

YOUR BODY, INTIMACY AND SEX



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Steered by our world-class research and powered by our life-changing care, Breast Cancer Now is here for anyone affected by breast cancer, the whole way through, providing support for today and hope for the future.

Our breast care nurses, expertly trained staff and volunteers, and award-winning information is all here to make sure anyone diagnosed with breast cancer gets the support they need to help them to live well with the physical and emotional impacts of the disease.

For breast cancer care, support and information, call us free on **0808 800 6000** or visit **[breastcancernow.org](https://www.breastcancernow.org)**

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CONTENTS

Introduction	6
Your body after breast cancer treatment	7
Changes to your body after surgery	8
Reconstruction and prostheses	11
Bras and clothing	13
Menopausal symptoms	13
Weight gain	14
Hair loss and regrowth	14
Lymphoedema	15
Sex, intimacy and relationships	16
Physical effects of treatment	17
Emotional effects and anxiety	29
Intimate relationships	31
Where to get help and support	43
Your body, your concerns: a prompt list for discussions	45

INTRODUCTION

Breast cancer and its treatments can cause many physical and emotional changes. This booklet outlines how these changes can alter the way you feel about your body, and how they may affect sex and intimacy.

The first part of this booklet looks at your body after breast cancer treatment. It deals with the physical changes you may face like changes to your body after surgery, hair loss and weight gain, and the effect these may have on how you view your body. It offers tips on coping with physical changes and getting used to your body after treatment.

The second part of the booklet is about how treatment for breast cancer may affect your sex life or intimate relationships, and offers tips on sex and intimacy after treatment. It also covers the effects of breast cancer on intimate relationships, whether you're in a relationship now or are anxious about starting a relationship in the future.

The last part of the booklet suggests where to get further support if you need it. There's also a 'prompt list' that may help you to 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.

For example, after surgery you'll be left with a scar or scars. You may have lost your hair if you had chemotherapy. Many people also put on weight during or after treatment.

If you've had reconstruction, getting used to your new breast or breasts can be difficult. The look and feel will be very 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 still be very upsetting and 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.

Getting used to the changes that have taken place, and adjusting to life after breast cancer, can take time. It's natural to feel that you need to grieve for what's been lost – whether it's your breast(s) (or part of your breast) following surgery, your hair if you had chemotherapy, or how you thought about your body before breast cancer.

'After treatment everyone around you is so happy – "it's over and you're alive" – but to me my body was battered and scarred, and my emotions were exhausted.'

Mary

*'I am trying hard to learn the new "me".
The further I move away from the end of my
treatment, the easier I am finding that.'*

Raven

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 have an effect on how you cope with and manage these changes.

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

Changes to your body after surgery

Most women have surgery as part of their treatment. The first time you look at your body after the operation can be difficult. After surgery your breast/chest area is likely to be bruised and swollen, but this will improve over time.

Getting used to physical changes

For some women, surgery doesn't affect how they feel about themselves, but many others find the changes more difficult to accept. Your confidence and self-esteem can be affected and you may feel unfeminine or unattractive. Some women feel lopsided or incomplete. At first you may feel very self-conscious in front of others, for example if you're in a communal changing room.

'I used to wear a sports bra all the time but the only one that really fits is a lacy mastectomy bra which is not "me" at all.'

Zoe

'I was struggling with the physical effects of treatment on my body. I didn't recognise myself when I looked in the mirror anymore.'

Sharon

'I didn't look like myself and there were times I felt lost and unrecognisable.'

Shelley

Research has shown that the sooner you confront 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 have had the chance or courage to do this early on. 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.

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, these initial intense feelings should lessen over time as you get more used to how you look now.

Here are some suggested steps to help you get used to looking at your body.*

1. First, it may help to look at yourself in a full-length mirror fully clothed and pick out three things you really like about yourself.
2. After that, do the same wearing lingerie or underwear.
3. 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.
4. Look at and touch your scars or breast reconstruction so that you get used to how this now feels.
5. The more often you look at and feel your body, the less different it will seem.

Some women will continue to feel uncomfortable about 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. Your GP or breast care nurse should be able to arrange this for you.

'I am not the person I was but am getting to like the new person I am.'

Darlaine

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 to 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 a tattoo, check with your treatment team so they can 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

Reconstruction and prostheses

The way we feel about ourselves can be closely linked to the way we look, and many women want to restore their natural appearance after breast cancer surgery.

