



Sexuality, Intimacy and Cancer

A guide for people with cancer,
their families and friends

Practical and
support
information

Cancer Council Helpline

13 11 20

www.cancercouncil.com.au

Sexuality, Intimacy and Cancer

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Understanding Sexuality, Intimacy and Cancer is reviewed approximately every three years. Check the publication date above to ensure this copy of the booklet is up to date. To obtain a more recent copy, phone Cancer Council Helpline 13 11 20.

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Note to reader

Always consult your doctor before beginning any health treatment. This booklet is intended as a general introduction to the topic and should not be seen as a substitute for your doctor's or other health professional's advice. However, you may wish to discuss issues raised in this booklet with them. All care is taken to ensure that the information in this booklet is accurate at the time of publication.

Cancer Council NSW

Cancer Council is the leading cancer charity in NSW. It plays a unique and important role in the fight against cancer through undertaking high-quality research, advocating on cancer issues, providing information and services to the public and people with cancer, and raising funds for cancer programs. This booklet is funded through the generosity of the people of NSW. To make a donation to help defeat cancer, visit Cancer Council's website at www.cancercouncil.com.au or phone 1300 780 113.



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Introduction

Sexuality is fundamental to the ways we experience physical and emotional closeness and develop intimate relationships. It is closely linked to how we relate to ourselves and others, and it impacts on the roles we play within our family, workplace and community.

This booklet is for people with cancer and their partners. It aims to help you: understand and deal with the ways cancer and its treatment may affect your sexuality; find practical ways to adapt to any physical and emotional changes you experience; access available resources, medication, treatment and support; and find new ways to enjoy intimacy. The principles are the same for all individuals, irrespective of your sexual orientation.

This booklet does not need to be read from cover to cover – just read the parts that are useful to you. Some medical terms that may be unfamiliar are explained in the glossary. You may also like to pass this booklet to your family and friends for their information.

How this booklet was developed

This information was developed with help from a range of health professionals and people affected by cancer. In this booklet, the term ‘partner’ means husband, wife, same-sex partner, boyfriend or girlfriend.

Cancer Council Helpline **13 11 20** can arrange telephone support in different languages for non-English speakers. You can also call the Translating and Interpreting Service (TIS) direct on **13 14 50**.



Contents

Sexuality and intimacy	4
The role of hormones	5
How your body responds sexually	7
Female sex organs	10
Male sex organs	12
Treatment and its effects	14
Emotions and sexuality	14
Treatment and sexuality	17
Surgery for men	19
Surgery for women	21
Radiotherapy	24
Chemotherapy	26
Palliative treatment	27
Hormone therapy	28
Key points	29
Resuming sexual activity after treatment	30
Adapting to changes	30
Staying sexually confident	31
Masturbation	32
Communicating with your partner	32
What if I don't have a partner?	34
Key points	35
Overcoming specific challenges	36
Fatigue	36
Sadness and depression	37
Changes in appearance	38

Different levels of desire	40
Fear	42
Difficulty reaching orgasm.....	43
Painful intercourse.....	44
Adapting to life with a stoma.....	45
Incontinence.....	46
Fertility problems.....	48
Problems for men.....	50
Problems for women	53
Key points	63
A note to partners	64
Seeking support	66
Useful websites	67
Question checklist.....	68
Glossary	70
How you can help.....	76



Sexuality and intimacy

Sexuality encompasses much more than just the act of sexual intercourse. It is about who you are, how you see yourself, how you express yourself sexually, and your sexual feelings for others. It can be expressed in many ways, such as the clothes you wear, how you groom yourself, the way you move, the way you have sex and who you have sex with.

The role it plays is influenced by your age, environment, health, relationships, culture and beliefs, opportunities and interests, and your level of self-esteem.

Sexuality is often an expression of intimacy, but intimacy is not necessarily about sex. Being intimate means being physically and emotionally close to someone else. Intimacy is about:

- loving and being loved
- expressing mutual care and concern
- showing you value another person and feeling valued in return.

Intimacy is also expressed in different ways: by talking and listening on a personal level, by sharing a special place or a meaningful experience, and through physical affection. Most people need some kind of physical connection to others. Even for people who are not sexually active, touch is still important.

Whether or not we have a partner, we are all sexual beings – having cancer doesn't change that. Cancer can, however, affect your sexuality and your ability to be intimate in both physical and emotional ways. Addressing any changes and challenges early on may help you and your partner (if you have one) to adjust more easily.

Creating physical and emotional intimacy

- Offer comfort and reassurance through holding hands, hugging or massage.
- Spend time talking and actively listening to help maintain emotional intimacy.
- Ask permission to talk about your partner's feelings.
- Pick a good time to talk, e.g. when you can give your full attention.
- Even if you're in a long-term partnership, don't assume you know what your partner is thinking and feeling.

The role of hormones

Hormones are substances that affect how your body works. They act as messengers carrying information and instructions from one group of cells to another. Hormones control many of the body's functions, including growth, development and reproduction.

Male sex hormones

The major male sex hormone is testosterone, which is produced mostly in the testicles. Testosterone causes the reproductive organs to develop and is responsible for other sexual characteristics, such as a deep voice and facial hair. The adrenal glands, which sit on top of the kidneys, also produce small amounts of testosterone in men and women.

Men's hormone levels vary widely but a man with a low level of testosterone could have trouble getting or keeping an erection and may lose his desire for sex.

Female sex hormones

The major female sex hormones are oestrogen and progesterone. Both are produced mostly in the ovaries. A small amount is also made in the adrenal glands (found on top of the kidneys).

Oestrogen – keeps the vagina moist and supple so it can expand during sexual intercourse.

Progesterone – controls reproduction and helps prepare a woman's body for pregnancy.

In women's bodies, the ovaries and adrenal glands make small amounts of the male sex hormones (androgens). Androgens are linked with sexual desire, arousal and ability to orgasm. The adrenal glands make enough androgens to maintain sexual desire after oestrogen production slows down, but androgen levels decrease during and after chemotherapy.

Cancer and its treatments can affect women's hormone levels in the short and long term, sometimes causing early menopause (when the ovaries have ceased releasing eggs and the menstrual cycle has stopped) or menopause-like symptoms. This can affect fertility, quality of life, self image and sexuality.



Women may experience increased dryness in their vagina as they age, even when aroused or excited. For some practical tips on dealing with these changes, see page 58.

How your body responds sexually

The mind and sex

Sexuality starts in the mind. The brain is responsible for making you feel interested in sex through fantasies, memories, imagination and feelings. These thoughts are created by what you see, smell, touch, taste, hear and remember.

Our levels of sexual desire (also called libido) are affected by many factors, including stress and illness, so if you are depressed, anxious or worried about cancer and its treatment, you will probably be less interested in sex.

The mind also affects how you feel about your body and how you think it looks (your body image). After changes to your body from cancer, you may feel 'less of a man' or 'less of a woman', or think you are less attractive.

Stages of sexual response

Libido – is the interest you have in sex. The willingness to engage in sex is complex and is influenced by emotional, social and biological factors, including: overall wellbeing; relationship satisfaction; body image; and the desire to express love, receive pleasure, please your partner and create a sense of intimacy and connection.

Excitement or arousal – is when you begin to feel ready for sex. You may become aroused by seeing someone you like; having a sexual thought or fantasy; having your genitals or some other sensitive areas touched, kissed or stroked; starting to masturbate or having oral sex. Your body responds to this excitement in

various ways. As you become aroused, your blood pressure and heart rate increase and blood is sent to the genital areas.

In both men and women, the nipples may harden. In men, the penis becomes erect and sensitive. In women, the clitoris becomes erect and more sensitive, and the vagina moistens and increases in depth and width. Sexual arousal may lead to an orgasm but this doesn't always happen.

Orgasm – is the peak of sexual response. The nervous system creates intense pleasure that you experience in the genital area. This causes the muscles in the genital area to contract in rhythm, sending waves of pleasurable feelings through the body. Breathing becomes faster and shallower, heart rate and blood pressure increase, and you may sweat.

In men, ejaculation occurs when the muscles around the base of the penis begin to squeeze in rhythm, pushing the semen through the urethra and out of the penis (ejaculation).

In women, an orgasm involves intense sensitivity of the clitoris, vaginal expansion and muscle contractions. Some women also experience a small ejaculation. Female orgasms can vary in length and intensity and can be reached in different ways.

Some women have orgasms through vaginal penetration (intercourse) alone, but many women need added stimulation. This can include stimulation from applying lubrication or touching the vulva. It can also include clitoral stimulation through

masturbation and oral sex, or having the breasts or inner thighs stroked. Some health professionals call this ‘outercourse’.

Many women generally feel relaxed and satisfied after one orgasm but some women are able to have multiple orgasms.

Resolution – is the phase where your breathing, heart rate and blood pressure return to normal. Men usually cannot be sexually aroused again for a while. The length of time between erections usually increases with age. The strength of erections may also decrease with age.

Ageing and illness can affect your sexual response. Often, the longer you’ve not been sexually active, the less intense your sexual response may become. After cancer treatment, you may notice that your sexual response has changed. To help re-establish your response you can start sexual activity without having much libido or without being aroused. You still may not experience orgasm, but you may feel sexually satisfied.

Erogenous zones

Areas of the body that are highly sensitive to stimulation are known as erogenous zones. For women, the clitoris is the main sexual pleasure organ, but other areas include the breasts and nipples. For men, the penis, scrotum and anus are highly sensitive and respond to stimulation, but other pleasurable zones exist, such as the chest and nipples.

Female sex organs

A female's sex organs (genitals) are mostly inside her body.

