A practical guide to living with and after cancer

Cancer and Your Sex Life
—Information for Women
About this booklet

This information is about how cancer and its treatment can affect your sexuality, sex life and relationships.

The information covers how side effects may affect your sex life, and the support and treatment that is available. We hope this information will help you cope with any changes in your sex life, and help you feel more comfortable when talking to your healthcare team about these changes.

This information is for you, whatever your sexual orientation and whether you have a partner or partners, are between partners or have chosen to be single. If you have a female partner with cancer, you may also find the information useful.

We cannot advise you about your own situation. This can only come from your healthcare team, who are familiar with your medical history. It is important that your needs are individually assessed, so you (and your partner, if you have one) can get the right help.

In this booklet, we have included quotes from people affected by cancer, which you might find helpful. Some are from the website healthtalk.org and others are from people who have chosen to share their story with us. If you would like to share your story, visit macmillan.org.uk/cancervoices We have also included quotes from sex therapists.

We also have several videos on our website about sex and cancer. You can watch them at macmillan.org.uk/cancerandsexuality
At the end of this booklet you will find some useful addresses and websites (see pages 73–80). On page 81 you can write down any questions you might have for your doctor or nurse.

If you’d like to discuss this information, call the Macmillan Support Line free on 0808 808 00 00, Monday to Friday, 9am to 8pm. If you are hard of hearing, you can use textphone 0808 808 0121, or Text Relay. For non-English speakers, interpreters are available. Alternatively, visit macmillan.org.uk

Your data and the cancer registry

When you are diagnosed with cancer in the UK, some information about you is collected in a national database. This is called the cancer registry. It helps the NHS and other organisations plan and improve health and care services. Your hospital will give information about you, your cancer diagnosis and treatment to the registry automatically, unless you ask them not to. As with all medical records, there are strict rules to make sure the information is kept safely and securely. It will only be used for your direct care or for health and social care planning and research.

Talk to your doctor or nurse if you have any questions about the registry. If you do not want your information included in the registry, you can contact the cancer registry in your country to opt out.

You can find more information at macmillan.org.uk/cancerregistry. To find details about the cancer registry in your area, see pages 79–80.
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What is sexuality?

Sexuality is how people express and experience themselves as sexual beings. This means different things to different people. Your sexuality is personal to you and is part of your identity.

Your sex life and your sexuality may play a central part in your life, and in how you see and express yourself. Or it may be something you take for granted as part of the background routine of your life. But, for most people, if the ability to have sex or sexual activity is suddenly affected, it can feel like a big loss. You don’t need to be in a relationship to feel this loss.

Sexuality is more than the physical ability to have sex. It can be a way we meet important needs. It can help us to feel wanted, accepted and loved. It is also a way we can show desire and love, and give comfort to another person. In a relationship, it is a way of feeling emotionally close. It can help you bond with your partner.

Sexual attitudes and behaviour vary a lot from person to person. They can be influenced by our backgrounds, our experiences, our genetic make-up, our culture and our religious beliefs.

People’s sex lives can often follow a routine or involve a similar range of activities. For example, you may tend to have sex at a certain time or on certain days. You may prefer certain types of foreplay or sex play, or favour certain sexual positions. Your sexual behaviour may be quite adventurous or more limited. Everyone is an individual, and their sex life reflects this.
A physical or emotional change may affect your sex life. But this doesn’t necessarily mean sexual activity has to stop, or that you have to give up on closeness and sharing pleasure. It is often possible to adapt and find different ways of doing things.

Exploring new ways of sharing sexual pleasure can help strengthen emotional bonds, and maintain or improve intimate relationships.
Cancer and your sex life

Cancer and cancer treatment may affect your sex life. Side effects are often short term. As people recover, their sex life can go back to the way it was before cancer. But this is not always the case. Some changes can be permanent. You may need to find new ways to give and receive sexual pleasure. But with support and clear communication, you can still enjoy a fulfilling sex life.

Some cancers and their treatments may directly affect a woman’s sex organs (see pages 36–45). This can make some sexual activities difficult or uncomfortable, or cause changes in orgasms.

Sometimes cancer or cancer treatments may cause changes in other parts of the body. These may affect your self-confidence and how you feel about yourself sexually (see pages 21–24).

If you develop sexual problems, there are often things that can help. You can read more about this on pages 48–65. Your healthcare team can talk to you about this, and answer any questions you may have.
Sex during treatment

In general, if you feel like having sex then it is fine to do so. Your doctor or nurse will tell you if you need to avoid sex for any reason. For example, you may need to avoid sex and some sexual activities for a few days or weeks after some types of surgery. If you are not sure, you can check with your doctor or specialist nurse.

Some people worry about whether it is safe to have sex after being diagnosed with cancer. It is important to know that:

- you cannot pass cancer on through sex
- having sex will not affect the cancer, or how well your treatment works
- sex does not make cancer more likely to come back.

During treatment, it is common to lose interest in sex. Side effects, such as tiredness or pain, may affect your desire for sex. Or you may feel that with so many things to cope with, sex is not a priority. But not everyone feels this way. You may want sex, and the comfort that sex can bring, more than before. There is no right or wrong way to react.

Contraception

Some cancer treatments may damage eggs and harm a baby conceived during treatment. It is important to use contraception if there is a chance you could become pregnant. This is the case even if your treatment may make you infertile in future. Your cancer doctor or specialist nurse will explain this to you.
Protecting your partner
If you have sex, or your partner gives you oral sex, within the first two or three days of having chemotherapy, you are advised to use a latex barrier. This is to protect your partner in case there is any chemotherapy in vaginal fluids. For penetrative sex, you can use a condom. For oral sex, your partner can use a latex barrier such as a dental dam.

Fertility
Some treatments for cancer can affect fertility. If you may want to have children in the future, talk to your cancer specialist about this. There may be things that can be done to protect your fertility.

We have more information about ways of preserving fertility and treatments for infertility. You can order a copy of our booklet Cancer treatment and fertility – information for women by calling 0808 808 00 00 or visiting be.macmillan.org.uk

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

• thoughts and feelings
• relationships
• physical ability to give and receive sexual pleasure.

These areas are linked, so if there is a problem with one of them, it may have an impact on another. This means help for sexual difficulties may involve working on all three areas together.
Thoughts and feelings
Your state of mind greatly affects your desire for sex (see page 20). Your levels of desire will probably change at different times during your diagnosis and treatment. If you feel stressed, depressed or anxious, you may find it more difficult to be sexually aroused. Any changes in the way you feel about yourself and your body (your body image) can also affect sexual desire (see pages 21–24).

Relationships
If you and your partner are having relationship problems, it can affect your sex life. Coping with cancer can put a strain on existing relationships, or it can affect how you feel about starting new ones. In many relationships, one partner can be more interested in sex than the other. Cancer can exaggerate this. You can read more about relationships and sex on pages 25–29.

Physical effects
Changes in your body can affect your sex life. For example, if you are tired or in pain, your desire or ability to have sex can be affected (see pages 55–62). Cancer or cancer treatments that affect your sexual organs, or the balance of sex hormones in your body, can directly affect sexual function (see pages 38–45).
Who can help?

If you have sexual difficulties, there are several services that can help. These include:

• cancer specialist services
• your GP
• sexual medicine services in the NHS and the private sector.

Most people start by talking to their GP, specialist nurse or cancer specialist. They may offer treatments that can help you. Or they may suggest that you see an expert in sex and relationships, such as a sex therapist or counsellor (see pages 16–17). Sex therapists are not always available through the NHS. Ask your cancer team or GP to advise you on what is available locally.

You can also find organisations that can provide details of sex therapists on pages 75–76. For example, the College of Sexual and Relationship Therapists has a list of nationwide counsellors and therapists who can offer advice and support.

You can also call our support line free on 0808 808 00 00. Our cancer support specialists can talk to you confidentially about any problems you have, and they can also help you find a counsellor or psychologist who can offer you help and advice.
Talking about sex with your healthcare team

It is important that you feel you can talk to your healthcare team about sexual issues or sexual difficulties.

You may want to ask about the possible effects on your sex life before you start a treatment. Sometimes there may be a choice of treatments, which may have different effects on your sex life. Talking about this with your healthcare team could help you make the best choice for you.

