush if you notice a creamy-white discharge, or an itchiness in the vaginal area which gets worse if you scratch. This is easily treated. The medicines can be bought from your chemist. If you have had sexual contact, your partner may also need to have treatment.

Penetrative sex is perfectly safe during radiotherapy or chemotherapy if you are not affected by any of these vaginal side effects. You should use effective contraception if there is any risk that you could become pregnant, and your doctor can advise you on the best method for your situation.

Lowered sex drive in women

Sildenafil (Viagra®) and similar drugs can be used to raise women's sex drive. They may also increase vaginal lubrication leading to reduced pain during sex, more arousal and increased ability to achieve orgasm.

Loss of erection after surgery

Many men have erection difficulties after cancer surgery or radiotherapy to the pelvic area, but the treatment may not be the only factor. Studies have found that men commonly find they have sexual problems after operations that have nothing at all to do with their genital area. Your cancer operation, therefore, may not be the cause of all your sexual difficulties. There may be psychological factors involved, which you are not consciously aware of.

Some men find that they can have full erections with time. Even if they cannot, a half-erect penis can still be effective for making love. The positioning for this may be better with the partner on top guiding the penis inside.

If you have had an operation that has damaged the nerves that control erection, this need not be the end of your sexual life. You do not need to have a hard penis to give your partner pleasure. You may find it helpful to increase your range of sexual activity to include oral sex, mutual touching, increased masturbation, or use of a dildo or vibrator to increase your pleasure and that of your partner.

Medicines, pumps, implants and injections

If you have problems getting or maintaining an erection there are many options to help you. Remember that these will give you a hard penis, but will not necessarily increase your feelings of arousal.

Tablets of **sildenafil (Viagra®)** help to produce an erection by increasing and restricting the blood supply in the penis. They are usually taken an hour before lovemaking, and then, following direct sexual stimulation, an erection will occur. These tablets should be prescribed by your GP.

However, they may not be recommended for you if you have heart problems and/or are taking certain drugs, such as nitrates. They can cause side effects for some people which include heartburn, headaches, dizziness and visual changes. A possible side effect is that occasionally the erection lasts for more than a couple of hours and there is a danger of damage to the tissues of the penis.

Vardenafil (Levitra®) tablets are similar to Viagra. They normally work within 25–60 minutes. The most common side effects are headaches and flushing of the face.

Tadalafil (Cialis®) tablets can be used. They can be taken up to 36 hours before lovemaking. Your doctor may be able to prescribe them on the NHS. Tadalafil works by increasing the effects of one of the chemicals produced in the body during sexual arousal. It should not be taken by people who are taking certain heart medicines.

Injection of a drug such as **alprostadil (Caverject®, Viridal®) or papaverine** directly into the penis, using a small needle, causes an erection. The drug restricts blood-flow and traps blood in the penis, causing an instant erection. Some experimentation is often needed at first to get the dose right.

One of the possible side effects is that if too much of the drug is given, the erection stays for too long and there is a danger of damaging the tissues. Some men who use these injections say that the head of the penis is not as hard as the shaft. The injections are prescribed by your GP. Usually this method is recommended to be only used once a week, which may not be enough for some men or their partners.

Pellets of alprostadil (MUSE®) can be inserted into the penis. The pellet melts into the surrounding area and, after some rubbing to distribute it into the nearby tissues, produces an erection. Some men find that the pellet is initially uncomfortable.

Vacuum pumps (sometimes called vacuum constriction devices) can also be used to produce an erection. The pump is a simple device with a hollow tube that you put your penis into. Pumps are either operated by hand or battery, and draw blood into the penis by creating a vacuum in the tube. Once the penis is full of blood, a rubber ring is placed around the base to keep the erection. The vacuum is released and the pump removed. The erection can be maintained for about 30 minutes. Once you have finished making love the ring is taken off and the blood flows normally again.

The advantage of vacuum pumps is that they don't involve inserting anything into the penis, but it does take a couple of weeks or so to get used to using one. It is particularly helpful for people who are not able to take other medicines. Your penis may feel slightly colder than usual to your partner because the blood is not moving around. The other important thing is to wear the ring for only half an hour at a time.

The pump can be used as many times as you want, providing you allow a half hour between each use so that the blood can flow properly. The pumps are available on the NHS.

Penile implants are sometimes used after all other methods have been tried. There are two main types that have to be inserted during an operation. The first type uses semi-rigid rods that keep the penis fairly rigid all the time, but allow it to be bent down when an erection isn't needed. The second type involves a hydraulic device that, when activated, causes an erection. Your doctor can discuss penile implants with you.

If you think any of these options might be useful to you, your doctor can give more information.

