Sexuality and Cancer Treatment
Patient Education

Many patients continue sexual activity during chemotherapy and radiation treatment. Here are some things to keep in mind:

- Chemotherapy and radiation may cause birth defects if you or your partner becomes pregnant during treatment. If you or your partner can get pregnant, use birth control during treatment.

- You may be less interested in sex. Your red blood cell count may be low, which can cause fatigue. If you are fatigued, you will have less energy, which can decrease your desire for sex.

- When your white blood cell (WBC) count is low, you are at risk for infection. Avoid oral and anal sexual activities during this time.

- A low white blood cell count may lead to reactivation of genital herpes. Let your doctor or nurse know if you have signs of herpes so appropriate treatment can be prescribed.

- If your platelet count is low, you are at risk for bleeding. If your platelet count is less than 50,000, be gentle during sexual intercourse. Women may need to use a vaginal lubricant to avoid tearing during sexual intercourse. Avoid anal sexual activities while your platelet count is low.

- Ask your doctor or nurse to tell you when you are no longer at risk of infection and bleeding and can go back to your normal sexual activities.

Being able to have sex (sexual function) is different than being able to have children (fertility). How treatment affects your fertility depends on the type and dose of chemotherapy and radiation. For women, your age will also affect your ability to have children after treatment. Ask your doctor about the long-term effects of your treatment plan.

Sexual expression comes from the mind and the body. It may take time for your body to heal after treatment. Talking about your feelings with your partner is an important part of resuming sexual activity. The American Cancer Society has a booklet you may find helpful called Sexuality for the Women/Man with Cancer and Her/His Partner. Ask your nurse for a copy.

Issues for men
Chemotherapy may make your semen look brown or burnt orange with the first few ejaculates after your treatment. You may also feel pain in the testicles after orgasm the first few times you have sex. Tell your doctor if you continue to have brown discharge, pain, inability to get or keep an erection, or anything else unusual.

Temporary changes after treatment may include: fewer and smaller erections, orgasms that happen more quickly, and less fluid being released than before. If you have trouble or have a decrease in your desire for more than 4 months after your treatment, tell your doctor. Your testosterone level may be low. Your testosterone level can be checked by a blood test and if it is low it can sometimes be safely replaced. This may return your sexual desire to normal.

**Issues for women**
Changes in your hormone levels may lead to menopausal symptoms. These symptoms include hot flashes, flushing, vaginal dryness and difficulty sleeping. Your periods may become irregular or stop completely. This change can be temporary or permanent, depending on your age and the type and amount of treatment you have. Keep track of your menstrual cycles and menopausal symptoms and talk about them with your doctor.

To prevent discomfort and trauma to dry vaginal tissue, use water-based lubricants, such as Replens®, K-Y Jelly®, or Lubrin®, or moisture replacement suppositories. **Do not use oil-based lotions or vaseline**. They may cause infection or cause a condom to tear.

Let your nurse or doctor know if you are having vaginal dryness, pain, itching or discharge. These can be signs of an infection you need to receive treatment for.

**IMPORTANT NOTE**
Read the symptom management sheets for Neutropenia, Anemia and Thrombocytopenia. If you develop these side effects there are other precautions you should follow for your safety.

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