Some women feel breast reconstruction is necessary to restore their confidence.

Some women may choose to have reconstruction as they think it will make a difference to their partner, or may help problems in a sexual relationship.

Not all women are able to have a breast reconstruction, for example because of other existing medical conditions.

Some women feel comfortable wearing a prosthesis (an artificial breast form) inside their bra to restore their shape. Others choose not to have a reconstruction or wear a prosthesis.

The choice of whether or not to have a reconstruction or wear a prosthesis is very personal, and it's important that any decision you make is based on whether it's right for you.

Breast reconstruction

Breast reconstruction can usually be done at the same time as a mastectomy (immediate reconstruction), or months or even years later (delayed reconstruction). Breast reconstruction often involves several operations to give you the best outcome possible.

Breast reconstruction can only reconstruct a breast shape. It can't bring back your breast or the sensations of the breast and nipple. For more information on loss of sensitivity, see page 17.

Most women who have breast reconstruction are satisfied with the result. However, not everyone's experience is positive and some women feel unsure of their new shape or feel very aware of their new breast(s).

If you're considering a breast reconstruction you can find more information, including details of the different options, in our **Breast reconstruction** booklet.

'I am self-conscious about the scars but I'm also quite proud of having so many war wounds. My reconstruction was good, so I think that helped.'

Gill

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. 'Prostheses' is the word for more than one prosthesis.

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 may include a nipple outline.

For some women, wearing a prosthesis may be a temporary choice before they have reconstruction at a later date. Other women may choose not (or be unable) to have breast reconstruction and find wearing a prosthesis an effective and suitable long-term choice.

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 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 women find that they 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.

Menopausal symptoms

Menopausal symptoms are a common result 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 experience some or all of the following symptoms that can affect how you feel about your body, intimacy and sex:

- Hot flushes
- Night sweats
- Loss of desire
- Changes to how you experience orgasm
- Vaginal dryness and pain (see page 22)

These menopausal side effects vary from one person to another. You may also find it useful to read our booklet **Menopausal symptoms and breast cancer**.

Weight gain

Many people put on weight during and after treatment. This can happen for several reasons. For example, 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 be a distressing effect of treatment. It can affect how you feel about your body and 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.

For lots of tips on healthy eating and getting active after treatment, see our website. Our regular magazine, **Vita** also has lots of articles about these.

Hair loss and regrowth

Hair loss can be one of the most distressing side effects of chemotherapy. 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.

Hair loss from breast cancer treatment is almost always temporary and hair usually starts to grow back once

chemotherapy has finished, sometimes sooner. After about three to six 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 and losing it can affect your confidence and self-esteem. When your hair grows back, the quality and texture may be different from before. It may be curlier or a different colour. Some hormone treatments can also affect your hair. 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.

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

Lymphoedema

Lymphoedema is swelling of the arm, hand or breast/chest area caused by a build-up of lymph fluid in the surface tissues of the body. This can occur as a result of damage to the lymphatic system 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 image and appearance.

For more information see our **Reducing the risk of lymphoedema** or **Living with 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.

Treatments for breast cancer can have physical and emotional effects that can affect sex and sexual desire.

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 confidence and feelings about yourself as a woman. 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 of 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.

Often 'full sex' is seen as meaning penetrative sex, but 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.

'Sex went from something that came naturally to yet another element of independence taken from me.'

Natasha

PHYSICAL EFFECTS OF TREATMENT

Treatments for breast cancer can have a number of 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, and gives tips on what might help.

Pain and numbness

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

The most common treatments that cause this are:

- Surgery
- Radiotherapy
- Hormone therapies, particularly aromatase inhibitors (letrozole, anastrozole and exemestane)

After breast surgery you may continue to feel sore and your arm may feel stiff for several weeks or longer. For some people the pain after surgery continues and is related to nerve damage that happens at the time of surgery. This type of pain is often accompanied by burning, a feeling of pressure and numbness.

If you've had radiotherapy, the area being treated may be tender during and for a while after treatment, and may feel too painful to be touched.

Taking hormone therapies, particularly aromatase inhibitors, may mean you experience pain or stiffness in your joints.

Chemotherapy drugs (such as docetaxel) can also cause numbness and tingling in the hands and feet (known as peripheral neuropathy) as well as painful muscles and joints.

