

# YOUR BODY, INTIMACY AND SEX

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## About this booklet

This booklet looks at your body after breast cancer treatment and how breast cancer and its treatment may affect your sex life or intimate relationships.

While the information is mainly aimed at women, some of it will be relevant for men with breast cancer too.

It's normal to have lots of questions about how breast cancer will affect your body, intimacy and sex.

The booklet also contains a prompt list that may help you talk to a healthcare professional about concerns around your body, sex and intimacy.

## Your body after breast cancer treatment

Breast cancer and its treatments can cause changes to your body and the way you look.

You may have scars after surgery. You may have lost your hair if you had chemotherapy, or your hair may have got thinner if you had hormone therapy. It's also common for your weight to have changed during or after treatment.

If you've had breast reconstruction, getting used to your new breast or breasts can be difficult. The look and feel will be different to a natural breast, and it can take time to adjust.

Even though many of the effects of treatment can be temporary, they can have an important effect on how you see your body, not least because they can be an outward sign of having cancer.

How you feel about your body may affect how you relate to the people around you, such as a partner.

People respond differently to breast cancer and its treatment, and how you feel about the changes to your body is very personal. How you felt about your body before your diagnosis and treatment may affect how you cope with and manage these changes.

In the first section of this booklet, you can read about the changes you may experience due to breast cancer treatment and how they might make you feel. You'll also find tips that may help you feel more confident about your body.

## **Changes to your body after surgery**

Most people have surgery as part of their treatment for primary breast cancer.

After surgery, your breast or chest area is likely to be bruised and swollen. You may find this difficult to look at, but the bruising and swelling will improve over time.

You may have lots of different feelings about your body after surgery. Some people find that surgery doesn't affect how they feel about themselves. However, others find the changes more difficult to accept and their confidence and self-esteem are affected.

## **Getting used to physical changes**

Research has shown that the sooner you look at the physical changes to your body, the easier you may find it to gain confidence in the way you look. However, some people won't be able to do this early on.

The first few times you look at yourself might make you feel unhappy and shocked, and you may want to avoid looking at yourself again. However, the initial intense feelings you may have will lessen over time as you get more used to how you look now.

If you have a partner, letting them see the surgical scars and changes to your body sooner may also make being intimate easier in the long term.

## Steps to help you get used to looking at your body

First, it may help to look at yourself in a full-length mirror fully clothed and pick out 3 things you really like about yourself.

After that, do the same wearing lingerie or underwear.

When you feel ready you can move on to looking at your naked body in a full-length mirror. Describe what you see and what you like or what makes you feel awkward or uncomfortable.

Look at and touch your scars or breast reconstruction so you get used to how this now feels.

The more often you look at and feel your body, the less different it will seem.

Some people will continue to feel uncomfortable looking at their body. If you've tried the techniques above and still find looking at your body difficult or upsetting, you may find it helpful to speak to a counsellor or therapist who deals with body changes. Your GP or breast care nurse should be able to arrange this for you.

## Reconstruction and prostheses

Some people have breast reconstruction or wear a prosthesis (an artificial breast form).

The choice of whether to remain flat, wear a prosthesis or have a reconstruction is very personal. It's important that any decision you make is based on whether it's right for you.

### Breast reconstruction

Breast reconstruction is surgery to create a new breast shape after all or part of the breast has been removed.

It can be done at the same time as a mastectomy (immediate reconstruction), or months or even years later (delayed reconstruction).

Breast reconstruction can involve several operations over time to give you the best cosmetic outcome.

While breast reconstruction can reconstruct a breast shape, a reconstructed breast will have less or no sensation compared to a natural breast.

Most people who have breast reconstruction are satisfied with the result. However, not everyone's experience is positive. Some people feel unsure of their new shape or feel self-conscious about their reconstructed breast or breasts.

For more information, see our **Breast reconstruction** booklet.

## Wearing a prosthesis

A breast prosthesis is an artificial breast form that replaces the shape of all or part of the breast that has been removed. It fits in a bra cup with or without a bra pocket.

Most breast prostheses are made from soft silicone gel encased in a thin film. They're moulded to resemble the natural shape of a woman's breast, or part of a breast. The outer surface feels soft and smooth, and it may include a nipple outline.

Breast prostheses come in a wide variety of shapes and sizes. They're made from materials that are designed to move, feel and weigh as similar to a natural breast as possible. Having a prosthesis that is close to your skin tone can also help you feel more comfortable and confident.

For some people, wearing a prosthesis may be a temporary choice before they have reconstruction. Other people may choose not to, or be unable to, have breast reconstruction. They may find wearing a prosthesis an effective and suitable long-term choice.

