Cancer Society

LIVING WITH CANCER

Sexuality and Cancer
Hōkakatanga me te Mate Pukupuku

A guide for people with cancer and their partners

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Publications Statement

The Cancer Society's aim is to provide easy-to-understand and accurate information on cancer and its treatments.

Our Living with Cancer information booklets are reviewed every four years by cancer doctors, specialist nurses, and other relevant health professionals to ensure the information is reliable, evidence-based, and up-to-date. The booklets are also reviewed by consumers to ensure they meet the needs of people with cancer.

Other titles from the Cancer Society of New Zealand / Te Rōpū Mate Pukupuku o Aotearoa

Booklets

Bowel Cancer/Mate Whēkau Pukupuku
Chemotherapy/Hahau
Lung Cancer/Mate Pukupuku Pūkahukahu
Melanoma/Tonapuku
Prostate Cancer/Matepukupuku Repe ure
Radiation Therapy/Haumanu Iraruke
Secondary Breast Cancer/Matepukupuku Tuarua ā-Ū
Understanding Grief/Te Mate Pāmamae
What do I tell the Children?/He aha he kōrero māku ki āku tamariki?

Brochures

Being Active When You Have Cancer
When someone has Cancer
When you have Cancer

This edition of *Sexuality and Cancer/Hōkakatanga me te Matepukupuku* includes a new feature in response to suggestions from those who review our booklets, and to meet the needs of our readers. Our key messages and important sections have been translated into te Reo Māori. Our translations have been provided by Te Taura Whiri i te Reo Māori/the Māori Language Commission's Hohepa MacDougall, and have been peer reviewed by his colleagues.

'Kia ita!'
Te Taura Whiri i te Reo Māori
MĀORI LANGUAGE COMMISSION

This booklet has been written to help you understand more about sexuality and cancer. We hope it answers some of the questions you may have as well as assisting you to rebuild your sexual confidence. This booklet is intended for people of all sexual orientations.

I tuhia tēnei pukapuka hei āwhina kia mārama pai ai koe ki te hōkakatanga me te matepukupuku. Ko te tūmanako, he whakautu kei roto mō te maha o ngā pātai tērā pea ka ara ake, tae atu ki ētahi āwhina mōu kia āhei anō koe ki te hoki ki taua āhua, o te hiahia ai. E hāngai ana tēnei pukapuka ki ngā tāngata katoa ahakoa tō rātou nā taera.

If you find this booklet helpful, you may like to use it as a reference guide.

Mehemea e pai ana ki a koe tēnei pukapuka iti, whakamahia hei aratohu tohutoro.

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Introduction

Sexuality means different things to different people. It's about who you are, how you see yourself, and how you connect with others. It is much more than sexual intercourse.

Sexuality is very difficult to define because sexual attitudes and behaviour vary enormously from person to person. Attitudes and behaviour can vary due to circumstances, and you may have noticed for yourself that your feelings and behaviour change at different times, in different places, and in different situations.

It may be useful when reading this booklet to remember that you are a unique individual. Comparing yourself to others in terms of sexuality is not as helpful as thinking about your own needs, wishes, and desires. Your sexuality is not fixed. You can change your mind, find different things pleasurable, communicate differently, build your sexual self-esteem and feel good about who you are, and how you choose to share that with others.

He pai mehemea ka whakaaro koe mōu ake me tō kōtahi i a koe e pānui haere ana i te pukapuka nei i te mea hoki, kāore i te pai te whakariterite i a koe anō ki ētahi atu e pā ana ki tō taera, ki tō hōkakatanga. Kāore tēnei e whai kiko i a koe e whakaaro ana mō ōu hiahia, mō ōu wawata me ōu tūmanako. Ehara i te mea he pūmau tō

hōkakatanga. Tērā pea ka rerekē ōu whakaaro. Ka rerekē ngā mea pai ki a koe, ka rerekē tō kōrero ki ētahi, ā, māu tonu e whakarite tōu ake wairua kia pai anō ki tāu e hiahia ana; kei a koe hoki te tikanga, ka pīrangi ana koe kia mōhio ētahi atu.

Talking about sex and your sexual needs

Cancer and its treatment can have a dramatic effect on your sexuality and relationships. Even if the changes are temporary, in order to understand what is happening you may have questions you would like to ask.

Our sex lives are usually private and not openly discussed with strangers. You may feel that talking about sex will be embarrassing and difficult both for you and the health professionals you talk to. We hope this booklet will help you to understand more about sexuality so that you are able to ask questions that relate directly to you and your situation.

Difficulties in finding the right words to use can put people off starting the conversation. Often when talking about sexual areas of our body we use slang words and unclear expressions, which can be vague and lead to confusion and misunderstanding. If you struggle to find the right words, then you may find it helpful to note the words used in this booklet. You could also speak to your doctor or contact the Cancer Society on **0800 CANCER (226 237).**

Embarrassment can prevent us saying what we want to. One way to reduce the embarrassment may be to write down all your questions in advance and then discuss them, or show your list to someone who may be able to offer answers. It can often be difficult to bring up the subject of sexuality at an appointment with your doctor, but most health professionals are used to dealing with this subject and should be able to answer your questions. Many hospitals have specialist nurses who can discuss any questions that you have.

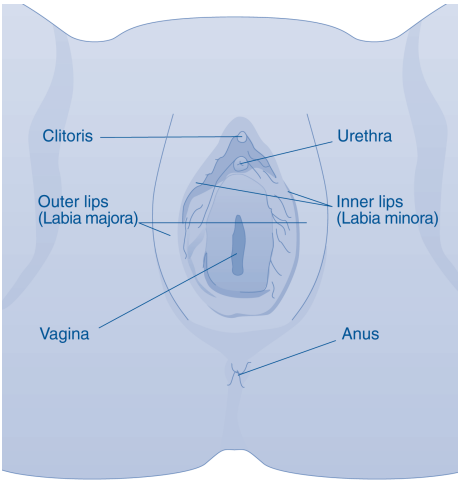
Medical staff may not think to ask you whether your cancer or its treatment are affecting your sexuality, but should be happy to refer you for counselling or specialist treatment if they are unable to answer your questions. If you do not want to talk to anyone face to face, you may wish to ring the Cancer Society's Cancer Information Nurses on **0800 CANCER (226 237).** This is a confidential service where the nurses will offer information, practical advice, and emotional support. Sexuality is an important part of many people's lives, and it can be very reassuring to discuss any problems you have.

Sexual anatomy and responses

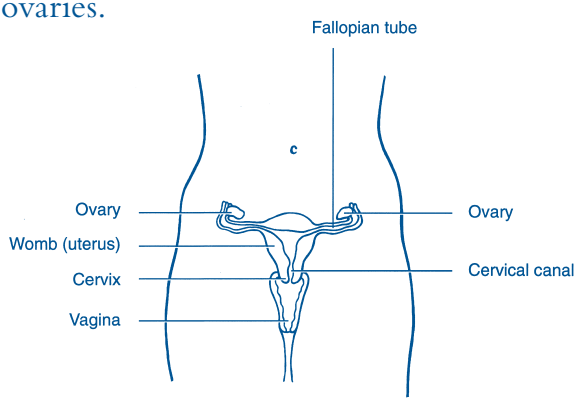
Even though sexuality is much more than sexual function or your ability to have sexual intercourse, it may be helpful to be reminded of the sexually sensitive areas of your body and how they respond to stimulation.

Women and their bodies

A woman's sex organs are mostly inside her body. However, outside the body are the outer lips of the vulva, or labia majora (see diagram below).