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.

Some treatments can cause vaginal dryness, which can make sex or intimacy painful or uncomfortable. For more information about treatments for vaginal dryness, see page 22.

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 experience pain and numbness

1. Try pain relief

Pain relief can help with any discomfort. You might have to think about this in advance of being intimate or having sex, to give the pain relief time to work.

Pain from surgery or radiotherapy should lessen as the area heals. However, if pain isn't helped by paracetamol or ibuprofen, you may want to see your GP or treatment team to have the pain assessed.

Lubricants and moisturisers can help with pain caused by vaginal dryness and irritation (see page 23).

2. Get to know how your body feels

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

3. 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.

4. Try different positions

Try experimenting with different sexual positions until you find one 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).

5. Talk openly with each other

You may have feelings of tension and worry about experiencing pain during sex. Your partner may be anxious or fearful as well. Talking honestly with your partner about exactly what kinds of activity may cause pain or sensitivity can help you both to relax. You can find tips on talking with your partner on page 38.

Fatigue

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

The treatments most likely to cause fatigue are chemotherapy and radiotherapy, and sometimes hormone therapy. If you've had surgery this can also affect your energy levels, particularly if you've had a number of operations.

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. Fatigue will gradually lessen over time and you may then have more energy for sex.

Tips if you're feeling fatigued

1. Try and 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.

2. Talk to your treatment team

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

3. Take the pressure off

Spend time with your partner with no sexual expectation. It might help to discuss this in advance so there are no mixed expectations. Hand or feet play and stroking are all ways to feel close to your partner when you have little energy.

Find out more about fatigue on our website
breastcancer.org/fatigue

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 have an effect on intimacy and sex.

Menopausal symptoms may mean you feel less sensation during arousal, which means you may not orgasm, it can take longer or

the intensity of your orgasm may be reduced. You may simply feel too tired to have any interest in sex, and 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.

'My hormone treatment causes menopausal side effects, which suddenly made me feel 5,000 years older than I was.'

Natasha

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

'I used to feel...

...almost in a panic to cool down when [hot flushes] initially happened, but now I just accept them, take off a layer if appropriate, open a window, and remember they will pass soon enough.'

Kim

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

Vaginal dryness and irritation

Vaginal dryness is a common, often distressing symptom in women who have had treatment for breast cancer. 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, and may make sex or intimacy painful. If it's not treated it can get worse, so it's important to get help if you need it.

You can still enjoy other forms of intimacy, even if your vagina is not lubricated and you're not keen to use extra lubricants that we mention opposite.

Vaginal dryness may not be a side effect mentioned by your treatment team but if you're experiencing problems, discuss this with your breast care nurse or GP.

There are a number of 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.

Non-hormonal treatments for vaginal dryness

There are many products available for vaginal dryness. You might need to try different ones to find a product that works for you. For example some types might make you sore, or cause irritation. You may not find a product that suits you straight away but it's worth persevering until you do.

If you are still experiencing vaginal dryness and irritation and can't find a product that suits you, you may want to talk to your GP or healthcare professionals to see if there are other options.

Vaginal moisturisers

Vaginal moisturisers can help give relief from 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.

These include:

- Hyalofemme
- Regelle
- Replens MD
- YES VM

Moisturisers are usually applied with a pessary (a small, soluble block that dissolves in the vagina) or tampon-style applicator.

Vaginal lubricants

Vaginal lubricants tend to be shorter acting than moisturisers and are either water or oil-based. If you are using condoms you will need to avoid oil-based lubricants as they can cause the condom to break.

Lubricants are intended to help prevent friction and pain during sex and intimacy, but can also be used more generally to relieve dryness and discomfort.

These include:

- Astroglide
- Pasante TLC
- Pjur
- Sylk
- YES WB

Lubricants are available as a pessary, a tube of liquid or gel, or in single use sachets.

Some products are available on prescription and some companies will send you a free sample to try.

You can use lubricants and moisturisers alongside each other.

Some women find that spermicidal gel also helps make intercourse more comfortable.

'It can take a bit of trial and error to find the right moisturiser or lubricant. So try different ones until you find a product that you're comfortable with.'

Rachel, Senior Clinical Nurse Specialist

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 – this may be important to you.
- Some manufacturers will provide free samples to try. This can allow you to test different products until you find one that works for you.