For more information about wearing a prosthesis and the choices available, see our booklet **Breast prostheses, bras and clothes after surgery**.

## Bras and clothing

It's common to feel anxious about your appearance after surgery and worry that your clothes won't look the same or that people may notice a difference.

However, with time, most people become more confident in knowing what works for them and what makes them feel comfortable.

Our booklet **Breast prostheses, bras and clothes after surgery** contains many tips for finding a well-fitting bra and choosing clothing and swimwear.

## Artistic tattoos after breast cancer surgery

Some people consider having an artistic tattoo on their breast or chest after surgery. This could be after breast-conserving surgery, a mastectomy or breast reconstruction.

A tattoo helps some people feel more confident after their treatment. Others feel they want to mark what they have been through and create something personal. Some have a tattoo to cover or disguise a scar.

If you're considering having a tattoo, check with your treatment team. They will be able to tell you if it's an option for you and when the best time might be to have it done.

You can find out more about artistic tattoos after breast cancer surgery on our website: [breastcancer.org/artistic-tattoos](https://breastcancer.org/artistic-tattoos)

## Menopausal symptoms

Menopausal symptoms are a common side effect of treatments for breast cancer. This is because treatments can either stop the effect of female hormones or stop their production altogether.

The treatments most likely to produce these symptoms are chemotherapy, hormone therapy, and ovarian suppression (stopping the ovaries working either permanently or temporarily).

As a result, you may have some or all of the following symptoms:

- Hot flushes
- Night sweats
- Loss of desire
- Changes to how you experience orgasm
- Vaginal dryness and pain

These can affect how you feel about your body, intimacy and sex.

These menopausal side effects vary from 1 person to another.

You may find it useful to read our booklet **Menopausal symptoms and breast cancer**.

## Weight gain

Weight gain during and after treatment can happen for several reasons. Some drugs can increase your appetite. You may be less active than usual when having treatment. Or you may eat more than usual if you're anxious or because your routine has changed.

Putting on weight can affect how you feel about your body and can leave you with low self-esteem. However, some simple changes to the way you eat and exercise can help you lose weight and keep it off.

You can find tips for healthy eating in our **Diet and breast cancer** booklet, and for getting active after treatment on our website. Our magazine, **Vita**, often has articles about living well after treatment.



## Hair loss and regrowth

Hair loss can be 1 of the most distressing side effects of breast cancer treatment.

Some chemotherapy drugs will cause you to lose the hair on your head as well as other body hair, such as eyebrows, eyelashes, underarm and pubic hair.

Taking hormone therapy such as tamoxifen, anastrozole, exemestane or letrozole can cause hair thinning. This is usually mild and might only be for a short time. However, in some cases it can continue for as long as treatment lasts.

Hair loss from primary breast cancer treatment is almost always temporary and hair usually starts to grow back once treatment has finished. After about 3 to 6 months you should have a full covering of hair on your head, although for some people this can be patchy. Other hair such as eyebrows, eyelashes and body hair may grow back more slowly, but everyone is different.

Your hair may be an important part of how you feel about yourself, so losing it can affect your confidence and self-esteem.

When your hair grows back, the quality and texture may be different. For example, it may be curlier or a different colour. In most cases, your hair will eventually return to the colour and condition it was before your treatment, but occasionally the change can be permanent.

People with secondary breast cancer have treatment for longer periods. This is because treatment is given for as long as your treatment team feels you're benefitting from it. It means hair loss or thinning may be long term.

For more information about hair loss, see our **Chemotherapy for breast cancer** and **Breast cancer and hair loss** booklets.

The charity Cancer Hair Care offers support if you lose your hair, and advice about hair regrowth after treatment. For more information, see [cancerhaircare.co.uk](http://cancerhaircare.co.uk)

## Lymphoedema

Lymphoedema is swelling of the arm, hand or breast/chest area. It's caused by a build-up of lymph fluid in the surface tissues of the body.

It can occur as a result of damage to the lymphatic system, for example because of surgery or radiotherapy to the breast or the lymph nodes under the arm and surrounding area.

Having lymphoedema can affect you both physically and emotionally. It can make you feel differently about your body and mean that you have to adapt to yet another change in your body and appearance.

You can find useful information in our **Reducing the risk of lymphoedema** or **Managing lymphoedema after breast cancer** booklets.

## Sex, intimacy and relationships

Being diagnosed with breast cancer will almost certainly affect how you feel about sex and intimacy.

You may not feel like having sex or being intimate at a time when you're dealing with breast cancer. Or you may find that sex helps you feel more normal during an uncertain time.

