



FOUNDATION FOR  
WOMEN'S CANCER

Gynecologic Cancer  
Awareness • Research • Education

Renewing Intimacy & Sexuality  
after Gynecologic Cancer



Over 90,000 women are diagnosed with a gynecologic cancer each year.

The challenge for a woman with cancer and her healthcare team is to balance the desire for the best possible treatment while maintaining quality of life. When describing “quality of life,” most adult women report a desire to include intimacy and a satisfying sexual relationship as part of their current, or future wellness goals. Cancer affects an individual’s total being, including physical, emotional, spiritual and sexual wellness. Many types of cancer treatment can alter a woman’s response to intimacy and sexuality. Sexual functioning can be affected by illness, pain, anxiety, anger, stressful relationships, medications and cultural norms. Sexuality not only refers to sexual intercourse, but other means of sexual expression, such as touching and kissing. Intimacy refers to the physical or emotional closeness shared with another individual. Self-esteem and body image are important factors that define how a woman feels about herself. Sexuality is important to one’s identity. Cancer treatment may interfere with desire and functioning, but it cannot take away an individual’s sexual self.

This booklet will offer some general information that can be discussed further with your healthcare provider. Effective communication is important for you, your partner and your healthcare team.

### How will surgery affect my sexual functioning?

There are many different treatments, depending on the type of cancer diagnosis. The three most common gynecologic cancers are endometrial (also called uterine), ovarian and cervical cancers. Most sexual dysfunction from these types of cancers are related to surgical interventions, such as hysterectomy (removal of uterus), bilateral salpingectomy-oophorectomy (removal of both fallopian tubes and ovaries, also called BSO), and vaginal resection. Abdominal scars and surgical incisions can interfere with how a woman views her body, perhaps making her uncomfortable in an intimate situation. The vaginal canal may be shorter after a hysterectomy, causing discomfort with sexual intercourse. However, the elasticity of the vagina gives it the ability to stretch during intercourse. Routine vaginal intercourse or the use of vaginal dilators will help to preserve normal vaginal length.

The removal of both ovaries in a premenopausal woman will cause surgical menopause, regardless of age. If estrogen is not replaced, vaginal dryness and vaginal narrowing may occur, resulting in discomfort during intercourse and pelvic examinations. Discuss with your healthcare team if estrogen replacement or vaginal estrogen is an option for you. The use of water-soluble vaginal lubricants and vaginal moisturizers will reduce discomfort caused by vaginal dryness. Vaginal lubricants can be used as needed prior to vaginal penetration. Both lubricants and moisturizers can be

purchased without a prescription where items for feminine hygiene are sold. Moisturizers are inserted into the vagina with an applicator, which is included with the purchased product. Moisturizers are often applied prior to sleep time, and may be used several times a week for vaginal discomfort due to dryness. Moisturizers should not be used prior to oral sex due to possible unpleasant taste.

### How soon after a hysterectomy can I have sex?

Most patients can resume sexual intercourse in approximately four to six weeks after an abdominal or vaginal hysterectomy. It is important for the surgical incision at the top of the vagina to have adequate healing, with no vaginal spotting or discharge. Do discuss this with your physician at your post-operative appointment.

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

After surgery there may still be pain and discomfort, in addition to fatigue that can interfere with sexual pleasure. Finding a comfortable position to reduce discomfort is important. Some recommendations are positioning the woman on top or in a side-lying position to control depth of penetration and decrease abdominal discomfort at the incision site. Placing pillows under the knees or behind the small of the back may increase comfort. Dilators are recommended for women with narrowing of the vagina if intercourse is not an option. Using water-based lubricants, which can be purchased

without a prescription may reduce discomfort from vaginal dryness. If you are having post-operative pain from surgery or cancer related-pain, pain medication prior to sex may ease discomfort.

If you are not interested in sexual intercourse, other forms of pleasure include self or manual stimulation of highly sensitive areas. Or simply touching or cuddling with your partner can maintain closeness.

### Will sex feel any differently to my partner after surgery?

Your partner should not notice a difference with intercourse, or that you have had a hysterectomy. The vagina is quite elastic and comfort can be achieved even if the vagina is shortened from surgery. Lubrication applied to the vagina and the penis, or dilator, will make penetration more gentle and pleasurable.

