

# Ovarian cancer, sex and intimacy

Information and advice to help you cope with the impact of an ovarian cancer diagnosis on your sexuality, sex life and relationships



**Target  
Ovarian  
Cancer**

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A diagnosis of ovarian cancer and the treatment for it can cause emotional and physical difficulties which can impact on your sexuality, sex life and relationships. This information sheet explains what physical and emotional issues you may face and how you can seek help and support.

## What impact can an ovarian cancer diagnosis have on sex and intimacy?

Getting an ovarian cancer diagnosis, and undergoing treatment, can be experienced as a form of emotional and physical trauma. This may change how you feel in yourself emotionally, your sense of yourself as a sexual being, and the dynamic within your relationship.

You may find you have an increased need for emotional, or physical, closeness. You may withdraw or feel unhappy or frightened about being sexual yet. Or you may think that being sexual again after treatment feels like a sign that life is getting back to normal. However you feel, it's important that you're able to find the right balance for you. Communicating with your partner about how things feel for you, and why, is important.

Ovarian cancer treatment can also cause some physical changes which can make sex more difficult. These include increased tiredness or fatigue or vaginal dryness. It's also quite common to experience pain when having penetrative sex (when a penis, sex toys or fingers enter the vagina). These changes are normal, and there are simple treatments that can help.

It's important not to try and put up with discomfort or pain as this may cause you to withdraw from sex, or make your partner worry they're hurting you. Knowing that sex may be uncomfortable can also cause the muscles in your vagina to tense up to protect you. This is called vaginismus and can make sex even more painful. That's why seeking help is really important.

In this information sheet we will refer to penetrative sex as **sex**.

# Is how I am feeling normal?

It's normal for your want or need for sex and intimacy to keep changing throughout life and it's normal to want, or not want, to be sexually intimate. Intimacy doesn't only mean having sex. It may include kissing, cuddling or fondling (touching each other) with a partner or on your own. How you feel sexually may or may not have changed because of your diagnosis and/or treatment. But however you're feeling is OK.

You may not even be thinking about sex if you've just received a diagnosis of ovarian cancer. It may also take a while before you're ready to restart your sex life if you've had major surgery or are experiencing side effects of other treatments. For example, if you're feeling sick due to chemotherapy, kissing someone will probably be the last thing on your mind.

Most women with a diagnosis of ovarian cancer will experience some short-term physical changes as a result of treatment. Sometimes these changes can continue for longer. Anything that affects our sense of self can affect our sense of sexual identity. These changes impact everyone differently. Sex can feel hard to return to or having sex during this time can help you feel cared for, loved and secure. Your response will be very personal.

If your feelings and experiences are worrying you and you're unsure of where to seek help or feel embarrassed to talk about them, you're not alone. Many women in your situation experience similar feelings and help is available.

## I want to have sex but I'm finding it difficult. What can I do?

Sex can feel difficult for many different physical, mental and emotional reasons. When sex is difficult it's common to withdraw from your partner to avoid it and in turn avoid intimacy, but this can make the problems worse. Try to talk to your partner, to explain how you're feeling and what difficulties you're experiencing.

Problems with desire (our want to be intimate), arousal (being turned on) and orgasm (the peak of sexual arousal) are all more common than you may think. The organisations listed at the end of this guide offer some good tips and advice for dealing with all sorts of sexual problems.

If you feel you would benefit from some further support on any of these issues you may also want to consider talking to a professional who deals with sexual problems, such as a **psychosexual therapist**. If you feel able, you should talk to your GP or Clinical Nurse Specialist (CNS) to ask for information and advice about what help is available locally to you.

# I want to have sex but it's painful.

## What can I do?

Pain during and after sex is often due to vaginal dryness and/or not enough lubrication (which keeps the vagina moist and reduces friction). The pelvic floor muscles (the muscles around your bladder, bottom, and vagina) can also tighten, making having sex more difficult or uncomfortable. This can happen because of physical causes, but it can also happen when there's emotional distress, anxiety or low sex drive (your desire to be intimate). There's often a mix of some, or all, of these factors.

Sometimes simple changes can help:

- If you have a dry vagina due to hormonal changes, it may be helpful to regularly use a vaginally-applied oestrogen or a non-hormonal vaginal moisturiser. These options may not be suitable for everyone so speak to your treatment team about what's appropriate for you.
- If you find that you're not fully aroused during foreplay (intimacy before having sex) and when having sex, using lubrication can help to improve sensation and increase your arousal. (See **Can you tell me more about lubrication?** on page 6).
- Learning to relax your abdominal (tummy) and pelvic floor muscles during penetration can also help – a bit like a reverse pelvic floor exercise!
- It's also worth trying out different positions to find one more comfortable. Take your time to find out what works for you.