This part of the booklet outlines how breast cancer and its treatments can affect sex and intimacy, as well as current and future relationships.

How breast cancer affects you sexually will be unique to you. Any changes to your body may affect your self-confidence. You may be anxious about your first sexual experience following your diagnosis, or worried things will not be the same as before.

If you're in a relationship, you may find your sex life changes after a breast cancer diagnosis.

Or you may be worried about starting a sexual relationship with a new person in the future.

All these worries are normal. And it may take time for your confidence to return and for you to feel comfortable being intimate with a partner or having sex again.

## Physical effects of treatment

Treatments for breast cancer can have several physical effects that may affect intimacy and sex.

Some treatments, including surgery and radiotherapy, can cause pain, discomfort or loss of sensitivity. Other treatments can cause menopausal symptoms, including vaginal dryness. Chemotherapy can cause problems with arousal and orgasm, particularly soon after treatment. And some treatments can cause fatigue.

This section looks at how treatment and its side effects may affect sex and intimacy. It also gives tips on what might help.

### Pain and numbness

Breast cancer treatments can cause pain, numbness and sensitivity for a number of reasons.

For example, you may have:

- Soreness and numbness after breast surgery, including stiffness in your arm
- Pain and tenderness in the area being treated by radiotherapy
- Joint pain or stiffness if you're taking hormone therapy, particularly aromatase inhibitors (such as letrozole, anastrozole or exemestane)
- Numbness and tingling in the hands and feet (peripheral neuropathy) and painful muscles and joints caused by chemotherapy

You may find it difficult or too painful to touch, hug or be physically close to your partner. This can be upsetting, even if it's only for a short time.

If you're in pain, you may want to concentrate on feeling well again and may not have the energy or desire for intimacy or sex.

## **Tips for being intimate if you have pain and numbness**

### **Get to know how your body feels**

Exploring your body yourself can help you discover what kind of touch is pleasant or where it's painful.

### **Talk openly with your partner**

You may worry about pain during sex. Your partner may be anxious or fearful as well. Talking honestly about exactly what kinds of activity may cause pain or sensitivity can help you both to relax.

### **Try other ways of being intimate**

Reading erotic fiction together and mutual masturbation (touching each other intimately) can use less energy and avoid painful or sensitive areas of your body.

### **Try different positions**

Try experimenting with different sexual positions until you find 1 that's more comfortable for you. This could be a position that puts less pressure on your chest, such as lying side by side or in a "spoons" position (with your partner lying behind you).

### **Try pain relief**

Pain from surgery or radiotherapy should lessen as the area heals.

Pain relief, such as paracetamol or ibuprofen, can help with any discomfort caused by surgery or radiotherapy. You might have to think about this before being intimate or having sex, to give the pain relief time to work.

If pain isn't helped by pain relief, you may want to see your GP or treatment team to have the pain assessed.

## Fatigue

Fatigue is extreme tiredness that doesn't go away with rest or sleep. It's a common side effect of cancer treatment. Fatigue can get worse as treatment goes on and can continue even if treatment has finished.

Chemotherapy and radiotherapy are most likely to cause fatigue, although surgery and hormone therapies can also affect your energy levels.

If you're feeling fatigued, you may not want to have sex at all, or you may want to take a less active role. This may be difficult if you've always been very physical during sex.

It's important to be aware of your current limits and not to push yourself too much.

Find out more about fatigue on our website  
[breastcancer.org/fatigue](https://breastcancer.org/fatigue)

### Tips if you're feeling fatigued

#### Try to get some exercise

Increasing the amount of exercise you do can help with fatigue. You can find out more about staying active after treatment on our website.

#### Talk to your treatment team

Let your treatment team know if you feel fatigued. Sometimes the cause of fatigue can be treated – for example, if you have anaemia, your doctor may give you iron supplements.

#### Take the pressure off

Spend time with your partner with no sexual expectations. It might help to discuss this in advance. Touching and stroking each other are ways to feel close to your partner when you have little energy.

## Menopausal symptoms

Menopausal symptoms can happen as a result of breast cancer treatments, whether you have already gone through the menopause or not. These might include:

- Hot flushes
- Night sweats
- Vaginal dryness
- Loss of sexual desire

Menopausal symptoms such as these can affect intimacy and sex.

For example, you may feel less sensation during arousal. This may mean:

- You may not orgasm
- It may take longer to orgasm
- The intensity of your orgasm may be reduced

You may feel too tired to have any interest in sex.

Sometimes hot flushes and night sweats can make sharing a bed or being intimate difficult.

Younger women being treated for breast cancer can have menopausal symptoms that are initially more intense than those of a natural menopause. Having menopausal symptoms at a younger age can make someone feel older than they are, which can have a negative effect on how they feel sexually.

