



Patient Education
intermountainhealth.org

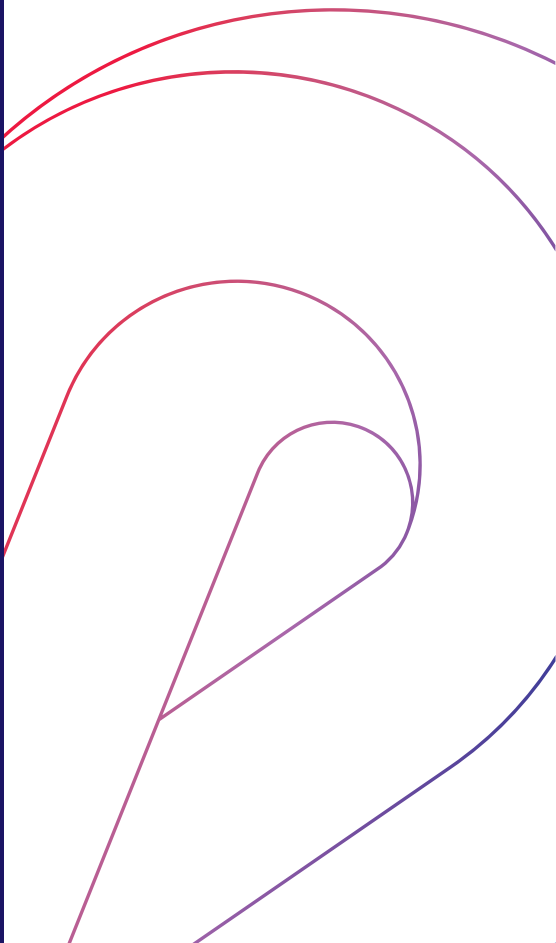
Sex and Sexuality During Cancer Treatment

The female body



What's Inside:

- Surgery.....4**
 - Radical hysterectomy..... 4
 - Hysterectomy 4
 - Radical cystectomy..... 5
 - Urostomy 5
 - Abdominoperineal resection (APR) 5
 - Vulvectomy 6
 - Pelvic exenteration 6
 - Breast cancer surgeries..... 7
- Radiation.....8**
 - Pelvic radiation..... 8
- Chemotherapy.....9**
 - Pregnancy 9
 - Infertility 9
 - Menopause 10
 - Yeast infections 10
 - Genital herpes and warts ... 10
 - Sexual desire..... 10
- Hormone therapy.....11**
- Managing changes in sexual health11**
 - Body Image 12
 - Depression and anxiety 13
- LGBTQ+ 13**





Your Sexual Health: What you need to know

Sexuality is an important part of your health and wellness. Your sexuality is impacted by the health of your sex organs, your overall well-being, and your body image. All of these can be impacted by the physical side effects of cancer and cancer treatments. These side effects can also cause emotional and mental stress, which can affect your sex drive. Changes in hormone levels or nerve damage from cancer and cancer treatment may change the way a body part functions. Other side effects, such as fatigue, nausea, bowel or bladder problems, or skin problems, can add to problems with sexual wellness. For some, sexual function will return to normal or near-normal once treatment is done. However, some side effects may be long-lasting or lifelong. An important part of healing is learning to cope with these changes and find new ways to address and maintain sexual wellness during and after cancer treatment.



Surgery

Certain cancer surgeries can change the way the female sex organs work or respond. These surgeries include the following:

Radical hysterectomy [prah-stuh-TEK-tuh-mee]

This surgery is usually done as a treatment for cervical and endometrial (uterine) cancers. It removes the uterus, the ligaments (tissue fibers) that hold it in place, the cervix, and 1 to 2 inches of the vagina. The ovaries may or may not be removed.