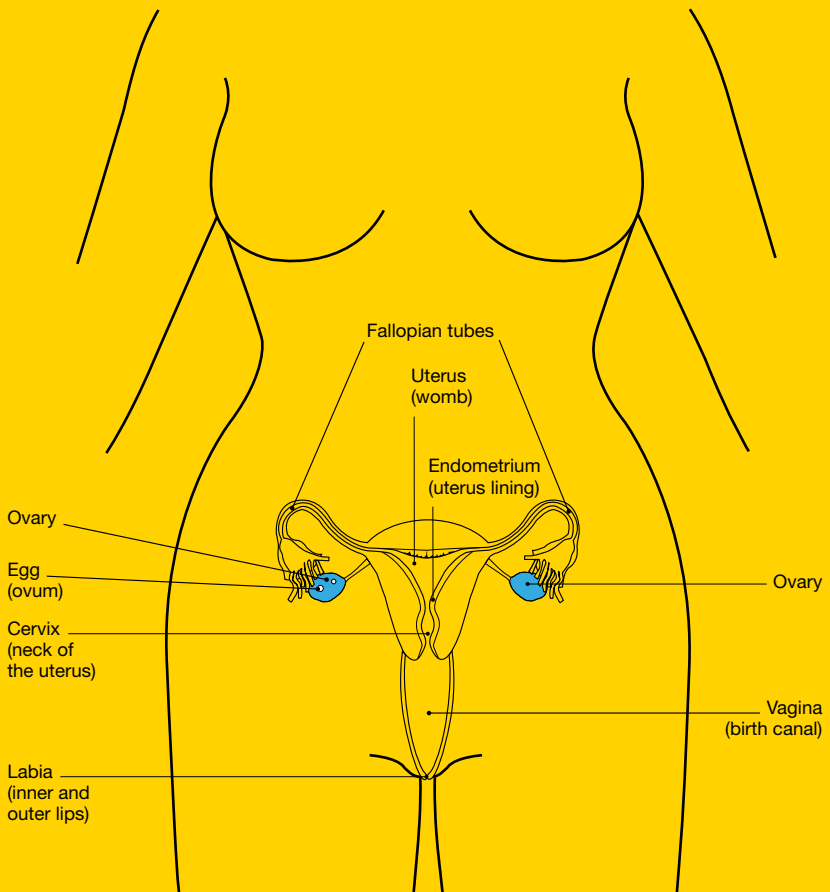
- **Vagina (birth canal)** – a muscular sheath or canal that extends from the entrance of the uterus to the vulva (see below).
- **Uterus (womb)** – a hollow muscular organ where a fertilised egg (ovum) is nourished to form a baby.
- **Cervix** – the entrance to the uterus.
- **Fallopian tubes** – two long thin tubes that extend from the uterus and open near the ovaries. These tubes carry sperm to the eggs and the eggs from the ovaries to the uterus.
- **Ovaries** – two small almond-shaped glands that contain eggs. The ovaries are found on either side of the uterus, close to the end of the Fallopian tubes. The female sex hormones, oestrogen and progesterone, are made by the ovaries.

A woman's outer sex organs (genitals) are collectively referred to as the vulva:

- **Clitoris** – the main sexual pleasure organ for women. It is located where the labia minora join. It is made up of erectile tissue with rich sensory nerve endings and becomes erect during arousal.
- **Mons pubis** – the area of fatty tissue covered with pubic hair.
- **Labia majora** – the outer lips of skin.
- **Labia minora** – the inner lips of skin.

Beneath the clitoris is the urethra, for passing urine. Further back is the entrance to the vagina. Beyond that is an area of skin called the perineum and beyond that is the anus.

Female sex organs



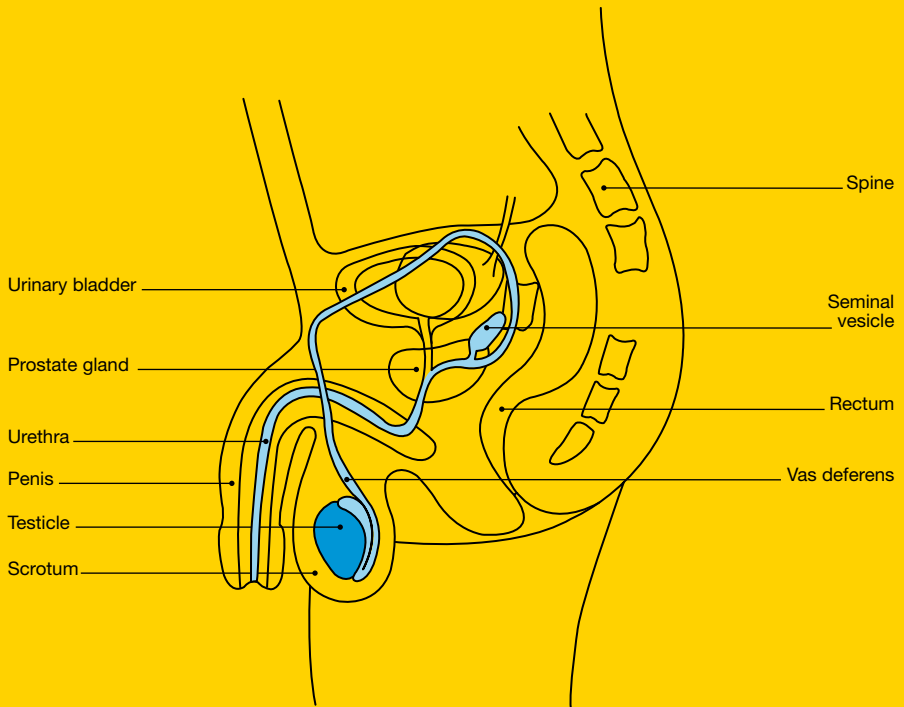
Male sex organs

- **Penis** – is covered by the foreskin, if it hasn't been removed by circumcision. The ridge on the underside of the head of the penis, called the frenulum, is usually a man's most sensitive part. At the very end of the penis is a slit opening to the urethra, through which semen and urine pass.
- **Scrotum** – a pouch of skin at the base of the penis. It contains the testicles.
- **Testicles (also called testes)** – make and store sperm and produce the male sex hormone, testosterone. It is normal for the testicles to vary in position and size.
- **Epididymes** – coiled tubes on the outer surface of the testicles. The immature sperm travel from each testicle to the epididymes, where they mature.

The other parts of a man's reproductive system are inside his body.

- **Prostate** – a small gland about the size of a walnut that sits below the bladder, deep in the pelvis. It surrounds the urethra, which carries urine from the bladder. The prostate produces fluids that form part of the semen.
- **Seminal vesicles** – glands that lie very close to the prostate and produce secretions that form part of the semen.
- **Vas deferens** – the tubes joining the testicles and the penis.

Male sex organs





Treatment and its effects

When you are first diagnosed with cancer it's natural to focus on getting well. You may not think about the impact on your self-esteem, body image, relationships and sex life until treatment is over. Even if you are aware of the potential impact, it is very hard to predict how cancer and its treatment will affect you. Some changes are temporary; others may be longer lasting or permanent.

Cancer and its treatments can affect your:

- feelings (including fear, anxiety, sadness, anger and joy)
- body's production of the hormones needed for sexual response
- physical ability to give and receive sexual pleasure
- body image (how you see yourself) and self-esteem
- roles and relationships.

Emotions and sexuality

It is normal to feel a range of emotions when dealing with cancer and its treatment. Some of the emotions you may feel include:

Anger – You may feel angry about having cancer and about the ways it has affected your life, including your sexuality or your ability to have children (fertility).

Anxiety – The thought of having sex again after treatment can cause anxiety. You may be unsure how you'll perform, dread being touched, or feel self-conscious about being seen naked. If you're single, you may feel anxious about getting involved in a new relationship. Worrying that you're not satisfying your partner sexually can also cause distress.

Common sexual problems associated with cancer treatment

general	<ul style="list-style-type: none">• losing interest in sex• tiredness and lethargy (fatigue)• losing a body part, such as a reproductive organ or breast• changed body image, e.g. due to scarring, loss of a body part or changes in weight• fertility problems (temporary or permanent)• painful intercourse• depression and anxiety• strain on, or changes to, your relationship(s).
male	Specific problems for men may include: <ul style="list-style-type: none">• erectile dysfunction• ejaculation difficulties.
female	Specific problems for women may include: <ul style="list-style-type: none">• trouble reaching an orgasm• vaginal dryness• reduced vaginal size• loss of sensation• pelvic pain• menopausal symptoms

Fear – You may worry that others will avoid or reject you when they see how your body has changed. You may not be able to imagine yourself in a sexual situation again.

Guilt – Many people think they should just be grateful to have the cancer treated and feel guilty for thinking about sex or their sexual needs. Some people wonder if past sexual activity has contributed to their cancer. Cancer is not sexually transmitted, but some cancers may be linked to a sexually transmitted infection.

Self-consciousness – If your body has changed physically after treatment, you may feel self-conscious. Often people discover that their partner isn't as concerned about these changes as they are.

Shame – You may feel ashamed by changes that affect your sexuality, your appearance or the way your body functions.

Depression – Symptoms of depression can include feeling sad, irritable or anxious, having trouble sleeping, losing interest in activities you previously enjoyed, poor appetite and a decreased interest in sex (low libido).

Grief – You may grieve for your former body and sex life if things have changed significantly. These feelings can affect your self-esteem, sexuality and attitude towards intimacy. It can help to talk about how you're feeling with someone you trust and feel comfortable with, such as your partner, another person who has had cancer, or your doctor, cancer nurse coordinator or counsellor. Call 13 11 20 for a free copy of the *Emotions and Cancer* booklet.

Treatment and sexuality

The most common cancer treatments are surgery, radiotherapy and chemotherapy. These treatments can have temporary or permanent effects on your sexuality.

●● Max felt he was not the same man after treatment. He would avoid talking and touching. Counselling gave us ways to help express what was really going on. ●● Amy

Surgery

Surgery aims to remove the cancer from your body. It can potentially affect your sex organs and body image.

Bowel or rectal surgery

In most cases, when part or all of the bowel or rectum containing the cancer is removed, the bowel is joined back together.

In a small number of cases, because of the position or size of the cancer, the bowel is brought to an opening on the outside of the abdomen. This procedure is called a colostomy and the opening is called a stoma. Waste (faeces) is then collected in a disposable plastic bag attached to the stoma (colostomy bag). Sometimes a stoma is only needed for a short time, but in other cases it is permanent.

If you have had a stoma, you may feel self-conscious about the change in your body's appearance and this may affect your desire to have sex.

In men, the surgeon may not be able to preserve the nerve function in the abdomen. This may make it difficult to have and/or sustain an erection (erectile dysfunction). Erection performance may improve over time but sometimes it is permanently affected.

Pelvic surgery

This surgery (pelvic exenteration) involves removing the major organs of the pelvis, including the uterus, cervix, vagina, bladder, and rectum. It can be done to treat advanced or recurrent cancer in the pelvic area, such as cervical, uterus, vulva or vaginal cancer. People who have this surgery will require a stoma to remove faeces from the body and a surgically created opening in the skin to remove urine from the body (vesicostomy).