If you find you are having difficulties with your sex life, try to ask for help sooner rather than later. It is very common for people to delay asking for help. But ignoring sexual difficulties can lead to more problems, including relationship difficulties. There are treatments that can help with sexual problems.

Many people find it embarrassing or difficult to talk about personal and intimate issues. You may be uncomfortable discussing your sexual needs because of your religious, cultural or personal beliefs.

‘It might reassure people to know that we have heard it all before. These are very common difficulties that people experience after cancer or a cancer treatment.’

Isabel, a sex therapist
If you feel unsure about how to begin talking about sex, it can help to prepare before you see your doctor or nurse. Here are some tips:

• Write down any questions you have in advance.

• Practise what you want to say before the appointment. This can help you overcome embarrassment. Try practising in front of a mirror. Or you could practise with your partner, if you have one.

• When you go in for your appointment, tell the doctor or nurse you would like some time to ask questions.

• Make your questions clear. For example: ‘I’ve lost interest in sex since starting this treatment. Why might this be? Will it improve? What might help?’

• Consider calling a confidential helpline. A helpline is anonymous, so it might feel easier to talk about sex and ask questions. This can make you feel more confident about talking to health professionals.

Our cancer support specialists can talk to you confidentially and listen to your concerns. This includes any issues you might feel embarrassed to talk about with your healthcare team, such as sexual difficulties. You can call for free on 0808 808 00 00, Monday to Friday, 9am to 8pm.

Most of the time, people find that when they do start talking to a health professional about sex and relationships, it is not as difficult as they thought. Sexual problems are common during and after cancer treatment. And most health professionals are used to dealing with sexual issues.
Many people use slang words when talking about sex and the sexual areas of the body. This can lead to misunderstandings if you or your healthcare team are not using the same words to describe things. It is important that you understand each other so you get the right help. Your healthcare professionals will be happy to talk to you using the words and expressions you’re used to.

Some people also benefit from seeing an expert in sex and relationships, such as a sex therapist or counsellor (see pages 16–17).

**If you are lesbian, bisexual or transgender**

If you are lesbian, bisexual or transgender, there can be extra barriers to talking about sex and relationships with health professionals. You may worry about being judged or treated insensitively or unfairly. You may not be ‘out’ to everyone. Or you may worry that people you don’t know well will not know how to respond. But telling your healthcare team can help you get appropriate help. And having your sexual or gender identity acknowledged may also help you feel better supported.

‘I am an “out” lesbian woman and have found that the medical staff I have dealt with have taken this fact in their stride without any awkwardness. I have not knowingly been discriminated against during my treatment as a result of my sexuality.’

Jean
Many people who are lesbian, bisexual or transgender have good relationships with their healthcare team. But occasionally a health professional may not be helpful when a patient comes out to them. This may be due to prejudice or ignorance.

If you feel you have been treated unfairly or are unhappy with your treatment, you have every right to complain.

Sometimes a health professional may lack knowledge about some of the sexual issues you want help with. In this situation, you may want to ask to be referred to a sex therapist who will have more specialised knowledge.

If you don’t want to talk to anyone face to face, you could call the Macmillan Support Line in confidence. You do not need to give your name. This might make it easier for you to talk. Our cancer support specialists can listen to your concerns and suggest what may help. Call us free on 0808 808 00 00, Monday to Friday, 9am to 8pm.

**Sex therapy**

Sex therapists are experts in all aspects of sexuality and sexual problems. They can help you with any physical, emotional and relationship issues affecting your sexual function or well-being. Some sex therapists also have medical or nursing qualifications. If you have a physical problem that is affecting your sex life, they may be able to give you advice about it. If not, they will refer you to your GP or specialist.

The sex therapist will ask questions to find out what is worrying you, and how they might help. It can be reassuring to discuss any sexual problems you have.
You can talk to them about:

- your sex life before cancer and cancer treatment
- any physical causes for your sexual difficulties
- your thoughts and feelings
- your relationships.

Sex and relationship therapy is confidential. You don’t have to answer any questions you feel uncomfortable with. It can sometimes take a couple of sessions of therapy before you feel happy enough to talk openly about your feelings and concerns.

Sex therapy can also help you think about any physical changes, and how to adjust to those changes. It can also help you explore different ways of getting sexual satisfaction.

A sex therapist cannot fix all your problems. But they can help you explore the issues, and work out ways for you to get what you want. They can also help your partner, if you have one.

The therapist may suggest some exercises to help you overcome the problem. You do not have to follow their advice if you don’t want to, or if you feel uncomfortable.

Your cancer doctor, specialist nurse or GP can refer you to a sex and relationship therapist. You can also find a therapist privately. See the organisations listed on page 75 for more information on private therapists.
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Your thoughts and feelings

Being diagnosed with cancer usually causes strong emotions. Your thoughts and feelings can have a very powerful influence on your sexuality and sexual behaviour. If you feel depressed or anxious, you are less likely to be aroused by thoughts of sex. This is also true if you are worried about the cancer, its treatment or your relationship.

Sexual self-confidence is often related to how you feel about yourself. If you feel unsure about yourself and lack confidence because of the cancer, you may also lack confidence sexually.

Some women say that cancer and cancer treatment affects how they feel about themselves as a woman. This may be because of:

• changes in roles at home or work
• effects on fertility
• changes in appearance
• effects of treatment on sex organs or sex hormones.

These feelings usually get better with time. Recovering from treatment and getting back to everyday activities can help. But some cancer treatments may have longer-lasting effects. It can take longer to accept and adjust to these.
Changes in body image

Your body image is how you feel and think about your body. If cancer or cancer treatment affect your body image, you may feel less sexually attractive. Also, your ability to feel aroused may be reduced.

Many different things can affect body image, including:

• appearance
• trust in your body
• control of bodily functions
• sense of health and well-being
• self-esteem
• sense of sexual attractiveness
• sexual identity
• gender identity
• sexual functioning.

Throughout our lives, our body image changes. Your body image can be affected even if cancer or its treatment has not caused changes to your appearance.

If you have a sudden or dramatic change to your body image, you may feel ashamed, embarrassed or angry. When the change is visible, other people’s reactions can reinforce these feelings.
The effect a change has on your body image is not always related to how big, severe or visible it is. A small, hidden scar can still affect a person’s mood, confidence and sexuality.

Some changes can be hidden under clothes, such as a colostomy bag. In this case, it’s common to pretend that nothing has changed. You might hide the change, avoid looking at it and not tell other people about it. But this can lead to increasing feelings of anxiety about the thought of someone finding out.

Our booklet **Body image and cancer** has more information about the effects of cancer and its treatment on body image.

‘Cancer changes the whole way that you see yourself and the way you believe other people see you as well.’

Helen
Coping with your feelings

Whatever feelings you have, it can help to talk about them with someone who will listen and not judge you or tell you what to do. This might be your partner, a family member or close friend. Talking to someone who has been through a similar change can also help. You could join a cancer support group or online community where you can share experiences with women in similar situations. Or your cancer doctor or nurse may be able to put you in touch with someone who had a similar treatment to you in the past.

Some people find it helpful to talk to a counsellor. If you would prefer to talk to someone anonymously, you could talk to our cancer information specialists on 0808 808 00 00.

Some people may find they come to value how their body has coped with treatment. Even if your body looks or feels different, you can feel good about it getting you through the treatment. You may find you appreciate what it does for you every day.

If you have a partner, it may take time for them to accept and adjust to changes in your body. They may need to talk about their thoughts and fears with someone. You could ask your doctor or nurse for advice. They can tell you what help is available.

Taking care of yourself and your body is important. It may help you develop a more positive body image (see pages 63–65). Feeling good about yourself makes you more confident and self-accepting. Confidence can be an attractive quality that is about more than how you look. You may also discover other qualities you did not know you had, or find certain relationships are now closer than before.
Take time out regularly to do nice things for yourself. Show your body you appreciate it. This could just be having a relaxing bath, going to the gym or spending time somewhere you find peaceful.