Side effects

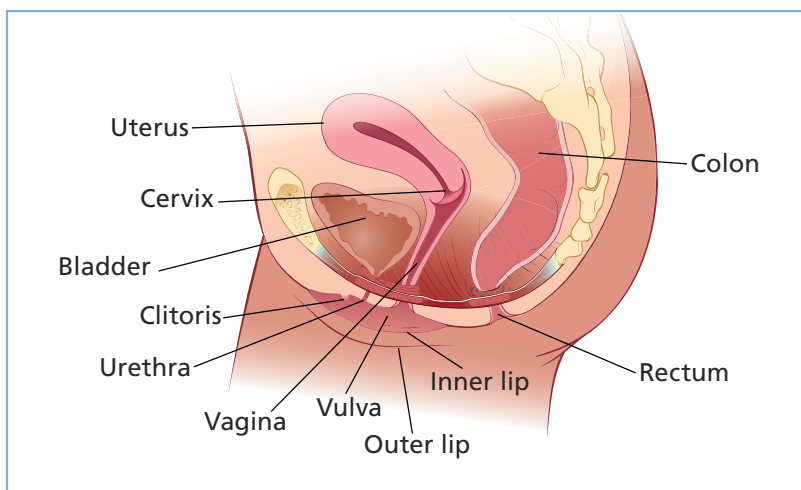
- May have temporary or long-term bladder problems. May have difficulty emptying the bladder.
- Numbness in the genital area is common. This can affect female sexual function.
- May have pain or bleeding during sex.

Hysterectomy

This surgery is usually done as a treatment for uterine cancer. It is similar to a radical hysterectomy but removes less tissue. The ovaries may or may not be removed.

Side effects

- Same side effects as radical hysterectomy (above).



Radical cystectomy [sis-TEK-tuh-mee]

This surgery is usually done as a treatment for bladder cancers. It removes the bladder, uterus, ovaries, fallopian tubes, cervix, front wall of the vagina, and the urethra.

Side effects

- Often causes difficulty with penetration because half of the vagina is removed. A skin graft can be used to rebuild the vagina.
- Orgasm is possible for some. Others may have limited or no ability to orgasm.
- Talk with your surgeon about preserving the nerve bundles that run along each side of the vagina and if it is possible to spare the urethra.

Urostomy [yoo-ROSS-tuh-mee]

This surgery creates an opening in the abdomen (belly) so urine can pass out of the body. It is required for patients who have had a radical cystectomy with bladder removal. **Neobladder** is surgery that — in some patients — can create a new bladder from a piece of the intestine, allowing urine to flow out through the urethra.

Abdominoperineal resection (APR) [ab-dom-in-no-pear-eh-NEE-ul]

This surgery removes the colon and rectum in patients with colon cancer. **Colostomy** is a surgery that creates an opening (stoma) in the abdomen so stool (poop) can pass out of the body. A colostomy is necessary for patients who have had APR surgery.

Vulvectomy [vul-VEK-tuh-mee]

This surgery removes the vulva.

- **Simple partial:** Removes only the cancer and surrounding edge of healthy tissue.
- **Simple vulvectomy:** Removes entire vulva and tissue under the skin.
- **Modified radical:** Removes the cancer and edge of normal tissue as well as some lymph nodes in the groin. The clitoris may need to be removed if cancer is on or near it.
- **Radical vulvectomy:** The most extensive surgery, and rarely done. Removes the vulva and deep tissue, including inner and outer lips, the clitoris, and lymph nodes.

Side effects

- It is common to have sensitivity and tenderness in the area. You may need to wear loose fitting clothes or padding around the vaginal entrance.
- Light touch during sexual intimacy may be necessary. Lubrication can reduce painful irritation during sexual intimacy.
- Vaginal moisturizers can help promote comfort.
- Vaginal dilators can help stretch out the surgical area and reduce scar tissue. Talk to your surgeon before you use a dilator. You need to be fully healed from surgery first.
- Depending on which surgery was completed, orgasm may be difficult to achieve, especially for those who had the clitoris and lower vagina removed. A pelvic floor therapist can help you learn how to cope and look for other ways to achieve orgasm.

Pelvic exenteration [ex-zen-teh-RAY-shun]

This surgery is the most extensive and complex pelvic surgery. It is usually done to treat a recurrence of cervical or rectal cancer. This surgery removes the uterus, cervix, ovaries, fallopian tubes, vagina. **Total pelvic exenteration** is when the bladder, urethra, and rectum are also removed. This requires urostomy and ostomy surgeries to remove waste from the body.

Side effects

- Vaginal reconstruction is possible with muscle and skin grafts. Rebuilt vaginas do not have the ability to self-clean like the natural vagina does. Talk with your provider about how often and which type of cleaning program you can use.
- After vaginal reconstruction, penetration can be painful at first.
- After surgery many patients experience lymphedema [limp-feh-DEE-ma].