Support with body changes

Body image is the mental picture we have of our own appearance. This image is drawn from what our body actually looks like, and also from how we *think* we look. Throughout life, our body image is constantly changing. Our body image can be altered whether or not a cancer or its treatment causes change to our appearance.

Changes in body image can cause feelings of distress that go far beyond the physical effects of a cancer and its treatment. When there has been a change in body image which is sudden and dramatic, you may feel abnormal. You may also have feelings of shame, embarrassment, inferiority and anger. When the change is a visible one, these feelings can be reinforced by the reactions of other people.

Hiding changes

If the change can be hidden under clothes, for example, a colostomy or mastectomy, it is common to react by trying to pass as normal. You might hide the change, avoid looking at it, and conceal it from others. This avoidance can lead to you feeling increasingly anxious about the thought of someone finding out.

Having a stoma, or having a breast removed, is likely to cause a significant change in the way you feel about your body. If this is true for you then you could try making love in underwear or partly-dressed rather than completely naked. Changing the lighting level during sex can also help to build your confidence about how your body looks. It may help to lie on your side for lovemaking to prevent pressure on scars or stomas. Facing away from your partner, not towards, may also help.

Talking about your feelings around body image

The most important thing is to tell someone your fears, rather than hiding them and letting them grow into something bigger. The more able you are to face the things you have been avoiding, the better. However, it might be very important to have spent some time thinking through your worst fears, and planning a way of managing this to help build your confidence.

If you are the partner of someone who has changes in their real or perceived body image, it may also take you time to adjust to and accept the changes. You may need to talk through your own fears.

Feelings about having cancer and their effect on sexuality

The feelings we have can be very powerful influences on our sexuality and our sexual behaviour. If you are feeling depressed, anxious, or afraid about your cancer, its treatment, or your relationship, you are unlikely to be aroused by thoughts of sex.

Being told you have a diagnosis of cancer usually causes many strong emotions which may make you less interested in sex. Fear, anxiety, pain, anger, envy and jealousy are common blocks to arousal. People who have had a change in their body through illness or surgery often have a fear of rejection.

Normal, everyday feelings can be intensified, which can be exhausting and may lead to a loss of interest in sex, although some people feel an increase in sexual arousal. Some people say that they feel guilty for worrying about their sex life when they should just be grateful for being alive. However, feelings can sometimes be overwhelming and may be intensified by the worry that your emotions will also affect the people around you.

Our booklet on the emotional effects of cancer discusses the effects cancer may have on all areas of your life.

Solutions for releasing feelings

Sexual self-esteem is often directly related to overall feelings of well-being. If you feel unsure about yourself and lack confidence as a result of the cancer, you may also lack confidence sexually. It can help to talk and express these difficult feelings.

If you want to share your feelings you need to pick someone, perhaps a close friend or family member, who will listen and not judge you or tell you what to do.

Sexual contact can be a good outlet for some people. Anger may subside in a very healthy way after intercourse. Sexual contact can also distract people from feelings that are bothering them.

You may find it best to talk directly with your partner. Share your rage, anger and other feelings. Many couples use such times to start being more honest with one another, perhaps after many years of avoiding sensitive issues. Old feelings kept hidden and smouldering won't help you or your relationship to heal. By talking openly you may find that you can overcome the problems in communication that are common in matters of sex and cancer.

How roles and relationships can be affected by cancer

Whenever someone has an illness that is affecting their loving, romantic, or sexual life, it is helpful to think about what their relationship was like before.

A relationship that was poor before a cancer is discovered probably won't be any better after the diagnosis. However, some couples come to a new understanding and love for one another as a result of coping with a shared challenge such as cancer.

- Change in role
- Changed plans
- If you are single
- Friends
- If you are gay or lesbian

Change in role

Cancer, or its treatment, usually changes a person's role in their family. While having treatment or after surgery, you may not have the physical energy to do all the things around the house that you did before.

Relatives and neighbours may get involved in lending a hand and sometimes this can leave the person with cancer with a sense of not being needed, or not having control over their lives. People often feel that they have lost their place. For some people, fulfilling their role as a mum, dad or breadwinner, or leading an independent life has been part of their sexual self-esteem.

Changed plans

Future plans may also have to be changed as a result of cancer and its treatments. Couples may have made all kinds of plans, spoken or unspoken, to enrich their relationship or sex life. Some look forward to their children leaving home so that they have more time, money and privacy for their relationship. A cancer at this stage of life cheats them of this opportunity. It is very normal to grieve for this kind of loss.

If you are single

Not everyone has a partner to share these things with, or to have sex with. If you are single, you can still find support from friends and others who love you.

