



Sexuality and Fertility –Chemotherapy Patients

Key Points

- If you may want a family in the future, speak with your doctor before drug therapy begins.
- Treatment *may* affect your sexual desire, but it varies from person to person.
- Intimacy does not always mean sex. Many couples have found new ways of intimacy, appreciate their partner more, and reported a stronger relationship.
- Do not get pregnant, father a child, or have unprotected sex during treatment and for a few months afterwards. Barrier methods of birth control (condom, diaphragm) are recommended.

Cancer and/or drug therapy can affect your sexuality by causing changes in your sexual function, sexual desire (libido), or your ability to continue the sex life you had before your diagnosis. Even if sexuality has been an important part of your life up to now, you or your partner may feel differently.

While sexuality can do wonders for your self-image, your body, and your relationships, remember that your treatment can change things, and you may have to try something new. Here are some suggestions from others who maintained or improved the intimacy in their relationship during drug therapy.

- A cancer diagnosis and treatment does not necessarily mean you will lose interest in sex, but you might. It is important to be honest with your partner.
- You or your partner may think that sex shouldn't matter or be desired while you fight cancer. But sex, and the loving and caring that go with it, can be life-affirming.
- Sexual desire can range from being not at all interested to having a very active desire for sex. It varies from person to person and over time.
- Stress, fatigue, pain, hormonal changes, and nausea can lower sexual desire.
- Try to look at this as a chance to try new things and find out how you and your partner can find pleasure and intimacy together.
- It may help if the intimate partner who does not have cancer also tells the healthcare provider about their sexuality and intimacy concerns.
- Some couples report more intimacy, an increase in physical closeness (without sexual intercourse), more appreciation of their spouse, and a stronger relationship.
- You may not be interested in sex. It is also common for people to have problems with sex during cancer treatment. Until your treatment has ended and you feel better, you and your partner may need to find new ways to be intimate. This can mean spending quality time together, feeling closer (physically and emotionally) to one another, feeling loved by your partner; and caressing, kissing, and touching.



- You cannot get cancer from kissing, touching, or having sex with someone who has cancer. Sex does not cause cancer to grow faster and it does not increase the chance that cancer will return.
- Though it may be uncomfortable to start a conversation about sexuality with your doctor or nurse, it will be worth it if you learn about ways to improve your relationship and lessen stress.
- Remind your partner how much you love and appreciate him or her.
- Take your time—appreciate and enjoy each other and the gift of being able to be fully open and intimate with one another.
- Set the mood – try lighting candles and playing music.

Coping with Physical Changes

- ✓ Take a warm shower or bath to help relax your body.
- ✓ Take a nap before intercourse to help you feel less tired.
- ✓ If you need to take medication to prevent nausea or pain, take it 30 to 60 minutes before sexual activity. Note that some of these medications may interfere with sexual performance. Ask about side effects, alternatives, and dosing options.
- ✓ Some treatments may cause vaginal dryness in women or erectile dysfunction in men. Talk with your oncology team about using vaginal lubricants and other options to make intercourse more comfortable or to help get or maintain an erection.

Fertility

A lot of things must go right for a couple to make a baby and a woman to carry a pregnancy to term and have a healthy baby. Cancer and its treatment can disrupt hormone levels, affect ovulation (women) or sperm production (men), cause erectile dysfunction (men), or make sex uncomfortable or painful.

- **Future children: If you think you may want to have children someday, talk with your doctor right away.** The type and dose of drug therapy used makes it hard to predict if a woman or man will become infertile afterwards. If your treatment can cause infertility and you want children, you will need to take steps, such as freezing eggs or sperm, before your treatment begins.
- **Do not get pregnant or father a child during drug therapy or for a few months afterwards:** Drug therapy can damage a woman's eggs and/or a man's sperm and cause birth defects. If there is damage to the egg or sperm, the embryo could be harmed, or the pregnancy may be lost. Talk to your doctor about how long you should take precautions once your treatment has ended.
- **Use condoms:** The drugs used in cancer treatment can stay in semen and vaginal fluids, so use a condom even if you are using other birth control methods.
- **Most cancer survivors can still choose to become a parent.** It might not happen the way you planned before cancer, but if you can be flexible, you'll find that you have options. These include infertility treatment, adoption, or using a donated egg or embryo (sometimes with a surrogate to carry the pregnancy).