Breast cancer surgeries

This surgery is done to remove cancer in the breast(s).

- **Mastectomy** [mass-TEK-tuh-mee]: Removes the entire breast. Double (or bilateral) mastectomy: Both breasts are removed.
- **Simple (or total) mastectomy**: Removes the entire breast, including the nipple, areola, fascia [FASH-ee-yah] (covering) of the pectoralis [pec-tuhr-AL-iss] major (the main chest muscle), and skin. Lymph nodes may also be removed.
- **Modified radical mastectomy**: Combines simple mastectomy with the removal of lymph nodes under the arm (axillary [AX-il-lair-ee] lymph nodes)
- **Radical mastectomy**: Extensive surgery that is rarely done. Removes the entire breast, axillary lymph nodes, and pectoral muscles under the breast.
- **Skin-sparing mastectomy**: Removes the breast tissue, nipple, and areola, but the skin over the breast is left in place. This type of mastectomy is not appropriate for all cancer types.
- **Nipple-sparing mastectomy**: Removes the breast tissue but leaves the nipple and areola in place. May experience loss of sensation of the breast and loss of nipple reactivity.
- **Lumpectomy**: Removal of the cancer in the breast tissue only. Leaves the breast intact.

Side effects

- Hormone therapy may be necessary after breast surgery, impacting sexual health.
- Loss of breast(s) may impact sexual health due to body image issues or pain and tenderness of the breast tissue or surgical site.



Radiation

Radiation therapy may be necessary for certain types of cancer. Radiation may impact your sexual health if you have radiation therapy in the pelvic area.

Pelvic radiation

During treatment, you may experience:

- Irritated tissue (pink, swollen, looks like a sunburn).
- Damage to the vaginal tissue. This may cause light bleeding after sex.
- Ulcers in the vaginal tissue (possible, but rare).

After treatment, you may have irritation and damage. This will heal over time after treatment ends.

Long-term and late effects of pelvic radiation

- The ovaries may stop working if given large doses of radiation. In younger women, ovarian function and menstruation may return. Other women may experience permanent menopause. Menopause can result in vaginal dryness and hot flashes.
- Infertility is possible at any age and any dose. Fertility preservation may be necessary if you are of childbearing age. Fertility preservation prior to treatment may be necessary.
- Certain exercises and therapies can help reduce or soften scar tissue that may accompany radiation.
- Vaginal dilators may be helpful to reduce vaginal scarring and pain during sex. Talk with your provider if this is recommended for you.

Chemotherapy

Chemotherapy is required for certain types of cancer. It is given intravenously (IV), in pill form (orally), or in other ways. Chemotherapy may impact sex organs or hormone levels.

Bladder cancer may require chemotherapy medications to be instilled (put) into the bladder through a catheter. The instilled medication may irritate the bladder and urethra during sex.

Intraperitoneal [in-trah-pear-eh-tuh-NEE-uhl] **infusions** are a way to deliver chemotherapy into the abdomen. This can cause the abdomen to swell, making sex painful or uncomfortable.

Pregnancy

- Chemotherapy can cause harm to an unborn child. Talk with your provider if you are pregnant or become pregnant during your chemotherapy treatments.
- You may be advised to avoid pregnancy within 6 months of having certain treatments.
- Birth control is recommended during chemotherapy.
- Barrier precautions may be recommended during chemotherapy.

Infertility

- Certain chemotherapies can cause early and sudden menopause. Talk with your provider about fertility preservation prior to starting treatment. However, some women may be able to become pregnant naturally or with assisted technologies after chemotherapy treatment. Talk with your provider if you are of childbearing age before starting any treatments. Some treatments may increase the risk of birth defects.



Menopause

Certain chemotherapies can cause early and sudden menopause. You may have hot flashes, vaginal dryness, vaginal tightness, and irregular or no menstrual periods. Talk with your provider about the following treatments:

- Vaginal moisturizers and lubricants for vaginal dryness
- Vaginal dilators for vaginal tightness
- Fertility preservation

For some women, normal menstruation (periods) will return in time.