The suggestions below may help build your confidence:

- Be kind to yourself.
- Spend time with people who support and encourage you.
- Write down the things you like about yourself and your appearance.
- When you see yourself in your mind, or in a mirror, look at all of yourself. Don’t focus on parts of your body you don’t like.
- Try to replace negative thoughts about your body with positive thoughts.
- Look after your body and general health (see pages 63–65).
Relationships

If you are in a relationship

Some people find their relationship changes because of cancer. This is a stressful time, and disagreements and misunderstandings may happen. For some people, working through these difficulties and facing cancer together makes their relationship stronger.

Many people say they:
• become more honest with their partner
• stop putting off things they want to do, sexually or otherwise
• start to be more realistic about life in general
• take up new interests that they have been putting off for years.

Loss of interest in sex is common during and after treatment. It can take time to recover physically and emotionally.

It is important to let your partner know if you don’t feel interested in sex. They may worry that it is because you no longer find them attractive. Explaining why you don’t feel like having sex can help reassure them.

If your partner is feeling frustrated, it may be helpful for them to reduce their frustration through masturbation, either with you or alone.
If you are not able to have sex, try to find other ways to feel physically and emotionally close. You could try these suggestions:

- Talk about your thoughts, interests, wishes and needs with each other.
- Think about the things that you like about each other, and tell each other what you like.
- Make time to do things together that you both enjoy, like going on dates or going for walks.
- Show your partner you care about them in physically affectionate ways, such as holding hands, touching, hugging and cuddling.

You may worry that you will lose your partner if you can’t fulfil their sexual needs. It is important to keep talking to them about sexual issues. This can help you avoid misunderstandings and find ways to overcome problems.

Sex is one way couples can be close physically and emotionally. But finding other ways to be intimate can help you both feel more comfortable with each other. Being more relaxed and intimate with your partner may gradually lead to more sexual contact.

**Talking about sex with your partner**

If you are concerned about sex and intimacy, it can be difficult to talk about it with your partner. But finding ways to talk openly can help you to feel closer, adapt and make changes to your sex life if needed.

It may be helpful to get support from a counsellor or sex and relationship therapist (see pages 16–17).
Here are some tips for talking to your partner:

• Find a quiet time to talk when you are not likely to be interrupted.

• If you are not sure how to start a conversation, you could try saying something like: ‘I have something to say, but I find it difficult to talk about.’

• Describe what you feel the problem, is but don’t place blame on yourself or on them. For example, you could say: ‘I worry that if we have sex I might not be able to be aroused’.

• Pay attention to your partner’s feelings and thoughts.

• Don’t expect to solve everything with one conversation. It can take time to work things out.

You might find it easier to write down your concerns down for your partner to read first. They can then to talk about them together.

‘The most important thing is to talk to each other, because at the end of the day you’re still the same person, with the same personality.’

Penny
Starting again
Being open with each other can often have a positive effect on an intimate relationship. If having sex is a worry, it may help if you agree to avoid it for a while. This can take the pressure off and let you concentrate on rebuilding intimacy. You can focus on spending time together and going out, holding hands or kissing and cuddling. Learning to massage each another can be supportive.

If you have had a break in sexual contact, it may be important to start again and rebuild intimacy. You may need to start very slowly and gently. Try caressing each other without a goal of penetration or orgasm. Remember that there are lots of loving and erotic activities other than intercourse.

If you are single
After cancer, you may have some concerns about starting a new relationship or having sex with someone new. If you have sexual difficulties or your body has changed, you may worry about how a new partner will react. You may want time to come to terms with what has happened before you start having sex or dating.

It can help to talk over your worries with a friend or someone in your family who you feel comfortable with. Or you could talk to a counsellor or sex therapist.
A new relationship may be one of the challenges you want to face in a positive way. The following tips might help:

• Get involved in activities you enjoy and where you can meet other people. This can help boost your confidence.

• Get advice from other people who have been through a similar experience. You could try using social networks, such as the Macmillan Online Community (see page 71).

• Think about when you might want to tell someone about your cancer experience. You may want to wait until you feel comfortable with them. It is usually a good idea to talk about it sooner rather than later, before the relationship gets serious.

It can be difficult to decide what to tell a new partner, and when to tell them. There is no simple answer that will work for everyone.

You may find it helpful to think about how safe you feel with the person, and if you feel that you can trust them. This is particularly important if you have a body change that you keep hidden and are anxious about revealing.

Before making a strong commitment to a new partner, it is best to make time to discuss your situation. This is especially important if cancer could affect the length of your life, or if it has affected your fertility. Lasting relationships are based on honesty, and keeping the cancer from your new partner may affect your future together. A loving partner should accept you as you are, and if they don’t then they are probably not the right partner for you.

If you need help, you can usually find support from family and friends. You can also get support from the organisations listed on pages 73–80.
PHYSICAL EFFECTS ON YOUR SEX LIFE

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Your body and sex

This information is about the parts of your body that are directly involved in sex and sexual response.

A woman’s reproductive organs are mostly inside her body. They include the womb (uterus), the cervix (the neck of the womb), the fallopian tubes and the ovaries.

Outside a woman’s body is the area of skin called the vulva. This is made up of all the visible sex organs. It consists of two outer lips (the labia majora), which are covered in pubic hair and surround two inner lips (the labia minora).
At the front of the vulva is the clitoris. This is a small structure that helps women reach a sexual climax (orgasm). Just below the clitoris is the outlet for urine (the urethra), and just below this is the vaginal opening (birth canal).

Further back still is the opening to the back passage (anus). This is close to the vulva but not part of it. The area of skin between the vulva and the anus is called the perineum.

The vulva
Other sexual areas include the breasts and nipples, which change in hardness and sensitivity when they are touched. You will have other sensitive areas on your body that respond to touch, such as the back of your neck, the backs of your knees, your buttocks and inner thighs. The sensitivity of these varies from woman to woman.

Sex hormones

The body also makes sex hormones. In women, the ovaries make the female sex hormones **oestrogen** and **progesterone**, and a small amount of the male sex hormone **testosterone**.

Changes in the levels of these hormones can affect a woman’s interest in sex, and her sexual function.
The stages of sexual response

There are four possible stages of sexual response.

- **Arousal** or excitement is the awakening of sexual feelings. It is when you feel ‘turned on’ and ready for sex. You may feel aroused by thinking about sex, seeing someone you are attracted to, touching someone or being touched by someone. During arousal, blood-flow to the vagina and vulva increases. Fluid passes through the vaginal walls, making the vagina wet. The top of the vagina expands. Arousal may or may not lead to orgasm.

- **Plateau** is the phase where your body maintains a heightened state of arousal. Your body is very sensitive during this phase.

- **Orgasm** is the sexual climax. This is the feeling of intense pleasure that happens as areas of your body go into a series of regular contractions. Some women can feel their womb contract during orgasm.

- **Resolution** is the phase that comes after sexual arousal and orgasm. This is when the sexual changes in the body go back to normal. Many women can be aroused to orgasm again straight away. As women get older, they may take longer to become sexually excited again after orgasm.
How cancer treatments may affect your sex life

Cancer and cancer treatments can affect your sexual function directly or indirectly. Direct effects can be caused by treatments that affect the sex organs or sex hormones (see pages 38–45). Indirect effects can be caused by side effects like tiredness, or by changes in a part of your body other than your sex organs (see pages 55–62).

Surgery

If surgery changes how you look or how a part of your body works, this can have emotional as well as physical effects. Some types of surgery may not affect your physical ability to have sex, but could affect how you feel and think about yourself sexually (see pages 21–24). If surgery affects how a part of your body works, you may need to make adjustments to your sex life (see page 48–62).

Radiotherapy

Radiotherapy treats cancer by using high-energy rays that destroy the cancer cells. It can either be given as external radiotherapy from outside the body using x-rays, or from within the body as internal radiotherapy (brachytherapy).
Usually, there will be no medical reason to stop having sex during external radiotherapy. But, if you have unpleasant side effects from the treatment, you may lose interest in sex until you recover. If you have radiotherapy to the area between the hips (pelvis), or if you have internal radiotherapy, your doctor or specialist nurse can tell you if this will affect your sex life during treatment.

Our booklet Understanding radiotherapy has more information about radiotherapy and its side effects.

