

Female Sexual Dysfunction

What is female sexual dysfunction?

Cancer and its treatment can affect many different aspects of your life. One area of your life that might have changed is your ability to have or enjoy sex. These changes are sometimes referred to as sexual dysfunction caused by cancer or its treatment.

Cancer doesn't always cause sexual dysfunction in survivors. Survivors respond to sexual dysfunction in different ways. If you are frustrated and want to find ways to manage the sexual dysfunction that you experience, this document has information that may help you. There are many different causes for sexual dysfunction after cancer. Whether the cause is physical or emotional, there may be ways to treat and manage your sexual dysfunction.

You can discuss treatment options with your health care team.

You may find it difficult to discuss sexual dysfunction with your health care team. It can feel uncomfortable or embarrassing. But your health care team can answer your questions. You can talk to them about how sexual dysfunction is affecting your life after cancer.

What are some signs of female sexual dysfunction?

Some signs of sexual dysfunction women may experience after cancer include:

- Loss of desire for sex
- Negative thoughts and feelings during sex
- Difficulty reaching climax
- Vaginal dryness and tightness
- Pain during sex or when your genital area is touched

The symptoms listed above aren't always medical emergencies. You may wonder if you should bring them up to a member of your health care team. But all of your concerns are important. If you are experiencing pain or if sexual dysfunction makes your life less enjoyable, you should discuss your concerns with a member of your health care team.

You may feel more comfortable if you write down your questions before your appointment and bring them in. Your health care team can talk to you and answer your questions about all of your health problems, including sexual dysfunction.

When does female sexual dysfunction appear?

Most sexual dysfunction in cancer survivors follows cancer treatment. You may have decided that you want to wait a while after your treatment until you have sex. That is understandable. But if you want to begin having sex again and are experiencing any of the symptoms listed above, you might have a sexual problem that can be helped. Sometimes sexual dysfunction caused by radiation to the pelvis may take longer to develop. You may not notice any dysfunction until months or years after you finish treatment. If you notice any changes in your ability to have or enjoy sex during your survivorship, you can discuss your concerns with your health care team.

What causes female sexual dysfunction after cancer?

There are many different causes of sexual dysfunction in cancer survivors. Some are physical causes and some are caused by changes in how you feel about yourself, your body or other aspects of your life after cancer.

There are certain types of cancer, like those that affect your sexual organs, that put you at risk for sexual dysfunction after cancer. About half of survivors of breast cancer or cancer in the pelvic area (cervix, ovaries, uterus, bladder, colon, and vagina) develop long-term sexual dysfunction. However, most sexual dysfunction is caused by the treatment for cancer and not the cancer itself. Even if you didn't have a type of cancer that affects your sexual organs, the treatment you received might put you at risk for sexual dysfunction.

Some of types of treatment for cancer that may cause sexual dysfunction:

- Chemotherapy can damage the ovaries, causing hormonal changes and temporary or permanent menopause in younger women (alkylating drugs are most likely to cause damage)
- Hormone therapy
- Radiation to the vagina, cervix or uterus
- Surgery or radiation therapy for cancers in the pelvic area (bladder, colo-rectal, cervical, ovarian, uterine, vaginal or vulvar cancer)
- Side effects of medicines used to treat pain, nausea, depression or anxiety

Sometimes cancer treatment causes physical changes in a woman's body that affect how she feels about herself or her body. This can also contribute to sexual dysfunction. Women who were uncomfortable with their sexuality or had tension in their relationship before cancer often have problems regaining a satisfying sex life after treatment. Working with a mental health professional may help improve how you feel about yourself and improve the sexual dysfunction you might be experiencing.

Some of the emotional causes for sexual dysfunction can be:

- Feeling sad or depressed
- Feeling unattractive
- Stress in your relationship with your partner
- Difficulty feeling good about yourself because of changes in your body

The table below lists more information about some of the causes of sexual dysfunction. This table doesn't provide all of the information about the many possible causes for sexual dysfunction in cancer survivors, but it does provide you with information that you may want to discuss further with your health care team.