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

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

The nerves responsible for having an orgasm will not be affected by having a hysterectomy or removing the ovaries. Some of the physical changes associated with arousal, such as fullness in the labia and

vaginal lubrication, may not be noticeable if hormone levels are low. Talk to your partner to provide assurance that these changes are caused by your surgery, and do not mean that you have lost interest in sex or that you do not find your partner desirable. Together, you can find ways to adjust to these changes. Women who were able to achieve an orgasm prior to removal of their uterus, cervix and ovaries should expect to achieve orgasm after most cancer treatments.

### How will radiation affect my sexual functioning?

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

Other than intercourse, vaginal dilators can be used to maintain normal vaginal size. Dilators are available in various sizes, and are used to prevent vaginal narrowing and scar tissue from forming. Water-soluble vaginal lubricants, or vaginal moisturizers, may be needed for vaginal dryness.

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

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

healing (commonly 2–4 weeks) be reassured that sexual relations can be comfortable again.

### How will chemotherapy affect my sexual functioning?

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

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

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

stage. Chemotherapy may cause low white blood counts 7–10 days after treatment, resulting in an increased risk for infection. Your healthcare provider may recommend individual strategies to reduce your risk. Intimacy with a partner who has a sore throat or a cold sore should be limited during this time due to possible spread of infection. Fatigue, due to low red blood counts, is a common side effect of chemotherapy and may affect libido. Medications are available to help reduce or relieve many of the side effects of chemotherapy. Be sure that your doctor or nurse knows about the side effects that are troublesome for you. Loss of hair and skin rash can affect self-esteem and body image. Some women may feel more comfortable wearing a head covering or wig for hair loss, or a nightgown to cover wounds or scars. Being comfortable with one's self is the first step to a healthy sexual self.

### Communication

Women who are concerned about potential or actual sexual dysfunction should discuss these issues with the healthcare team, which may include their physician, oncology nurse or social worker. An open conversation with you and your partner, and with your healthcare team is encouraged to help reduce fears and misinformation. Often partners are afraid that sex will be painful or even afraid that they may 'catch' cancer.

Single women who are dating or not yet involved in a relationship, have concerns about when to disclose their cancer diagnosis to a potential partner. Support groups through the hospital or in your community can help you network with other patients who are dealing with similar issues.

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***Effective communication is important for you, your healthcare team and your partner to understand that sexuality is part of your total return to wellness.***

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### Special Experts Are Available

Cancer experts have variable levels of comfort and expertise in dealing with issues of sexual function. If you and your partner are not engaging in intimacy to your satisfaction, do talk about it. It is common to have fear and concern about returning to your new normal. Sometimes, a specialist in relationship counseling and sexuality issues is a helpful solution. Ask for a referral to an expert in relationship or sexual counseling. Sexual health is part of wellness recovery.

### About the Foundation for Women's Cancer

The Foundation for Women's Cancer was established by the Society of Gynecologic Oncologists in 1991 as a charitable organization to support programs that benefit women who have or who are at risk for developing a gynecologic cancer. To contact us, visit our website, [foundationforwomenscancer.org](http://foundationforwomenscancer.org), or call our Information Hotline at 800.444.4441.

### Additional Resources\*

"Sexuality for the Woman with Cancer"  
**American Cancer Society**  
[cancer.org](http://cancer.org)  
800.227.2345

**CTFA Foundation**  
[lookgoodfeelbetter.org](http://lookgoodfeelbetter.org)  
800.395.LOOK

**The Center for Intimacy After Cancer Therapy, Inc.**  
[thelovinaintover.org](http://thelovinaintover.org)  
301.983.9702

**International Guidelines on Vaginal Dilation after Pelvic Radiotherapy**  
[www.ncsi.org.uk](http://www.ncsi.org.uk)

*\*Inclusion on this list does not imply endorsement by the Foundation for Women's Cancer.*

## Help the Foundation for Women's Cancer Spread the Word

Please consider a donation to the Foundation for Women's Cancer to help us reach more women with these important messages.

You can donate online at [foundationforwomenscancer.org](http://foundationforwomenscancer.org), contact Headquarters at 312.578.1439 or [info@foundationforwomenscancer.org](mailto:info@foundationforwomenscancer.org).

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