Menopausal symptoms such as hot flushes can be distressing and can have an impact on your quality of life. But there are things that may help to relieve these. Keeping a diary of when you have hot flushes can help you identify any patterns or triggers. If you know when to expect hot flushes, you can be better prepared for them.

For tips on managing symptoms, see our **Menopausal symptoms and breast cancer** booklet.

## Vaginal dryness and irritation

Some treatments affect the level of the hormone oestrogen in your body. Reducing the levels of oestrogen or blocking its action can cause vaginal changes such as dryness or irritation.

Because oestrogen helps maintain the vagina's moisture and elasticity, a lack of it can cause the vagina to become dry and less supple. This may make sex or intimacy painful.

If it's not treated vaginal dryness can get worse, so it's important to get help if you need it.

Vaginal dryness and irritation can also be caused by infection, so it's best to see your GP to rule this out.

### Non-hormonal treatments for vaginal dryness

There are several treatments that can help with vaginal dryness, including vaginal moisturisers and lubricants. You may be able to get these on prescription from your doctor, or you can buy them from a chemist or online.

You may not find a product that suits you straight away but it's worth trying different products.

If you continue to have vaginal dryness and irritation and cannot find a product that suits you, you may want to talk to your GP or healthcare professional. There may be other options, such as being referred to a specialist menopause clinic.

You can still enjoy other forms of intimacy even if your vagina is not lubricated and you're not keen to use lubricants or moisturisers.

### Vaginal moisturisers

Vaginal moisturisers can help relieve dryness and discomfort, regardless of sexual activity. They can be used every few days but need to be used regularly over time for best effect.

Moisturisers can come as a pessary (a small, soluble block that dissolves in the vagina) or as a cream or gel that can be applied with a tampon-style applicator.

Some vaginal moisturisers contain ingredients that can cause irritation. Always do a skin test on the inner and outer lips of your vagina before using any products.

## Vaginal lubricants

Vaginal lubricants are intended to help prevent friction and pain during sex and intimacy. They can also be used more generally to relieve dryness and discomfort.

You can use lubricants and moisturisers alongside each other.

Vaginal lubricants tend to be shorter acting than moisturisers. They can be water-, silicone- or oil-based. You will need to avoid oil-based lubricants if you are using condoms, as they can cause the condom to break. Silicone-based lubricants are not recommended for use with sex toys.

Lubricants are available as a pessary or a tube of liquid or gel.

Some people find spermicidal gel also helps make intercourse more comfortable.

A number of products are available on prescription.

Vaginal lubricants can contain ingredients that can cause irritation. Always do a skin test on the inner and outer lips of your vagina before using any products.

## Top tips for finding a vaginal moisturiser or lubricant

Search the manufacturer's website for their range of products. Each manufacturer will have different options, so it's worth looking at how the product works, what it contains and any user reviews.

Some products will be organic, vegan or paraben free, which may be important to you.

Often, manufacturers will provide free samples to try. Or your breast care nurse may be able to give you free samples. This can allow you to test different products until you find 1 that works for you.



### **Pelvic floor exercises**

Doing pelvic floor exercises can help to increase blood flow to this area and help you learn how to relax these muscles during sex and intimacy. Knowing how to relax these muscles can also help reduce pain during pelvic examinations, for example when you have a smear test.

You can feel your pelvic floor muscles if you try to stop the flow of urine when you go to the toilet. However, it's not recommended that you regularly stop your flow of urine midstream as this can be harmful to the bladder.

To strengthen your pelvic floor, sit comfortably and squeeze these muscles 10 to 15 times in a row. Don't hold your breath or tighten your stomach, buttock or thigh muscles at the same time.

When you get used to doing this regularly, you can try holding each squeeze for a few seconds. Every week, add more squeezes. Always have a rest between sets.

If you have issues with your pelvic floor, a pelvic health physiotherapist may be able to help. Your GP can refer you to your local hospital for this. Or you can find a private pelvic physiotherapist on [thepogp.co.uk](https://www.thepogp.co.uk)

### **Vaginal dilators**

You could also try using a vaginal dilator. A vaginal dilator gently stretches the vagina to open it more, increasing the suppleness of the vagina.

Dilators are available in sets of different sizes. You can start by using a narrow dilator with a lubricant to make it more comfortable. If you have been given dilators on the NHS, these may be plastic. However, you may prefer to use silicone dilators.

You may wish to use a slim vibrator or dildo instead. These will gently stretch your vagina. Using a slim vibrator also promotes blood flow to the vagina, which increases natural lubrication and helps keep the tissues lubricated and flexible. There are a number of reputable retailers who sell vibrators and dilators.