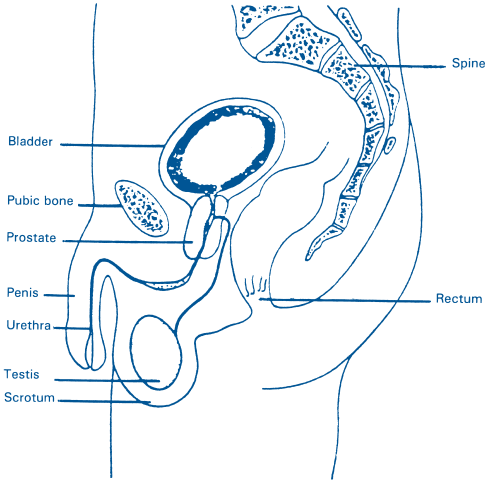
When parted, these show the thinner, inner lips – the labia minora. These join at the top to cover the clitoris with a hood. The clitoris is usually sensitive to touch. The head of the clitoris, when not aroused, is about the size of a split pea. Just beneath this, towards the vaginal opening, is the urinary outlet or urethra. Further back still is the vagina itself. Beyond the vagina is an area of skin called the perineum and beyond that the anus or opening to the back passage. Inside a woman's body lie the uterus (womb), the cervix (neck of the womb), and the ovaries.



Other sexual areas on the body include the breasts and nipples, which change in hardness and sensitivity when touched. Women also have other sensitive areas on their bodies, such as the nape of the neck, behind the knees, buttocks, and inner thighs, which respond to direct touch. These areas, which vary from person to person and are known as erogenous zones, may assist in helping you achieve intimacy even when sexual intercourse is not possible or desired.

Men and their bodies

In a man the sexual organs are largely outside the body and include the penis, testes, and prostate gland (see diagram below). The end of the penis is covered by the foreskin, if the man has not had it removed by circumcision. The ridge on the underside of the head, called the fraenulum, is usually the most sensitive part of a man's penis. At the very top of the penis is a slit opening to the urethra through which semen and urine are passed.



At the base of the penis there is a bag formed by wrinkly skin called the scrotum. Inside this bag lie the testicles (or balls). These produce sperm, which is then passed through tubes (vas deferens) to mix with other fluids to make semen.

The other parts of a man's reproductive system lie inside his body. The prostate gland lies deep in the pelvis and surrounds the first part of the urinary tube, the urethra, as it leaves the bladder. The prostate gland produces a fluid that mixes with the sperm to form semen and helps create the intense sensations a man experiences when he has an orgasm.

The penis, testicles, and anus are erogenous zones. A man's chest and nipples can also be sensitive and his body may have other erogenous zones, which are helpful to understand when sexual intercourse is not desired or possible.

Stages of sexual arousal

Sexual desire, also known as libido, is a phrase used to describe people's interest in sex. It is generally accepted that men's and women's desire for sex can vary. For example, most women find their desire for sex changes throughout the menstrual cycle, when they are pregnant or breastfeeding, and after the change of life (the menopause). Feelings and relationships greatly influence the desire for sex in many women.

Excitement or arousal is the phase of sex in which we feel 'turned on' and ready for sex. This can be produced by simply seeing someone we fancy, being touched by or touching our lover, having a sexual fantasy, or having our genital area touched. Arousal may, or may not, lead to orgasm.

Orgasm is the sexual climax and a feeling of intense sensation that occurs as areas of the body go into a series of rhythmic contractions. Some women can feel the uterus contract. Men ejaculate semen, unless they have had surgery which affects the production of sperm.

Resolution is the phase that follows sexual arousal and orgasm. This is when the sexual changes in the body return to normal. Men cannot usually be excited again for a while. However, many women are capable of being aroused to orgasm again straight away. As people get older, they tend to lose the ability to become sexually excited repeatedly, but their desire for intimate and sensual touch, hugging, and closeness rarely subsides.

Body systems that govern sexual response

All these sensations and experiences are linked and require certain systems in the body to be working normally. The changes described above will only happen if the body has a good blood supply, if the nerves to the pelvic area are intact, and if the hormone balance is right. However, our desire for sex is greatly affected by our state of mind. If you are depressed, anxious, or afraid about your cancer, its treatment, or your relationship, you may find it more difficult to be aroused by thoughts of sex.

How might cancer and its treatment affect your sexuality?

Ka pēhea te pānga o te matepukupuku me ngā maimoatanga ki tō hōkakatanga?

In this section some of the possible effects of cancer and its treatment on your sexuality are described. In the following section we suggest some ways in which these problems can be overcome.

It is very difficult to predict accurately how cancer and its treatment will affect you, but for most people there are changes which require them to adapt and develop new ways of giving and receiving sexual pleasure. Cancer does not mean that you are no longer a sexual person or your sexuality will be destroyed. With support and clear communication, you may still be able to enjoy fulfilling sex.

He tino uaua rawa atu te titiro whakamua me te whakapae ka pēhea te pānga o te matepukupuku me ngā maimoatanga ki a koe heoi, mō te nuinga o ngā tāngata, ka huri rātou ki te rapu huarahi hōu kia pai ai te ai, kia ngata ai te hiahia. Ehara i te mea, nā te matepukupuku ka kore koe e tū hei tangata hōkaka, ka patua rānei tō hōkakatanga. Mā ngā tautoko me ngā kōrero tika e āhei tonu koe te ki whai i ngā āhuatanga o te ai pai.

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

- physical ability to give and receive sexual pleasure
- thoughts and body image (how you see yourself)
- feelings, such as fear, sadness, anger, and joy
- roles and relationships.

The links between these four areas are important. If there is a problem in one of them, it may have an impact on another. When someone becomes ill, it can affect their ability to feel good about themselves sexually, or their physical ability to give and receive sexual pleasure. If this has happened to you or your partner, then it might be helpful to understand that some changes will only be temporary. Even if they are longlasting, or permanent, you can learn to change or modify previous techniques that are no longer possible. You can learn to feel good about yourself sexually despite the presence of cancer and the possible side effects brought about by the treatments.

Many people with cancer say they feel washed out and almost completely without energy over many months or even years. This may be to do with the cancer itself, or sometimes the treatment. In this situation you might not want to bother to do anything at all about sex. This tiredness can lead to loss of interest in sex during and after cancer treatment.

However, your desire to feel good about yourself or to reach out and connect with another person in your life rarely changes.

In many relationships one partner may be more interested in sex than the other. Cancer can exaggerate this mismatch. If one partner has a change in their level of desire, this may be upsetting when there is the added complication of cancer.

He maha ngā tāngata matepukupuku e kī ana ka ngoikore katoa rātou, kua kore he kaha mō te hia o ngā marama, o ngā tau rānei. I ētahi wā, nā te matepukupuku tonu ka pēnei ai, i ētahi wā, nā ngā maimoatanga kē. Ka pēnei ana, tērā pea kāore noa iho koe e whakaaro ake mō te ai. Heoi anō, e kore e ngaro tō hiahia ki te whakaaro pai mōu ake, me tō hiahia ki tētahi atu.

I te nuinga o ngā hononga, he nui ake te hiahia ai a tētahi, ki tētahi atu. Ki te pā te matepukupuku ki tētahi ka kaha ake tēnei āhua ki waenganui i ngā tokorua, ā, tērā pea ka puta he raruraru.

Cancer treatments and their effects

Surgery

Any form of surgery can affect our sex lives, even if it does not involve the sex organs directly. However, cancer treatment that affects the genitals and breasts directly causes quite marked changes for both men and women.

Ngā momo maimoatanga matepukupuku me ngā pānga

Pokanga

Ahakoa he aha te pokanga, ka puta he pānga ki te mahi ai, ahakoa kāore i pokaina te raho, te tara rānei. Heoi, ka tino rerekē te āhuatanga o te tāne, o te wāhine hoki inā ka hāngai ngā maimoatanga matepukupuku ki ngā taihemahema me ngā ū.