'We went to see our GP together who helped with lubricants, etc. Although we don't always manage full sex, we have managed to build a happy medium that suits us both.'

Mary

'One evening I...

...retrieved a couple of sachets of lubricant that I had[...] hidden in my cancer-stuff bag due to the embarrassment of mentioning them. I just put them on my husband's bedside table, so he raised the subject and we tried using one – what a revelation! Now, not only is sex pleasurable, comfortable and painless again, but the subject is no longer taboo and we both happily discuss it.'

Maggie

Pelvic floor exercises

Doing pelvic floor exercises can also help to increase blood flow to this area and help you learn to relax these muscles during sex and intimacy to minimise pain. 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 is not recommended that you regularly stop your flow of urine midstream, because it can be harmful to the bladder.

To strengthen your pelvic floor, sit comfortably and squeeze the 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.

You could also try using a vaginal dilator. A vaginal dilator gently stretches the vagina to open it more. Dilators can be particularly useful if you have pain during sex, by helping to increase the suppleness of the vagina. They're available in sets

of different sizes and a narrow dilator can be used at first with a lubricant to make it more comfortable. You can buy dilators online and from some high street chemists.

Intercourse and masturbation

If it's comfortable for you, intercourse itself can help to stimulate blood flow to the vagina and 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 commonly used treatment for vaginal dryness is HRT (hormone replacement therapy). HRT is not usually recommended for women after a diagnosis of breast cancer, but some specialists will consider prescribing hormone treatments that are applied directly to the vagina for a short time. These include oestrogen pessaries, tablets, cream or a ring.

When vaginal oestrogens are used, minimal amounts of oestrogen are thought to be absorbed into the body. Vaginal oestrogen may be more safely prescribed for women taking tamoxifen, because tamoxifen is thought to counteract any oestrogen entering the bloodstream. If you are taking an aromatase inhibitor (such as letrozole, anastrozole or exemestane), vaginal oestrogen is not usually recommended, but you may be able to change to tamoxifen.

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

It's important to note that vaginal dryness and irritation can also be caused by infection, so it's best to visit your GP so they can rule this out.

Changes to how you experience orgasm

The effects of breast cancer and its treatments can affect how you experience orgasm.

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

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

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

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.

Contraception and fertility

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

It's thought that chemotherapy drugs can't pass into semen or vaginal fluids, but there is not enough evidence to completely rule this out. 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 to ensure that your partner is not exposed to the chemotherapy drugs. Most hospital specialists will advise using barrier methods of contraception, such as condoms, for a few days after chemotherapy treatment is given.

If you're having chemotherapy, it's best to avoid unprotected sex.

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

Generally women are advised not to get pregnant while having treatment for breast cancer. This is because treatment for breast cancer can damage an unborn baby at the early stages of development.

If you're sexually active with men, 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?

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

For some people, breast cancer treatment can affect their fertility permanently. Facing the possibility of permanent infertility can be devastating, even if you hadn't considered having children. You may also feel isolated from people your own age because of this and unable to share your sense of loss.

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

EMOTIONAL EFFECTS AND ANXIETY

Breast cancer and its treatments can have a number of emotional effects, such as anxiety, which can also 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, and includes tips on what might help.

Anxiety and worries about sex

Feelings of anxiety are common for many women with breast cancer. Anxiety may be only short term, or 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 enjoy sex or even think about it. Tension and anxiety can also reduce a woman's ability to become aroused and reach orgasm, so you and your partner may want to explore techniques that help you both relax (see page 34).

You may be worried about initiating physical intimacy, or concerned that your partner no longer finds you attractive. You may be fearful that your relationship can no longer be what it was, or anxious about how to approach new relationships.

All these feelings are normal and it may take time before they lessen or disappear completely. If you have a partner, talking to them 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, so 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.

'I constantly...

...have to make sure I am balanced and equal or my emotions take over and anxiety kicks in. However with huge effort on my part and support from others I put myself out there – even going back to swimming.'

Mary

Low mood and depression

Depression is common and may occur at different times in a person's life. Depression is a term used to describe a broad range of feelings, from being low in spirits to having no will to live. Depression can be a normal response to trauma and a way of coping. As you adjust to what has happened, you will hopefully gain energy and you will notice a change in your mood.

