

Questions & Answers about Sexuality For Women with Breast Cancer

As a woman who is receiving chemotherapy or radiation therapy for breast cancer or who has had breast surgery, you may have questions and worries about the effect of these treatments on your sexuality and your ability to have children. This information sheet contains answers to some common questions asked by women who have been treated for breast cancer. If you find that you have additional questions as you read this information, please write them down on the last page of this document and discuss them with your doctor or nurse.

Is my disease contagious? Can my partner get cancer from me if we have sex?

Answer: No, breast cancer is not contagious. You cannot give cancer to your partner by kissing, hugging, or having sexual intercourse.

If I am receiving radiation therapy as part of my treatment, am I radioactive? Can I transmit radiation to my partner during intimacy or sex?

No, you are not radioactive. You cannot give radiation to your partner by any form of touching including sexual intercourse.

If I am receiving chemotherapy as part of my treatment, can it harm my partner during intimacy or sex?

If you have chemotherapy treatment, your vaginal fluids may contain chemicals. If you feel like engaging in sexual intercourse during the first 48 hours after receiving chemotherapy, you must use a condom to protect your partner from chemotherapy. Keep in mind also, oral sex is another form of intimacy which can lead to the transfer of fluids from partner to partner and should be avoided during this time.

Sometimes I am very tired or don't feel well enough to have intercourse. When this happens, how can I let my partner know that my feelings about him have not changed?

Chemotherapy, radiation therapy, or cancer itself, as well as many of the concerns you have right now, may make you feel tired or not physically up to par for periods of time. When this happens, you may want to be intimate with your sexual partner in ways other than intercourse, such as body touching, hugging, kissing, stroking, massage, giving and receiving of gentle loving words or gestures. These are but a few ways to express tenderness and love. There are many other ways that you and your partner can discuss and experiment with to make each other feel special and loved.

Sometimes during a time of illness and recovery, partners are hesitant to talk to each other about physical, emotional, or sexual needs. Your partner is probably concerned about your physical stamina and might feel protective of you. You might start a conversation about what you feel comfortable doing, or show your partner through actions.

My vagina is dry, which makes intercourse painful. Is there anything I can do?

A dry vagina is a fairly common side effect of chemotherapy. Vaginal lubricating products can make your vagina less dry during intercourse. We recommend that you use a non-water-based vaginal lubricating product. These products can be purchased in drugstores without a prescription, or ask your doctor to recommend one. Discuss non-hormonal options with your provider to combat vaginal dryness while on treatment (ex. vaginal suppositories). Do not use any petroleum-based products like Vaseline®.

Will chemotherapy affect menstruation?

If you were having regular menstrual periods before beginning chemotherapy, you might stop ovulating after taking some of the drugs, and you will probably stop menstruating during the course of your chemotherapy. Ask your doctor or nurse how your particular treatments will affect your menstrual and ovulation cycles.

Will I begin menstruating again after I discontinue the chemotherapy?

This answer depends on the type of chemotherapy used, and the age of the patient. Not all chemotherapy permanently stops menstrual cycles. One of the drugs used for the treatment of breast cancer is cyclophosphamide (Cytoxan®) or the related alkylating agents. Almost all of these drugs cause ovulation and menstruation to stop during treatment. Many chemotherapy combinations for breast cancer contain cyclophosphamide or a related drug.

Most patients who are more than 40 years old will stop their menstrual periods during the time they take chemotherapy, and only 5% to 25% of these women will resume regular menstrual periods. But only about 40% of women who are younger than 40 will stop having menstrual periods, and about half of the women whose periods stop will resume having them. They will probably go through menopause earlier than if they had not taken chemotherapy.

Will I need to use birth control while I am on chemotherapy?

Yes. If you have not gone through menopause, it is very important **not** to become pregnant while you are receiving chemotherapy. Even if your menstrual periods stop during chemotherapy or in the year following chemotherapy, you could still become pregnant. You must use some form of birth control, but **not** birth control pills. If you have an Intrauterine Device (IUD), let your doctor know.