Surgery's effects on women

Hysterectomy

Hysterectomy is the removal of the uterus (womb) and cervix. Once the womb is removed, the surgeon stitches up the top end of the vagina. This makes it slightly shorter than it was before. Sometimes one or

both ovaries are removed as well. The slightly reduced vaginal length is usually no problem at all. But early on, while healing takes place, a woman might prefer not to have penetrative sex, or for her partner to be very gentle. Try different positions to find out which are most comfortable.

A hysterectomy may affect a woman's experience of orgasm as some of the nerves leading to the clitoris may be affected by the surgery. Most women find that they are still able to have an orgasm, but the sensation may be different from before the operation. Some surgeons specialise in doing surgery which is less likely to damage the nerves: this is known as nerve-sparing surgery.

Oophorectomy

Oophorectomy is the name of the operation where your ovaries are removed. This produces a 'surgical' menopause, so you will go through symptoms of the change. It is likely that you will notice these symptoms occurring more quickly than the gradual onset that occurs with a natural menopause. In many cases, replacement hormones (HRT) can return the body's systems to near normal. You may find it helpful to talk all this through with your doctor.

Breast surgery

Breast surgery creates a body change, which can affect sexual arousal in many ways – particularly if you were previously aroused by breast massage and nipple stimulation. Some women say that the operation affects their image of themselves and they feel less womanly. Some women may find that they need a lot of time to talk through the feelings and emotions that breast surgery can cause.

Vulvectomy

Vulvectomy is where part or all of the vulva is removed. This is a rare operation, which is sometimes necessary for women who have cancer of the vulva. Removal of the vulva can affect sensations during sex, especially if the clitoris has had to be removed. This surgery may alter how you view your femininity, body, and sense of self.

Surgery's effects on men

Prostatectomy

Prostatectomy is the removal of the prostate gland (see diagram on page 9). Following radical prostatectomy a man will no longer ejaculate semen so he will have a dry orgasm. Some men say this feels totally normal, while others say that their orgasm does not feel as strong, longlasting, or pleasurable.

Modern surgical procedures are aimed at not damaging (sparing) the nerves in this part of the body, but even so, many men will have erection problems.

Abdomino-perineal resection

An abdomino-perineal resection is one of several different operations used to remove tumours of the colon or rectum. This operation can affect the nerves that control erection and ejaculation.

Orchidectomy

Orchidectomy is the name of the operation where one or both testicles are removed. Where one is removed (usually the case for testicular cancer) this will not cause infertility and does not usually affect your sexual performance. Initially, after the operation, sexual positions which apply pressure to this area should be avoided. Some men describe orgasm as feeling different, and the normal contractions of the testicular sac at orgasm can make this feel uncomfortable. The amount of ejaculated fluid produced is usually less than before.

If both testicles are removed (usually for advanced prostate cancer), the man will be infertile and almost always unable to have an erection. A false testicle (prosthesis) can be inserted into the scrotal sac, which will give the appearance and feel of a normal testicle. However, although it looks normal, the man may feel a

change in body image. Some men describe feeling less masculine and need time to talk through this change.

Stoma

If your surgery requires you to have a stoma (opening on the abdominal wall) formed for bowel or bladder cancer, there is a high chance of permanent damage to blood and nerves, which supply the genital area. This may cause a man to have problems in having and maintaining erections. It is not clear how a stoma affects arousal and orgasm in women.

A stoma can make some lovemaking positions uncomfortable. Having to change a stoma bag before lovemaking may reduce spontaneity, and people often fear losing control over the stoma. It is important to note that stomas are not designed to be used for penetrative sex. Stoma nurses can give advice and help with all the effects on sexuality that a stoma may cause.

Radiation therapy

Radiation therapy treats cancer by using high-energy rays (radiation), which destroy the cancer cells, while doing as little harm as possible to normal cells. Radiation therapy commonly causes fatigue (tiredness that does not go away with rest) which may last for several weeks, months, or even years.

Radiation therapy to any part of the body may indirectly reduce desire for sex during and after treatment because it causes tiredness.

Haumanu iraruke

Ko tā te haumanu iraruke he patu i te matepukupuku mā ngā hihi whai kaha te pūngao, ka whakamate i ngā pūtau matepukupuku me te karo i ngā pūtau pai. Ka māuiui te tangata i te haumanu iraruke (ka hiamoe i ngā wā katoa ahakoa te tīraharaha haere o te tangata) mō te hia o ngā wiki, o ngā marama, o ngā tau rānei. Ka iti ake te hiahia ai i te wā o te maimoatanga, whai muri rānei, nā runga i te haumanu iraruke, ahakoa hāngai ki tēwhea wāhanga o te tinana.

Radiation therapy's effects on women

In women, any radiation to the pelvic area for cancer involving the rectum, bladder, or cervix, affects the ovaries and reduces the production of female hormones. Sometimes this alteration reverses itself, but usually the ovaries permanently stop producing hormones. A woman who has had her menopause will have far fewer changes than a woman whose ovaries are still working before the radiation therapy. However, these women often re-experience menopausal symptoms they thought they had finished with.

Your doctor may be able to give you hormone replacement therapy (HRT), which can make up for

these changes. If you have had breast cancer you may be advised not to take HRT, and it is helpful to discuss this with your doctor. If you have not yet had your menopause you cannot be sure that your ovaries will not produce eggs, and you may still need to use contraception. All this needs careful discussion with your doctor.

The vagina can be affected by pelvic radiation. It becomes tender in the early stages and for a few weeks afterwards, and in the long term – this irritation may leave scarring. This makes the vagina narrower and less flexible (see page 38).

Radiation therapy's effects on men

Radiation therapy may affect sexual function when it is given to the pelvic area for cancers of the prostate, rectum, and bladder. In this situation it can reduce men's ability to have an erection. Adverse effects on erection are related to the dose of radiation therapy used.

The effects occur because of nerve damage, or because blood vessels that supply the penis become scarred and are unable to let enough blood through to fill the penis. About one-third to a half of all men treated in this way say their erections are less strong than before. The changes are usually slow in onset, and can worsen over the first year or two following radiation therapy. Some men get an erection but then lose it. Others are unable to have one at all. Many men find they do not have to have a full erection to penetrate their partner (see page 39). Intimacy and

sensuality do not require an erection. Some feel a sharp pain as they ejaculate caused by radiation irritating the urethra. This usually disappears within a few weeks after the treatment has ended.

Chemotherapy

Chemotherapy is the use of anti-cancer (cytotoxic) drugs to destroy cancer cells. Some of the side effects of chemotherapy, such as sickness, weakness, depression, tiredness, and lack of energy can reduce the desire for sex. However, these side effects of treatment may be reduced or stopped with medication. With time, your sex drive will usually return once chemotherapy is over.

Hahau

He whakapōauau patu matepukupuku te hahau, hei whakamate i ngā pūtau matepukupuku. Nā runga i ētahi o ngā pānga o te hahau pērā i te māuiuitanga, te ngoikoretanga, te pōuri, te hiamoe me te kore kaha, ka heke te hiahia o te ai. Heoi anō rā, tērā pea mā ngā rongoā ka iti haere, ka mutu rānei ngā pānga o ngā maimoatanga. Ā te wā, ka hoki mai te hiahia mō ngā mahi ai ka oti ana ngā maimoatanga.

Unfortunately, if the chemotherapy has caused hair loss, or weight loss, or if devices such as central lines are involved in the chemotherapy itself, patients may feel very ‘unsexy’ at the time. Some of the tablets given to

prevent sickness can cause a lack of desire. Once these tablets stop, your desire should return.

Chemotherapy's effects on women

In women, chemotherapy can reduce the amount of hormones produced by the ovaries. You may notice changes in your monthly periods, which can sometimes stop altogether. Despite this change, it is important to talk to your doctor about contraception because it is still possible to become pregnant even with irregular menstrual cycles.