Chemotherapy

Chemotherapy can cause temporary side effects such as tiredness, which may make you less interested in sex. It can also reduce the number of blood cells in your blood. This can increase the risk of infection, and the risk of bleeding and bruising, for a few days during treatment. Your doctor or nurse will tell you if you need to take more care than usual during sex.

An infection called vaginal thrush is common in women having chemotherapy. Your doctor can prescribe treatment for this. There is more information about thrush and how to treat it on page 52.

Our booklet Understanding chemotherapy has more information about chemotherapy and its side effects.
Treatments that may directly affect sexual function

Certain cancer treatments may directly affect sexual function. It is important to remember that not everyone will have the side effects we mention in this section. Your cancer doctor or nurse can answer any questions you may have about your treatment, and how it might affect you.

Treatments for cancers in the pelvic area (area between the hips) are the most likely to affect sexual function. These can include treatment for cancers of the:

- cervix
- womb
- ovaries
- bladder
- rectum (back passage)
- anus
- vagina
- vulva.

Effects on sex hormones

Treatments that affect the balance of sex hormones in your body can also directly affect sexual function. These include treatments that affect the ovaries, and hormonal treatments for some breast and womb cancers.
If the balance of hormones is affected, it can cause menopausal symptoms. These include:

- hot flushes and sweats
- vaginal dryness
- passing urine more often
- lower interest in sex
- aches and pains
- mood swings and poor concentration.

There is information on coping with menopausal symptoms on pages 53–54.

**Surgery**

Surgery to organs in the pelvic area may cause noticeable changes to your sex life. Your surgeon and specialist nurse will talk to you about the surgery and how it might affect you. Sometimes, nerves that are important for sexual function may be affected. If this happens, it can cause changes in arousal, orgasms and vaginal wetness (see page 35). Nerves may gradually recover in the months following surgery, but in some women the changes are longer-lasting.

**Surgery to remove both ovaries**

An operation to remove both ovaries is called a bilateral oophorectomy. Sometimes the ovaries are removed during other operations too.

Removing the ovaries can affect sexual function in women who have not gone through a natural menopause. There is information on what can help with this on pages 53–54.
Surgery to remove the womb or cervix
An operation to remove the cervix and retain the womb is called a radical trachelectomy. It may be used to treat very early cervical cancer.

The most common operation where the womb and cervix are removed is a radical hysterectomy. But the womb and cervix may be removed during other operations too. Your surgeon would always talk this over with you before the operation.

If the womb is removed, womb contractions will no longer happen at orgasm. For some women, this can change how their orgasms feel.

The upper part of the vagina may be removed with the womb and cervix. This makes the vagina shorter. Having a slightly shorter vagina is usually no problem at all. The vagina is naturally stretchy and expands when you become aroused, so the change may not be noticeable. But some women find that penetrative sex in certain positions is uncomfortable. There is information on what may help on pages 48–51.

Surgery to remove part or all of the vulva
An operation to remove part of the vulva is called a partial vulvectomy. Rarely, the whole vulva may be removed. This is called a total vulvectomy.

Surgery to the vulva may be used to treat cancer of the vulva. Your surgeon will talk to you about the type of operation you will have, and what to expect.

This operation may cause some numbness in the part of the vulva where the surgery was done. Some women also have numbness in the tops of their legs. Some feeling may come back in the months after the operation.
If the clitoris is removed, this will affect sexual sensations and orgasms. But orgasm may still be possible (see page 53).

Surgery to the vulva might cause scarring, and the vulva may look different from before. You may be worried about how your partner or future partners may respond to changes in your vulva. There is information on pages 21–24 about coping with changes to how your body looks.

**Surgery to remove the bladder**

An operation to remove the bladder is called a cystectomy. The surgeon may also remove the womb, ovaries, part of the vagina and the tube that drains urine from the bladder (urethra). This is called a radical cystectomy. The surgeon will explain this to you before the operation.

If your urethra is removed, the end where it opens outside the body may also be removed. This can affect the blood supply to the clitoris, making it less responsive to arousal. The end of the urethra is not always removed. Your surgeon can advise you about this.

When the bladder is removed, your surgeon can often make a ‘new’ bladder. If this is not possible, they will make an opening in the wall of the abdomen (a stoma) so that urine can drain into a bag. There is more information about stomas and sexuality on pages 60–61.

**Surgery to the anus and rectum**

After an operation to remove the rectum, penetrative vaginal sex may be uncomfortable in some positions. This is because the rectum is behind the vagina, and normally cushions it. You may need to try different positions to find which ones are best for you.
Surgery to remove an anal or rectal cancer may affect your sex life if you enjoy receptive anal sex or anal play.

If you have a type of operation called an abdominoperineal resection, the entrance to the anus will be surgically closed. This means anal sex is no longer possible. Bowel motions pass out of the body through an opening (stoma) in the tummy. For more information about stomas, see pages 60–61.

After some types of surgery for bowel cancer, a stoma is made but the anus and part of the rectum are left in place. The remaining rectum is surgically sealed and is no longer connected to the rest of the bowel. This leaves a ‘rectal stump’. It may still be possible to have receptive anal sex or anal play after the wounds from your operation have fully healed. This depends on the depth of the rectal stump. It is important to check with your surgeon before attempting this.

**Pelvic radiotherapy**

This type of radiotherapy may be used to treat cancers of the womb, cervix, anus, rectum and bladder. Radiotherapy to the pelvis may also be given as part of total body irradiation for some people having a stem cell transplant. Because it is given in the area close to the sex organs, pelvic radiotherapy may directly affect your sex life.

During treatment with pelvic radiotherapy, you might not feel interested in having sex due to side effects in the area. Skin in the treatment area often becomes red, and may be sore or itchy. The skin in the vagina, vulva, groin, perineum and anal areas is very sensitive. This can make sex difficult. You may also have bleeding from your vagina, bladder or rectum.
Pelvic radiotherapy can also cause side effects such as diarrhoea and feeling sick (nausea). Your bladder or rectum may be sore and may bleed. You may need to pass urine or bowel motions more often and more urgently than usual. Most of these side effects are temporary, but rarely some can be permanent. See pages 58–61 for ways to cope with urinary and bowel changes.

You may find it helpful to read our booklets Pelvic radiotherapy in women – managing side effects during treatment and Managing the late effects of pelvic radiotherapy in women.

Changes to the vagina
After treatment with pelvic radiotherapy, the vagina can lose its natural stretchiness. And it may become shorter and narrower. The vaginal walls may be scarred. This can make them stick together. The blood supply to the vagina may also be reduced, which can cause vaginal dryness. These changes to the vagina can make penetrative sex uncomfortable or difficult.

Your radiographer, specialist nurse or doctor may recommend treatments that can stop the walls of the vagina sticking together, and to help maintain its stretchiness. There are also treatments that can help reduce vaginal dryness. For more information on these treatments, see pages 48–52.

Changes to the vulva
The vulva is very sensitive to radiation. If you have radiotherapy to the vulva, you may get some swelling there. This may get better after a few months, but sometimes it can last for longer. The skin of the vulva may change in colour with radiotherapy. It may look redder or darker, depending on your original skin tone.
Changes to the ovaries
Pelvic radiotherapy affects the ovaries. It will bring on the menopause if you have not already had this. Early menopause may cause more noticeable symptoms than a natural menopause. See page 53–54 for information how to cope with this.

Changes to the anus and rectum
Pelvic radiotherapy can affect the anus and rectum. This can affect your sex life if you take part in anal sex or anal play as the receiving partner.

During radiotherapy, and for a few weeks afterwards, rectal pain may make anal penetration very uncomfortable or not possible. Side effects during treatment, such as diarrhoea or incontinence, may cause embarrassment and discomfort (see pages 59–61).

Radiotherapy treatment can cause long-term changes to the rectum. How much the rectum is affected depends on where the cancer was in the pelvis, and the type of radiotherapy you had. In some people, the rectum loses its stretchiness and can be injured more easily. Sometimes anal sex may no longer be possible. Your cancer doctor can tell you more about this.