Physical Damage to Your Body From Cancer or Treatment	Type of Cancer Treatment That May Cause the Damage	Type of Sexual Dysfunction It May Cause
Low testosterone levels	Common if a woman's cancer treatment causes premature menopause in younger women Greater damage with higher dosages of chemotherapy, pelvic radiation, if both ovaries are removed in surgery or if a woman is over age 35	Loss of desire for sex Trouble feeling excited or sexual pleasure with touch Trouble reaching orgasm
Low estrogen levels	Menopause happens when the ovaries no longer make estrogen. After cancer treatment, younger women may have a sudden, early menopause. Women who had already been in menopause but were taking estrogen replacement may need to stop this treatment if they had breast cancer Tamoxifen, the most common hormone treatment used for breast cancer, does not decrease estrogen levels, but rather blocks estrogen from entering breast cells Hormone therapies like raloxifene (Evista) or letrozole (Femara) may cause vaginal	Loss of vaginal lubrication and expansion with sexual excitement. Normally as blood rushes into the vaginal walls, the lining of the vagina produces moisture and the vagina opens up, becoming a third deeper. Lack of estrogen also causes hot flashes, which may disturb a woman's sleep, making her tired, irritable, and less interested in sex

	dryness	
Damage to blood flow to the vaginal walls and vulva	Scarring from pelvic radiation therapy can decrease blood flow to the vagina and vulva Women who had bone marrow transplants from a donor can have vaginal scarring from graft vs. host disease	Dryness of the vulva and vagina Loss of vaginal length Slow-to-heal sores on the vaginal walls. Tight bands of scar tissue that narrow the vagina These may all cause pain with sexual activity, especially during intercourse
Damage to the cervix or its nerve-supply	Radical hysterectomy removing the uterus, cervix, upper vagina, and some nearby ligaments Some operations that include hysterectomy as well as removing the bladder and/or colon	Research on sex after hysterectomy does not show related sexual dysfunction
Removal of part or all of the vulva or vagina	Partial or total vulvectomy to treat cancer of the vulva. Partial or total vaginectomy to treat cancer of the vagina, cervix, bladder, or colon	Loss of pleasure with removal of areas sensitive to caressing Pain if the vaginal entrance gets narrow with scar tissue Lack of sexual sensations in a vagina reconstructed using other body tissues

Are there successful treatments for female sexual dysfunction?

There are many different treatment options that may help you with sexual dysfunction. If you think that sexual dysfunction is interfering with your ability to enjoy life after cancer, you might want to consider finding ways that you feel comfortable discussing your sexual dysfunction with your health care team. Ask for a longer appointment so you will have time to bring up sensitive questions. Sexual dysfunction may not go away on its own. Your health care team can help you learn more about the treatment options available and how to improve your ability to have and enjoy sex again.

Sometimes treatments do not work and your sexual dysfunction may continue to affect you. This can be very frustrating and upsetting for both survivors and their partners. Intercourse is only one way of sharing pleasure and closeness with your partner. Some survivors who can't have sex find they still enjoy cuddling and caressing their partner. You might want to try other ways of sharing pleasure and feeling closeness with your partner.

You have a right to sexual health, and you can work with your health care team to treat sexual dysfunction. However, you do not have to be sexually active in order to stay healthy.

What can be done to manage sexual dysfunction?

The most important factor in choosing a cancer treatment is its ability to control cancer. However, your sexual health is also important to you. If you are worried about sexual dysfunction after your treatment, talk to your health care team about different therapies. When sexual dysfunction does occur, you and your partner can overcome them with open communication and mutual affection, as well as with help from your health care team.

Type of Sexual Dysfunction	Where to Look for Help
Loss of desire for sex after cancer	Have a member of your health care team check your medications for possible side effects. Get treatment for pain that won't go away or fatigue that may be affecting your energy for sex. If you are in menopause, see a gynecologist or an endocrinologist for a blood test to check if your testosterone is low. Women need some testosterone for good sexual function. However, if you had breast cancer, using replacement testosterone may not be safe for you. You can discuss other options with your health care team. If there aren't physical causes, see a mental health professional to find out if it's related to feelings of depression, anxiety or low self-esteem.
Difficulty feeling pleasure during sex	A member of your health care team may be able to recommend a mental health professional who may be able to help you. Problems with feeling turned on often are related to how you feel about yourself and to your desire to have sex.
Vaginal dryness and tightness, making sexual activity uncomfortable or painful	Visit a gynecologist who specializes in women's problems with menopause or pain. Ask a member of your health care team, especially your gynecologist, for advice on muscle relaxation, local forms of estrogen or over-the-counter lubricants.
Orgasm problems (difficult or impossible to reach an orgasm, orgasm feels weak)	Ask your health care team to look at your medications. Antidepressants or anti-anxiety medicines may make it more difficult for you to have an orgasm. The nerves that help a woman feel pleasure around the clitoris and in the vagina are rarely damaged by cancer treatment. This means the cancer or its treatment probably won't physically prevent you from having an orgasm. But you might want to address other issues like changes in your desire or pleasure.