Chemotherapy can cause the symptoms of an early menopause, including hot flushes, irritability, sleep disturbances, and vaginal dryness. Vaginal thrush is common in women having chemotherapy, especially if they are taking steroids or powerful antibiotics to prevent infection. Your doctor can prescribe treatment for this.

Chemotherapy's effects on men

Some men find that at the time of the therapy their sex drive falls due to tiredness and possibly feelings of sickness, but it usually returns soon after the end of the therapy. Some types of therapy reduce testosterone production, but this too usually returns to normal in time. In both men and women, chemotherapy drugs can affect fertility.

Incontinence

Incontinence means poor bladder or bowel control, but may also involve increased frequency or urgency without actually leaking. Just as the physical ability of the pelvic floor muscles affects bladder and bowel control, incontinence may also affect sexual function and interest.

Incontinence can be temporary or permanent. It is one potential side effect of treatment for cancer of the prostate, bladder, bowel, penis, or of the female reproductive organs. Men experiencing urinary incontinence may find they dribble after urinating. Women may dribble after an orgasm. Men and women may leak when coughing, sneezing, or laughing. This is known as stress incontinence. For many people, incontinence and the impact this has on sexuality is an embarrassing problem, which may be difficult to seek help for.

For advice on managing bowel or bladder problems, telephone the New Zealand Continence Association Helpline on **0800 650 659**, 8 am to 8 pm Monday to Friday or visit www.continence.org.nz.

It is important that you find someone you feel comfortable talking to. You may wish to call the Cancer Society to talk confidentially to one of our Information Nurses on **0800 CANCER (226 237)**.

Consider having a continence assessment with a specialised physiotherapist, continence nurse, or through the District Nursing Service, so that your incontinence can be better managed or perhaps cured.

Exercising the pelvic floor muscles can help with incontinence problems and with erection or ejaculation problems.

Pelvic floor exercises

To correctly identify the pelvic floor muscles:

1. Sit on a chair, leaning forward with your knees slightly apart.
2. Now imagine that you are trying to stop yourself from passing wind. You should be aware of the skin around your back passage tightening, and being pulled up and away from the chair. Your buttocks and legs should not move at all.
3. Now imagine that you are sitting on a toilet passing urine. Try to stop your stream of urine. This will help you to identify the right muscle. Again, you should feel a lifting and tightening.

Practising your exercises

1. Sit, stand, or lie with your knees slightly apart. Slowly tighten and draw up around the back passage and urethra (and vagina for women) all at once,

lifting them up inside. Try to hold strongly for a count of three, then release and relax. You should feel in control of the whole contraction with a definite 'letting go' sensation at the end.

2. Rest for ten seconds.
3. Repeat and squeeze and lift and relax. If you find holding for three seconds easy, aim to progressively hold for longer – up to ten seconds.
4. Repeat this combination of contractions and rest periods as many times as possible – up to eight to ten squeezes.
5. Now do five to ten short, fast/quick but strong contractions.
6. Aim to do this whole exercise routine at least four to five times each day.
7. Try to also use these muscles functionally, tighten them just before you lift something, laugh, lean forward, cough, etc.

(Adapted from the Continence Foundation of Australia's publications: *The Continence Guide: bladder and bowel control explained* and *Sexuality and Incontinence*.)

Tips

Oestrogen, inserted into the vagina as a cream or tablet, may improve symptoms of urgency.

Plan for intercourse – wait at least two to three hours after a meal and empty the bowel or bladder beforehand.

Place an absorbent pad/draw sheet on the bed if you are concerned about wetting.

If you have an indwelling catheter or supra-pubic catheter, it may be possible to tape the catheter forward onto your skin, remove the bag, and insert a specially designed valve or stopper (flip/flow valve is one trade name). Talk to your GP or nurse to see if this is an option for you, and where to obtain them.

Males with an indwelling catheter should fold the catheter down the length of their erect penis and then place a condom over the penis. Always use plenty of water-based soluble lubricant when having intercourse with someone with an indwelling catheter in place.

If you have faecal oozing, use plugs designed for rectal use. Plan to have a spare stoma bag, toilet tissues, or wet wipes to hand if an accident does occur.

Infertility

Chemotherapy and radiation therapy can cause infertility for some men and women. Talk to your doctor about how likely this is with your treatment. Your doctors may not be in a position to know for sure that you will be infertile, so for some people there is an uncertainty, which is ongoing and difficult to cope with.

Infertility means that a man cannot father children and a woman cannot become pregnant. Infertility is a side effect of some treatments given for cancer and can

affect how people see themselves. If you want to have children, then the impact of the news of infertility can be devastating. This loss can cause a whole range of emotions.

Many women describe feeling less feminine when they are unable to have children. The sadness and disappointment are very real. Dreams for the future can be shattered, and an overwhelming sense of loss can be felt. It is important to talk about fertility with your cancer specialist who will be able to advise you about methods to preserve your fertility before you start any treatment.

Pākoko

Ka pā te pākoko ki ētahi tāne, wāhine hoki, nā runga i te hahau me te haumanu iraruke. Me kōrero ki tō rata e pā ana ki tēnei. Tērā pea kāore ngā rata e tino mōhio ana mēnā ka pā te pākoko ki a koe, nā reira ka puta te āwangawanga korenga mutu ki ētahi, kua tino taumaha haere.

Ko te tikanga o te pākoko, kāore e taea e te tāne te whiwhi tamariki, ā, kaore e hapū te wahine. He pānga te pākoko nā runga i ētahi o ngā maimoatanga mō te matepukupuku, ā, ka pā hoki ki te titiro a tēnā, a tēnā, ki a ia anō.

Mehemea e whakaaro ana koe ki te whai tamariki, tērā pea ka puta te pōuritanga i te rongona i tēnei kōrero. Ka taumaha hoki te whatumanawa. Maha tonu ngā wāhine e kī ana ka heke te taha ira wahine i te rongona i te kōrero mō te kore whai tamariki. He pono tonu ngā pōuritanga me ngā matekiri. Kua hinga katoa ngā moemoeā mō ngā rā ki mua, kua pēhia e te mamae.

He mea nui kia kōrero koe ki tō mātanga matepukupuku, māna koe e tohutohu ki ngā huarahi pai hei pupuri i tō āheitanga ki te whai tamariki, i mua i tō tīmata i ngā maimoatanga.

In some cases, it may be possible for a man's sperm to be collected, frozen, and stored before chemotherapy starts. This sperm can then be used at a later date. For women, it may be possible for eggs to be removed, fertilised, frozen, and stored for possible re-implantation later. As this can involve the use of hormone drugs to stimulate the ovaries to produce more eggs, it may not be suitable for women who have cancers that may be stimulated by hormones.

Once your treatment has ended you may wish to explore the fertility options further. Specialised help is available including counselling for infertile couples, and guidance about alternatives to having your own children.

Hormonal therapy

Some cancers are influenced by hormones naturally produced within the body, so treatment is given to change the hormone levels.

Hormonal therapy's effects on women

Tamoxifen is a commonly used anti-oestrogen drug often given as part of the treatment for breast cancer. It has fewer side effects than chemotherapy. Some women have symptoms similar to those of the menopause, such as vaginal soreness, dryness or discharge, or a shrinking of the vagina and a drop in sex drive. However, some women have no such side effects. There are many other hormonal therapies, and these may often cause side effects, such as tiredness or vaginal dryness, which may affect your sex drive.

A drug called goserelin (Zoladex) is sometimes given to women who have not yet had their menopause. Goserelin (Zoladex) reduces the production of sex hormones by the ovaries, so periods stop, and women have menopausal symptoms while they are taking this drug. It can cause a reduction in sex drive. Usually, it is taken for two years. Once the drug is stopped sex drive will return gradually to normal, and the other side effects will also disappear.