In men, the prostate is removed, which will affect the ability to get and maintain an erection.

In women, this surgery involves the partial or complete removal of the vagina, cervix, uterus, Fallopian tubes, ovaries and levator muscle (a broad, thin muscle situated to the side of the pelvis). It may also include removal of the vulva. For more information on changes to your vagina, see page 56.



The emotional impact of having cancer and surgery is significant. It can affect your sexual identity and sexual confidence. Call **13 11 20** to talk with a counsellor or to find a sexual therapist.

Surgery for men

Prostate surgery

For men with early prostate cancer, surgery to remove the prostate is a common option. This is called a prostatectomy. After this type of surgery, most men will experience some degree of erectile dysfunction, which may be temporary or longer lasting. It may be possible to preserve the nerves that control erections. This is called nerve-sparing surgery (see below).

Other common effects of prostatectomy include:

- feeling the same sensations of build-up before orgasm, not ejaculating semen during climax (dry orgasm)
- the semen going backwards toward the bladder instead of forwards (retrograde ejaculation)
- urinary incontinence during orgasm (climacturia)
- pain during orgasm.

Nerve-sparing surgery

Preserving the nerves that control erections can help reduce the risk of erectile dysfunction. The possibility of nerve-sparing surgery depends on the location of the cancer and whether or not it has spread along the nerves.

Nerve-sparing surgery works best for younger men who

had good quality erections before the surgery. Problems with erections are common for 1–3 years after nerve-sparing surgery, but aids such as penile injection therapy can improve the situation.

Removal of the testicles

Removal of the testicles is called an orchidectomy (or orchiectomy). If you have one testicle removed, there are no lasting effects on your ability to have sex. The operation will not affect your fertility or your ability to get or maintain an erection. Your remaining testicle should make enough testosterone and sperm for you to be able to father children.

Having both testicles removed (bilateral orchidectomy) will cause some permanent side effects. The lower testosterone levels may affect your sex drive, but this can be improved with hormone replacement therapy. The appearance of your scrotum can be maintained with an artificial testis (prosthesis). For more information see *Losing a body part* (page 50).

Since you will become infertile after having both testicles removed, you may be able to have sperm stored before treatment starts, for use at a later date. Speak to your doctor about this option before starting treatment.

Removal of the lymph glands

If cancer has spread to the lymph glands in your abdomen you may need surgery (a lymphadenectomy) to remove them. After a lymphadenectomy you can still get an erection and have an orgasm.

Removal of the bladder

The operation to remove your bladder (cystectomy) may damage the nerves in the pelvic area, making it difficult to get an erection.

Removal of the penis

This operation is only done for cancer of the penis, which is very rare. Depending on the location of the tumour, part or all of the penis may be removed. The part of the penis that remains may still get erect with arousal and may be long enough for penetration.

It is sometimes possible to have a penis reconstructed after removal but this reconstructive surgery is still experimental. This would require another operation. A penile implant is another option to help get and maintain an erection.

Surgery for women

Breast surgery

Most breast cancers are treated with surgery. Women may have: part of the breast removed (breast conserving surgery or lumpectomy); the whole breast removed (mastectomy); or both breasts removed (bilateral mastectomy). Mastectomy can also damage the nerves in the nipple. This can affect sexual activity, particularly if you are aroused by touch to the breast and nipple. Breast and nipple feeling usually remains the same after breast conservation surgery. Call Helpline for a free copy of *Understanding Breast Protheses and Reconstruction*.

Lymph nodes are sometimes removed to prevent the spread of breast cancer. This may cause the arm to swell (lymphoedema), making movement and daily activities such as dressing difficult. The swelling may also make you feel embarrassed or self-conscious. Breast surgery may make you feel like you have lost part of your

female identity. You may feel less attractive or worry that your partner or a prospective partner will reject you because of the appearance of your breast(s).

Removal of the uterus

The removal of the uterus (womb) is called a hysterectomy. A hysterectomy may be used to treat gynaecological cancers, such as cancer of the cervix, ovary, uterus and endometrium (lining of the uterus). After a hysterectomy you will be unable to fall pregnant.

After the uterus is removed, the top part of the vagina is shortened. This should not affect your ability to feel sexual pleasure, though some women notice if the cervix has been removed as well. The clitoris and the lining of the vagina will remain sensitive.

Removal of the ovaries

The removal of an ovary is called an oophorectomy. If only one ovary has been removed, the other should continue to release eggs. If both ovaries are removed, and if you haven't already been through menopause, you will no longer have your monthly periods or be able to become pregnant.

The removal of both ovaries (bilateral oophorectomy) will also cause permanent menopause. This means that your periods will stop, for women who are still having periods, and it will no longer be possible to become pregnant. For ways to manage these side effects, see *Early menopause*, page 61.

Removal of the vulva

The removal of some or all the vulva (outer sex organs) is called a vulvectomy. This surgery will change the appearance of your genital area and affect sexual activity. You may also feel you have lost a part of your female identity or be worried about how your partner will react. These are all natural reactions.

Even if the clitoris is removed, an orgasm may still be possible. Stimulation of other sensitive areas of your body, such as your breasts or inner thigh, can lead to a climax. It may take time for you and your partner to adjust to this. See *Changes to your vagina*, page 56, and *Difficulty reaching orgasm*, page 43.

Vaginal surgery

Vaginal cancer may be removed by surgery that takes out a small section of the vagina. Usually the remaining vaginal tissue can be stretched so you are still able to have intercourse. Some women need a larger operation that removes the whole vagina (a vaginectomy).

A vaginal reconstruction may be an option, but the scar tissue from surgery can make intercourse painful and difficult.

Most women feel shocked and upset about having cancer in one of the most intimate and private areas of their body. Call Cancer Council Helpline **13 11 20** for support.



Radiotherapy

Radiotherapy uses x-rays to kill cancer cells or injure them so they cannot multiply. It can be delivered by an external beam or internally (known as brachytherapy).

During radiotherapy your body uses a lot of energy dealing with the effects of radiation. Many people feel very tired during and after treatment. This fatigue may last several weeks or months. You may not feel like having sex during this time, but physical affection such as hugs or hand holding can be very reassuring.

Depending on the area treated, you may also lose your appetite and lose weight. If you have hair in the area receiving radiotherapy, for example, your scalp, face or body, you may lose some or all of it during treatment. Usually it grows back and returns to normal after radiotherapy has finished.

Radiotherapy for men

Pelvic radiotherapy is commonly used to treat prostate, rectal and bladder cancer. It may affect sexual function by damaging blood vessels and nerves to sexual organs, resulting in erectile dysfunction. Radiotherapy to the pelvic area may also make ejaculating painful. This is because the urethra has become inflamed. The pain usually disappears a few weeks after the treatment has finished.

Temporary or permanently reduced sperm production is common after radiotherapy. If you want to father a child, talk to your doctor about having sperm stored before treatment starts.

Radiotherapy for women

If you are having internal radiation you will need to be admitted to hospital and take some precautions while the treatment is active.

The ovaries are often in the area that needs treating, but the radiation oncologist will try and keep radiation away from them. Radiotherapy to the pelvic area for cancer of the rectum, bladder or cervix can stop the production of female hormones in the ovaries. This can cause menopause-like symptoms such as a dry and itchy vagina. Scar tissue may form, and this will shorten and narrow the vagina. Sexual intercourse may be painful but you may still be able to reach orgasm with practice and time.

Menstruation may become irregular or stop during radiotherapy to the pelvic area. After treatment your periods may return but some women will be permanently infertile.

Radiotherapy to the breast area can cause the skin to become red and sore and develop a sunburnt look. Small blood vessels in the skin can be damaged causing red 'spidery' marks (telangiectasia), but this is becoming less common with new techniques.

Your skin may also have a slightly darker tone. It's not unusual for the breast to feel firmer, and over months or years it may shrink slightly. If you're unhappy with the shape of the breast or if it isn't the same volume as your other breast, you can discuss this with your doctor. There may be techniques, such as reducing the size of your other breast, that can be done to improve the appearance. Changes often can't be noticed under clothing.

Chemotherapy

Chemotherapy uses drugs to kill or slow the growth of cancer cells. These are called cytotoxic drugs. Chemotherapy kills fast-growing cells such as cancer cells. Other cells that grow quickly can also be affected, such as cells involved in hair growth.

The side effects of chemotherapy include tiredness, nausea, vomiting, diarrhoea, constipation, hair loss and mouth ulcers – all of which may reduce your desire to have sex. Chemotherapy can also directly affect the levels of hormones linked to arousal and libido. Not all people experience all the side effects; it will depend on the individual and the type of drugs given. Once chemotherapy is over, your sex drive usually returns but if you have a partner, you may need their understanding during and after treatment.



Whatever your preferred method of contraception, you should also use condoms during the 48 hours after chemotherapy to decrease the risk of your partner being exposed to the chemotherapy drugs, which may be excreted in your body fluids.

Chemotherapy for men

Chemotherapy drugs may lower the number of sperm produced and their ability to move (motility). This can cause temporary or permanent infertility. If you want to have children, talk to your doctor before treatment about arranging to store your sperm. The ability to have and keep an erection may also be affected, but this is usually temporary.

Chemotherapy for women

Chemotherapy can reduce the amount of hormones produced by the ovaries. This may cause some women's periods to become irregular, but they usually return to normal after treatment. For other women, chemotherapy may bring on menopause. After menopause, women can't conceive children with their own eggs. If this is a concern, speak to your doctor before treatment.

Chemotherapy for ovarian or colon cancer can be given as liquid into the intestine. This can cause the belly to swell a little, which may affect your body image. but after a short time drains away.

Another common side effect in women having chemotherapy (especially if they are taking steroids or antibiotics to prevent infection) is thrush, which causes vaginal itching or burning and a whitish discharge.

Palliative treatment

Palliative treatment focuses on relieving pain and managing symptoms rather than curing the cancer. It is for all people who have cancer symptoms, whatever their stage of treatment. It is particularly important for people with advanced cancer, to help them live comfortably and without unnecessary pain.

If you have a partner, try to spend time together as a couple, rather than a 'patient' and 'carer' during palliative treatment. Physical intimacy, such as touching, massage or simply lying together, can help you feel loved and cared for during this time.