	Try not to pressure yourself to have an orgasm. Sometimes this makes it hard for you to relax. Give yourself time.
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Below is a list of some of the treatment options for sexual dysfunction and pros and cons for using them.

Treatment Options for Some Sexual Dysfunction	Pros	Cons
Pills for women	Increases vaginal lubrication without estrogen hormones.	Studies of PDE-5 inhibitors in women do not show a lot of change in female sexual dysfunction.
Water-based lubricants	Water-based lubricants last longer and work better than old-style gels. Can be purchased at most drugstores or over the Internet. If you are going to have intercourse, spread lubricant around vaginal entrance and head of penis, to avoid friction and pain at entry.	The lubrication may wear off and need to be re-applied during intercourse. For women with severe vaginal dryness and tightness, it may not be effective enough to avoid pain. Using lubricants cannot compensate for pain with deep thrusting.
Vaginal moisturizers (Replens)	This gel keeps the vaginal lining moist all the time. Needs to be used regularly (three times a week) at bedtime for up to two months to show its full effect. Some women may not need water-based lubricants for sex if they use Replens.	Expensive and not covered by insurance (around \$20/month). May cause messy vaginal discharge the first couple of weeks of regular use.
Vaginal estrogen replacement (Estring, Vagifem)	Some women prefer these products to vaginal estrogen cream. The Estring is like the ring of a diaphragm without the cup, and releases a small dose of hormone over three months. The Vagifem suppository is used a couple of times a week. Both produce such a low dose of estrogen that it helps ease vaginal dryness, but very little hormone gets into the bloodstream, so they are safer than pills, patches or creams.	Some oncologists still worry about breast cancer survivors using these products.

Find comfortable positions for intercourse	Self-help guides describe positions that may avoid pain during deep thrusting for women whose vaginas are shortened or narrowed.	Requires good communication between partners and being open to trying something new sexually.
Learn to relax muscles around the vaginal entrance	Self-help guides explain how to become aware of the muscles that surround the vaginal entrance, how to tense and relax them at will, and how to use the relaxation to avoid pain during penetration with intercourse.	Can help minimize pain, but may not relieve pain if severe scarring exists.
Herbs and lotions	Lotions may act as lubricants.	No studies have shown lotions to help with sexual dysfunction. Some include menthol which makes the skin tingle. Herbal remedies may interfere with a woman's other medicines, and may have unknown dangers.
Clitoral pump (Eros)	This small pump is supposed to draw blood into the clitoris, increasing sexual arousal.	No scientific evidence that it works. Expensive and not covered by insurance. May help women because it gives sensation similar to a vibrator.

When you talk to you a member of your health care team about your sexual dysfunction, they may offer different treatment options.

Resources

CancerCare

www.cancercares.org

Email: Send email through the Web site.

Phone: 1-800-813-HOPE (1-800-813-4673)

English-speaking and Spanish-speaking intake specialists and oncology social workers take calls Monday-Thursday, 9:00 a.m. to 7:00 p.m. (EST), and Friday, 9:00 a.m. to 5:00 p.m. (EST).

CancerCare is a national nonprofit organization that provides information and help to anyone affected by cancer: survivors, family, friends, and caregivers. Services are provided by oncology social workers and are free of charge. Survivors can get

information and resources to help with physical, practical and emotional challenges. Social workers also provide counseling services by telephone, online or through community support groups. CancerCare's Post Treatment Online Support Group addresses the specific needs of survivors who have completed treatment. Information on the site is also available in Spanish.

National Cancer Institute (NCI)

www.cancer.gov

- Email: Send an email through the "Need Help?" section of Cancer.gov.
Phone: 1-800-4-CANCER (1-800-422-6237)
TTY for deaf and hard of hearing callers: 1-800-332-8615
English-speaking and Spanish-speaking information specialists answer calls Monday-Friday, 9:00 a.m. to 4:30 p.m. local time.
Online: Immediate online assistance is available (in English only) through *LiveHelp*, an instant messaging system for typing in questions and receiving responses from information specialists. You can access *LiveHelp* from the "Need Help?" section of the Cancer.gov homepage Monday-Friday, 9:00 a.m. to 10:00 p.m. (EST).