If you have questions about which methods of birth control you can use, ask your doctor. Your doctor can help you choose an effective means of birth control, such as a diaphragm, condoms, or a barrier cream or gel.

Will it be possible for me to become pregnant after chemotherapy?

The ability to become pregnant depends on the normal functioning of the ovaries. The ovaries of younger women are more resistant to chemotherapy. If a woman's ovaries return to normal function after she stops chemotherapy, she can become pregnant. A woman will usually have regular menstrual cycles if the ovaries are functioning normally. However, many women who do not have regular periods can still become pregnant. Occasionally a woman who thinks she has gone through "the change" (menopause) because she has stopped having menstrual periods does get pregnant. A special blood test of the hormone levels can determine fairly accurately whether a patient has gone through menopause. If you are of child bearing age, be sure to speak with your physician about fertility preservation options prior to starting any kind of cancer treatment.

Is it safe for me to become pregnant after I have completed my chemotherapy?

Many doctors have reported that, in their experience, pregnancy has no adverse effects on women who have recovered from breast cancer. The general recommendation is that a woman waits at least 2 to 3 years after breast cancer is diagnosed before becoming pregnant. This allows enough time for the patient to complete all therapy and recover from therapy. Women should not become pregnant while taking tamoxifen (Nolvadex®).

It is not recommended that patients become pregnant if their tumors have recurred. However, if a patient has not had a tumor recurrence after her surgical and postsurgical treatment, it is probably safe for her to become pregnant two to three years after diagnosis. If you have any questions about becoming pregnant after your treatment, ask your doctor.

Will I have hot flashes if I stop menstruating because I'm on chemotherapy? If so, is there anything I can do to alleviate them?

Hot flashes are a sign that the ovaries are no longer producing enough estrogen (a female hormone). The amount of estrogen necessary to prevent hot flashes is less than the amount necessary to have normal menstrual periods. Therefore, many women will stop having menstrual periods, but will not have hot flashes. The closer the patient is to age 40, however, the more likely it is that she will have hot flashes and also experience menopause.

Hot flashes are not a medically serious problem, but they can be very annoying. Often just knowing that these are hot flashes and are not serious is enough to reduce the anxiety associated with them.

See the patient education document "Hot Flash Symptom Management" for more information.

What other side effects might I have because ovulation and menstrual cycles have changed? What can I do to relieve them?

Usually, the most disturbing side effects (besides the hot flashes) occur in the vagina.

Two things happen:

1. The tissue lining the wall of the vagina gets thin
2. There is less lubrication in the vagina during sexual intercourse.

The tissues of the vagina and also in the urethra (the opening from the bladder to the outside) need estrogen to keep them soft and yet thick enough to resist normal wear-and-tear. When ovulation and the menstrual cycle stop, less estrogen is produced. Without enough estrogen, these tissues become thin and tend to bleed easily during sexual intercourse.

See the patient education document “Vaginal Dryness” for more information. Postmenopausal women also are more prone to urinary tract infections.

Can I have intercourse while I am wearing my infusion pump? If so, is there a safe and comfortable way to do so?

If you feel well enough for sexual activity, it is all right to have intercourse as long as the infusion pump is protected. It is important not to pull on the tubing that connects the pump to you and to your catheter. Perhaps tucking the pump under an armpit will be comfortable if you are lying on your back. If you generally make love very vigorously, you may have to do it less actively while you are wearing your pump. A condom should be used to protect your partner from chemicals while having sexual intercourse with an infusion pump connected.

Depending on your chemotherapy, you may not feel physically well enough for sex. If the chemotherapy causes nausea, you may receive anti-nausea medications. These medications may cause drowsiness and may also decrease vaginal lubrication.

If you are not feeling well or if you are not comfortable wearing your pump during intercourse, you may want to be intimate with your partner in other ways. Touching, massaging, and stroking may be a mutually acceptable alternative for sexual intercourse when you are wearing your pump.

Two books may be helpful in finding and discussing alternate ways to sexual expression.