Hormone therapy

Hormones that are naturally produced in the body can cause some cancers to grow. The aim of hormone therapy (or endocrine therapy) is to reduce the amount of hormones the tumour receives, to reduce its size and slow down the spread of the cancer.

Hormone therapy for men

In men, testosterone helps prostate cancer grow. Slowing the body's production and blocking the effects of testosterone may slow the growth of the cancer or even shrink it. Men receiving hormone treatment may experience side effects such as tiredness, erection problems, reduced sex drive, weight gain, hot flushes, breast tenderness, enlarged breasts, depression and osteoporosis.

Hormone therapy for women

In women, oestrogen helps some kinds of breast cancer to grow. Anti-oestrogen drugs (such as tamoxifen and aromatase inhibitors) are used in hormone therapy to treat oestrogen sensitive cancers. They can help slow or stop new breast cancers developing. Some women have no side effects, while others experience symptoms similar to menopause, including vaginal dryness or discharge, hot flushes, weight gain, decrease in sex drive, night sweats, urinary problems, and mood swings.



Regular gynaecological check-ups are recommended as there is a small risk of developing cancer of the uterus lining (endometrial cancer). For more information, see *Early menopause* (page 61).



Key points

- The main cancer treatments are surgery, radiotherapy, chemotherapy and hormone treatment (endocrine therapy).
- It is difficult to predict how treatment will affect you. Changes can be temporary, longer lasting or permanent.
- Surgery aims to remove the cancer from your body. It can affect your sense of self and your body image.
- Radiotherapy side effects may lower your libido.
- Radiotherapy to the pelvic area can affect sexual function and fertility by damaging blood vessels and nerves to the sexual organs.
- Chemotherapy side effects may lower your libido.
- Chemotherapy can have a permanent affect on your hormones and your fertility.
- Side effects from hormone treatment can include tiredness, decreased libido, weight gain, hot flushes, breast tenderness, increased breast tissue, depression and loss of bone density. Women may experience additional menopause-like symptoms.
- It is natural to feel a range of emotions. This may include anger, anxiety, fear, guilt, self-consciousness, shame and depression, which can all affect your self-esteem and your sexuality.
- It is important for partners to be aware of the impact that treatments may have on sexuality and intimacy.
- Awareness and education can help you to find new ways to experience emotional and physical intimacy.



Resuming sexual activity after treatment

While some people find sexual intimacy is the last thing on their mind after treatment, others experience an increased need for closeness. An intimate connection with a partner can make you feel loved and supported as you come to terms with the impact of cancer. However, cancer can strain a relationship, particularly if you had relationship or intimacy problems before the diagnosis.

Cancer need not mean the end of your sexual life. But you may need to develop more openness and confidence, in and out of the bedroom. Your favourite love-making positions may become less comfortable temporarily or change over time. Try to keep an open mind about ways to feel sexual pleasure.

Adapting to changes

There are many ways to prepare for sex during or after treatment:

- **Talk openly with your partner** – about any fears you have about resuming sexual activity.
- **Let your partner know how you feel** – when you're ready to have sex, what level of intensity you prefer, if they should do anything differently and how they can help you to feel pleasure.
- **Ask your partner how they are feeling** – they may be worried about hurting you or appearing too eager.
- **Take it slowly** – It may be easier to start with cuddles or a sensual massage the first few times rather than penetrative sex.

- **Plan ahead** – sex may need to be less spontaneous after treatment. Choosing the time can help deal with pain and fatigue, and help build arousal.
- **Focus on other aspects of your relationship** – many relationships are not dependent on sex. But be mindful if this is a problem for your partner.
- **Try exploring your sexuality on your own** – to develop an understanding of what's changed and what feels good, then talk about this with your partner.
- **Be patient** – Things often improve with time and practice.

Staying sexually confident

If you feel unsure about yourself as a result of the cancer, you may also lack confidence sexually. It can be especially difficult to maintain sexual self-esteem if you are feeling unwell and still working, all while coming to terms with having cancer. Things that make you feel good and lift your general sense of wellbeing will help to improve your sexual confidence.

Sexual attractiveness is sometimes judged by physical characteristics, but sex appeal is a combination of looks and other personal attributes such as personality and sense of humour. It may help to express how you feel with your partner, a friend or family member you can trust, or a doctor or counsellor.

Masturbation

Self-pleasuring (masturbation) can be a positive and satisfying way to enjoy sexual activity when you don't have a partner or if you're not ready for intimacy with a partner. It can help you find out what your body is capable of sexually. Many couples enjoy mutual masturbation as an alternative to penetrative sex.

If you have had treatment in your breast or genital region, it may help to spend time alone touching these areas to find out if there is soreness or numbness, what feels different and what feels good. This preparation may help to let your partner know what feels good and what doesn't when you are ready to be intimate.

Communicating with your partner

If you have a partner, you may need to work together to adapt your sexual activities during and after your cancer experience. If you had a good relationship before the diagnosis and found it easy to communicate your needs, the process will probably be easier. However, problems can arise due to misunderstandings, differing expectations and different ways of adapting to changes.

Talk with your partner about your feelings, concerns and what you want. It may be hard, but try not to let embarrassment get in the way. Avoiding the topic can lead to frustration and confusion, as neither of you will have your needs met.

It may help to acknowledge that your relationship is undergoing change and that it may take time for both of you to readjust.

What if I am in a same-sex relationship?

It is important to feel that your sexuality is respected when discussing how treatment will affect you. Although many of the major issues will be the same for you as for heterosexual people, recognition and validation of your sexuality is a crucial part of receiving support. Your clinical team should be able to openly discuss your needs and support you through treatment.

Try to find a doctor or nurse with whom you feel comfortable talking about your sexuality and relationships.

If you have a partner, take them along to your appointments with doctors. This will show your doctor who's important to you and will enable your partner to be included in discussions and treatment plans.

Reconnect over a meal, go for walks together or have a date night, and then try non-sexual touch like hugging, skin-to-skin contact or massage.

Some ways to start talking to your partner include:

- “I am going to show you the way I like to be touched and the places that are sore and out of bounds.”
- “There are some things I would like to try to do together that will help us feel close and connected, without ‘going all the way.’”

When you are both coping with the demands of cancer and treatment, it can be difficult to act on relationship concerns. Don't be afraid to seek support through counselling – call 13 11 20.

What if I don't have a partner?

Many people face cancer and treatment without the support of a partner. But in time, you may wish to meet new people and possibly start a relationship. Some cancer survivors say that a new relationship helped them to restore their sexual confidence.

You may decide that you don't want to be in a relationship, either temporarily or for the long term, because of what you've been through. This is a natural reaction and it is your choice.

If you've had major body changes after treatment, finding a new partner can seem daunting. You may worry that you are no longer attractive. It is difficult to tell a new person in your life that you've had a breast removed, had a breast reconstruction or have a stoma. It's natural to be worried about their reaction to seeing your body for the first time. You may wait to tell them, but it will depend on the relationship you have with that person. Take your time and only do what makes you feel comfortable.

It may be easier if you practise what you want to say. It may also help to show them any body changes before any sexual activity so that you can both get used to how that makes you feel.



Sharing your concerns with someone who has been in a similar situation can help. Call **13 11 20** for more information on support groups and Cancer Connect, a peer support program.



Key points

- For many people, having a fulfilling sex life after cancer means finding new ways of giving and receiving pleasure.
- An intimate connection with a partner can make you feel loved and supported as you come to terms with the impact of cancer.
- Speaking to someone who has been in a similar situation can help you to develop personal strategies for adapting to sexual changes.
- Self-pleasuring (masturbation) can help you explore how your body has changed and what makes you feel good.
- Things that lift your general sense of wellbeing, like good food, exercise, relaxation and getting back into things you enjoy, may help you overcome sadness and depression and improve your sexual confidence.
- When you are ready for sexual relations, start slowly and take your time. Talk to your partner about how you are feeling and how things may have changed for you.
- You may need to plan ahead for sex, as choosing your times carefully and being prepared may help you cope better with pain, fatigue, body image problems and other issues.
- Community centres and Cancer Council run programs that can help you improve your self-esteem and wellbeing after cancer treatment, which can have a positive impact on your sexual confidence.



Overcoming specific challenges

Many of the problems discussed in this chapter are common among women and men who have cancer. They may be temporary or ongoing. Some changes, such as incontinence and having a stoma, affect people with a particular cancer who have had a particular type of treatment.

Fatigue

During and after cancer treatment, many people feel tired and have no energy. Fatigue (extreme tiredness that is often not relieved by rest) can lead to a temporary loss of interest in sex and intimacy. Any form of fatigue should be discussed with your doctor. How long this lasts varies from person to person.

tips

- Plan your day so that you have time to rest. Take short naps, rather than a long one.
- Eat as well as you can and drink plenty of fluids.
- See what helps you feel less tired and make those activities a priority.
- Take short walks or do light exercise if possible. Try easier or shorter versions of the activities you enjoy.
- Try to allow others to help.
- Although you are tired, exercise and fresh air may make you feel more energised.
- Try less strenuous activities like listening to music or reading.
- Save your energy for the most important things. Allow others to do some things that you usually do.
- Try to be intimate at different times of the day.
- Ask for flexibility if you work, e.g. variable starting times.

Sadness and depression

Depression is very common in cancer patients, but it can be treated. It is natural to feel down after cancer treatment. Changes to your body can be upsetting and it takes time to get used to them. You may find that you have difficulty sleeping, lose interest in activities you normally enjoyed, don't feel like eating or lack energy. Your energy and desire for sex may also be low.

If you suspect that you, or someone you care for, may be depressed, you can find a simple depression checklist and helpful information at www.beyondblue.org.au.

tips

- Spend time with people who have a positive attitude. This may help to focus on what can be done.
- Do things that make you feel good such as watching funny movies, going for a walk or having a massage.
- Get up at the same time every morning, regardless of how tired you feel.
- Avoid long naps during the day and just before bedtime.
- Try to regain parts of your life from before you had cancer.
- Be as active as possible. Plan activities for each day such as exercise, spending time with other people, or reading.
- Ask your doctor if your mood change could be related to medications, hormone changes or another illness. Depression is a common result of low testosterone in men and of low sex hormones in women.
- If feelings of depression are ongoing, tell your doctor about it, as counselling or medication may help.