If you want to start a new relationship, it can be very difficult to decide what to tell a new partner about your cancer, and also when to tell them. There is no simple answer that will work well for everyone. To help you decide, it may be useful to consider how safe you feel in this new relationship, and perhaps to talk through any fears. This is particularly relevant if you have a hidden body image change and you are anxious about it being discovered.

Friends

You may find that your relationships with friends change. Some friends may not be able to deal with your cancer and you may find that you lose touch with them. Sometimes this can feel like a rejection, which can lower your self-esteem. It is important to focus on friends who are able to support and listen to you.

If you are gay or lesbian

Many gay and lesbian relationships involve a flexible and varied sex life. This flexibility can be helpful when trying to cope with the changes that cancer and its treatment can cause. Getting pleasure from different forms of sexual stimulation and not always having to rely upon penetrative sex, or the need to have a full erection, can be helpful if this is too painful or just not possible for a while.

However, if sex is a very important part of your life, the loss of some sexual function may be very difficult to accept. Changes in physical appearance due to surgery or other cancer treatments can take time to deal with. Fertility can also be an important issue for some gay men and lesbian women, and it may be devastating if the ability to have children is lost through treatment.

If you are having difficulty coping with the loss of sexual function or a changed body image, you may find it helpful to talk things through with your partner or close friends. It may also be useful to talk to your doctor, or a counsellor.

Healthy sexuality for people with cancer

Nearly all of the sexual problems people have with their cancers are variable and can be temporary. Loss of control, loss of part of your body, grieving and anger; all of these can be healed, or resolved to an extent, given the opportunity and time. Support from people around you can be very helpful. Cancer need not mean the end of your sexual life, whether you are heterosexual, gay, bisexual, transgender, and in a relationship or not.

- Communication and information
- Changes
- Acknowledging needs
- Partners
- Changed sex drive
- Starting again
- Possible changes
- Professional help

Communication and information

Communication is essential for healthy sexuality in a relationship. You can use this section to find out more about possible side effects, so that you can prepare yourself for changes. You and your partner, if you have one, can consider how to manage this aspect of your life. You might want to gather more information or resources to help you feel in control of maintaining good sexual self-esteem while having treatment.

Changes

Being open to change encourages healthy sexuality. You may need to develop a whole new style of openness and flexibility in your relationship.

It might be, for example, that one of you has always taken the lead in sex. This may have to change now. It could be that your favourite lovemaking positions are no longer comfortable, if only for a time. One or both of you may have seen sex as being entirely about intercourse. Clearly if penetrative sex is impossible for some reason you may want to start exploring other ways to have sexual pleasure.

Acknowledging needs

Acknowledging your own and your partner's needs is essential for healthy sexuality within couples. Remember that it's not just the person with the cancer who will be affected. It can be more upsetting to watch someone we care for undergoing surgery and other treatments than to go through it all ourselves.

Partners

Sometimes it is the partner of the person with cancer who has a problem about sex.

Your partner may feel afraid to touch you for fear of hurting you. Some people incorrectly believe they might catch the cancer through sexual contact. Your partner may lose desire as a direct result of the changes brought about in you. They may also feel rejected if they do not realise that your lower sexual desire is due to the cancer or its emotional effects.

Changed sex drive

It is also important to acknowledge that your partner's sexual drive may not be reduced. Sometimes it can even increase, if intimate touch helps to reassure them in times of stress. It may be important to talk through with your partner how they might increase their own self-stimulation to reduce any frustration resulting from reduced sexual contact. This may not be what you would ideally want but it can be a useful way for both of you to meet your needs.

Emotional intimacy may increase through greater communication, even when sexual intercourse is not possible.

Books and videos on sexual issues are available from shops and the internet - often they are not on display in shops so you may need to ask directly.

Starting again

Starting again and relearning about sensual bodily pleasures may be important for anyone who has a break in sexual contact. When rebuilding intimacy you may need to start very slowly and gently. Try caressing one another without a goal of orgasm or penetration. Remember that there are many loving and erotic activities other than intercourse.

Early on, and perhaps even while your therapy is going on, you can keep love alive by cuddling and holding one another. Learning to massage one another can be supportive.

A person with cancer doesn't have to give up sexual contact completely.

Some people may find that they do not miss sexual contact and that not having sex is not a problem for them.

A healthy sexual self-esteem is about being true to ourselves. We are free to make choices about how we express our feelings, and to decide which sexual behaviour suits us and how, or if, we then share ourselves with others.

Possible changes

One thing is certain, when you have been through the diagnosis of cancer you'll never be the same again. Your view of your life, your relationships, your job and your family will all change. Managing all this change can be difficult to deal with, but you can use this challenge to build your relationships.