Hormonal therapy's effects on men

In men with prostate cancer it can be helpful to lower testosterone production. This may be done by removing the testicles or by giving tablets or injections (see the Cancer Society's booklet, *Prostate Cancer*, for more details). You can obtain this booklet from your local Cancer Society on **0800 CANCER (226 237),** or by downloading it from our website www.cancernz.org.nz.

Treatments to lower testosterone production can have major effects on a man's sex life. He may find that he feels much less like sex and, when or if he does feel like it, he can't have or maintain an erection. He may notice that he produces less semen, shaves less frequently, and has less muscle strength. Some men having hormonal therapy treatments may also develop breast swelling and tenderness.

Not surprisingly, a man whose testicles have been removed may feel less masculine (false testicles can sometimes be used to give the appearance and feel of normal testicles). Neither the operation nor hormonal therapy make him a woman, as some men fear.

Some solutions to sexual problems caused by cancer and its treatment

Help with problems with body image

Body image is the mental picture you have of your own appearance. This image may not be drawn from how your body actually looks, but rather how you think you look. Throughout life, your body image is constantly changing. Your body image may alter regardless of whether or not a cancer or its treatment causes change to your appearance.

Physical changes in your body affect your sense of femininity or masculinity. This may cause feelings of distress that go beyond the physical effects of cancer and its treatment. When there has been a change in your body, or how you think about your body, you may feel shame, embarrassment, inferiority, and anger. When the change is a visible one, these feelings can be reinforced by the reactions of others when they see the change.

The most important thing is to tell someone your fears, rather than hiding them and letting them grow into something bigger. The more able you are to face the things you have been avoiding, the better. However, it might be very important to have spent some time thinking through your worst fear, and planning a way

of managing this to help build confidence. If someone is anxious about their body image, reassurance can often be unhelpful because it only gives a short-lived decrease in anxiety. In response to your partner's anxious question, 'Do I look all right?' it might be better to ask what the fear is behind their question rather than answer it directly. With time, some people state that they've realised they haven't lost their femininity or masculinity, rather they've lost some physical part of their body. Femininity or masculinity is more than just your body, it's how you think and view life.

If you are the partner of someone who has had changes in their real or perceived body image, it may also take you time to adjust to and accept the changes. You may need to talk through your own fears. Having a stoma, or having a breast removed, is likely to cause a significant change in body image in most people. If this is true for you then you could try making love in underwear or partly dressed rather than completely naked. Changing the lighting level when giving and receiving sexual pleasure can also help to build your confidence about how your body looks. It may help to lie on your side for lovemaking to prevent pressure on scars or stomas. Facing away from your partner, not towards, may also help.

Solutions for a mismatch in desire

It is important to let your partner know if you do not feel interested in sexual activity. It can be helpful to explain how you feel so they do not feel rebuffed. You can also suggest what you are happy to offer as an alternative, such as, 'I don't want to have sex, but would love to give you a cuddle.'

If your partner is feeling frustrated it may be helpful for them to reduce the frustration through masturbation, either mutual or alone. If you have fatigue (continual tiredness that is not relieved by rest), and do not have much energy, it might help to make love differently. Less energetic positioning, where your weight is well supported, can reduce strain. Choose a time of the day when you experience more energy. Make it a priority. Focus on sensuality and setting the scene. You may prefer quicker sexual contact rather than longer sessions. These are things you can talk about together.

If the tension is building between you, you may find it helpful to get support from a counsellor who specialises in offering help in these circumstances. Contact your local Cancer Society on **0800 CANCER (226 237)** for information on counselling.

Whakamāramatanga mō ngā mamae i te wā ai

Pain during intercourse can occur after pelvic surgery or radiation to the area, or indirectly because medications have reduced natural lubrication. Unwanted pain can compete with sexual feelings and reduce desire.

Often one experience of pain can lead to a fear of pain, which can lead to tension. This tension can then distract the person from achieving arousal, prevent lubrication, and cause further pain. There are many reasons why pain can be felt. It is important to let your partner know what is painful so that you can explore other positions or ways of making love. Often the cause can be treated simply. If you are experiencing pain then it is important to tell your doctor who can examine you to find out why and suggest solutions.

If there is any fear of pain or experience of pain, then it may be most useful for the person experiencing the pain to take control over the depth and speed of penetration. It may also be helpful to be close to ejaculation before insertion, which can help by reducing the length of lovemaking.

You may find it helpful to plan to make love after pain medication has been taken. Pillows and cushions can be

used to help you feel more comfortable and supported. Side-by-side intercourse may reduce body weight on a sore scar area. Setting the scene, creating a sensual atmosphere, or just exploring – alone or with your partner – may be satisfying.

Tērā pea he pai mēnā ka mahere koe ki te whai ai i muri i tō kai rongoā mō te mamae. Me whakamahi ngā paretua me ngā mea pērā hei āwhina kia takoto pai ai koe. Mā te ai takoto āpiti pea e whakamāmā ake i te taumaha o te tinana ki runga i tētahi wāhanga mamae o te nawe. Me āta whakarite te wā, me kaha te hanga āhuatanga rekareka, auaha rānei – kei a koe mēnā ko koe anake, ko kōrua ko tō hoa rānei – tērā pea he nanea.

Solutions for vaginal problems

Whakamāramatanga mō ngā raruraru taiawa

Cancer treatments such as chemotherapy, hormonal therapy, or radiation therapy to the pelvic area may cause a variety of vaginal changes that might lead to vaginal dryness or narrowing, ulcers, and infection. These changes may lead to pain on intercourse. Try experimenting with different physical positions when making love to have more control regarding angle and depth of penetration.

Penetrative sex is perfectly safe during radiation therapy, provided you are not affected by any of these

vaginal side effects. It may be advisable to use some form of contraception, and your doctor can advise you on the best method for your situation.

I te wā o te haumanu iraruke, he tino haumaru te ai ā-wero inā, kāore i te pā ētahi o ngā pānga o te mate taiawa e whai ake nei. Tērā pea he pai mēnā ka whai koe i ngā āhuatanga o te ārai hapū, ā, mā tō rata koe e tohutohu ki te huarahi tika hei whai mōu.

Vaginal dryness

This can be helped by a number of creams and gels that can be applied directly into the vagina. Some of the lubricants are used as part of intercourse and others are applied weekly or as prescribed. Water-based lubricants such as KY jelly, Sylk, and Senselle can be bought at a chemist or supermarket. They can help to increase moisture levels and lubrication. Washing the vaginal area with a soap substitute may be helpful.

Oil-based creams such as Vaseline or hand cream should not be used as these can cause infection.

Kāore i te pai te whakamahi i ngā kirīmi whai hinu pērā i te Vaseline me te kirīmi ā-ringa i te mea ka pā he tahumaero.

Ovestin (oestriol) is available on prescription from your doctor. It contains a very small amount of oestrogen, providing a short-term localised effect upon the vaginal tissues. It can be applied directly to the

vaginal tissues as a cream or inserted into the vagina with an applicator or as a pessary.

Vagifem (oestradiol) is also available on prescription, and is a tablet that you place into the vagina. It also contains a small amount of oestrogen.

Replens is a non-hormonal cream with limited availability in New Zealand. Ask at your local chemist, or contact the Cancer Society on **0800 CANCER (226 237)** about this product.

Vaginal narrowing

This may happen after radiation therapy to the pelvis, and sometimes after surgery. After your treatment you may be advised to use graduated vaginal dilators. These are plastic or glass tubes of varying sizes, which can be inserted by you, or as part of joint sexual touching. These dilators prevent the two side walls of the vagina sticking together. Ask your radiation therapist, doctor, or nurse about where you can get a set of dilators and how to use them successfuly. Alternative ways to achieve vaginal dilatation (stretching) are to have regular intercourse or use fingers.