Changes in appearance

Common physical changes caused by treatment include weight loss or weight gain; hair loss; loss of a body part and use of a prosthesis; lymphoedema; having a colostomy; and scars. You may feel the visible changes to your body make you less attractive and worry that others will reject you when they see the changes.

Some cancers of the head and neck result in significant changes to your appearance. This can be upsetting because the change is visible and because kissing, speech and eating may be affected.

It is natural to focus on the part of your body that has changed. This may affect how you feel about yourself and your body image, which may, in turn, affect your sexual confidence. Body image does not depend on how you look, but on how you think you look.

Look Good...Feel Better program

Cancer treatments, such as chemotherapy and radiotherapy, can sometimes cause side effects such as hair loss and skin irritation. These changes can make you feel self-conscious.

Look Good...Feel Better is a free two-hour program for both

men and women to teach them techniques using skin care, hats and wigs to help restore appearance and self-esteem during and after treatment.

Call **1800 650 960** or visit **www.lgfb.org.au** for more information and to book into a workshop.

- Be gentle with yourself at all times and acknowledge how you are feeling.
- Give yourself time to get used to any physical changes.
- Focus on yourself as a whole person and not just the part of you that has changed.
- Talk about your concerns with your partner, a close friend or counsellor.
- Draw attention to your good features with clothing, makeup or accessories.
- Choose well-fitting clothes. Wearing something too tight or too baggy will draw attention to your weight loss or gain.
- Wear a hat, wig or scarf if your hair has fallen out.
- Show your partner any body changes before sexual activity. This may allow both of you get used to how it makes you feel.
- Wear clothes that hide the part of your body you feel uncomfortable about. For example, crotchless knickers for women and special underwear for men are designed to be worn during sex.
- Talk to your doctor about the possibility of plastic surgery or a facial prosthesis if you have had a significant change in your facial appearance from surgery or radiotherapy. This may help you regain a more natural appearance and help with altered speech.
- Lower the lights when you have sex until you feel more confident about your body.

Different levels of desire

Often in relationships, one partner is more interested in sex than the other. Cancer can exaggerate this. While it may not be a problem for some people, a loss of interest in sex (low libido) is common during cancer treatment.

Cancer treatments may leave you tired and weak, or you may be too worried about the cancer to think about sex. Low libido can also occur when cancer treatments disturb your normal hormone balance. Libido usually returns when treatment is over, but keep in mind that libido changes with age.

If you don't want to have sex, talk this over with your partner so you understand each other's expectations and also so they don't feel rejected. Agree on other ways you can satisfy each other. Explore and discuss the range of videos and adult enhancement products that are available (for example, personal lubricant and sex toys like dildos and vibrators), so your partner can satisfy themselves, either alone or with you present.

It may take time, but you can learn how to feel good about yourself sexually despite cancer and the side effects of treatment.



If you feel you need further support or ideas on how to help your relationship get through this stressful time, consider talking to a counsellor or a specialist in sex and relationships. Call **13 11 20** for contacts in your local area.

tips

- If you have lost your desire for sexual intimacy, talk about it with your partner.
- Make it a priority to spend time with your partner. Arrange a 'date'.
- Reconnect by initially trying skin-to-skin touch, such as massaging each other.
- Suggest a quick, gentle lovemaking session rather than a long session.
- Set the scene with soft lights, your favourite music and dressing in something that makes you feel good, sensual and sexy. All of these may help to get in the mood for sexual activity.
- Stimulate yourself so you become aware of how you like to be touched.
- Explore different ways to help you and your partner reach satisfaction.
- Try different sexual positions if your usual ones have become uncomfortable.
- Use cushions or pillows to support your weight.
- Change the venue. If your home has been where you and your partner have been coping with the side effects of treatment, book a night away or try using other rooms in the house not associated with cancer.
- Change the bedroom around or think about redecorating if your treatment is over.
- Have a hormonal assessment to check your hormone levels.

Fear

Fear is a normal reaction to cancer and its treatment. You might dread the treatment and how you will cope with it. You may be concerned about an uncertain future.

People whose partners have cancer often worry that they may lose someone they love. It is difficult to be interested in intimacy when you are feeling afraid.

tips

- Think about how you have managed fearful situations in the past. Discuss these strategies with your partner.
- Find out more about your illness – ask your treatment team about what to expect.
- Talk it over with a friend or colleague.
- Make a list of things you enjoy doing and make time to do one enjoyable thing every day, so you feel like you are achieving something.
- Ask your doctor if anti-anxiety medication will help. Keep in mind that some medications may lower your libido.
- Learn how to cope with fear, tension and anxiety by experimenting with different methods. Find out what works best for you.
- Learn ‘mindfulness-based techniques’, including deep relaxation and meditation. Often, relaxing your body and mind help you to feel better and more in control. Cancer Council has resources that may help.
- Seek counselling. Call Cancer Council Helpline **13 11 20**, or ask to see an oncology social worker or psychologist.

Difficulty reaching orgasm

A person's ability to reach orgasm usually remains unless cancer treatment damages the spinal cord and causes the genital area to become numb. Nerves may be damaged during prostate or bowel surgery, and surgery can also remove sensitive parts such as the clitoris, lower vagina or vulva in women, or the penis or scrotum in men.

However, some women and men are still able to have an orgasm after extensive surgery to their genital areas. Difficulty in reaching orgasm may also be caused by painful intercourse, distracting emotions or worrying thoughts.

tips

- Choose a time when you won't be disturbed and set the mood with soft lighting, candles and music.
- Place your partner's hands and fingers on the areas that arouse and excite you – or do it yourself, if you feel comfortable.
- Change your normal positions to more comfortable ones that heighten stimulation.
- Use pillows to support parts of your body.
- Use generous amounts of water-based lubrication, available from the supermarket or chemist, e.g. Pjur™, Sylk™ or Astroglide™.
- Accept that you may not reach an orgasm every time and, to take the pressure off, focus on other things that give you pleasure.

Painful intercourse

This can sometimes be experienced after cancer treatment.

In men, irritation of the prostate or urethra from surgery or radiotherapy can cause painful orgasms. Some men may develop scar tissue in their penis after surgical procedures. These may cause pain or bleeding, but this usually settles down in time.

In women, pain is often related to changes in the size of the vagina or extreme dryness. These changes can occur after pelvic surgery, radiotherapy or treatment that affects hormones. The pain can cause the muscles around the vagina to become tight (vaginismus) and is often caused by fear that intercourse will be painful. It can make penetration difficult or impossible.

tips

- Try different positions to find what is most comfortable for both of you if pain during intercourse distracts you from reaching orgasm.
- Plan sexual activity for when your pain is lowest. If you are using pain medication, take it shortly before sex so it will have maximum effect.
- Find a new position to control the depth of penetration.
- Find a position for touching or intercourse that puts minimal pressure on painful areas. Try to focus on your feelings of pleasure rather than pain.
- Use plenty of personal lubricant (for example, Pjur™, Sylk™ or Astroglide™).
- Avoid sexual activity when you are tired or stressed.
- Talk to a doctor or counsellor if these methods don't work.

Adapting to life with a stoma

Cancer surgery can result in the need for a stoma – an opening in the abdomen that allows urine or faeces to flow through and be collected in a small plastic bag. Sexual positions should not affect the bag or cover, as long as you have attached it securely. Intercourse via the stoma can be dangerous, and sexually transmitted diseases can be passed on through the stoma.

Sexual activity for people with a stoma may need a little more planning but can still be satisfying and fulfilling.

tips

- Change the bag before intercourse. You may prefer to wear a cover over your bag to prevent the plastic clinging to your skin.
- When making love, women can wear a mini-slip, short nightgown or crotchless knickers. Men can wear a cummerbund nightshirt, specially designed underwear or boxer shorts.
- If you have a colostomy, consider using either a plug or stoma cap or learning irrigation of the bowel to regain some control. Talk to your stomal therapy nurse, who will explain the procedure.
- Rest for at least 2–3 hours after a heavy meal before sex.
- Have sex in the bath/shower.
- Use perfumes, aftershave lotions or odour-control products to help with odour control.
- Allow your partner to see or touch the stoma.
- Contact your Stoma association for support. See *Useful websites*, page 67.

Incontinence

Incontinence means poor bladder or bowel control, but may also involve increased frequency or urgency without leaking. The pelvic floor muscles that affect bladder and bowel control can affect sexual function and interest. Incontinence can be temporary or permanent. It is a potential side effect of treatment for cancer of the prostate, bladder, bowel and penis, or of the female reproductive organs.

For many people, incontinence, and the impact it has on sexuality, is an embarrassing problem. However, there is help available, and ways to better manage or perhaps even cure the incontinence. Call 13 11 20 to find someone you feel comfortable talking to, or to find out how to organise a continence assessment with a continence nurse or specialised physiotherapist.

tips

- If you have an indwelling or supra-pubic catheter, tape the catheter to your skin, remove the bag and insert a flow valve or stopper.
- Exercise your pelvic floor muscles (see page opposite).
- Plan for sex, wait at least 2–3 hours after a meal and empty both the bowel and bladder beforehand.
- Prepare your bed with large, fluffy towels.
- Talk to your doctor (women only), about whether oestrogen inserted into the vagina as a cream or tablet, may improve things.
- Use plugs designed for rectal use if you have faecal oozing.

Pelvic floor exercises for men and women

These exercises are used to improve bladder control:

Correctly identify the pelvic floor muscles –

Sit on a chair, leaning forward with your knees slightly apart. Now imagine that you are trying to stop yourself from passing wind.

You should be aware of the skin around your rectum tightening and being pulled up and away from the chair. Your buttocks and legs should not move.

Now imagine that you are sitting on a toilet passing urine.

Tighten your muscles to try and stop the flow of urine. This will help you to identify the right muscles.

Again, you should feel a lifting and tightening.

Practise your exercises –

Sit, stand or lie with your knees slightly apart. Slowly tighten and draw up around the rectum and urethra (and vagina for women) all at once, lifting them up inside.

Try to hold strongly for a count of five, then release and relax.

Repeat the ‘squeeze, lift and relax’ sequence –

Rest for 10 seconds between contractions. If holding for five seconds is easy, aim for up to 10 seconds.

Repeat as many times as possible – up to 8–10 squeezes. Now do 5–10 short, fast but strong contractions.

Try to do this whole routine several times each day.

Source: Adapted from the Continence Foundation of Australia's, *The Continence Guide: bladder and bowel control explained and Sexuality and Incontinence*.

