Sexual Functioning for Women After Cancer or Prophylactic Surgery

A change in sexual functioning is often a side effect of cancer treatments such as chemotherapy or radiation to the pelvis. Women may also experience a change in sexual functioning after breast surgery or due to the reduction in estrogen following the preventative removal of the ovaries and the fallopian tubes, also known as a prophylactic bilateral salpingo oophorectomy (BSO). Emotional reactions to a cancer diagnosis or a change in body image after prophylactic mastectomy can also change the way we feel about intimacy. These concerns are common. However, women may be reluctant to initiate a discussion about these issues with their health care provider.

Changes in sexual functioning for women may include a loss of desire for sex (decreased libido), vaginal dryness or tightness, pain during sex, difficulty reaching climax, or negative thoughts or feelings during sex. These changes may be due to cancer treatments, medications, psychological and emotional issues, or a combination of the above.

Here we offer several helpful steps in identifying and addressing changes in sexual functioning. This is a broad, complicated topic and therefore this article will not address every issue. No one treatment or option will work the same for every woman and it may take time and patience for a woman and her partner to redevelop their approach to intimacy.

1.) Get familiar with your body again after surgery and/or treatment and how it has changed.

Make some time alone to take a look in the mirror (clothed and unclothed) or to feel how your body has changed. What, if anything, has changed about your physical appearance? What clothes or materials look and feel good? Take time to feel comfortable with your body.

2.) Approach your sexuality by yourself, first.

Exploring your own body is a good way to learn what feels good (and what doesn’t). Are there areas that are more or less sensitive after surgery? This process is important so that you know what feels good and can communicate with your partner about what you like and what to avoid.

3.) Identify what has changed.

a. Is there a decrease in vaginal moisture?

Estrogen is important for maintaining vaginal health, but has little influence on sexual desire. Estrogen levels decrease after menopause or, in pre-menopausal women, as a result of chemotherapy treatment or radiation therapy to the pelvis and prophylactic BSO. Decreased estrogen levels can lead to decreased blood flow to vaginal tissue and thinning of the vaginal
wall resulting in vaginal dryness or tightness and/or pain during sex. Some types of hormonal therapy (i.e. Evista and Tamoxifen) may also cause vaginal dryness. Studies have shown that short-term hormone replacement therapy (HRT) is an option for young women with no previous history of cancer who carry BRCA mutations and have their ovaries removed before natural menopause.¹ HRT may temporarily alleviate the side effects of surgical menopause (i.e. hot flashes) and maintain vaginal health.

Decreased estrogen levels may be more difficult to address in cancer survivors because systemic (absorbed by the whole body) HRT is often not an option. Internal lubrication, including vaginal moisturizers (i.e. Replens) and water-based lubricants (e.g. Liquid Silk, Slippery Stuff, Good Clean Love) used during intercourse, may help to alleviate vaginal dryness and tightness. Vaginal hormone replacement (i.e. low-dose Estring or Vagifem) provide localized hormones to the vagina and can promote vaginal health.² Gentle massage to the vaginal walls can also increase blood flow to the area. As always, it is important to first discuss any hormonal options with your doctor, especially if you are a cancer survivor.

Bioidentical hormones are hormones derived from plants or animals which can have the same adverse side effects as traditional hormonal therapies. Bioidentical hormones may be compounded to create formulas that are not commercially available and are individually customized based on saliva tests. These compounded bioidentical hormones have been promoted as safer and more natural than conventional hormonal therapy; however, there are limited scientific data to support these claims. Compounded preparations are not regulated by the FDA and may vary in potency and efficacy. Customized preparations based on saliva tests have shown to be unreliable.³ Until more data are available we should proceed with caution in this area.

b) **Is there a decrease in size or elasticity of the vagina?**

Surgery and/or cancer treatment may affect the size and elasticity of the vagina which can result in pain during intercourse. Tension to the muscles that surround the vaginal opening is called **vaginismus**. Pain may also be caused by adhesions from pelvic surgery, radiation therapy, or not enough lubrication. Relaxation training/behavior therapy, Kegel exercises (named after the gynecologist who invented them), and pelvic floor rehabilitation (physical therapy – yes, there are specialists in this area!) are tools that can be used to reduce painful intercourse and enhance pleasure.