1. Maggie Scarf's book, *Intimate Partners: Patterns In Love and Marriage*, which discusses normal sexual functioning and describes exercises to teach couples how to please each other by touch.
2. Dagmar O'Connor's book (The Director of the Sexual Therapy Program at St. Luke's Roosevelt Hospital Center in New York City), *How To Make Love To The Same Person For The Rest Of Your Life and Still Love It*. This book discusses alternative ways to make sexual interaction pleasurable for couples who have committed and long-term relationships.

Both of these books suggest that it is healthy to try new solutions when the situation changes. Some of these solutions may simply involve a different way of looking at the situation. If you are too overwhelmed by your illness to think about reading at this time, you may want to ask your partner to read these books, or even better, read them aloud to you!

I am self-conscious about my body since my breast surgery and wonder if I will be a "turn-off" to my partner.

Your perception of your body may not be at all how your partner sees you. Wearing a bra or shirt during intimacy may help with body image issues and help you feel more comfortable with your partner. If you experienced love and affection for one another before your surgery, there is every reason to think these same feelings are present now. You may have lost a breast, but you have not lost the ability to love and be loved.

I have always had large breasts and feel very "one-sided" and "unbalanced" when I wear a nightgown or pajamas since I've had a mastectomy.

After a mastectomy many women are more comfortable wearing a leisure or lightweight bra with a lightweight prosthesis when they go to bed. Also, some nightgowns are made so that ruffles can be added to the front, giving a fuller appearance to the side of the mastectomy.

Information on obtaining a prosthesis is available through the Reach to Recovery program sponsored by the American Cancer Society. Volunteers provide shopping information and samples of breast prostheses for women after their mastectomies. To schedule a visit, ask your nurse or doctor for information on this program.

Many patients may be good candidates for breast reconstruction at the mastectomy site. For women who do consider it, reconstruction is a more permanent alternative to wearing a prosthesis. Ask your doctor for more information about breast reconstruction and if it would be a good option for you.

I have had a prosthetic implant. Will massaging, squeezing, or caressing a breast dislodge or damage the implant?

Massaging, squeezing, or caressing a breast with a prosthetic implant usually will not cause any harm. In fact, many plastic surgeons recommend that the breast be massaged regularly to prevent scarring from occurring around the prosthesis.

Severe or blunt blows to the breast might damage the implant. If you suspect that the implant has been damaged, contact your doctor.

It seems to me that some of my friends, co-workers, relatives, and others are very awkward when they are around me, and they don't know how to handle the fact that I've had breast cancer.

Remember, other people will take their cue from you. If you are comfortable using words like "breast," "cancer," "breast surgery," "mastectomy," and "chemotherapy," others may pick up on this attitude, and they too will be able to add these words to their vocabularies.

Occasionally, an awkward situation may occur, such as a prosthesis slipping out of place, a person staring at your chest, or even someone repeating a joke about breasts. If you should be in a situation similar to this, please try to have a sense of humor - - humor is wonderful and can

help you through a tough and trying time. What has happened to you is certainly not funny but humor often diffuses an awkward situation.

Every time I get an ache or pain now, I think that perhaps I have a new cancer.

This anxiety is very common and will subside as time goes on. Be sure you follow your doctor's instructions for follow-up appointments and proper care of your body. If you feel you have a medical problem, discuss it with your doctor as soon as possible. If this anxiety is interfering with your daily life, ask your doctor for a referral to a therapist to help you cope with your feelings.

I seem to be having a difficult time accepting what has happened to me.

As with so many things in life, adjustments of any type take time. Do not be too hard on yourself. Soon you will probably be doing everything you did before your treatment or surgery, and maybe even more because of an added determination!

Sometimes it helps to talk to someone who has had the same type of surgery as you had. If you do not know anyone, call the local office of the American Cancer Society. Their Reach to Recovery program can put you in touch with someone who has had the same type of surgery.

Again, having a sense of humor and using it to relieve anxiety and enjoy the good things in life often helps to reduce a stressful situation. Sharing your sense of humor with your partner, your family, and your friends may ease stress and brighten your days.

You may find that some of these questions or answers may not seem appropriate for you or your situation, and that's okay. If you have any special concerns or questions that are not discussed in this information sheet, please write them below and discuss them with your doctor or nurse.

Your Questions