Fertility problems

Some cancer treatments can cause infertility (inability to conceive a baby), which can be temporary or permanent. If fertility is important to you, talk to your doctor before treatment about your risk of infertility and ways your fertility might be preserved. You may be able to store eggs or sperm for use in the future.

When people learn that they may be permanently infertile they often feel a great sense of loss. You may be devastated that you won't have your own children or additional children, and you may worry about the impact of this on your relationship. Even if your family is complete, you may experience distress.

As well as talking with your partner, it may be beneficial to discuss your situation with a counsellor, sexual therapist, radiation oncologist, urologist or gynaecological oncology nurse.

For men

- Chemotherapy may lower the number of sperm produced and reduce their ability to move. This can sometimes cause infertility, which may be temporary or permanent. The ability to get and keep an erection may also be affected but this is usually temporary. If the problem is ongoing, seek medical advice to discuss your options.
- If you need to be treated with radiotherapy in the pelvic or groin area, you may have temporary or permanent fertility problems after treatment. If your testicles are outside the treatment area they can usually be protected.

For women

- If your uterus has been removed as part of your treatment, you will not be able to conceive. If you retain your uterus there may be options when treatment is completed, even if your ovaries were affected or removed.
- Because your ovaries are responsible for producing both eggs and female hormones, damage to, or removal of, the ovaries has implications for younger women. This may result in an induced early (premature) menopause. For more information on early menopause, see page 61.

Contraception

Depending on the type of cancer and treatment you have, your doctors may advise you to use certain types of contraception, such as condoms, for some time during and after treatment. This is to protect your partner and to avoid pregnancy, as some treatments, such as chemotherapy, can be toxic to your partner or harm a developing baby. Ask your doctor or nurse what precautions to take and how long you need to use this protection.

tips

- Use barrier contraception during pelvic radiotherapy or chemotherapy.
- Tell your doctor immediately if you or your partner become pregnant during treatment.
- Share your feelings with your partner, who may also be grieving.
- Call Helpline **13 11 20** to seek support and counselling.

Problems for men

Losing a body part

The removal of a limb or part of your genitals due to cancer treatment may make you feel less confident about your sexuality. It will take time to get used to how your body has changed.

tips

- If you have lost part of your genitals, talk to a sexual counsellor about ways you can adapt to the changes.
- A prosthesis can be inserted into the scrotum to provide a normal appearance after surgery if one or both testicles have been removed.
- Try wearing your prosthesis during sex.
- If you remove your limb prosthesis, use pillows to support your affected limb.
- Reconnecting sexually with your partner can allow for greater understanding and acceptance of the changes.

Erectile dysfunction

When a man has trouble getting or keeping an erection firm enough for intercourse, it is called erectile dysfunction (or impotence). For many men, erection problems are a result of the worry or anxiety associated with having cancer, not necessarily from the physical effects of treatment. Some treatments cause erection problems if the nerves controlling erections cannot be preserved. Erectile dysfunction from cancer treatment can sometimes improve. Long-term problems are more likely to occur in older men and in those who had difficulty getting an erection before treatment.

There are many products to treat erectile dysfunction, including herbal preparations, nasal sprays and lozenges. Some of these products contain testosterone or natural products that act like testosterone in the body. Men who have had cancer treatment need to be cautious about using these products, as there is a risk of side effects. If you have a testosterone-dependent cancer, such as prostate cancer, it could also be harmful to use these remedies.

Talk to your doctor if you have a history of heart disease or chest pain, and if you are taking nitrates, because there can be serious side effects from mixing nitrates with over-the-counter or prescription medications to improve erections.

tips

- Try sex with a half-erect penis. Men do not need a full erection to have an orgasm. This works best with the partner on top guiding the penis inside.
- Help satisfy your partner without penetration. Experiment with other sexual activities, such as all-over touching, oral sex, masturbation or sex aids.
- Ask your doctor about taking tablets or having injections to help with erections.
- Use a vacuum pump device, which draws blood into the penis to make it firm.
- Consider having an implant surgically placed in the penis. A pump is placed in the scrotum and squeezed when an erection is needed.
- Try hormone therapy, which may help if your testosterone levels are low.

Ejaculation and orgasm changes

Men who have had radical surgery for prostate cancer may ejaculate little or no semen (dry orgasm) and/or experience retrograde ejaculation, where the semen goes backwards towards the bladder, rather than forwards out of the penis.

A dry orgasm may be as pleasurable as a normal orgasm but it may be quite a different sensation. Some men say it does not feel as strong or long lasting, while others say it is more intense.

A retrograde ejaculation is not dangerous or harmful, but infertility may occur because very little seminal fluid is produced without the prostate. Premature ejaculation may also be a problem for some men who are feeling anxious about their sex life.

tips

- Concentrate on your enjoyment of sexual activity. Worrying about controlling your ejaculation may lead to erection problems or loss of interest in sex.
- Talk to your partner about the problem. Even if you feel you ejaculate too quickly, your partner may be satisfied.
- Avoid rushing foreplay as your partner may not have sufficient stimulation.
- Increase the frequency of ejaculations, perhaps by masturbating, to help control ejaculation and increase the amount of semen ejaculated.
- Explore medication or numbing gels, which can help with premature ejaculation.
- Talk to a sexual counsellor about the stop-start technique, which may improve control over your ejaculations.

Problems for women

Surgery affecting a body part

It is common for women to feel less feminine if they have lost a breast, nipple, part of the genitals or a limb. It will take time to get used to how your body has changed. For ideas and information on restoring body image, see page 38.

It is natural to feel a range of complex emotions in response to the loss of a limb or part of your genitals. It may help to remind yourself that you are loved for who you are, not for your particular body parts.

It is very important to communicate with your partner about the changes and different ways of enjoying intimacy, for ideas and other tips, see *Communicating with your partner* (page 32).

Removal of your uterus – Hysterectomy is the surgical removal of the uterus. When your uterus is removed, you are no longer able to bear children and you will stop menstruating. If you are of child-bearing age and had planned to have a family, this can have a major impact on your sense of self, and your hopes and plans for the future.

A hysterectomy should not change your ability to feel sexual pleasure or to reach orgasm, because the area around the clitoris and the lining of the vagina remain as sensitive as before. The procedure does involve shortening the vagina, however, and this may affect some of your normal sexual practices. For more information on changes to your vagina, see pages 56–59.

Removal of your vulva (outer sex organs) – Vulvectomy is the surgical removal of the vulva. Women who lose their vulvas will generally experience major changes to their body image, self-esteem and normal sexual practices. To prepare you for these changes, it is important that you are referred to a sexual counsellor before having surgery. If you have already had this surgery and are still experiencing difficulties, ask for a referral to a sexual counsellor.

Removal of a breast – Mastectomy is the surgical removal of the whole breast. Women who have one or both breasts removed to mastectomy may not only miss the pleasure they felt from having their breast or nipple stroked or kissed during sex, but also lose confidence and self-esteem.

After a mastectomy the appearance of your breast can be improved with a prosthesis. This is a piece of specially made foam or a solid type of silicone gel that can be put in your bra or be stuck to your skin. If you find the prosthesis uncomfortable or a nuisance, you can have your breast surgically rebuilt.

A breast reconstruction helps many women with their body image after a mastectomy. It can also give you confidence to wear different types of clothes and feel more attractive. However, breast reconstruction is unlikely to restore the same pleasure you used to feel from breast touching.

Radiotherapy to the breast may also affect your patterns of sexual arousal, particularly if you were previously aroused by breast massage and nipple stimulation.

tips

- Talk to a sexual counsellor, either alone or with your partner, about the ways cancer treatment may be affecting your relationship.
- Concentrate on sexual massage, stroking nipples and other erogenous areas of your body rather than penetrative intercourse.
- Ask your partner to stroke your whole body. This may include kissing your neck, touching your inner thighs or genital area.
- If you've had a limb removed, try wearing your prosthesis during sex, or remove it and support your affected limb/s with pillows.
- Set the scene and atmosphere with soft lights, favourite music, or by dressing up. The use of fantasy can be a powerful way to gain sexual confidence.
- Experimenting, alone or with your partner, may improve your overall confidence.
- Touch your genitals to find how your sexual response has changed. Explore other areas of your body that are sensitive to touch.
- Take time to get used to body changes. Look at yourself naked in the mirror. If you feel comfortable, use a hand-held mirror to look at the changes.
- Show your partner any body changes so that you can get used to how it makes you feel.
- For more information, call Cancer Council for a free copy of the *Understanding Breast Prostheses and Reconstruction* booklet.
- Ask your doctor to refer you and your partner to a counsellor or call Cancer Council Helpline 13 11 20 to talk to someone neutral about your feelings.

Changes to your vagina

Cancer treatments may cause a variety of changes to your vagina, which may lead to discomfort and/or pain during intercourse.

Shortening and narrowing of the vagina – The vagina may be shortened by surgery, and vaginal narrowing can occur after radiotherapy to the pelvis. Some women experience vaginismus, when the muscles around the vagina become tight. This is often caused by fear that intercourse will be painful, and can make penetration difficult. It may help to learn relaxation techniques to stop the muscles tensing up.



Doctors may advise you to use a vaginal dilator. This is inserted for short periods of time into your vagina, by yourself, to gradually widen the entrance to the vagina and prevent the side walls of the vagina from sticking together.

Vaginal dryness – A common side effect of treatment is vaginal dryness. This can make you prone to vaginal infections, such as thrush, because the natural lubricating and cleaning process is not working. Dryness can also cause painful penetration during sex.

Thrush (candida) – Thrush can occur when genital dryness causes an overgrowth of a fungus that is commonly found in the vagina. It causes itching, burning and an unpleasant discharge, and can make intercourse painful. It is common in women having chemotherapy, hormone therapy or taking antibiotics.

Loss of sensation – Some women experience a loss of sensation in their vagina temporarily or permanently, depending on the type of treatment they have had. This can make sex uncomfortable or unsatisfying, or may cause low libido.

Vaginal health: moisturisers and lubricants

Due to the thinning and shrinking of the tissues from a lack of oestrogen (vaginal atrophy), women may experience vaginal dryness, tightness and pain when their vulvas are caressed, during vaginal intercourse or gynecological examinations. They may also experience itching, burning and increased frequency of vaginal and urinary tract infections.