Vaginal dilators are latex or plastic cylinders made in a range of sizes that, when used in combination with lubrication, can be used in gradual steps to keep the vaginal walls open and flexible and to promote vaginal muscle relaxation, thus reducing pain.⁴ The smallest dilator is the size of a small, thin tampon and is inserted into the vagina for short periods of time while the woman relaxes. Vaginal dilators may be recommended after radiation treatment.
trying a vaginal dilator, check with your doctor to make sure you do not have a medical problem that a dilator could aggravate.

Take it slow and you may need to experiment with other forms of intimacy in the meantime.

c. Are there sensations on the surgical site?

If these sensations are uncomfortable or painful, avoid touching them during intimacy. Communicate this information to your partner before you are intimate. It can be helpful to create a code-word to let your partner know when something doesn’t feel right.

d. Is there a decrease in libido?

This is a complex issue which may be due to a combination of causes. Cancer treatments and medications (i.e. antidepressants and narcotic pain relievers) may alter your libido or just make you feel plain lousy. Speak to your doctor about whether a change in libido is a side-effect that may be associated with your treatment and/or medication. Libido may change after treatment is finished or with other medications. Emotional or psychological changes can also affect libido (see #4 below).

Testosterone therapy has been touted as an effective treatment for low sexual desire; however, limited long-term data are available and there exist concerns that testosterone supplementation may increase breast cancer risk and risk of recurrence.5

4.) Establish an open dialogue with your partner.

Communication is key. How do you feel? Are you scared or nervous? How does your partner feel? You may be surprised! As difficult as this may seem, sit down and talk about this in a non-sexual setting. Changes in sexual functioning can be due to psychological or emotional issues. A cancer diagnosis may take a significant toll on the way a woman feels about her sexuality and can affect sexual relations with her partner. Issues of mortality may arise. Cancer treatments may make you feel nauseated or tired. Prophylactic surgeries may alter arousal and/or body image.

Some of these issues can be addressed through counseling with a professionally trained psychologist or social worker. Certified Sex Therapists can help to discuss these concerns and also address the physical barriers to intercourse (as described above) and discuss methods to learn to use your body in a different way after a cancer diagnosis or prophylactic surgery. To locate a Certified Sex Therapist in your area, locate the website listed in the additional resources section below. A growing number of cancer centers
including Yale (see contact information below) are developing sexual health programs to address the needs of cancer survivors.

Take it slowly. You may not be ready for intercourse right away after surgery and can rely on touch, massage, music, etc to maintain intimacy with your partner. You can also work up to intercourse together, over time. Rediscovering your body, your sexuality, and each other can be an exciting and positive process.

Additional Resources:

Finding Local Specialists (Sexual Health Programs, Sex Counselors and Therapists)

Yale SIMs Clinic (Sexuality, Intimacy, and Menopause). A multidisciplinary clinic with representation from gynecologic oncology, gynecology with specialization in menopause, and psychology/psychiatry. Phone: 203-200-4176 https://yalemedicalgroup.org/obgyn/patient-care/yale-sexuality-intimacy-menopause-program/

American Association of Sex Counselors, Educators, and Therapists. www.aasect.org


Books and Articles


Local Sex Counselors and Therapists

American Association of Sex Counselors, Educators, and Therapists. www.aasect.org

Connecticut Challenge Survivorship Clinic at Yale Cancer Center. 203-785-CARE http://www.yalecancercenter.org/surviving/challenge.html
Websites

National Cancer Institute:

The American Cancer Society:
www.cancer.org/Treatment/TreatmentsandSideEffects/PhysicalSideEffects/SexualSideEffectsinWomen/SexualityfortheWoman/index

Lance Armstrong Foundation www.livestrong.org

Cancer.net (sponsored by the American Society of Clinical Oncology). Sexual and Reproductive Health:
http://www.cancer.net/patient/Coping/Emotional+and+Physical+Matters/Sexual+and+Reproductive+Health

REFERENCES: