

Sexual Effects: Physical and Psychological

Chemotherapy may--but does not always--affect sexual organs and functioning in both men and women. The side effects that might occur depend on the drugs used and the person's age and general health.

Men

Chemotherapy drugs may lower the number of sperm cells, reduce their ability to move, or cause other abnormalities. These changes can result in infertility, which may be temporary or permanent. Infertility affects a man's ability to father a child but does not affect his ability to have sexual intercourse.

Because permanent sterility may occur, it's important to discuss this issue with your doctor before you begin chemotherapy. If you wish, you might consider sperm banking, a procedure that freezes sperm for future use.

Men undergoing chemotherapy should use an effective means of birth control with their partners during treatment because of the harmful effects of the drugs on chromosomes. Ask your doctor when you can stop using birth control for this purpose.

Women

Anticancer drugs can damage the ovaries and reduce the amount of hormones they produce. As a result, some women find that their menstrual periods become irregular or stop completely while they are having chemotherapy.

The hormonal effects of chemotherapy also may cause menopause-like symptoms such as hot flashes and itching, burning, or dryness of vaginal tissues. These tissue changes can make intercourse uncomfortable, but using a water-based vaginal lubricant often can relieve the symptoms. The tissue changes also can make a woman more likely to get vaginal infections. To help prevent infection, avoid oil-based lubricants such as petroleum jelly, wear cotton underwear and pantyhose with a ventilated cotton lining, and don't wear tight slacks or shorts. Your doctor also may prescribe a vaginal cream or suppository to reduce the chances of infection. If infection does occur, it should be treated right away.

Damage to the ovaries may result in infertility, the inability to become pregnant. In some cases, the infertility is a temporary condition; in other cases, it may be permanent. Whether infertility occurs, and how long it lasts, depends on many factors, including the type of drug, the dosage given, and the woman's age.

Although pregnancy may be possible during chemotherapy, it still is not advisable because some anticancer drugs may cause birth defects. Doctors advise women of childbearing age--from the teens through the end of menopause--to use birth control throughout their treatment.

If a woman is pregnant when her cancer is discovered, it may be possible to delay chemotherapy until after the baby is born. For a woman who needs treatment sooner, the doctor may suggest starting chemotherapy after the 12th week of pregnancy, when the foetus is beyond the stage of greatest risk. In some cases, termination of the pregnancy may be considered.

Sexuality

Sexual feelings and attitudes vary among people during chemotherapy. Some people find that they feel closer than ever to their partners and have an increased desire for sexual activity. Others experience little or no change in their sexual desire and energy level. Still others find that their sexual interest declines because of the physical and emotional stresses of having cancer and getting chemotherapy. These stresses may include worries about changes in appearance; anxiety about health, family, or finances; or side effects, including fatigue and hormonal changes.

A partner's concerns or fears can also affect the sexual relationship. Some may worry that physical intimacy will harm the person who has cancer; others may fear that they might "catch" the cancer or be affected by the drugs. Talking about misunderstandings can clear many of these issues up. Both you and your partner should feel free to discuss sexual concerns with your doctor, nurse, or other counsellor who can give you the information and the reassurance you need.

You and your partner also should try to share your feelings with one another. If it's difficult for you to talk to each other about sex, or cancer, or both, you may want to speak to a counsellor who can help you communicate more openly. People who can help include psychiatrists, psychologists, social workers, marriage counsellors, and sex therapists.

If you were comfortable with and enjoyed sexual relations before starting therapy, chances are you will still find pleasure in physical intimacy during your treatment. You may discover, however, that intimacy takes on a new meaning and character. Hugging, touching, holding, and cuddling may become more important, while sexual intercourse may become less important. Remember that what was true before you started chemotherapy remains true now: There is no one "right" way to express your sexuality. It's up to you and your partner to determine together what is pleasurable and satisfying to you both.