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. Try talking about how you feel with someone in your treatment team or your GP. They may be able to recommend different ways of helping you through this time. Counselling, talking therapies and drug treatments can all be effective in treating depression. However, some anti-depressant drugs can reduce sexual desire and may also make reaching orgasm more difficult.

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

'I wanted to...

...get as much of me back as quickly as possible to be normal again, but it was only with counselling that I accepted that it would take time to come to terms with my new normal, the new me.'

Mary

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 very 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.

'I used to break down and cry. I felt like I had lost myself. If I didn't find myself attractive, how could my husband find me attractive? It was a horrible feeling.'

Sharon

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

'My breasts don't define me, but am scared to be intimate with anyone again for fear of rejection over my breasts.'

Darlaine

It may take time for you to feel physically well enough or able to cope emotionally with resuming any form of sexual activity. Others will want to get back to intimacy and sex as soon as possible. This will be different for everyone and 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 women being treated for breast cancer find their desire for sexual contact decreases. Loss of desire can continue for many months after treatment but as time moves on this should start to improve.

Sexual desire is only one of the reasons women choose to be sexually intimate. Other reasons could include showing their partner that they love them, to feel close to or loved by their partner, getting back a sense of normality, to release tension or to give or receive comfort.

This can change after treatment. You may want less sexual contact because of the side effects of treatment, prolonged fatigue, changes to your body and confidence about how you look, or because you can't concentrate on anything other than your diagnosis and treatment.

Even if your sexual activity decreased or stopped completely during and after your treatment, you may want to maintain a level of closeness with your partner, if you have one. You may not feel like having sex, but 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.

Taking turns giving each other a massage, or taking a bath or shower together can be a way of being intimate. Getting back into sex after treatment can be a gradual process that you take at your own pace.

'Maybe it has [had an impact] for me. I am not keen on sex but continue to have a sex life which my husband enjoys. I'm not sure if my cooling off is due to cancer or age!'

Ann

Getting back to sex

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.

It may help to consider what you and your partner now expect from intimacy and sex and explore new ways of sharing sexual pleasure.

Communication with each other at this time is very important. Both of you need the opportunity to talk about how you're feeling, and to understand one another. It may not always be easy to talk about sex and you may find it easier to talk somewhere you both feel comfortable, perhaps away from the bedroom. Some people recommend getting started by writing down what you like about each other and to practise talking about these positives.

For tips on talking to your partner, see page 38.

The effects of your treatment may mean that you need to think about trying different sexual positions. This may be because

of pain or discomfort or because you don't want the focus to be on a particular part of your body. Other side effects of treatment, such as menopausal symptoms, can affect your sex life. For more information, see Physical effects of treatment (page 17).

Tips for getting back to sex

1. Start afresh

Try not to compare things now to how they were before you were diagnosed with breast cancer. It can take time and patience to adapt to the changes resulting from breast cancer.

2. Use lubricants or moisturisers

Using a vaginal lubricant or a vaginal moisturiser on a regular basis will ease vaginal dryness and help prevent pain. See page 23 for information on lubricants and moisturisers.

3. Explore your body

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

4. Pelvic floor exercises

Doing pelvic floor exercises increases blood flow to the vaginal area, and can heighten sexual feelings and help relax these muscles. See page 25 for more information.

5. Don't rush

Taking things slowly at first may help. Think about what kind of 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 if necessary.

6. 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.

7. Wear what makes you comfortable

Some women 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.

8. Masturbation (touching your body intimately)

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 people 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, try to start slowly, possibly using a lubricant, without any expectations (it might help to discuss this beforehand). Non-sexual cuddling, taking gradual steps and relearning how to give each other pleasure can help.

'[Treatment] did impact on our relationship and we went through a bad patch about three months into my treatment. But we talked about it and tried different intimate ways of enjoying each other.'

Mandi

'I know we only got where we are by talking and being honest about what we wanted.'

Mary

Changes to your breasts after treatment

If having your breasts stimulated was an important part of your sex life, losing a breast or changes to a breast because of surgery and radiotherapy may have a big impact on your sexual satisfaction. You may experience areas of numbness and sensitivity, or loss of sensitivity. This sense of loss may be shared by your partner if they gained sexual pleasure from the look or feel of your breasts.

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 women don't want their partner to touch the breast that wasn't treated if it reminds them of the loss of the other one. Your partner may also feel differently about touching your breasts after treatment.