### Intercourse and masturbation

If it's comfortable for you, sexual intercourse can help to stimulate blood flow to the vagina. This will help maintain its suppleness and elasticity.

Using a vibrator or masturbating can also help in the same way.

### Hormone-based treatments for vaginal dryness

The most common treatment for vaginal dryness is HRT (hormone replacement therapy).

HRT is not usually recommended after a diagnosis of and treatment for breast cancer. But some specialists will consider prescribing hormone treatments that are applied directly to the vagina for a short time. This could be as:

- Oestrogen pessaries
- Oestrogen tablets
- Oestrogen cream
- An oestrogen ring

When vaginal oestrogens are used, minimal amounts of oestrogen are thought to be absorbed into the body.

If you're taking tamoxifen, your treatment team may be able to prescribe vaginal oestrogen. If you're taking an aromatase inhibitor (such as letrozole, anastrozole or exemestane), vaginal oestrogen is not usually recommended. However, you can talk to your treatment team about the risks and benefits of this.

You can talk to your treatment team about using these types of hormone treatments. Your team may also refer you to a gynaecologist.

## Changes to how you experience orgasm

Breast cancer and its treatments can affect how you experience orgasm or sexual satisfaction.

If you have menopausal symptoms due to treatment, you may feel less sensation during sexual arousal. This means it may take you longer to orgasm or the intensity of your orgasm may be reduced.

There's some evidence chemotherapy can cause problems with arousal and orgasm, particularly soon after treatment.

Some anti-depressant drugs can also reduce sexual desire and may make reaching orgasm more difficult.

## Emotional effects and anxiety

Breast cancer and its treatments can affect sex, intimacy and your relationships.

The following information outlines how anxiety, worries about sex, or low mood and depression might affect your sex life. It also includes tips on what might help.

### Anxiety and worries about sex

It's normal to have anxiety when you have breast cancer. Anxiety may be only short-term, or it may continue for some time after your treatment is over.

If you're worried about your treatment or the future, you may find it difficult to relax enough to think about or enjoy sex. Tension and anxiety can also reduce your ability to become aroused and reach orgasm, so you and your partner may want to explore techniques that help you both relax.

You may worry about initiating physical intimacy, be concerned about how your partner feels, or feel uncertain of how to approach new relationships.

All these feelings are normal, and it may take time before they lessen or disappear completely.

Talking to your partner about how you feel might ease some of these worries. It may also help to talk to a close friend or family member about the concerns you have.

However, it can sometimes be hard to talk to your partner or family and friends. You may find it useful to speak to someone who's not as involved in your life, such as a counsellor. Your GP or breast care nurse should be able to help arrange this for you.

## Low mood and depression

Having low mood or being depressed can mean you lose interest in sex or find it less pleasurable.

If your symptoms of depression continue, you may need to seek specialist help.

Your treatment team or GP can talk you through the options for treating depression.

Counselling, talking therapies and drug treatments can all be effective in treating depression. However, some anti-depressant drugs can reduce sexual desire and may make reaching orgasm more difficult.

Find out more about depression on our website [breastcancer.org/low-mood-depression](https://breastcancer.org/low-mood-depression)

## Intimate relationships

Breast cancer not only affects the life of the person diagnosed but also the lives of the people close to them, especially partners.

Whether you're single, in a relationship or embarking on a new one, you may feel anxious and uncertain about sexual relationships after treatment for breast cancer.

If you were in a relationship before your diagnosis, you may be worried about your partner comparing things to how they were.

If you're in a new relationship, you may be concerned about how your new partner will react to your body.

It may take time for you to feel physically and emotionally well enough to think about sexual activity. Or you might want to get back to intimacy and sex as soon as possible. It's important to do what feels right for you.

This section looks at intimate relationships and getting back to sex after breast cancer treatment.

## Loss of sexual desire

Many people being treated for breast cancer find their desire for sexual contact decreases.

This could be because of:

- Side effects of treatment
- Fatigue
- Changes to your body and confidence about how you look
- Being unable to concentrate on anything other than your diagnosis and treatment

You may want to maintain a level of closeness with your partner even if your sexual activity has decreased or stopped completely. You may be happy holding hands, hugging, kissing or finding your own ways of being intimate.

Sexual activity can also include touch and other signs of affection that don't always lead to oral or full sex but still result in pleasure.

Loss of desire can continue for many months after treatment, but as time moves on this should start to improve.

## Getting back to sex

You might be anxious about your first sexual experience after your diagnosis, or worried things will not be the same as before. All these feelings are normal.