Vaginal ulceration

Radiation therapy can also cause vaginal ulcers, which may produce a little bleeding. These can take weeks, or even months, to heal. If you have any unusual bleeding after sexual activity, you need to tell your doctor.

Vaginal infection

Some women find that they are prone to getting vaginal thrush infections while undergoing radiation therapy or chemotherapy. This is because there are changes in the acidity in the vaginal area, which allows the normal organisms in the vagina to overgrow. If you notice a creamy white discharge, or itchiness, then you may have thrush. This is easily treated and can be quickly resolved.

You can purchase medication for the treatment of thrush directly from your chemist or with a prescription from your GP. The medication comes in the form of a cream or pessary, e.g. Canestan. If you have had sexual contact, your partner may also need treatment.

Solutions for loss of erection after cancer treatment

Many men say they have erection difficulties after cancer treatment. Generally, you may find it helpful to increase your range of sexual activity to include oral sex, mutual touching, increased masturbation, or use of a vibrator to help your arousal or that of your partner. For some couples, this provides a whole new opportunity to explore sensual experiences without the pressure of ending in intercourse. Talk to your doctor or nurse about where you can purchase a vibrator.

Some men find that they can recover full erections with time. You do not need to have a hard penis to give your partner pleasure and you can still experience orgasm without an erection. Many couples find that a half-erect penis can still be effective for making love. The positioning for this is better with the partner on top guiding the penis inside. If you have had an operation that has damaged your erection-producing nerves, this need not be the end of your sexual activity.

Medicines, pumps, and injections to give an erection

There is now an increasing choice of treatment options available for men who have erectile problems, or erectile dysfunction, including pills, injections, and devices. Discuss with your doctor which treatment would be right for you.

There are increasing numbers of prescribed oral treatments for erectile dysfunction, e.g. Viagra (sildenafil), Cialis (tadalafil), Levitra (vardenafil), and Uprima (apomorphine hydrochloride). Discuss with your doctor if these treatments are suitable for you. All treatments require a prescription and will need to be paid for.

Viagra, Cialis, and Levitra work by enhancing and maintaining the erection by increasing the blood flow to the penis and restricting the blood outflow. Uprima

is a tablet that dissolves under the tongue. It works in the brain by enhancing the natural signal to provide an erection. There are a number of herbal preparations available, which some men have found to be effective. There are also injections, which are administered directly into the side of the penis to produce an erection, e.g. Caverject (alprostadil). These are available on prescription. Vacuum pumps can also be used to produce an erection. These are non-invasive external devices.

Feelings

The feelings we have can be very powerful influences on our sexuality and our sexual behaviour. If you are feeling depressed, anxious, or afraid about your cancer, its treatment, or your relationship, you are unlikely to be aroused by thoughts of sex.

Being told you have a diagnosis of cancer usually causes many strong emotions, which may make you less interested in sex. Fear, anxiety, pain, anger, envy, and jealousy are common blocks to arousal. People who have had a change in their body through illness or surgery often describe a fear of rejection. Normal, everyday feelings can be intensified, which can be exhausting and may lead to a loss of interest in sex, although some people feel an increase in sexual arousal.

Some people say they feel guilty for fretting about the deficiencies in their sex life when they should just be grateful for being alive. However, feelings can sometimes be overwhelming, and can be intensified by the worry that your emotions may also affect the people around you. The Cancer Society has a booklet available called *Emotions and Cancer*, which discusses the effects cancer may have on all areas of your life. Contact your local Cancer Society on **0800 CANCER (226 237)** for a copy.

Solutions for releasing feelings

High sexual self-esteem is often directly related to overall feelings of wellbeing. If you feel unsure about yourself and lack confidence as a result of the cancer, you may also lack confidence sexually. It can help to talk and express these difficult feelings. If you want to share your feelings you need to pick someone who will listen without judging you or telling you what to do.

If you have feelings that are hard to discuss, you can always talk to the Cancer Information Nurses on **0800 CANCER (226 237)**. They can put you in touch with trained counsellors who are available around the country.

Sexual contact can be a good outlet for some people. Anger may subside in a very healthy way after

intercourse. Sexual contact can also distract people from feelings that are bothering them. It may be fine to talk directly with your partner. Share your rage, anger, and other so-called negative feelings. Many couples use such times to start being more honest with one another, perhaps after many years of avoiding sensitive issues. Old feelings kept hidden and smouldering won't help you or your relationship to heal. By talking openly you may find that you can overcome the problems in communication that are so common in matters of sex and of cancer.

Roles and relationships

Whenever someone has an illness that is affecting their love, romantic, or sexual life, they need to think about what their relationship was like before. A relationship that was poor before a cancer is discovered probably won't be any better after the diagnosis.
Having said that, some couples do come to a new understanding and love for one another as a result of overcoming a shared adversity such as cancer.

Cancer, or its treatment, usually changes a person's role in their family. While undergoing treatment or following surgery, you may not have the physical energy to do all the jobs around the house which you did before. Relatives and neighbours may get involved

in lending a hand, and sometimes this can leave the person with cancer with a sense of not being needed, or not having control over their lives. People often feel that they have lost their place. For some people, fulfilling their role as a mum, dad, or breadwinner, or leading an independent life has been part of their sexual self-esteem.

Future plans may also have to be changed as a result of cancer and its treatments. Couples can have all kinds of plans, spoken or unspoken, to enrich their relationship or sex life. Some look forward to their children leaving home so that they have more time, money, and privacy for their relationship. A cancer at this stage of life cheats them of this opportunity, so long desired. It is perfectly normal to mourn this kind of loss.

If you are single

Of course, not everyone has a partner with whom to share these things, let alone with whom to have sex. If you are single you can still find support from friends and others who love you. Your personal sexual life doesn't need to wither.

If you are wanting to start a new relationship it can be very difficult to decide what to tell a new partner about your cancer, and also when to tell them. There is no simple answer that will work well for everyone. To help you decide it may be useful to consider how safe you

feel in this new relationship, and talk through your fears of rejection. This is particularly relevant if you have a hidden body image change, and you are anxious about it being discovered.

You may find that your relationships with friends change. Some friends may not be able to deal with your cancer, and you may find that you lose touch with them. Sometimes this can feel like a rejection, which can lower your self-esteem. It is important to focus on friends who are able to support and listen to you.

Healthy sexuality

It's fair to say that nearly all of the sexual problems people have with their cancers are variable and can be temporary. The loss of control we feel, the actual loss of part of our body, the grieving, and the anger can all be healed or resolved given opportunity and time.

Hōkakatanga pai

E tika ana te kōrero, he maha ngā rerekētanga o ngā raruraru hōkakatanga nā te matepukupuku, ā, i ētahi wā he rangitahi noa iho. Ka taea te whakapai me te whakatikatika i te heke o ngā kaha whakahaere ka puta ki a koe; te rironga o tētahi wāhanga o tō tinana; tae noa ki

te harapuku me te riri ka puta inā ka whai huarahi, ka whai wā hoki.

Communication is essential for healthy sexuality in a relationship. If you can use this booklet to find out more about possible side effects, you can prepare yourself for changes. You and your partner, if you have one, can consider how to manage this aspect of your life. You can gather more information or resources to help you feel in control of maintaining good sexual self-esteem while undergoing treatment.

Being open to change encourages healthy sexuality. You may need to develop a whole new style of openness and flexibility in your relationship. It might be, for example, that one of you has always taken the lead in sex. This may have to change now. It could be that your favourite lovemaking positions are no longer comfortable, if only for a time. One or both of you may have seen sex as being entirely about intercourse. Clearly, if penetrative sex is impossible for some reason you may want to start exploring other ways to experience sexual pleasure.