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, you could use your hand to guide them. How you feel about having your breasts touched may change over time.

You and your partner may also want to change your focus to other areas of the body to help you feel sexually satisfied. Some women find sex toys, such as vibrators and clitoral stimulators, helpful in finding out more about what gives pleasure (see our tips on pages 34–35).

How your partner may react

If you have a partner, they will also face a time of readjustment after your diagnosis and treatment.

How your partner responds to you sexually may be influenced to a degree by how they reacted to your breast cancer. While some people's sex lives may continue much as before, some partners may take on an overly protective role, which means they 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 emotionally push them away or even reject them, temporarily or permanently.

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**.

'My husband has been fully supportive throughout – maybe slightly overanxious at first. He was worried at first and a bit overprotective.'

Ann

'After separating from my husband because of his reaction my confidence has recovered and gone from strength to strength.'

Liz

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 – this can avoid mixed signals, and make your partner aware of your limits
- Talk to your partner when you're not being intimate, so you don't feel awkward or interrupted during those times
- If there are aspects of intimacy that you feel uncomfortable discussing in person, try emailing or texting instead
- 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
- Keep talking to each other to make sure you are clear about any boundaries and have the same expectations

'Being open with sexual partners is so important. Not being communicative is never good for your sex life, cancer or no cancer!'

Natasha

Finding new ways of continuing to be intimate with your partner may help you to adjust to the physical and emotional changes that have happened until you reach a point where you feel more comfortable.

Often 'full sex' is seen as meaning penetrative sex, but 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.

Changes to your relationship

If you're in a relationship you may find that it changes. For example, couples facing cancer can feel emotional distress, and when both partners are under stress the relationship can become strained.

Any changes to your relationship may be positive or negative, and some things will be easier to deal with than others. Changes may be difficult to talk about with your partner and it may take some time to resolve them.

The quality of a relationship, both generally and sexually, before breast cancer, is likely to have a large bearing on how a couple copes with the experience of a diagnosis and treatment. Breast cancer may not always cause problems but it can often aggravate existing ones.

'My relationship...

...had been going through a lot of changes. My husband and I weren't long married. We were dealing with our new baby, my two teenagers and my husband's redundancy.'

Sharon

If you had problems in your relationship before having breast cancer these will not necessarily have gone away. Your illness will almost certainly make you re-evaluate many things in your life, including your relationship. Some people may decide that they no longer want to stay in a relationship where they are unhappy. Others may feel they need the security of their relationship even if it isn't an entirely happy one.

'The mastectomy revealed flaws in our relationship that I hadn't known were there.'

Liz

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

'As my body changed...

...we discussed how this would affect us and our relationship and we promised to be completely truthful about how we felt – even if it was difficult for the other to hear. We found this worked for us, as nothing was “stored up”. We were able to express our fears and concerns and work out a way to deal with them.'

Raven

Some women find the experience brings them and their partner closer. Together they have the strength to carry on and overcome whatever difficulties breast cancer brings. This is not always the case, though, and even strong and close relationships can be tested by, and sometimes end after, a diagnosis of breast cancer.

Dealing with something like cancer will change a relationship during the course of the illness and may be particularly difficult if the relationship is new. If you're in the early stages of a relationship you may find that you're discussing important issues much sooner than you would have liked.

Starting a new relationship after breast cancer

If you're not in a relationship, you may find the thought of forming a new one daunting. You may no longer have the same confidence in yourself and how you appear to others.

Beginning a sexual relationship may also bring on feelings of anxiety – for example, about telling someone you've had surgery for breast cancer and at what stage you should do this.

'I've had a couple...

...of relationships since then. The first one was two years after treatment ended. It was hard to know how to talk about my diagnosis. When's the right time to tell them? How do you tell them?'

Tricia

If you weren't in a relationship when you were diagnosed, or your relationship ended after your diagnosis, 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 be unable to find the words. 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.

'I did not have a partner...

...at the time of my cancer treatment but I longed to find out how this would be. I actually got involved with a woman in order to find out how [intimacy] would be [...] In fact it turned out to be good for me as she was very accepting.'

Zoe

'I tell people early on...

...within the first few dates, so that if it bothers them they can move on. I'm not interested in someone who's so shallow as to let my scars put them off me. I'm a good catch!'

Liz

When you feel the time is right to tell your new partner they may respond in a number of 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.