Understanding the difference between vaginal lubricants and vaginal moisturisers can be the key to preventing, or at least alleviating, this problem. Women may need both vaginal moisturisers and vaginal lubricants to prevent discomfort and pain.

Vaginal moisturisers – non-hormonal, over-the-counter products that, when used regularly, improve overall vaginal health by restoring lubrication and the natural pH level to the vagina and vulva.

Vaginal lubricants (personal lubricants) – usually a liquid or gel that is applied around the clitoris and labia and inside the vaginal entrance to minimise dryness and/or pain during sexual activity. Water or silicone-based lubricants are available at supermarkets and chemists. Petroleum-based products, e.g. Vaseline®, are not recommended, as they can increase the chance of a vaginal infection.

tips

Coping with vaginal changes

Short/narrow vagina

- Use personal lubrication to make intercourse comfortable.
- Choose a water- or silicone-based gel that has no added perfumes or colouring (e.g. Pjur™, Sylk™ or Astroglide™).
- Use a non-hormonal vaginal moisturising cream several times a week to help keep your vagina lubricated. Some do not contain oestrogen.
- Try a vibrator or regular, gentle sexual intercourse. Experiment with different positions until you find what works for you.
- Use a foam ring around the base of your partner's penis to reduce discomfort and pain during intercourse.
- Ask your doctor about using dilators to widen your vagina.

Vaginal dryness

- Avoid soap, bubble bath and creams that can irritate your genitals.
- Try non-perfumed, water-based lubricants, available from chemists and supermarkets.
- Apply lubricant as part of your sexual play.
- Take more time before and during penetration to help the vagina relax and become well lubricated.

Thrush	Loss of sensation
<ul style="list-style-type: none"> ● Seek medical advice to rule out other types of vaginal infection. ● Treat thrush with prescription creams or medication. ● Wear loose, cotton clothes. Avoid nylon pantyhose, tight jeans or trousers. ● Avoid using petroleum-based products, for example, Vaseline[®], as a lubricant. ● Use a condom to avoid the spread of thrush to your partner. ● Try oestrogen suppository creams, gels or tablets to treat vaginal dryness. If you are undergoing hormone treatment, you may not be able to access this option. 	<ul style="list-style-type: none"> ● Focus on other areas of your body and genitals that feel pleasurable when touched. ● Experiment with different sexual positions to see whether this affects sensation. ● Use a vibrator to enhance sensation in the vagina and surrounding area. ● Seek medical advice – some women may benefit from a vaginal examination to identify and treat medical conditions such as fungal infections. ● Try alternative contraception if your usual contraceptive device or medication is irritating you.

Difficulty reaching orgasm

A woman's ability to reach orgasm may be unchanged after cancer treatment. However, women who have had their clitoris or other sensitive areas of the vulva removed will have difficulties.

You or your partner may feel the activities below are not 'real sex', but if they provide sexual pleasure they are not inferior to intercourse.

tips

- Try different ways of getting in the mood for intimacy: shower or bathe together, wear clothes that make you feel sensual or go away together if you can – whatever makes you feel sexy, relaxed and good about yourself.
- Use stroking, caressing and massage, or guide your partner's hands or fingers to areas that arouse and excite you.
- Focus on your breathing. Try to tense and relax your vaginal muscles in time with your breathing during intercourse or while your clitoris is being stroked.
- Think about a past pleasurable sexual experience or make use of erotic books, magazines or films.
- Set the mood or atmosphere with soft lighting, candles and soothing music.
- Consider using an electric vibrator, which may give you the extra stimulation you need to reach orgasm faster.
- Explore reaching orgasm without penetration. Try activities such as oral sex, masturbation or all-over touching.

Early menopause

Menopause occurs when your ovaries stop working and you have not menstruated for one year. For most women, this happens naturally between 45–55. Most menopause symptoms are associated with the decrease in your body's oestrogen levels. These may include irregular periods, aching joints, mood changes, hot flushes, night sweats, sleep disturbance, a dry vagina, increased urinary frequency and 'fuzzy' thinking.

Early menopause (or premature menopause) is the term used when menopause occurs before the age of 40. The loss of menstruation and fertility at a younger age can lead to feelings of sadness, grief and low self-esteem. You may feel old before your time or less feminine. You may worry that your partner finds you less attractive or less sexually appealing.

The sudden start of menopause can cause more severe symptoms than natural menopause because your body hasn't had time to get used to the loss of hormones. Premature menopause may also cause bones to weaken (known as osteoporosis or osteopaenia).

A number of cancer treatments can affect your ovaries, either temporarily or permanently, and result in menopausal symptoms or early menopause. These treatments include surgery in which both of your ovaries are removed; hormone treatment to decrease your ovaries' production of oestrogen; radiotherapy and chemotherapy, which may affect your ovaries' ability to produce eggs and hormones. This has implications for women who wish to have children – talk to your doctor about your options before treatment.

Surgery for pre-menopausal women

If your uterus is removed (hysterectomy) but one of your ovaries remains, you will no longer have monthly periods or be able to carry a child, but you will continue to produce oestrogen and can still go through natural menopause at the normal stage of life. If both of your ovaries and/or your uterus are removed, your periods will stop and you will experience induced menopause.

tips

- Identify and avoid things that trigger hot flushes, such as alcohol, hot drinks, spicy foods and anxiety.
- Eat well, exercise regularly and learn relaxation techniques to cope with the symptoms of menopause.
- Talk to your doctor about using hormone replacement therapy (HRT) to treat menopausal symptoms (may not be possible if your cancer is oestrogen dependent).
- Treat symptoms of menopause with medication, e.g. antidepressants for depression and/or anxiety.
- Arrange a bone density test.
- Eat high-calcium food and/or take a calcium supplement, and exercise regularly to help reduce the rate of bone loss and fractures associated with osteoporosis/osteopaenia.
- Use a water- or silicone-based lubricant as part of sexual play and intercourse. They are less irritating when touching or stroking your genitals.
- Treat persistent low libido with low-dose testosterone.
- Use a vaginal moisturiser to help with vaginal dryness and increased urinary frequency. Avoid brands containing oestrogen if the cancer is oestrogen dependent.



Key points

- Loss of interest in sex (low libido) during treatment is very common because you may feel too sick, tired, weak or worried to think about sex.
- Low libido is common when cancer treatments disturb your body's normal hormone balance.
- Communicating openly with your partner may help you overcome any sexual problems brought about by cancer treatment.
- Physical changes may make some of your usual sexual practices and positions painful or uncomfortable. Try to have an open mind about exploring some new ways of giving and receiving sexual pleasure.
- Be aware of the need for contraception, especially during chemotherapy, to prevent pregnancy during treatment and to protect your sexual partner from exposure to the chemotherapy drugs. Ask your doctor for advice on which method is best at various stages of treatment.
- Premature menopause may cause bones to weaken (known as osteoporosis or osteopanaenia).
- Incontinence may affect your sexuality, but there are ways to better manage or perhaps even cure the incontinence.



A note to partners

It can be difficult watching someone you love go through cancer, its treatments and side effects. Try to look after yourself – give yourself some time out and share your worries or concerns with somebody neutral, such as a counsellor or your doctor.

If you have been your partner's primary carer, it can sometimes be hard to switch between the roles of carer and lover. Thoughts about cancer and the way it may affect your life can interfere with your desire for sex. Yet your partner may be craving physical contact, which may cause conflict and feelings of guilt.

Deal with this problem early on by talking to a counsellor about your feelings and how the physical needs in your relationship can be met. You may find that changing the setting or going away for a night or two can help you both relax and focus on things other than cancer.

If your partner is not ready for sexual contact, try other ways of showing you love them and find them physically attractive, such as touching, holding, hugging and massaging them. Stroking their scars may show your partner that you have accepted the changes to their body. If you are finding the changes confronting, try talking sensitively to your partner or to a counsellor. Physical contact that doesn't lead to sex can still be comforting.

“ I took hold of my partner's hand... Her response was, 'Do you realise this is the first time that you've touched me in three weeks?' and I'm a fairly tactile person. ” Ian

You may have had to face the possibility that your partner could die. If they are better, you may expect to feel relieved but instead feel low emotionally and drained of energy. Acknowledge that you and your partner have been through a difficult, confronting experience and allow yourselves time to adjust.

Relationships are often challenged through a cancer experience. Take time to look after yourself. Although you don't have cancer, you have also been affected. Try talking openly about changes to your relationship and how you can readjust your life around them.

Call Cancer Council Helpline 13 11 20 for a free copy of the booklet *Caring for Someone with Cancer*, or to speak with a cancer nurse and be linked with a carer in a similar situation.

Safety concerns

- If your partner is having external beam radiation, they will not be radioactive once they return home.
- If your partner is having chemotherapy, use barrier contraception to protect from drugs in your partner's body fluids. Dental dams (a square piece of latex that covers the vaginal area for safe oral sex) are sold in sex shops. Wear latex gloves if you use your hands for penetration.
- Be assured that it is not possible for your partner to transmit cancer through intimate activities such as kissing or intercourse.



Seeking support

Coming into contact with other people who have had similar experiences to you can be beneficial. You may feel supported and relieved to know that others understand what you are going through and that you are not alone.

There are many ways for you and your family members to connect with others for mutual support and to share information.

In support settings, people often feel they can speak openly and share tips with others. You may find that you are comfortable talking about your diagnosis and treatment, your relationships with friends and family, and your hopes and fears for the future.

Ask your nurse, social worker or Cancer Council Helpline about suitable support groups and peer support programs in your area.

Types of support services*

Face-to-face support groups – often held in community centres or hospitals

Online discussion forums – where people can connect with each other at any time – see www.cancerconnections.com.au

Telephone support groups – for certain situations or types of cancer, which trained counsellors facilitate

** Not available in all areas*



Useful websites

The internet has many useful resources, although not all websites are reliable. The websites below are good sources of information.