Acknowledging your own and your partner's needs is essential for healthy sexuality between you. Remember, it is not just the person with the cancer that will be affected by the disease and its management. It can be more upsetting to watch someone we care for

undergoing surgery and other treatments than to go through it all ourselves. Sometimes it is the partner of the person with cancer who has a problem about sex. Your partner may feel afraid to touch you for fear of hurting you.

Some people incorrectly believe they might catch the cancer through sexual contact. Your partner may lose desire as a direct result of the changes brought about in you. Your partner may also feel rejected if they do not realise that your reduction in sexual desire is due to the cancer or its emotional effects. It is also important to acknowledge that your partner's sexual drive may not be reduced. Sometimes it can even increase, if intimate touch helps to reassure them in times of stress. It may be important to talk through with your partner how they might increase their own self-stimulation to reduce any frustration associated with reduced sexual contact. This may not be what you would ideally want, but it can be a useful way for both of you to meet your needs, and respect the fact that the mismatch is real and acceptable. Emotional intimacy may increase through greater communication, even when sexual intercourse is not possible.

Books and videos on sexual issues are available from shops and the internet – often they are not on display in shops so you may need to ask directly. Alternatively, your local library may have some useful books that you can borrow.

Starting again

Starting again and re-learning about sensual bodily pleasures may be important for anyone who has a break in sexual contact. When rebuilding intimacy you may need to start very slowly and gently. Try caressing one another without a goal of orgasm or penetration. Remember that there are many loving and erotic activities other than intercourse. Early on, and perhaps even while your therapy is going on, you can keep love alive by cuddling and holding one another, perhaps learning to massage one another. A person with cancer doesn't have to give up sexual contact completely. Some people may find that they do not miss sexual contact, and that not having sex is not a problem.

A healthy sexual self-esteem is about being true to ourselves. We are free to make choices about how we express our feelings, and to decide which sexual behaviour suits us and how, or if, we then share ourselves with others.

One thing is certain, when you have been through the diagnosis of cancer you will never be the same again. Your view of your life, your relationships, your job, and your family will all change. Managing all this change can be difficult to deal with, but you can use this adversity to build your relationships. Many people report becoming more honest with their partner,

ending avoidance of things that they want to do sexually or otherwise, starting to be more realistic about life in general, and embarking on new interests that they had been putting off for years.

As we have seen, the idea of getting back to normal may well mean a whole rethink of your sexual life. And this might not be easy. If you find that things are not going well, then look for help. Sex therapists and counsellors are used to help couples who have let matters drift, and by couples who have had ongoing problems that, by the time they seek help, may be threatening their relationship.

A good place to start is with your cancer care team or your GP. Hopefully this booklet has been helpful in highlighting areas of concern and suggesting a few ways of thinking afresh about the whole subject of sexuality. Of course, such a small book can cover only the most obvious issues. But what you have read may help you to raise matters that are important to you and your partner, if you have one, and with health professionals if you need to.

Some common questions about sexuality and cancer

Ngā pātai auau e pā ana ki hōkakatanga me te matepukupuku

Can sexual activity actually cause cancer?

Not in the strictest sense of the word. In practical terms, the development of a few cancers may be influenced by a virus that is passed from one person to another during sex. Cancers of the cervix, vulva, rectum, and penis may be linked to the human papilloma virus (HPV). But very, very few people who have one of these viral infections get cancer as a result. There are many factors other than the virus at work, such as: the genes we inherit from our parents; whether or not we smoke; our age; our diet; and our general health. These dictate whether or not an infection with a virus might affect the development of a cancer.

However, some people still see sex as bad or sinful, and at some unconscious level fear that their cancer may be punishment for some past sexual disease or 'sin'. If you feel worried or guilty about your cancer having been given to you as a punishment, then it can be helpful to talk this through with a minister, a counsellor, or by phoning **0800 CANCER (226 237)**.

Ka puta te matepukupuku nā runga i ngā mahi ai?

Kāore tēnei i te tino pono. Tērā pea ka pā te matepukupuku nā runga i tētahi wheori ka whakawhiwhia ki tētahi atu mā te ai. Tērā pea he hononga kei waenganui i ngā matepukupuku waha wharetangata, matepukupuku tore, matepukupuku tero, te matepukupuku raho me te mate human papilloma virus (HPV). Heoi anō rā, tino itiiti noa iho ngā tāngata mate i te mate wheori e pāngia ana ki te matepukupuku. He nui ngā āhuatanga, atu i te wheori, ka puta, pērā i ngā ira ka heke iho ki a tātou mai i ō tātou mātua; mehemea e kaipaipa anō tātou, nā te pakeke, nā te kai e kaingia ana me te taha hauora. Oti rā, e kitea tonu ana te ai e ētahi tāngata hei mea kino, hei mea whaihara, ā, kua whakaaro pōhēhē rātou nā tētahi hara hōkakatanga i pā ai te matepukupuku ki a rātou. Mehemea kei te māharahara koe mō tō mate, mō tō hara e pā ana ki te whiwhinga i te matepukupuku, tērā pea ka whai taunaki koe mehemea ka kōrero koe ki tētahi minita, tētahi pou kaitohutohu, me waea atu rānei ki **0800 CANCER (226 237)**.

Can I catch cancer from my partner?

No. If your partner has a cancer, you cannot catch it from any sexual activity. You cannot catch cancer from sex.

Ka mau i a au te matepukupuku i taku hoa?

Kāo. Mehemea he matepukupuku tā tō hoa, kāore e taea te hopu mai i a ia. Kaore e mau te matepukupuku mai i te mahi ai.

Could sex make my cancer worse?

No. On the contrary, sex and all the love and caring that goes with it can be helpful to those who have cancer. Many people feel depressed, unlovable, guilty, or afraid when they have cancer or are having treatment, and their partner's affection and acceptance can make a big difference.

Ki te ai au, ka kaha ake taku matepukupuku?

Kāo. He mea pai te ai ki ngā tangata matepukupuku, hei āwhina kia puta ko te wairua aroha me te atawhai. He maha rātou e matepukupuku ana, e whai maimoatanga ana rānei, ka pā ki te mate hārukiruki, ka whakaaro kāore i te pirangitia, ka whakaaro kua whaihara, kua mataku, ā, he mea nui ki a rātou te aroha me ngā mahi whaiaipo a te hoa, kia rata ai te noho.

Are there times when sex should be avoided?

Yes there are. First of all, it's safest either to avoid sex, or to be sure to wear a condom, or use some other form of barrier contraception during and for a few days after chemotherapy. We simply do not know enough about whether chemotherapy drugs can be present in semen or vaginal fluids. Using barrier contraception removes any potential risks, and avoids the stinging sensation some partners report.

For women who can still have children it is best to avoid becoming pregnant during treatment with chemotherapy.

Vaginal intercourse is probably best avoided very soon after pelvic surgery in women. The time to get back to sex will vary greatly according to the sort of operation you had, and how quickly you are healing. You will be the best judge as to when you are ready. Some types of cancer (of the cervix or bladder, for example) cause bleeding from the vagina or in the urine. If this sort of bleeding is made worse by intercourse then it is sensible to stop until treatment has controlled matters.

He wā anō me kaua au e ai?

Āe, he wā anō. Tuatahi, he haumaru ake ki te karo i te mahi ai i te wā tīmata ai ngā mahi hahau, i ngā rā whai tata rānei heoi, ki te kore e taea, me mau pūkoro ure, tētahi atu momo ārai hapū rānei. Ko te mate kē, kāore mātou i te mōhio mena he whakapōauau hahau kei roto i ngā wai tātea me ngā wai o te taiawa. Mā te whakamahi ārai hapū e aukati i te mōrea, e aukati hoki i te mamae e kōrerohia ana e ētahi o ngā hoa moe.