Many people report:

- becoming more honest with their partner
- stopping putting off things that they want to do sexually or otherwise
- starting to be more realistic about life in general
- taking up new interests that they'd been putting off for years.

Professional help

The idea of getting back to normal may well mean a whole rethink of your sexual life. This might not be easy. If you find that things aren't going well, look for help sooner rather than later.

If you have had problems for a while, remember that sex therapists and counsellors are used to helping couples who have let matters drift, slowly getting worse, so that by the time they get help the relationship may have serious problems.

A good place to start is at your GP. There might be a counsellor in the practice. If not, they will definitely know how you can contact one.

Some common questions about sexuality and cancer

- Can sexual activity actually cause cancer?
- Can I catch cancer from my partner?
- Could sex make my cancer worse?
- Can chemotherapy drugs be present in sexual fluids?
- When can I become pregnant?
- How soon can I have sex after treatment?
- Are there any good positions for making love after cancer?
- How can I overcome problems of tiredness?
- I am embarrassed about my scars but still want to make love

Can sexual activity actually cause cancer?

Not in the strictest sense of the word. In practical terms, the development of some types of cancer may be influenced by a virus that is passed from one person to another during sex.

Cancers of the cervix, vulva, rectum and penis are more likely to occur in people who have the human papilloma virus (HPV). However, most people who have HPV do not develop cancer as a result.

There are many factors other than the virus at work, such as:

- whether or not we smoke
- our age
- our diet
- the genes we inherit from our parents
- our general health.

These factors can influence whether or not an infection with a virus will affect the development of a cancer. However, some people still see sex as bad or sinful and at some unconscious level worry that their cancer may be punishment for some past sexual disease or 'sin'. If you feel worried or guilty about your cancer having been given to you as a punishment, then it can be helpful to talk this through with a religious or spiritual advisor, or a counsellor.

Can I catch cancer from my partner?

No. If your partner has a cancer, you can't catch it from any sexual activity. You can't catch cancer by having sex.

Could sex make my cancer worse?

No. In fact, sex and all the love and caring that goes with it can be helpful to people who have cancer. Many people feel depressed, unlovable, guilty or afraid when they have cancer or are having treatment. Their partner's affection and acceptance can make a big difference. Sex does not make the cancer more likely to come back or spread.

Can chemotherapy drugs be present in sexual fluids?

It is not known whether chemotherapy drugs can be present in semen or vaginal fluids. It is safest either to avoid sex or to be sure to wear a condom, or use some other form of barrier contraception, during and for up to a month after chemotherapy. Using barrier contraception removes any potential risks and avoids the stinging sensation that some partners report.

When can I become pregnant?

For women who can still have children it is essential to avoid becoming pregnant during treatment with chemotherapy. This reduces the risk of damage to the baby should any of the chemicals be absorbed. Many doctors recommend not becoming pregnant or fathering a child for up to a year after treatment, as this is the time when the cancer is most likely to come back.

How soon can I have sex after treatment?

Vaginal intercourse is probably best avoided very soon after pelvic surgery in women. The time to get back to sex will vary greatly according to the sort of operation you had and how quickly you are healing. Some types of cancer (of the cervix or bladder, for example) cause bleeding from the vagina or in the urine. If this sort of bleeding is made worse by intercourse then it is sensible to stop until treatment has stopped the bleeding.

Are there any good positions for making love after cancer?

This will depend a lot on which part of the body is affected by the disease. If it is the pelvic area then it will take some gentle and patient experimenting to discover which lovemaking positions now suit you both. This can also be true after a mastectomy when some people say that they don't want their lover's weight resting on them.

Making love side by side, or swapping who's on top, may be better. Most couples find that with loving communication they can sort out what suits them best. The things you find most enjoyable will change with time, so be prepared to change what you do.

How can I overcome problems of tiredness?

Be flexible about the time of day you make love. Experiment with less demanding positions for lovemaking. You can agree with your partner that lovemaking need not always mean a long session.

I am embarrassed about my scars but still want to make love

It is a good idea to first talk things through with your partner. Most people find their lovers are much less concerned by their scars than they imagine, and once the subject has been discussed openly they can feel more relaxed about the changes in their bodies.

Why not try making love in the semi-darkness to avoid being seen so clearly? Some women also say that they find having sex with their bra on after a mastectomy makes them feel sexier. This both holds the false breast (prosthesis), if there is one, and helps to hide scars. Crop tops or an all-in-one with gusset poppers can be comfortable without you having to be completely hidden. Men may also find it helpful to wear clothing during sex if they are bothered by their scars.