General FAQs

What are the benefits of being sexually active?

The advantages of being sexually active are physical, psychological, emotional, and relational. Endorphins are released when we are sexually active, and these endorphins can elevate our mood and act as destressors. In the context of a relationship, being sexually active can help to maintain a couple's connection, which can be very important when one partner has a diagnosis of cancer.

How I can bring up a sexual health question with my clinician?

Sexual health can be a sensitive topic for many patients. However, it is important that you bring up sexual side effects the same as you would any other side effect.

You might ask, "Will there be any sexual side effects from this treatment?" or "What will the long-term effects of treatment (surgery, chemotherapy, radiation) be on my sexual functioning?"

During or after treatment, if you have a particular symptom or concern, the more specific you are with your healthcare provider the better he or she can address the problem. For example, you might say, "I have been experiencing discomfort during intercourse. Is there a way this pain can be relieved?" Or "My sex drive has really diminished since my treatment. Will this get better?"

Sometimes a very simple intervention can be offered by your treating healthcare provider, and sometimes a referral to a specialist may be needed. Sexual health issues are an important part of your quality of life and are absolutely appropriate to discuss with your provider.

Should I come to counseling alone or bring my partner?

We recommend that you make this decision based on several factors: the symptom or concern you have, your desire to include your partner, and your partner's interest in participating. Some couples find that a cancer diagnosis brings them closer together and thus want to come to counseling together. Here at MSKCC, half of our patients come with their partners.

If a patient has an ostomy, what suggestions do you have for couples to resume sexual activity?

For patients and their partners, an ostomy may be a barrier to satisfactory sexual relations. Many partners are turned off or worried they will hurt the patient. Many patients feel self-conscious and worry about leakage. There are things that can be done for the couple to try to smooth the adjustment to the ostomy and help them resume having sexual relations. For example, there are low-profile ostomy bags and covers that can be used and certain positions that can ease discomfort.

FAQs for Men

What is the most common sexual health concern for male cancer patients?

The most common problem for men is erectile dysfunction, or ED. ED is the consistent inability to obtain and/or maintain an erection sufficient for satisfactory sexual relations.

Which patients are most at risk for sexual difficulties?

We see men with prostate cancer — after prostatectomy, radiation therapy, or hormone therapy, as these treatments may cause ED. We see men with head and neck cancers and lung cancer, which are both related to cigarette smoke exposure, which causes ED. We also see men who, after a stem cell or bone marrow transplant, have decreased levels of testosterone, which can cause ED and loss of libido.

When someone with ED comes to you, what are some of the treatment options available to him?

The model we use is called the Process of Care model. First, we treat any potentially modifiable risk factors, making sure, for example, that the patient's hypertension and lipids are managed properly or that his diabetes is under control. Second, we address the psychosocial aspects of sexual health. Is there any interpersonal conflict in the relationship? Is the patient in a new relationship or the first relationship after being widowed or divorced? Third, we go to first-line treatment, which is PDE5 inhibitors: Viagra, Levitra, and Cialis. There is excellent data stating that men up to 85 years of age can use these drugs safely and effectively. Overall, there is a 60 percent response rate for these drugs. Finally, if first-line therapy does not work, we would use second-line therapy, which includes the use of a vacuum device, a urethral suppository called MUSE, and/or penile ejection therapy. Ninety-five percent of men who come to the sexual medicine program with erection problems can get back some function to the point of being able to have intercourse.

Resources

- Sexuality and Cancer: For the Man Who Has Cancer and His Partner
  From the American Cancer Society

FAQs for Women

What are the most common sexual health concerns for female cancer patients?

Abrupt menopause triggered by cancer treatment can cause intense vaginal dryness, discomfort, and dyspareunia (painful sexual intercourse). It is also not uncommon for women to experience changes in their sexual response, such as loss of libido or difficulties with arousal. Improving vaginal dryness and comfort often improves desire, subjective arousal, and capacity to reach orgasm.

Which patients are most at risk for sexual difficulties?

Women treated for cancer with pelvic surgery may have difficulties when gynecologic structures are affected. Pelvic radiation, given to some patients with cervical, endometrial, bladder, or rectal cancer, can cause changes in the vaginal tissues as well as loss of ovarian function, leading to vaginal dryness, narrowing of the vagina, and pain with intercourse. Certain chemotherapy and hormonal agents may bring on menopausal symptoms such as vaginal dryness. Patients who receive allogenic stem cell transplantation with graft-versus-host disease are at risk for vaginal pain.

What are some of the treatment options available to women?

There are some simple strategies that can relieve vaginal dryness and discomfort, leading to improved sexual health. The key to preventing, or at least alleviating, vaginal dryness and discomfort is to restore vaginal moisture, lubrication, and a natural pH to the vagina and vulva.

Vaginal moisturizers are non-hormonal, over-the-counter products intended to be used several times a week routinely for overall vaginal health and comfort, regardless of sexual activity. It is not uncommon for female cancer survivors to need to administer vaginal moisturizers from up to three to five times per week. Most are gels administered either in a tampon-shaped applicator or as a vaginal suppository. Women are instructed to apply the moisturizer prior to bedtime for the best absorption.

Vaginal lubricants are usually a liquid or gel meant to be applied around the clitoris and labia minora and inside the vaginal entrance to minimize dryness and pain during sexual activity. When used properly, vaginal lubricants can prevent the irritation and mucosal tears that cause pain and increase the risk of vaginal and urinary tract infections. Water- or silicone-based lubricants are recommended since they break down with warm soapy water. However, water-based lubricants may be preferred since they wash away more easily.

Learning pelvic muscle awareness and control is a component of successful treatment of vaginal pain. When a woman is able to keep these muscles relaxed, pain from vaginal atrophy is minimized during sexual activity and pelvic examinations.

Using vaginal dilators, graduated in size, to stretch the walls of the vagina can increase vaginal comfort and control over pelvic floor muscles. Survivors with vaginal discomfort due to pelvic radiation or hormonal deprivation, as well as vaginal reconstruction patients have also benefited from dilator therapy.

Resources

- Sexuality and Cancer: For the Woman Who Has Cancer and Her Partner
  From the American Cancer Society