Mō ngā wāhine e kaha tonu ana ki te whai tamariki, he pai ake kia kore e hapū i te wā e whai ana i te haumaru hahau. Mā tēnei, e iti ake te pānga kino ki te pēpi, ki te uru ētahi o ngā matū.

He pai ake te karo i te ai ā-tara i muri mai i te pokanga papatoiake. He nui ngā rerekētanga o te wā pai mō te hoki ki te ai nā runga i te momo pokanga ka whiwhi koe, me te tere o te whakaora mai. Ko koe tonu te mea tika e mōhio ana i te wā pai ki te hoki ki ngā mahi ai. Ka rere te toto i te taiawa, i te mimi rānei i ētahi o ngā momo matepukupuku, pērā ki te matepukupuku o te wharetangata, matepukupuku o te tongāmimi. Ki te rere te toto i te wā e ai ana, he mea nui me mutu, kia tika rā anō ngā mahi o te maimoatanga haumaru.

Are there any good positions for making love after cancer?

This will depend a lot on which part of the body is affected by the disease. If it is the pelvic area then it will take some gentle and patient experimenting to discover which lovemaking positions now suit you both. This can also be true after a mastectomy when some people say that they don't want their lover's weight resting on them. Maybe making love side by side or swapping who is on top will be better. Most couples find that with loving communication they can sort out what suits them best. And this will change with time, so be prepared to change what you do.

He takotoranga pai anō mō te ai ka pāngia ana i te matepukupuku?

Mā te wāhi e pāngia ana te matepukupuku ki te tinana e tohu mai te maimoatanga. Ki te pā ki te wāhanga papatoiake, tērā pea me ngāwari te whakamātau, me kimi i te takotoranga hāngai e pai ai te mahi ai. He pono hoki tēnei i muri mai i te pokanga ū, ā, e ai ki ētahi tāngata, kāore rātou i te hiahia kia taumaha rawatia rātou. Tērā pea mā te takoto āpiti, mā te huri ko wai ki runga ko wai ki raro rānei, e pai ake te ai. Ki te nuinga o ngā tokorua, ko rātou tonu kei te mōhio ki te takotoranga pai mō rātou ake. Ka rerekē anō i te haerenga o te wā, nā reira, kia kaha i te mea tērā ka panoni anō.

How can I overcome problems of tiredness?

Be flexible about the time of day you make love. Experiment with less demanding positions for lovemaking, and agree with your partner that lovemaking need not always mean a long session. Make time to be together – book a babysitter – or put the answer machine on.

Me pēhea taku patu i te mate hiamoe?

Me whakaaro pai te hinengaro ki te wā i te rā ka whai i ngā mahi ai. Kaua e whakamahi i te maha o ngā mōmo takotoranga. Me whakaae kōrua ko tō hoa, ehara i te mea me roa te ai. Me ata whakarite he wā kia noho ko kōrua anake, me tiki he kaitiaki pēpi me waiho mā te hopureo rānei e hopu i ngā kōrero ka puta i runga i tō waea.

I'm embarrassed about my scars but still want to make love – any ideas?

It is a good idea to first talk things through with your partner. Most people find their lovers are much less concerned by their scars than they imagine, and once the subject has been discussed openly they can feel more relaxed about the changes in their bodies. Why not try making love in the semi-darkness to avoid being seen so clearly? Some women also say that they find having sex with their bra on after a mastectomy makes them feel sexier. This both accommodates the false breast (prosthesis), if there is one, and helps to conceal scars. Crop tops or an all-in-one with gusset poppers can increase your comfort without you having to be completely hidden. Men may also find it helpful to wear clothing such as vests and cummerbunds during sex if they are bothered by their scars.

Kei te whakamā au i aku nawe engari kei te hiahia ai tonu au – he whakaaro?

He mea nui kia kōrerorero kōrua ko tō hoa. Ki te nuinga, kua kite rātou kāore noa iho ō rātou hoa i te māharahara mō ngā nawe, ā, ka oti ana te kōrero i te kaupapa, ka noho rata ki ngā rerekētanga ka pā ki te tinana. Whakamātauria te mahi ai i roto i te pōuri kia kore ai e kitea mai. E ai ki ētahi wāhine, he pai ki a rātou te mau tonu i te pariuma, nā te mea he pai ake ki a rātou. Mā tēnei e huna ai te umahori mēnā kei te mau i tētahi, tuarua he huna i ngā nawe. Tērā pea, he mea āwhina i te tāne, te kuhu kakahu himi mēnā he whakamā ia i ana nawe.

Suggested reading and websites

Reading

Joy L. Fincannon. *Couples confronting cancer: Keeping your relationship strong.* American Cancer Society, Atlanta, USA, 2003.

Dr Rosie King. *Good Loving, Great Sex: Finding balance when your sex drives differ.* Random House Australia, Sydney, Australia, 1998.

Leslie R. Schover. *Sexuality and Fertility after Cancer.* John Wiley & Sons, USA, 1997.

Websites

American Cancer Society www.cancer.org

Cancer BACKUP (UK) www.cancerbackup.org.uk

Cancer Council Victoria (Australia) www.cancervic.org.au

Cancer Society of New Zealand www.cancernz.org.nz

The suggested websites (other than our own) are not maintained by the Cancer Society of New Zealand. We only suggest sites we believe offer credible and responsible information, but we cannot guarantee that the information on such websites is correct, up-to-date, or evidence-based medical information. We suggest you discuss any information you find with your cancer care health professionals.

Notes

You may wish to use this space to write down any questions for or advice given by your doctors, nurses, or health providers at your next appointment.

Whakamahia tēnei wāhi wātea hei tuhi pātai e hiahia ana koe ki te pātai i tō rata, ngā tapuhi, ngā kaiwhakarato hauora rānei mō te wā e hoki atu ai koe.

Notes

Notes

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Cancer Information Service 0800 CANCER (226 237)

www.cancernz.org.nz

Feedback

Sexuality and Cancer/Hōkakatanga me te Matepukupuku

We would like to read what you thought of this booklet, whether you found it helpful or not. If you would like to give us your feedback please fill out this questionnaire, cut it out, and send it to the Editor at the address at the bottom of the following page.

1. Did you find this booklet helpful?
Yes ☐ No ☐
Please give reason(s) for your answer.

_____

_____

_____

2. Did you find the booklet easy to understand?
Yes ☐ No ☐
Please give reason(s) for your answer.

_____

_____

_____

3. Did you have any questions not answered in the booklet?
Yes ☐ No ☐
If yes, what were they?

_____

_____

_____

4. What did you like the most about the booklet?

5. What did you like the least about the booklet?

6. Any other comments?

Personal information (optional)
Are you a person with cancer, or a friend/relative/whānau? _____

Gender: Female ☐ Male ☐ Age _____

Ethnicity (please specify): _____

Thank you for helping us review this booklet. The Editorial Team will record your feedback when it arrives, and consider it when this booklet is reviewed for its next edition.

Please return to: The Editor, Cancer Society of New Zealand, PO Box 10847, Wellington.

Information, support, and research
The Cancer Society of New Zealand offers information and support services to people with cancer and their families. Printed materials are available on specific cancers and treatments. Information on living with cancer is also available.

The Cancer Society is a major funder of cancer research in New Zealand. The aim of research is to determine the causes, prevention, and effective methods of treating various types of cancer.

The Society also undertakes health promotion through programmes such as those encouraging SunSmart behaviour, eating well, being physically active, and discouraging smoking.

We appreciate your support
The Cancer Society receives no direct financial support from Government so funding comes only from donations, legacies, and bequests. You can make a donation by phoning 0900 31 111, through our website, or by contacting your local Cancer Society.

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Cancer affects New Zealanders from all walks of life, and all regions of our beautiful country. This cover photo was taken by Lindsay Keats Photography.

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For cancer information and support phone **0800 CANCER (226 237)**

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