After pelvic radiotherapy, if you want to have receptive anal sex you may need to start gradually before building up to full penetration. You may need to be more cautious than before. The anal and rectal tissues are more fragile and less able to heal after pelvic radiotherapy. It is important to prevent injury to your rectum, as it can be a very serious problem. You can speak to your doctor about whether it is safe for you to have receptive anal sex.
Chemotherapy

Chemotherapy can affect the levels of the female sex hormones. If you have not had a natural menopause, you may notice changes to your periods. Sometimes periods stop altogether. Some women may have an early menopause (see page 53–54). Your doctor or nurse can tell you if your treatment may affect your periods.

If your periods stop, it is still important to talk to your doctor or specialist nurse about contraception. This is because it may still be possible to become pregnant. You will need to use a reliable method of contraception during your treatment.

Hormonal therapy

Some cancers, including some breast and womb cancers, need female sex hormones to grow. These cancers can be treated with drugs that change hormone levels. This is called hormonal therapy. Hormonal therapy can cause side effects that are similar to menopausal symptoms (see pages 53–54). If you have hormonal therapy drugs, you may get some of these side effects, very few of them, or none of them. When you stop taking hormonal therapy, side effects usually go away within a few weeks.

We can send you more information about the most commonly used hormonal therapy drugs.

‘As a result of my treatment, I’ve gone through the menopause. It hasn’t really affected my sex drive. For me, it’s more of a problem that I’ve felt fatigued, stressed and anxious, and lack body confidence.’

Vicky
MANAGING PHYSICAL EFFECTS ON YOUR SEX LIFE

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Treatments to manage physical changes

Changes in sexual sensation

After radiotherapy or surgery to the pelvic area, some women find it harder to get aroused, or take longer to orgasm. This might be because of the effects of radiotherapy or surgery on the nerves in the pelvic area. But it may be because of a change in the way you feel about yourself sexually.

If you have a partner, explain to them that you would like to take sex gently to start with. Try not to put too much pressure on yourself to expect the same levels of sensation that you had before your treatment. A sex therapist or counsellor may be able to help you with these issues.

Changes to the vagina

Surgery, chemotherapy, hormonal therapy or radiotherapy to the pelvic area may cause vaginal changes. These may include the changes listed over the next few pages.

Pain during vaginal penetration

Vaginal penetration means putting an object such as a penis, finger or sex toy inside the vagina. There are many reasons for pain during vaginal penetration. It is important to let your partner know what is painful, so you can find other positions or ways of having sex.

The cause of the pain can often be treated simply. If you have pain during sex, tell your doctor or nurse. They can examine you to find out why, and suggest possible solutions.
If you have pain or are worried about pain, it may be helpful if you:

• learn relaxation techniques to use before having sex
• use vaginal lubricants if your vagina feels dry (see page 50)
• take control of the depth and speed of penetration (being on top or on your side may help)
• try to ensure you and your partner are fully aroused and close to orgasm before penetration
• try different types of sexual contact that you don’t find painful, such as sexual contact without penetration
• use pillows and cushions to help you feel more comfortable and supported.

**Vaginal dryness**
If the vagina is not wet during sexual arousal, having sex can feel uncomfortable. Creams, gels, lubricants or pessaries (small pellets that are put inside the vagina) can help with this.

If you’ve had an early menopause, hormone replacement therapy (HRT) will help with vaginal dryness. Your specialist will let you know whether HRT is suitable for you. This will depend on the type of cancer you have had.

**Oestrogen creams and pessaries**
Your doctor may recommend using vaginal oestrogen creams or pessaries. These help with dryness and may stop the vaginal wall becoming thin. Although your body will absorb some oestrogen from the cream or pessaries, many doctors think the amount is too small to be harmful. Your doctor will let you know whether oestrogen creams or pessaries are suitable for you.
Moisturising creams and lubricants
There are lots of products that help with vaginal dryness. You can buy them in chemists or online, or your doctor can prescribe them. Moisturisers work by drawing moisture into the vaginal tissue. You apply them regularly. They include:

- Gynomunal®
- Hyalofemme®
- Regelle®
- Replens MD®
- Sylk®
- Yes® (vaginal moisturiser).

You can also use lubricants when you have sex to make it feel more comfortable and pleasurable. Lubricants can be water-based or oil-based.

They include:

- Astroglide® Ultra Gentle
- Sylk®
- Yes® water based lubricant.

You can buy these from chemists, some supermarkets or online.

Vaginal narrowing
Your vagina may become narrower and less stretchy after surgery or pelvic radiotherapy. The vaginal walls may also be dry and thin, and can stick together. This can make penetrative sex and internal examinations uncomfortable.
Your hospital team may recommend you use vaginal dilators to help. Dilators are tampon-shaped plastic tubes of different sizes, which you use with a lubricant.

Although dilators are commonly used, there is not strong evidence about how effective they are. Rarely, they may cause damage to the vagina, especially if they are not used correctly. Your specialist nurse or doctor will explain the best way to use them in your situation.

You may also be able to help stop the vagina narrowing by:

• having regular penetrative sex
• using a dildo or vibrator
• using lubricated fingers.

**Vaginal shortening**
After some types of pelvic surgery, the vagina may be slightly shorter than it was before. Having a slightly shorter vagina is usually no problem at all. While you are still healing, you may prefer not to have penetrative sex. Or you may prefer to be very gentle during sex and control the depth of penetration. Try different positions to find the most comfortable for you.

**Vaginal bleeding**
After pelvic radiotherapy, the blood vessels in the lining of the vagina can become fragile and bleed more easily, especially after sex. Bleeding may be caused by the vaginal tissue sticking together, or scar tissue making the vagina narrower.

Always let your doctor or nurse know if you have any bleeding. They will examine you and explain whether it is caused by your treatment. If you do not have much bleeding, once you know the cause you may find that it doesn’t trouble you.
Using oestrogen creams (see page 49) or trying to prevent vaginal narrowing may help reduce bleeding. Make sure you use lubricants during sex. You may want to try different techniques and positions that might reduce the bleeding.

If the bleeding does not improve, a drug called silver nitrate may be applied to seal off the areas that bleed. Your doctors may also prescribe a drug called tranexamic acid.

Sometimes, bleeding may be due to a sore (ulcer) in the vagina that can develop after pelvic radiotherapy. You will probably be advised to avoid penetrative sex until it heals.

**Vaginal infection**

You may get vaginal thrush infections during radiotherapy or chemotherapy. If your vagina is dry, you are more likely to get infections.

Symptoms of thrush include a creamy-white discharge and itchiness in the vaginal area that gets worse if you scratch it. You can buy tablets, creams and pessaries to treat vaginal thrush over the pharmacy counter, under brand names such as Canesten®. But if you have not had thrush before, you should see your GP first.

Always see your GP if:

- you are not sure whether it is thrush
- symptoms do not improve
- it keeps coming back.

If you have had sexual contact, including oral sex, your partner may also need treatment.
Changes to the vulva

Your treatment may have changed the way your genital area looks or feels. Many women worry that they will not be able to have orgasms if their clitoris has been removed. This is not necessarily the case. Although the head of the clitoris is the most sensitive part, there are nerve endings in the other parts of the clitoris that extend down both sides of the vulva. Stimulating these may lead to a climax. Your specialist nurse or doctor can explain this to you. You may need to be patient while you try to find other ways to reach a climax.

It may take some months before you really begin to enjoy sex again after treatment. Don’t be surprised if you feel very unsure about it. Remember that you need to look after yourself and give yourself time to heal. If you have a partner, talk to them and be as honest as you can about what you want and don’t want. It is fine to say no to any kind of sexual contact that does not feel right.

Some women find that penetration is not physically possible at first, because of the way their vulva has healed after treatment. For example, there may be some tightening or scar tissue caused by surgery. There are a number of things that can help with this, so it is important to tell your specialist nurse or medical team about it.

Menopausal changes

Your doctor may be able to give you hormone replacement therapy (HRT), which can help make menopausal changes easier. If you have had breast cancer or a hormone-sensitive gynaecological cancer, you may be advised not to take HRT. Your doctor can talk with you about HRT and whether it might be suitable for you.
Some other treatments can help reduce menopausal symptoms. It may be helpful to discuss this with your doctor or specialist nurse.

We can send you information on breast cancer and menopausal symptoms.

An organisation called the Daisy Network supports women who have an early menopause. You may find it helpful to contact them if you need support (see page 76).