It may take time for your confidence to return and for you to feel comfortable being intimate with a partner or having sex again.

When you feel ready to increase or resume sexual activity, you may want to make some time specifically for you and your partner, free from distractions.

## Tips for getting back to sex

### Start afresh

Try not to compare things to how they were before you were diagnosed with breast cancer.

Finding new ways of being intimate with your partner may help you to adjust to the physical and emotional changes that have happened. It may also make you feel more comfortable about intimacy.

The effects of your treatment may mean you need to think about trying different sexual positions. This might be because of pain or discomfort due to treatment or surgery, or because you don't want the focus to be on a particular part of your body.

Often "full sex" is seen as meaning penetrative sex. However, try thinking more widely about sex and consider other ways to be intimate. You might find this reduces your anxiety and allows you to enjoy your body or a partner's body in a different way.

### Use lubricants or moisturisers

Using a vaginal moisturiser on a regular basis, and a vaginal lubricant during sexual activity, will help improve vaginal dryness and help prevent pain. There is information on lubricants and moisturisers on pages 15 and 16.

### Explore your body alone and with a partner

It can be useful to explore your body on your own first. You may wish to use your fingers or a vibrator. This can help you discover what kind of touch is pleasant. You may find using a vaginal lubricant helpful.

Sensual and genital touching, with a partner and on your own, can help remove anxiety associated with sex and can be a helpful starting point for resuming sexual activity. If you have a partner, you can share your discoveries with them to make sex as fulfilling as possible.

If you're masturbating with your partner, start slowly and without any expectations. If you may want to use a lubricant, it might help to discuss this beforehand.

Non-sexual cuddling, taking gradual steps, and relearning how to give each other pleasure can help you feel more comfortable.

### **Pelvic floor exercises**

Doing pelvic floor exercises increases blood flow to the vaginal area (see page 17). This can heighten sexual feelings and help relax these muscles.

### **Don't rush**

Taking things slowly at first may help. Think about what kind or level of intimacy you feel comfortable with and how much energy you have.

There may be practical things to consider, such as taking pain relief for any ongoing post-surgery or treatment pain.

### **Create a relaxed atmosphere**

Creating the right mood may help you relax and increase your confidence. Lighting, music or aromatherapy oils can help create a comfortable and sensual atmosphere.

### **Wear what makes you comfortable**

Some people may feel uncomfortable naked and choose to wear nightwear. Others wear a prosthesis and bra to bed.

It's important to do whatever makes you feel more comfortable and relaxed, even if this makes intimacy or sex less spontaneous.

## **Changes to your breasts after treatment**

Changes to or removal of a breast through surgery and radiotherapy may have a big impact on your sexual satisfaction, especially if having your breasts stimulated was an important part of your sex life.



How you feel about having your breasts touched after treatment is very personal.

You may want your partner to touch the area that was treated, or you may not want any touching at all. Some people don't want their partner to touch the breast that wasn't treated if it reminds them of the loss of the other one.

How you feel about having your breasts touched may change over time.

It may be helpful to tell your partner what sort of touching you want or don't want. If you find talking about it embarrassing, it can be easier to use your hand to guide them.

You and your partner may also want to focus on other areas of your body to help you feel sexually satisfied. Some people find sex toys, such as vibrators and clitoral stimulators, helpful in finding out more about what gives pleasure.

## How your partner may react

If you had a partner when you were diagnosed, they will also face a time of readjustment.

How your partner responds to you sexually may be influenced by how they reacted to your breast cancer diagnosis.

While some people's sex lives may continue much as before, some partners may take on an overly protective role. This means they may try to do everything for you and protect you from any further distress. They may not want to mention or initiate sex for fear of upsetting or hurting you.

Some partners need time to accept what's happened. Others cannot come to terms with their partner's breast cancer and may distance themselves.

Try talking to your partner about how you feel. This might encourage them to share their own thoughts and concerns. You may find you're making assumptions about how the other feels without realising it.

Your partner may also find it helpful to read our booklet **When your partner has breast cancer**.

## Talking to your partner

Each person's intimate and sexual relationships will be unique.

Things may be different after a breast cancer diagnosis and you may need to adapt to your new situation.

However, if you and your partner can communicate supportively with one another, there's no reason why your sexual relationship shouldn't be satisfying and fulfilling for you both.

## Tips for talking to your partner

While it may be difficult at first, try to be open and honest about how you are feeling and what you both now expect from sex and intimacy. This can avoid mixed signals and can make your partner aware of your limits.

Talk when you're not being intimate, so you don't feel awkward or interrupted during those times.