Yeast infections

Yeast infections are common for women going through chemotherapy treatments. This is especially true if steroids or antibiotics are given.

You may have a white discharge, vaginal or vulva itching, or pain during sex.

To treat:

- Wear loose-fitting clothing and cotton underwear to avoid trapping moisture in the area.
- Do not douche.
- Talk with your provider about vaginal creams or suppositories.

Genital herpes and warts

Genital herpes and warts may flare up during chemotherapy if you have a history of these infections. Practice safe sex to avoid spreading them to your partner. Do this every time you are participating in oral, anal, or vaginal sex.

Sexual desire

Your desire for sexual intimacy can be impacted by any of the following side effects:

- Fatigue
- Mouth sores
- Neuropathy (numbness)
- Nausea
- Decreased appetite
- Pain
- Anxiety
- Depression

These side effects may lessen between chemotherapy infusions and go away completely after chemotherapy is completed.

Physical changes, such as hair loss, weight changes, skin changes, and removal of sexual organs, can contribute to poor body image, lessening your sexual desire.

Hormone therapy

Hormone therapy blocks certain hormones that help cancers grow. These treatments may be necessary for certain types of breast and endometrial cancers. Sexual desire and function are impacted by hormones, so blocking these hormones can negatively impact sexual health. Side effects may include:

- Hot flashes
- Menstrual cycle changes
- Vaginal dryness
- Infertility
- Decreased libido (desire)

Managing changes in sexual health

Although cancer and cancer treatment can affect your sexual health, there are many ways to manage sexual problems. Talking with your provider about sexual health before, during, and after treatment is a good way to start. Include your partner in the conversation.

See some options below for managing specific side effects:

Menopause

- Estrogen or progesterone pill or patch

Vaginal dryness

- Lubricants or vaginal moisturizers

Vaginal atrophy

- Vaginal estrogens

Pain during sex

- Lubricants

Low libido

- Medication
- Referral to a sex therapist
- Body image

Referral to a pelvic floor specialist

- Vaginal dilators
- Pelvic floor rehabilitation



Body image

While your body may change, there are things to help minimize the impact on how you see yourself. Seeing a sex therapist or other mental health professional can help.

Breast cancer

- Breast-conserving surgery.
- Breast reconstruction.

Urostomy, colostomy, or ileostomy

- Secure the appliance. Seal and empty the pouch before sex.
- Sex therapist or general therapy.

Tracheostomy or laryngectomy

- Cover with a scarf, necklace, or turtleneck.
- Lessen odors from the stoma by avoiding garlic or spicy foods and wearing perfume.
- Talk about sex before sex, as talking during sex may be difficult.

Head and neck cancers

- These cancers may require the removal of certain parts of the face, such as the jaw, palate, or tongue.
- Facial reconstruction may be possible.
- Prosthetics are available for those that cannot have surgery.

Limb amputation

- Limb prosthetics (artificial limbs) are available. They can aid in positioning during sex and ease movement.

Hair loss

- Hair-preserving therapies may reduce hair loss.
- Wigs and head coverings.

Depression and anxiety

- Medications, counseling, and sex therapy can minimize the impact of anxiety and depression.
- Talk with your partner about your concerns regarding sexual activity.

Sexual activity and intimacy are still possible during and after cancer.

- Work with your partner to explore positions that cause less pain.
- Engage in foreplay and fantasy play, or use sex toys to enhance the experience.
- Talk with a sex therapist to explore ways to maintain sexual fulfillment, or visit this website to explore ideas:

Managing female sexual problems related to cancer,

American Cancer Society

(www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/sexuality-for-women-with-cancer/problems.html)

LGBTQ+

Additional action steps may be necessary for you. Talk with your care provider about your sexual orientation, gender identity, gender at birth, procedures you have had done for gender correction, or any hormone treatments, both in the past and present. Certain hormones can impact cancer treatments and need to be considered by your cancer care team.



[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

To find this booklet and other patient education, go to:
intermountainhealth.org



© 2022–2025 Intermountain Health. All rights reserved. The content presented here is for your information only. It is not a substitute for professional medical advice, and it should not be used to diagnose or treat a health problem or disease. Please consult your healthcare provider if you have any questions or concerns.
ONC049 - 05/25 (Last reviewed - 05/25) Also available in Spanish.