**Other things you can do**

It is a good idea to follow healthy living guidelines (see pages 63–65). Doing this will help your body recover and may help you feel more in control.

**Other things to know**

There is more than one way to have sex or experience sexual pleasure. You can take time to try new things, and find other ways of experiencing and giving pleasure. This could include oral sex, mutual touching, using sex toys such as a dildo or vibrator, watching erotic films or reading erotic books.

When trying new things, it is usually best to do so gradually. That way you and your partner can make sure you both feel comfortable.
Coping with other physical effects that may affect your sex life

Pain

Pain can reduce sexual feelings and desire. If you have pain or are worried about pain, it may be helpful to:

- have sex after taking painkillers and wait a short time for them to work
- learn some relaxation techniques to use before having sex
- take control of the depth and speed of penetration
- try to ensure you and/or your partner are close to organism before penetration
- try types of sexual contact that you don’t find painful, such as sexual contact without penetration
- use pillows and cushions to help you feel more comfortable and supported
- have sex side by side, to reduce body weight on a sore area.

We have a booklet called **Controlling cancer pain** that might help.
Tiredness

You may feel tired for weeks or months after treatment. This may affect your sexual desire. If you don’t feel like having sex because of tiredness, talk to your doctor. They can check if there is anything causing your tiredness that could improve with treatment. If you feel tired but would like to have sex, you may want to try:

• having sex in the morning, or when you have the most energy
• experimenting with less demanding sexual positions
• making sure you and/or your partner are close to orgasm before penetration.

Surgery to remove part or all of a breast

The breasts and nipples are often sources of sexual pleasure for women and their partners. For many women, they are also linked to feelings of femininity and sexual attractiveness.

After having breast surgery, you may have areas of numbness or decreased sensation in the breast and nipple.

‘My body shape changed after breast surgery. There was a part of it missing and I would hide that. Since then I have put on weight and my breast is pretty much normal – you wouldn’t know I have had surgery. I feel like I have got my femininity back.’

Amanda
If you have a breast removed, you may choose to have surgery to create a new breast shape. This is called breast reconstruction. It may be done at the same time as the breast is removed, or a few months later. A reconstructed breast may feel numb.

We can send you a copy of our booklet **Understanding breast reconstruction**, which has more information about the options available, and related physical and emotional issues.

It might help to explore different erogenous zones on your body, either alone or as a couple. Or you could work with a sex therapist to find ways to cope with your new body image and sensation issues.
Urinary problems

After some types of cancer treatment, some people can have problems with leaking urine (incontinence) or difficulty passing urine. This may be temporary, but it can sometimes be permanent. It can affect your confidence and how you feel about yourself sexually. If urine leakage is a problem for you, talk to your doctor or specialist nurse. They may suggest pelvic floor exercises to improve control.

Although it might seem embarrassing, it is a good idea to discuss incontinence with your sexual partner. Be honest with them. Tell them that a little urine may leak during sex. You can let them know that urine is sterile and it will not cause an infection for them. Good personal hygiene will help you feel more confident.

Some women find that penetrative sex makes the incontinence worse. If this happens, you can explore other ways of getting sexual pleasure, such as foreplay, massage and oral sex. Trying different sexual positions may also help.

Your doctor or specialist nurse can give you advice on different ways of coping with incontinence. They can also refer you to a continence adviser for further support.

Other things could try include:

- avoiding drinking too many fluids for an hour or so before you have sex
- emptying your bladder before sex
- having sex in the shower
- keeping a towel or tissues close by.
If you have a catheter
Sex is still possible if you have a urinary catheter (a tube in the bladder that drains urine out of the body). Your nurse, or a continence adviser, can discuss this with you.

You can tape the catheter out of the way on your leg or hip. Try different sexual positions to find the ones that are more comfortable, and that don’t put pressure on the catheter.

In some situations, it may be possible to remove the catheter before sex. Your nurse, or a continence adviser, can show you how to remove your catheter.

Bowel problems

Bowel problems are sometimes a side effect of cancer treatment, especially pelvic radiotherapy. These problems include loose bowel motions (diarrhoea), and needing to open the bowels with very little or no warning (faecal incontinence). These effects may be temporary, but they can sometimes be permanent.

Having problems with your bowels can have a huge impact on your life. It may make you feel less interested in sex. You may feel embarrassed and your confidence may be affected. You may feel unclean or unattractive, and you may want to avoid intimate contact.

You can discuss bowel problems with your doctor or specialist nurse, or with a dietitian. They may be able to reduce the side effects using a combination of medicines, dietary changes and exercises. They can also help you cope with the way the problems are making you feel.
There are things you can do to help you cope with bowel problems:

- Avoid eating foods that cause you bowel problems for several hours before sex.
- Empty your bowels just before you have sex.
- Good personal hygiene will help boost your confidence.
- Scented candles may help if you are concerned about smells.
- Let your partner know that you may have to rush to the toilet.
- Make sure you can get to the toilet quickly and easily.
- Have tissues and towels nearby during sex.
- You could use an anal plug. They are available online. Your doctor or specialist nurse can give you advice.

**Stoma**

Sometimes, surgery for bowel or bladder cancer involves having an opening made in the abdominal wall. This is called a stoma. A stoma allows waste from your body (either urine or bowel motions) to drain into a bag that covers the stoma. This is called a colostomy bag.

Having a stoma can make some sexual positions uncomfortable. It can also affect your self-confidence and the way you feel about your body (see pages 21–24). You can reassure your partner that sex will not harm the stoma. To reduce rubbing against the stoma, choose positions that keep your partner’s weight off it.

It is not recommended to use a stoma for penetrative sex. Your doctor or specialist nurse can discuss this with you further.
Make sure the bag fits well and does not leak. It is a good idea to empty the bag before sex. Some foods can cause the bag to fill quickly, so avoid eating or drinking anything that usually causes you problems. You may be able to plug the stoma or wash it out, so that a bag is not needed for a short time.

Stoma nurses can advise and help you with all of the sexual effects a stoma may cause. Information is also available from the Ileostomy and Internal Pouch Support Group (see page 73) or the Sexual Advice Association (see page 76).

**Treatment for head and neck cancer**

The face, mouth and speech can play important parts in your sex life. Changes to any of these can affect how you interact sexually. They can also affect your confidence and how you feel about yourself (see pages 20–24).

**Changes to speech**
If there are certain things you do or do not want your partner to do sexually, let them know before having sex. You can also agree alternative ways to communicate what you want during sex.

**Changes to your mouth**
Surgery or radiotherapy may affect your ability to kiss or give oral sex. It may also cause problems making saliva or controlling saliva. If you have a dry mouth, deep kissing and giving oral sex may be uncomfortable.
**Loss of a limb**

Very occasionally, a surgeon may need to amputate an arm or leg when treating some types of cancer (such as primary bone cancer). The limb will often be replaced with an artificial arm or leg (a prosthesis).

It can be very difficult to come to terms with a major body change such as amputation. The feeling of looking different from other people can affect your self-confidence (see page 21–24).

Whether to wear your prosthesis when having sex is a personal choice. You may find it helps with positioning and movement. Or you may find sex easier and more comfortable without it. Some sexual positions you enjoyed before surgery may no longer be comfortable. You may need to try different positions to find what you now prefer. You can use pillows to help with positioning and balance. Your physiotherapist or occupational therapist can give you advice if needed.

**Lymphoedema**

Lymphoedema is swelling that develops because of a build-up of fluid in the body’s tissues. It can affect your sex life and change the way you feel about your body. The following advice might help you find sex more comfortable and enjoyable:

- Try sexual positions that don’t put weight on the area affected.
- Have sex at times when the swelling is low. This might be in the morning, or after you have worn a compression garment for a few hours.
- If you have genital lymphoedema, use extra lubricant to reduce friction to the skin.
Health and well-being

Your physical health and well-being can affect your sexual function and self-confidence.

Your GP, cancer doctor or nurse can tell you if there are any health and well-being clinics in your area. These clinics are run by volunteers and Macmillan professionals. They can give you support and advice on diet, lifestyle and adjusting to life after treatment.
Reduce stress

There are different ways of reducing stress. You could try:

• taking part in regular physical activity
• eating a healthy diet
• making time to do things you enjoy
• spending time with people
• relaxation or breathing exercises.