Talk about the things you've been enjoying as well as those you've found difficult. This can help you both to feel encouraged and relaxed.

If there are aspects of intimacy that you feel uncomfortable discussing in person, try emailing or texting instead.

Keep talking to each other to make sure you are clear about any boundaries and have the same expectations.

## Changes to your relationship

You may find that an existing relationship changes after you've been diagnosed with breast cancer. Some couples become closer and their relationship gets stronger. However, a relationship can become strained.

A cancer diagnosis and treatment might mean you and your partner adopt different roles in the relationship compared to before. This can be difficult to cope with.

Your or your partner's perspective may change, and you both might focus on new priorities and re-evaluate your responsibilities and what is important.

This may lead to the relationship coming to its natural end.

Being able to talk openly about your situation can mean you're able to find solutions together. This may be a gradual process, but avoiding problems altogether may make them more difficult to resolve in the long run.

Dealing with something like cancer can change a relationship. This may be particularly difficult if the relationship is new. If you're in the early stages of a relationship, you may find you're discussing important issues much sooner than you would have liked.

## **Starting a new relationship after breast cancer**

You may find the thought of forming a new relationship daunting.

Meeting someone new may mean telling them about your breast cancer. Deciding when and how to do this can be difficult. You may feel there isn't a right time to talk about this, or you might be unable to find the words you want to use. But as you get to know someone and feel more comfortable with them, you may find it easier to talk about all aspects of your life, including your breast cancer.

When you feel the time is right to tell your new partner, they may respond in a few ways. They may initially be shocked and take a little time to adjust to this news. They may have their own anxieties and fears around cancer and what it means to them. Or your new partner may be very accepting of your history and recognise that your experience of breast cancer is now part of who you are.

You will both decide on the right time to be intimate. If you're feeling anxious about this, talk to your partner about your concerns and the specific things you're worried about.

## Contraception and fertility

### Is it safe to have sex during treatment for breast cancer?

You can still have sex during treatment. It's thought chemotherapy drugs cannot pass into vaginal fluids or semen, but this cannot be completely ruled out as chemotherapy drugs can pass into the blood and some other bodily fluids.

For the first few days after chemotherapy, you may want to avoid unprotected intercourse, oral sex, or any contact that involves the sharing of semen or vaginal fluids. This will ensure your partner is not exposed to the chemotherapy drug.

Most treatment teams will advise using barrier methods of contraception, such as condoms, during treatment and for a few days after chemotherapy is given. You can try different brands of condoms to find which works best for you and your partner. Try to avoid scented condoms as these can cause irritation.

Talk to your treatment team about contraception during chemotherapy.

### Is it safe to get pregnant during treatment for breast cancer?

It's important to avoid getting pregnant while having breast cancer treatment, as the treatment can harm an unborn baby during the early stages of development.

If you're worried or want more information about sex and chemotherapy, talk to your specialist or breast care nurse.

If you're sexually active with a chance of becoming pregnant, you should discuss contraception with your treatment team. They may refer you to a family planning clinic or your GP, who can advise you on the most appropriate contraception for you.

## Will I be able to get pregnant after breast cancer treatment?

### If you're 40 or over

You should assume that you can still get pregnant unless you haven't had a period for at least a year.

### If you're under 40

You should assume that you can still get pregnant unless you haven't had a period for 2 years.

However, this is a general guide and varies for each person.

For more information about early menopause and fertility, and the support available for younger women, see our **Younger women with breast cancer** and **Fertility, pregnancy and breast cancer** booklets.

## Help and support

There are places you can get support if you're concerned about any issues relating to how you feel about your body or your sex life.

OUTpatients ([outpatients.org.uk](https://outpatients.org.uk)) has a sex and cancer information hub which contains resources for LGBTIQ+ people.

Flat Friends ([flatfriends.org.uk](https://flatfriends.org.uk)) offers support and information for women who have had a mastectomy without reconstruction.

Sex with Cancer ([sexwithcancer.com](https://sexwithcancer.com)) has an answer bank of questions relating to sex and cancer, and partners with a reputable retailer of pleasure products.

The Cancer, Sex and Intimacy project (@sex\_cancer\_intimacy on Instagram) provides information and advice for people whose sex lives are affected by cancer.

Ann Summers ([annsummers.com](https://annsummers.com)) has information on sex and intimacy, and is a reputable retailer for pleasure products.

Jo Divine ([jodivine.com](https://jodivine.com)) has information on sex and breast cancer, and is a reputable retailer for pleasure products.

## Talk to a counsellor or therapist

You, or you and your partner, may need to see a counsellor or a therapist who deals specifically with relationships and sexual issues. Your GP or breast care nurse should be able to help arrange this for you.