'Thinking about telling...

...my future partner about my diagnosis and being intimate with them doesn't really concern me because they won't know any difference: the body they're seeing will be for the first time.'

Shelley

When you start a new relationship, you and your partner will decide on the right time to be intimate. If you're feeling anxious about this because of your breast cancer, talk to them about your concerns and the specific things you are worried about.

WHERE TO GET HELP AND SUPPORT

If you're concerned about any issues relating to how you feel about your body or your sex life and you want help resolving these, there are various places to get support.

Talk to your breast care nurse or GP

It may help to talk to your hospital team, breast care nurse or GP in the first instance.

Even if it's been a while since you finished your treatment, your breast care nurse will still be a useful point of contact. They may be able to help with some of the questions you might have – for example, if you want to know more about breast reconstruction, how to cope with vaginal dryness, or if you're concerned about menopausal symptoms.

Talk to a counsellor or therapist

Sometimes you may need specialist help. This may mean you, or you and your partner, seeing a counsellor or a therapist who deals specifically with relationship 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
- RELATE – 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 experience 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.

Our free support services

You can also call Breast Cancer Now's Helpline on **0808 800 6000**, to talk through your feelings and concerns with one of our nurses.

It can help to talk to people who have been in the same situation as you. You can visit our online Forum **forum.breastcancer.org** and join a discussion about a topic that's relevant to you.

'Shared experience with other women in a similar situation was invaluable; being able to openly talk and laugh about the unfairness of it all.'

Natasha

Our Someone Like Me service can put you in touch with a volunteer who has had a similar experience, either by email or phone **breastcancer.org/slm**

BECCA is our app for moving forward after breast cancer, giving you strategies, hints and tips that might help you to cope with changes to intimacy and your relationships **breastcancer.org/becca**

YOUR BODY, YOUR CONCERNS

A prompt list for discussions

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 Breast Cancer Now's 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
- Protheses, 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

FOUR WAYS TO GET SUPPORT

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** (Monday to Friday 9am–4pm and Saturday 9am–1pm). The Helpline can also put you in touch with someone who knows what it's like to have breast cancer.



Chat to other women 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**



Find trusted information you might need to understand your situation and take control of your diagnosis or order information booklets at **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/in-your-area**

SUPPORT FOR TODAY HOPE FOR THE FUTURE

If you found this booklet helpful, use this form to send us a donation.

Donate online

Donate using your debit or credit card breastcancer.org/donate

Donate by phone

Call **0333 20 70 300**

Donate by post

Please accept my donation of £10/£20/my own choice of £

I enclose a cheque/PO/CAF voucher made payable to Breast Cancer Now

Name _____

Address _____

_____ Postcode _____

Email address _____

Telephone _____

Keeping in touch with Breast Cancer Now

We'd like to tell you ways you can help further, including through donating, fundraising, campaigning and volunteering, and send you updates on our research, the support we provide, breast health information and our wider work to achieve our aims.

If you already hear from us, we will continue to contact you in the same way. If you don't already hear from us, please tick the box if you are happy to be contacted by:

- Email
 Mobile messaging

Please return this form to Breast Cancer Now, Freepost RTSC-SJTC-RAKY, Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY

How we use your information

From time to time, we may contact you by telephone and post to keep you updated on our work and ways you can help. You can change the way you hear from us at any time by emailing us at supporterengagement@breastcancer.org or calling us on 0333 20 70 300.

To help us to work more efficiently, we may analyse your information to make sure you receive the most relevant communications, and to target our digital advertising. This may include using publicly available information. You can ask us to stop this at any time, by contacting us using the above contact details. You can read more about how we will use your information on our website at breastcancer.org/privacy, or contact us if you'd like a paper copy.



ABOUT THIS BOOKLET

Your body, sex and intimacy 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:
Phone 0345 092 0808
Email health-info@breastcancer.org



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BREAST CANCER NOW

The research
& care charity

At Breast Cancer Now we're powered by our life-changing care. Our breast care nurses, expertly trained staff and volunteers, and award-winning information make sure anyone diagnosed with breast cancer can get the support they need to help them to live well with the physical and emotional impact of the disease.

We're here for anyone affected by breast cancer. And we always will be.

For breast cancer care, support and information, call us free on **0808 800 6000** or visit **breastcancernow.org**

Breast Cancer Now

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breastcancernow.org



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