Physical activity

Being more physically active is an important part of your recovery and improves your long-term health.

During treatment, you may have been less active. This can make you feel more tired. Your muscles may have lost some strength. Even a little regular physical activity, like short walks, will help to increase your energy levels, and can make you feel stronger and less stressed.

Aerobic activity can help protect your heart and improve your circulation. Aerobic activity includes brisk walking, running, skipping, cycling, dancing or swimming.

It is a good idea to talk to your cancer doctor or GP before you start. They can advise you on the type and amount of exercise that is safe for you to do. Some hospitals have exercise programmes especially for people recovering from cancer treatment.
Stopping smoking

Smoking increases the risk of several types of cancer, as well as heart and lung diseases. Your GP can give you advice and help on stopping smoking.

Cutting down on alcohol

NHS guidelines suggest that both men and women should:
• not regularly drink more than 14 units of alcohol in a week
• spread the alcohol units they drink in a week over three or more days
• try to have several alcohol-free days every week.

Eating well

Eating a healthy, balanced diet can:
• protect your heart
• reduce the risk of some cancers
• help you keep to a healthy weight.

Try to eat five portions of fruit and vegetables a day. Increase your fibre intake by eating wholegrain foods, beans and brown rice. Protein from meat, fish and pulses helps our body cells to grow and repair. Cut down on fat and salt. Unsaturated fats in nuts and seeds are good for us, but saturated fats found in fried food, chocolate and cheese are bad for us and make you put on weight.

We have more information on physical activity, stopping smoking and healthy eating. Call us for free on 0808 808 00 00 or visit be.macmillan.org.uk to order copies of our information.
FURTHER INFORMATION

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Other ways we can help you 70
Other useful organisations 73
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About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Order what you need

You may want to order more leaflets or booklets like this one. Visit be.macmillan.org.uk or call us on 0808 808 00 00.

We have booklets on different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer and information for carers, family and friends.

All of our information is also available online at macmillan.org.uk/cancerinformation. There you’ll also find videos featuring real-life stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- Easy Read booklets
- ebooks
- large print
- translations.

Find out more at macmillan.org.uk/otherformats. If you’d like us to produce information in a different format for you, email us at cancerinformationteam@macmillan.org.uk or call us on 0808 808 00 00.
Help us improve our information

We know that the people who use our information are the real experts. That’s why we always involve them in our work. If you’ve been affected by cancer, you can help us improve our information.

We give you the chance to comment on a variety of information including booklets, leaflets and fact sheets.

If you’d like to hear more about becoming a reviewer, email reviewing@macmillan.org.uk You can get involved from home whenever you like, and we don’t ask for any special skills – just an interest in our cancer information.
Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we’re here to support you. No one should face cancer alone.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line
Our free, confidential phone line is open Monday to Friday, 9am to 8pm. Our cancer support specialists can:
• help with any medical questions you have about your cancer or treatment
• help you access benefits and give you financial guidance
• be there to listen if you need someone to talk to
• tell you about services that can help you in your area.

Call us on 0808 808 00 00 or email us via our website, macmillan.org.uk/talktous

Information centres
Our information and support centres are based in hospitals, libraries and mobile centres. There, you can speak with someone face to face. Visit one to get the information you need, or if you’d like a private chat, most centres have a room where you can speak with someone alone and in confidence. Find your nearest centre at macmillan.org.uk/informationcentres or call us on 0808 808 00 00.
Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That’s why we help to bring people together in their communities and online.

Support groups
Whether you are someone living with cancer or a carer, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting macmillan.org.uk/selfhelpandsupport

Online community
Thousands of people use our online community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people’s posts at macmillan.org.uk/community

The Macmillan healthcare team
Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

‘Everyone is so supportive on the online community, they know exactly what you’re going through. It can be fun too. It’s not all just chats about cancer.’

Mal
Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you’ve been affected in this way, we can help.

Financial guidance
Our financial team can give you guidance on mortgages, pensions, insurance, borrowing and savings.

Help accessing benefits
Our benefits advisers can offer advice and information on benefits, tax credits, grants and loans. They can help you work out what financial help you could be entitled to. They can also help you complete your forms and apply for benefits.

Macmillan Grants
Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to a much-needed break.

Call us on 0808 808 00 00 to speak to a financial guide or benefits adviser, or to find out more about Macmillan Grants. We can also tell you about benefits advisers in your area. Visit macmillan.org.uk/financialsupport to find out more about how we can help you with your finances.

Help with work and cancer

Whether you’re an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit macmillan.org.uk/work

Macmillan’s My Organiser app
This free mobile app can help you manage your treatment, from appointment times and contact details, to reminders for when to take your medication. Search ‘My Organiser’ on the Apple App Store or Google Play on your phone.
Other useful organisations

There are lots of other organisations that can give you information or support.

**Bladder or bowel changes**

**Bladder and Bowel Community**
7 The Court, Holywell Business Park, Northfield Road, Southam CV47 0FS
**Tel** 01926 357220
**Email** help@bladderandbowelfoundation.org
**www.bladderandbowelfoundation.org**
Provides information and advice on bladder and bowel symptoms.

**Colostomy Association**
Enterprise House, 95 London Street, Reading RG1 4QA
**24-hour helpline** 0800 328 4257
**Email** cass@colostomyassociation.org.uk
**www.colostomyassociation.org.uk**
Assists and supports people who have or are about to have a colostomy.

**IA – the Ileostomy and Internal Pouch Support Group**
IA National Office, Danehurst Court, 35 - 37 West Street, Rochford, Essex SS4 1BE
**Tel** 0800 018 4724
**Email** info@iasupport.org
**www.iasupport.org**
Aims to help anyone who has had, or is about to have, their colon removed and has an ileostomy or internal pouch.
Urostomy Association
4 Demontfort Way,
Uttoxeter ST14 8XY
**Helpline** 01889 563191
**Email** secretary@urostomyassociation.org.uk
[www.urostomyassociation.org.uk](http://www.urostomyassociation.org.uk)
Aims to assist people who are about to have, or have had, surgery resulting in the diversion or removal of the bladder. Provides information, help and advice on appliances, work situations, and relationship problems.

**Body image**

Changing Faces
The Squire Centre,
33–37 University Street,
London WC1E 6JN
**Tel** 0345 450 0275
**Email** info@changingfaces.org.uk
[www.changingfaces.org.uk](http://www.changingfaces.org.uk)
Provides support and information for people who have any sort of disfigurement (and their families), with the aim of building effective coping strategies and self-confidence. Publishes a wide range of self-help booklets and DVDs.

Let’s Face It
1 Victoria Place,
Westgate-on-Sea CT8 8NG
**Tel** 01843 491291
**Email** chrisletsfaceit@aol.com
[www.lets-face-it.org.uk](http://www.lets-face-it.org.uk)
An international network for people with facial disfigurement. Links together patients, their families, friends and professionals for self-help, information and mutual support.

Outsiders/Sex and Disability
**Helpline**
WestEnd,
Redwood Farm,
Barrow Gurney,
Avon, BS48 3RE
**Helpline** 07074 993 527
Weekdays, 11am to 5pm
**Email** sexdis@outsiders.org.uk
[www.outsiders.org.uk](http://www.outsiders.org.uk)
A UK-wide community of people who feel socially isolated because of physical disabilities. Helps people gain confidence, make new friends and find partners. Runs a helpline for disabled people with sexual problems. Produces leaflets covering all aspects of sex for disabled people.
Counselling and sex therapy

**College of Sexual and Relationship Therapists (COSRT)**
PO Box 13686,
London SW20 9ZH
**Tel** 020 8543 2707
**Email** info@cosrt.org.uk
**www.cosrt.org.uk**
Provides information and support on sexual problems.

**The Institute of Psychosexual Medicine**
Building 3, Chiswick Park,
566 Chiswick High Road,
London W4 5YA
**Tel** 020 7580 0631
**Email** admin@ipm.org.uk
**www.ipm.org.uk**
Has a comprehensive list of doctors throughout the country who are trained in psychosexual medicine.