Alternatively, you can contact an organisation such as:

- The College of Sexual and Relationship Therapists (COSRT) – [cosrt.org](http://cosrt.org)
- RELATE – [relate.org.uk](http://relate.org.uk)
- The Institute of Psychosexual Medicine (IPM) – [ipm.org.uk/24/common-problems](http://ipm.org.uk/24/common-problems)

Most people with breast cancer who have sexual problems don't need long-term therapy. But you may find it useful to talk to someone about a particular problem or at a particular point in your treatment or recovery.

## Support at Breast Cancer Now

We hope this information was helpful, but if you have questions, want to talk to someone or read more about breast cancer, here's how you can.

Speak to our nurses or trained experts. Call our free helpline on **0808 800 6000**. The helpline can also put you in touch with someone who knows what it's like to have breast cancer.

Chat to other people who understand what you're going through in our friendly community, for support day and night. Look around, share, ask a question or support others at **[forum.breastcancer.org](http://forum.breastcancer.org)**

Find trusted information you might need to understand your situation and take control of your diagnosis or order information booklets at **[breastcancer.org](http://breastcancer.org)**

See what support we have in your local area. We'll give you the chance to find out more about treatments and side effects as well as meet other people like you. Visit **[breastcancer.org](http://breastcancer.org)**

# Your body, your concerns

## A prompt list for discussion

Talking about changes to your body, sex and intimacy can be difficult. But addressing your concerns is an important part of your breast cancer treatment and care.

This list may help you discuss these topics with your healthcare professional (perhaps your breast care nurse or GP) or in a phone call with our helpline.

Tick the topics you would like to discuss, ask for more information on, or find specialist services about. Have the list with you when you talk to your healthcare professional. You may also want to make a list of the treatments you've had or are having.

I want to talk about or be directed to relevant information or specialist services for the issues I have ticked.

### Changes to my body and how I feel about my body

- Operation scars
- Reconstruction
- Radiotherapy skin changes
- Prostheses, bras, clothes and swimwear
- Menopausal symptoms
- Lymphoedema
- Hair loss/hair regrowth
- Weight gain/weight loss
- Regaining confidence in my appearance



### Intimacy after breast cancer – physical issues

- Vaginal dryness/discomfort or pain during intercourse
- Pain, numbness and sensitivity after surgery
- Contraception (compatible with my breast cancer treatment)
- Loss of desire
- Changes to how I experience orgasm
- Low energy (fatigue)

### Intimacy after breast cancer – emotional issues

- Worries about starting a new relationship
- Changes in my relationship with my partner after breast cancer
- Accessing relationship counselling or sex therapy
- Support or information for my partner
- Coping with the loss of my fertility and its impact on my relationship
- Low mood/depression

### Any other issues about my body and intimacy

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We're Breast Cancer Now, the research and support charity. However you're experiencing breast cancer, we're here.

### **Life-changing support**

Whoever you are, and whatever your experience of breast cancer, our free services are here. Whether you're worried about breast cancer, dealing with a diagnosis, working out life with or beyond treatment – or someone you love is.

### **World-class research**

We support over 290 of the brightest minds in breast cancer research. They're discovering how to prevent breast cancer, live well with the disease, and save lives. Every day, they get closer to the next breakthrough.

### **Change-making campaigns**

We fight for the best possible treatment, services and care for everyone affected by breast cancer, alongside thousands of dedicated campaigners.

#### **Could you help?**

We don't get any government or NHS funding for our support services or health information. So, we rely on donations and gifts in wills to make our vital work happen. If you'd like to support us, go to [breastcancer.org/give](https://breastcancer.org/give)

# ABOUT THIS BOOKLET

Your body, intimacy and sex was written by Breast Cancer Now's clinical specialists, and reviewed by healthcare professionals and people affected by breast cancer.



For a full list of the sources we used to research it:  
Email [health-info@breastcancer.org](mailto:health-info@breastcancer.org)



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## Medical disclaimer

We make every effort to ensure that our health information is accurate and up to date, but it doesn't replace the information and support from professionals in your healthcare team. So far as is permitted by law, Breast Cancer Now doesn't accept liability in relation to the use of any information contained in this publication, or third-party information included or referred to in it.

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## We're here

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### Information you can trust, support you can count on

Whatever breast cancer brings, we're here for you.

Whether you're looking for information about breast cancer or want to speak to someone who understands, you can rely on us.

Call **0808 800 6000** to talk things through with our helpline nurses.

Visit **breastcancer.org** for reliable breast cancer information.

#### Breast Cancer Now

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Patient Information Forum

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