Australian

Cancer Council Australia	www.cancer.org.au
Cancer Australia	canceraustralia.gov.au
Andrology Australia	www.andrologyaustralia.org
Australian Council of Stoma Associations.....	www.australianstoma.com.au
beyondblue.....	www.beyondblue.org.au
Breast Cancer Network Australia	www.bcna.org.au
Carers Australia	www.carersaustralia.com.au
Cancer Connections.....	www.cancerconnections.com.au
Continence Foundation of Australia.....	www.continence.org.au
Department of Health and Ageing.....	www.health.gov.au
Department of Human Services*	humanservices.gov.au
Gynaecological Cancer Support	www.gynaecancersupport.org.au
HealthInsite.....	www.healthinsite.gov.au
Impotence Australia	www.impotenceaustralia.com.au
Prostate Cancer Foundation of Australia	www.prostate.org.au
Relationships Australia	www.relationships.org.au

**Contact for information on Centrelink and Medicare benefits*

International

American Cancer Society.....	www.cancer.org
Macmillan Cancer Support.....	www.macmillan.org.uk
National Cancer Institute.....	www.cancer.gov



Question checklist

Discussing sexual concerns with your treatment team might be difficult for you. You may feel uncomfortable with the subject, or sense that your health professional may be uncomfortable too. If a member of your treatment team doesn't ask about your sexuality, it's perfectly okay for you to bring the subject up.

If you do not feel satisfied with the health professional's response, ask for a referral to someone who can more freely discuss sexual matters with you.

Below is a list of suggested questions to get the conversation started with your health professional:

- How will this treatment affect me, sexually?
- How will this treatment affect my hormones?
- Will this treatment affect my fertility? What can I do about it?
- What changes are likely in the short term and longer term?
- Are any changes permanent?
- If the changes are temporary, how long will I experience them?
- When is it safe to have sex again?
- When will I feel like, or enjoy, having sex or being intimate again?
- How soon can I masturbate, have oral sex or sexual intercourse?
- What sort of problems might we experience during intercourse?
- It hurts when we have intercourse. What can we do about this?
- Should I take any precautions when having sex?

- What kind of contraception should I use and for how long?
- If I've had a sexually transmitted disease, will it come back with chemotherapy?
- Can I have children?
- I am having trouble feeling confident about my body and reaching orgasm. Will it always be like this?
- I'm afraid I can't satisfy my partner any more. What can I do?
- Sex doesn't feel the same as it used to. What can I do?
- Is there anything I should be careful about when I have sex?
- Will the cancer come back if I have sex?
- Can I give my cancer to my partner if we have sex?
- Can you refer me to a sexual counsellor or therapist?

Questions for women

- Would hormone replacement therapy be necessary or beneficial?
- I have vaginal dryness. What do you recommend?

Questions for men

- Why can't I get an erection?
- How long will it be before I can get an erection again?
- What can I do if I can't get an erection?
- Why don't I ejaculate any more?



Glossary

You may come across new terms when reading this booklet or talking to health professionals. You can check the meaning of other health-related words at www.cancercouncil.com.au/words or www.cancervic.org.au/glossary.

adrenal glands

Triangular glands resting on top of each kidney that produce adrenaline and other hormones.

androgens

Male sex hormones that produce male physical characteristics such as facial hair or a deep voice. The main androgen hormone, testosterone, is produced by the testicles.

brachytherapy

A type of radiotherapy treatment that implants radioactive material sealed in needles or seeds into or near cancerous tissue. Also called internal radiotherapy.

breast-conserving surgery

Surgery to remove part of the breast. Also called a lumpectomy.

breast reconstruction

The surgical rebuilding of a breast after mastectomy.

catheter

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

cervix

The end of the uterus that forms a canal and extends into the vagina.

chemotherapy

The use of cytotoxic drugs to treat cancer by killing cancer cells or slowing their growth.

climax

The peak of sexual response. Also known as orgasm.

clitoris

The main sexual pleasure organ for women. It has rich sensory nerve endings and becomes erect during arousal.

colostomy

An operation in which the colon is attached to an opening in the abdomen.

cystoscopy

A procedure that uses a cystoscope to see inside the bladder and remove tissue samples or small tumours.

cytotoxic drug

A substance that is toxic to cells and kills or slows their growth.

dam

A silky thin sheet of latex used by both women and men when having protected oral sex. Also called a dental dam.

depression

Very low mood on most days, lasting for more than two weeks.

diagnosis

The identification and naming of a disease.

dry orgasm

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

ejaculation

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

erection

The stretching and stiffening of the penis in response to sexual stimulation.

erectile dysfunction

Inability to obtain and maintain an erection firm enough for penetration. Also called impotence.

erogenous zones

Areas the body that respond to sexual stimulation.

external genitalia

The collective term for the external genitals (reproductive organs). In men, it includes the penis, scrotum and testes. In women, it is known collectively as the vulva and includes the clitoris, labia minora, labia majora and mons pubis.

Fallopian tubes

The two long, thin tubes that extend from the uterus to the ovaries. The Fallopian tubes carry the sperm to the egg and a fertilised egg from the ovary to the uterus.

fatigue

Extreme tiredness and lack of energy that doesn't go away with rest.

fertility

The ability to conceive a child.

genitals

The external sexual organs in men and women.

hormone

Secreted by glands, hormones are chemical messages that transfer information between cells. Some hormones control growth, others control reproduction.

hormone replacement therapy (HRT)

The use of hormones to treat the symptoms of menopause.

hormone therapy

A treatment that blocks the body's natural hormones that help some cancers grow. Also called endocrine therapy.

hysterectomy

The surgical removal of the uterus and the cervix.

ileostomy

An operation that connects the small bowel to a surgically created opening (stoma) in the abdomen.

impotence

See erectile dysfunction.

incontinence

Inability to hold or control the loss of urine or faeces.

indwelling catheter

A hollow, flexible tube that can be inserted in the urethra, fluids can be passed into the body or drained from it. Also called Foley catheters.

labia majora

The outer lips of the vulva.

labia minora

The inner lips of the vulva. These join at the top to cover over the clitoris.

libido

Sex drive/sexual desire.

lumpectomy

Surgery to remove part of the breast. Also called breast-conserving surgery.

lymph nodes

Small, bean-shaped collections of lymph cells are scattered across the lymphatic system. Also called lymph glands.

lymphadenectomy

Removal of the lymph glands from a part of the body.

lymphoedema

Swelling caused by a build-up of lymph fluid. This happens when lymphatic vessels and lymph nodes do not drain properly.

mastectomy

The surgical removal of the whole breast.

masturbation

Stimulation of the genitals without sexual intercourse to reach orgasm. Also called self pleasuring.

menopause

The time when women stop having periods (menstruating).

mons pubis

The triangle of tissue that is covered by pubic hair, located at the base of a woman's belly.

oestrogen

A female sex hormone produced mainly by the ovaries.

oophorectomy

The surgical removal of an ovary.

orchidectomy

An operation to remove one or both testicles (testes). Also called orchiectomy.

orgasm

See climax.

osteoporosis

Thinning of the bones that can lead to bone pain and fractures.

ovaries

The female reproductive organ that produces eggs (ova).

ovulation

The release of an egg during the menstrual cycle.

ovum

The female egg produced by the ovary.

perineum

The area of skin between the vulva (or, for males, the scrotum) and the anus.

pelvic extenteration

The surgical removal of the affected organs in the pelvis.

premature ejaculation

The inability to delay ejaculation.

premature/early menopause

Menopause that occurs before the age of 40.

progesterone

A female sex hormone produced mostly by the ovaries that prepares the lining of the uterus (endometrium) for pregnancy.

prostate

A gland about the size of a walnut in the male reproductive system. It produces most of the fluid that makes up semen.

prostatectomy

An operation to remove all or part of the prostate gland.

prosthesis

An artificial replacement for a lost body part.

radiotherapy

The use of radiation to kill cancer cells or injure them so they cannot grow and multiply.

retrograde ejaculation

A condition where the sperm travels backwards into the bladder, instead of forwards out of the penis.

scrotum

The external pouch of skin behind the penis containing the testicles.

semen

The fluid containing sperm and secretions from the testicles (testes) and seminal vesicles that is ejaculated from the penis during sexual climax/orgasm.

seminal vesicles

Glands that lie very close to the prostate and produce secretions that form part of the semen.

side effect

Unintended effect of a drug or treatment.

sperm

The male sex cell. It is made in the testicles (testes).

stoma

A surgically created opening that connects an organ, such as the bowel, to the outside of the body.

supra-pubic catheter

A catheter inserted through an incision made above your public bone and below your belly-button. See indwelling catheter.

testes

Two egg-shaped glands that produce sperm and the male sex hormone, testosterone. Also called testicles.

testicles

See testes.

testosterone

The major male sex hormone produced by the testicles (testes).

urethra

The tube that carries urine from the bladder to the outside of the body.

uterus

The hollow muscular organ in which a fertilised egg grows and a foetus is nourished until birth. Also called the womb.

vagina

The passage leading from the

vulva to the uterus in females.

vaginal atrophy (atrophic vaginitis)

Thinning and inflammation of the vaginal walls due to a decline in oestrogen.

vaginectomy

An operation that removes the vagina.

vaginismus

A spasm in the vaginal or pelvic muscles that may prevent sexual intercourse.

vas deferens

Tubes in the male reproductive system that carry the sperm from the testicles (testes) to the prostate.

vulva

The external sexual organs of a women. This includes the mons pubis, labia minora and majora and clitoris.

vulvectomy

Removal of some or all of the outer sex organs (the vulva).

womb

See uterus.



How you can help

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

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

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

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

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

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

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



Cancer Council Helpline 13 11 20

Cancer Council Helpline is a telephone information service provided by Cancer Council NSW for people affected by cancer.

For the cost of a local call (except from mobiles), you can talk about any concerns confidentially with oncology health professionals. Helpline consultants can send you information and put you in touch with services in your area. If you need information in a language other than English, an interpreting service is available.

You can call the Helpline, Monday to Friday, 9am to 5pm.

If you have difficulty communicating over the phone, contact the National Relay Service (www.relayservice.com.au) to help you communicate with a Cancer Council Helpline consultant.

For more information, go to www.cancercouncil.com.au.

Regional offices

Central and Southern Sydney
Woolloomooloo
02 9334 1900

Hunter and Central Coast
Charlestown
02 4923 0700Erina
02 4336 4500

North Sydney
Crows Nest
02 9334 1600

Northern
Byron Bay
02 6639 1300

Southern
North Wollongong
02 4223 0200

Western
Wagga Wagga
02 6937 2600

Western Sydney
Parramatta
02 9354 2000



Cancer Council
Helpline

13 11 20

For support and information on cancer and cancer-related issues, call Cancer Council Helpline. This is a confidential service.

For further information and details please visit our website: www.cancercouncil.com.au