Cancer.gov, the National Cancer Institute Web site, provides accurate, up-to-date information on many types of cancer and the emotional challenges cancer can bring. You can use the site to search for information by cancer type or topic, and you can access information about managing emotional concerns and treatment-related issues. Information about financial and insurance matters is also included. You can learn how clinical trials work and search for a clinical trial in your area. This site has a detailed dictionary of cancer terms. Web site information and publications are available in Spanish

Local Resources

Books on sexuality and intimacy

- Barbach, Lonnie. *For Yourself: The Fulfillment of Female Sexuality*. Signet Book, 2000.
- Butler, Robert and Myrna Lewis. *The New Love and Sex After Sixty*. Balantine Books, 2002.
- Comfort, Alex. *The Joy of Sex: Fully Revised & Completely Updated for the 21st Centur*. Crown; Fully Rev. edition 2002.
- Daniluk, Judith C. *Women's Sexuality across the Life Span: Challenging Myths, Creating Meanings* Guilford Publications, 2003.
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- Foley, Sallie, Sally A. Kope, and Dennis Sugrue. *Sex Matters for Women*. Guilford, 2002.
- Goodwin, Aurelie and Marc Agronin. *A Woman's Guide to Overcoming Sexual Fear and Pain*. New Harbinger, 1997.

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MOST Survivor's Notebook

- Harrar, Sari and Julia Vantine. *Extraordinary Togetherness: A Woman's Guide to Love, Sex and Intimacy* St. Martin's Press, 1999.
- Heiman, Julia and Joe Lopiccolo. *Becoming Orgasmic*. Prentice-Hall, 1988.
- Leiblum, Sandra and Judith Sachs. *Getting the Sex You Want*. Crown, 2002.
- Maltz, Wendy. *The Sexual Healing Journey*. Harper Perennial, 2001.
- Maltz, Wendy and Suzie Boss. *Private Thoughts: Exploring The Power Of Women's Sexual Fantasies*. New World Library, 2001.
- McCarthy, Barry and Emily McCarthy. *Couple Sexual Awareness*. Carroll and Graft, 1998.
- McCarthy, Barry and Emily McCarthy. *Male Sexual Awareness*. Carroll and Graft, 1998.
- McCarthy, Barry and Emily McCarthy. *Rekindling Desire*. Brunner/Routledge, 2003.
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- Metz Michael and Barry McCarthy. *Coping with Premature Ejaculation*. New Harbinger, 2003.
- Metz Michael and Barry McCarthy. *Overcoming E.D.* New Harbinger, 2004
- Milsten, Richard and Julian Slowinski. *The Sexual Male*. Norton, 1999.
- Mims, Cedric. *Love & Old Age: Breaking the Taboo of Sex and the Elderly*. Trans-Atlantic Pubns; 2003.
- Zilbergeld, Bernie. *The New Male Sexuality*. Bantam, 1999.
- Zoldbrod, Aline. *Sex Smart*. New Harbinger, 1998.

Sexuality and cancer

- Schover, L.R. *Sexuality and Cancer: For the Man with Cancer and His Partner*. American Cancer Society: Atlanta, 1998
- Schover, L.R. *Sexuality and Fertility After Cancer*. New York: Wiley, 1997.
- Berberich, F. Ralph. *Hit Below the Belt. Facing up to Prostate Cancer*. Celestial Arts, 2001.
- Wainrib, Barbara Rubin, Michael Droller, Jack Maguire, Sandra Haber. *Men, Women, and Prostate Cancer: A Medical and Psychological Guide for Women and the Men They Love*. New Harbinger, 2000.
- Loudon, Jennifer. *The Woman's Comfort Book: A Self-Nurturing Guide for Restoring Balance in Your Life*. Harper: San Francisco, 1992.
- Virginia Laken and Keith Laken. *Making Love Again, Hope for Couples Facing Loss of Sexual Intimacy*. Dialogue Press, 2002.

Web Sites

- www.bettersex.com Sinclair Intimacy Institute
- www.gottman.com Gottman Institute (Psychology of Relationships)
- www.phoenix5.org. A private site to help men and their companions with the social, emotional and sexual issues created by prostate cancer and treatment.

- www.sexualityandu.ca Sexualityandu.ca administered by Society of Obstetricians and Gynecologists of Canada
- www.sogc.org Society of Obstetricians and Gynecologists of Canada

Works Cited

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