**Pink Therapy**
BCM 5159,
London WC1N 3XX
**Tel** 0207 786 6647
**Email** admin@pinktherapy.com
**www.pinktherapy.com**
The UK’s largest independent therapy organisation. Provides an online directory of therapists of all sexualities and gender identities who work with gender and sexual diversity clients across the LGBTIQ spectrum from a non-judgemental standpoint.

**Relate**
Premier House,
Carolina Court, Lakeside,
Doncaster DN4 5RA
**Tel** 0300 100 1234
**www.relate.org.uk**
Offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support face to face, by phone and online.
The Sexual Advice Association (formerly the Sexual Dysfunction Association)
Sexual Advice Association
c/o Right Angle,
224, Building 3, Chiswick Park
566 Chiswick High Road
London W4 5YA
Helpline 0207 486 7262
Email info@
sexualadviceassociation.co.uk
www.sda.uk.net
A charity that aims to improve people’s sexual health and well-being and to raise awareness of how sexual conditions affect the general population.

LGBT support

LGBT Foundation
5 Richmond Street,
Manchester M1 3HF
Helpline 03453 303030
Email helpline@lgbt.foundation
www.lgbt.foundation
Provides advice, support and information to people who are gay, lesbian, bisexual or transgender, and their families and friends.

Switchboard LGBT helpline
PO Box 7324,
London N1 9QS
Helpline 0300 330 0630
(Mon to Fri, 10am to 10pm)
www.switchboard.lgbt
The helpline gives advice, information and referrals to people who are gay, lesbian, bisexual or transgender, and their families and friends.

Menopause support

The Daisy Network
PO Box 71432,
London SW6 9HJ
Email
info@daisynetwork.org.uk
www.daisynetwork.org.uk
A support group for women who have an early menopause.
Cancer support organisations

**Breast Cancer Care**
5–13 Great Suffolk Street, 
London SE1 0NS
**Helpline** 0808 800 6000
**Email** info@breastcancercare.org.uk
**www.breastcancercare.org.uk**
Provides information, practical and emotional support to people affected by breast cancer.

**Cancer Black Care**
79 Acton Lane, 
London NW10 8UT
**Tel** 020 8961 4151
**Email** info@cancerblackcare.org.uk
**www.cancerblackcare.org.uk**
Offers information and support for people with cancer from ethnic communities, and for their carers, families and friends.

**Cancer Focus Northern Ireland**
40–44 Eglantine Avenue, 
Belfast BT9 6DX
**Helpline** 0800 783 3339 
(Mon–Fri, 9am–1pm)
**Email** hello@cancerfocusni.org
**www.cancerfocusni.org**
Offers a variety of services to people affected by cancer, including a free helpline, counselling and links to local support groups.

**Cancer Support Scotland**
Calman Cancer Support Centre, 
75 Shelley Road, 
Glasgow G12 0ZE
**Tel** 0800 652 4531 
(Mon–Fri, 9am–5pm)
**Email** info@cancersupportscotland.org
**www.cancer_supportscotland.org**
Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.
Irish Cancer Society
43–45 Northumberland Road,
Dublin 4,
Ireland
Tel 1800 200 700
(Mon to Thu, 9am to 7pm,
Fri, 9am to 5pm)
Email helpline@irishcancer.ie
www.cancer.ie
National cancer charity offering
information, support and care
to people affected by cancer.
Has a helpline staffed by
specialist cancer nurses. You can
also chat to a nurse online and
use the site’s message board.

Jo’s Trust
CAN Mezzanine,
49–51 East Road,
London N1 6AH
Helpline 0808 802 8000
Email info@jostrust.org.uk
www.jostrust.org.uk
Provides information and
support for women affected
by cervical cancer and
their families.

Maggie’s Centres
The Gatehouse,
10 Dumbarton Road,
Glasgow G11 6PA
Tel 0300 123 1801
Email enquiries@maggiescentres.org
www.maggiescentres.org
Has a network of centres in
various locations throughout
the UK. Offers free information
about cancer and financial
benefits. Also provides
emotional and social support
to people with cancer, their
family, and friends.

Ovacome
52–54 Featherstone Street,
London EC1Y 8RT
Helpline 0800 008 7054
Email ovacome@ovacome.org.uk
www.ovacome.org.uk
A national support group for
everyone involved with ovarian
cancer, including patients,
carers, families, friends and
healthcare professionals.
Tenovus
Head Office,
Gleider House,
Ty Glas Road,
Cardiff CF14 5BD
Tel 0808 808 1010
(Daily, 8am to 8pm, free)
Email
info@tenovuscancercare.org.uk
www.tenovuscancercare.org.uk
Aims to help everyone get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, an ‘Ask the nurse’ service on the website and benefits advice.

Cancer registries

The cancer registry is a national database that collects information on cancer diagnoses and treatment. This information helps the NHS and other organisations plan and improve health and care services. There is one in each country in the UK:

**National Cancer Registration Service**
Public Health England, Wellington House, London SWE1 8UG
Tel 020 7654 8000
Email enquiries@phe.gov.uk
www.ncr.nhs.uk

**Scottish Cancer Registry**
NHS Information Services, Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB
Tel 0131 275 7777
Email nss.csd@nhs.net
www.isdscotland.org/Health-Topics/Cancer/Scottish-Cancer-Registry
The Welsh Cancer Intelligence & Surveillance Unit
Floor 5,
Public Health Wales,
Number 2 Capital Quarter,
Tyndall Street,
Cardiff CF10 4BZ
Tel 029 3037 3500
www.wcisu.wales.nhs.uk

Northern Ireland Cancer Registry
Queen’s University Belfast
Mulhouse Building
Grosvenor Road
Belfast BT12 6DP
Tel 028 9097 6028
Email nicr@qub.ac.uk
www.ncras.nhs.uk

You can search for more organisations on our website at macmillan.org.uk/organisations or call us on 0808 808 00 00.
Disclaimer

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Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support’s Cancer Information Development team. It has been approved by our Chief Medical Editor, Dr Tim Iveson, Macmillan Consultant Medical Oncologist.

With thanks to: Dr Josie Butcher, Psychosexual counsellor; Joy Hall, Lecturer and researcher in Sexual Health; Tara Hewitt, Equality, Diversity & Inclusion Lead; Vikki Jones, Gynae Oncology Advanced Nurse Practitioner; and the people affected by cancer who reviewed this edition.

Sources

We have listed a sample of the sources used in the publication below. If you would like further information about the sources we use, please contact us at bookletfeedback@macmillan.org.uk

Can you do something to help?

We hope this booklet has been useful to you. It’s just one of our many publications that are available free to anyone affected by cancer. They’re produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we’re there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

**5 Ways you can help someone with cancer**

**Share your cancer experience**
Support people living with cancer by telling your story, online, in the media or face to face.

**Campaign for change**
We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

**Help someone in your community**
A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

**Raise money**
Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

**Give money**
Big or small, every penny helps. To make a one-off donation see over.

Call us to find out more
0300 1000 200
macmillan.org.uk/getinvolved
Please fill in your personal details

Mr/Mrs/Miss/Other
Name
Surname
Address

Postcode
Phone
Email

Please accept my gift of £
(Please delete as appropriate)
I enclose a cheque / postal order / Charity Voucher made payable to Macmillan Cancer Support
OR debit my:
Visa / MasterCard / CAF Charity Card / Switch / Maestro

Card number

Valid from Expiry date

Issue no Security number

Signature
Date / / 

Don’t let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

☐ I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box.

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

If you’d rather donate online go to macmillan.org.uk/donate

Please cut out this form and return it in an envelope (no stamp required) to:
Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851, 89 Albert Embankment, London SE1 7UQ

27530
This booklet is about how cancer and its treatment can affect sexuality, sex life and relationships. It is for women affected by cancer, whatever their sexual orientation and whether they have a partner or partners, or if they are single.

The booklet explains how side effects may affect sex life, and the support and treatment that is available.

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on 0808 808 00 00, Monday to Friday, 9am to 8pm, or visit macmillan.org.uk

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using NGT (Text Relay) on 18001 0808 808 00 00, or use the NGT Lite app.

Need information in different languages or formats? We produce information in audio, eBooks, easy read, Braille, large print and translations. To order these visit macmillan.org.uk/otherformats or call our support line.