If having sex feels uncomfortable, it's better to stop and try something else. Continuing through pain can set up cycles of anxiety for next time, and make pelvic muscles tighten more. Move to something that does feel good, such as external stimulation and try having sex again another time. External stimulation may include any type of touch that you enjoy or that feels good, whether it's masturbation (touching yourself for sexual pleasure) or kissing or touching a partner.

Physical contact with a partner will release certain chemicals in your brain and make you feel better. So whether it's a cuddle, a kiss or more sexual contact that you want, it may help you to combat the stress you're trying to cope with. If having sex continues to be uncomfortable, getting help is important.

# Can you tell me more about lubrication?

The right type and amount of lubrication can help to make having sex more comfortable. It can also help when using sex toys. There are many different types of lubricants which can be bought in most supermarkets, chemists or online. Some are also available on prescription. The different types of lubricants:

- **Water based lubricants** are the most common type. They often need to be reapplied regularly but are safe to use with all latex and silicone products including condoms.
- **Silicone lubricants** last longer than water-based lubricants and can be used with latex condoms but not with other silicone products such as sex toys.
- **Oil based lubricants** again last longer than water-based lubricants but they're not considered safe for use with latex products, such as condoms, or rubber sex toys.

Sometimes it helps to use oil and water-based lubricants together (using oil first) to help reduce friction when having sex. Try to bring lubrication into foreplay, making it part of your sexual routine.

Whether you're sexually active or not it can be helpful to regularly use a non-hormonal vaginal moisturiser to help improve vaginal dryness and other vaginal symptoms associated with your treatment. Names of non-hormonal vaginal moisturisers include Hyalofemme®, Replens™, Regelle® and YES VM®.

## I don't want to have sex. What can I do?

It's OK to not want to have sex. Many women who aren't having sex aren't dissatisfied, distressed or avoiding sex because of sexual difficulties. Even if you're usually sexually active it's normal to go off sex at times.

If the issue is penetrative sex then there are lots of other ways to be intimate and to find sexual satisfaction which don't include putting a penis, fingers or sex toys into the vagina. Widening your focus to include all different kinds of intimacy can be very pleasurable and rewarding.

If you're finding the thought of having sex difficult, try to be open and honest with your partner. Talking to each other can deepen your relationship and have a positive effect on intimacy. For instance, you may decide to avoid having sex for a while but concentrate on kissing, cuddling and other types of external sexual pleasuring.

Your physical responses in sexual situations can also be affected by how you feel about yourself. Sexuality isn't just about having sex or masturbation (touching yourself for sexual pleasure). It's an important part of body image and your desire for and enjoyment of sexual situations depends on your general wellbeing and self-esteem.

An ovarian cancer diagnosis and treatment for it can be experienced as a form of trauma. Investigations and treatment for ovarian cancer are often difficult emotionally and physically. This may cause you to feel less comfortable or safe in your body. As a result you may feel disconnected with your body and sex may be the last thing that you want right now. This is completely understandable. Learning to reconnect with your body, understanding what your body likes now and feeling pleasure again at a pace that works for you is really important. This may be by starting to notice simple pleasant sensations again. For example the feeling of the wind on your face when out for a walk, the smell of flowers, the touch of your hands when putting hand cream on or the feeling of standing barefoot on grass. Having the space to feel pleasure in doing things that you enjoy and being in those moments can help you to reconnect with your body and be the first step in wanting to return to other forms of pleasurable sensations such as intimate touch.

It can really help to process what you have experienced with a counsellor. You can speak to your medical team about accessing further professional support. Be kind to yourself, and remember that sharing how you feel with your partner, a friend or your CNS can really help.

## **My partner is worried about having sex. What can I do?**

Communication with your partner is important. Discussing your worries and fears, or what hurts during sex, will help you both feel more relaxed to work out a solution.

You or your partner may experience low desire due to the range of emotions you're both dealing with in order to come to terms with your diagnosis. You may have to reassure your partner that you want to have sex or touch each other intimately and allow them time to help you understand their needs too. Sex, for some, can help us feel connected to our partner and give us a boost of pleasure, so if it's something you feel you want, it's worth having a go.

## **Is it safe to have sex during chemotherapy?**

If you're having sex during chemotherapy it's advised that you use barrier contraceptives (e.g. condoms or femidoms) for a few days after treatment to reduce any risk of passing small amounts of the drugs on to your partner. It's not known for sure whether drugs can be passed on so this guidance is there as a precaution. It can be worrying to hear this but it doesn't mean you have to avoid being intimate.

## Is it OK to continue with masturbation?

Yes! We can make ourselves feel good by touching our bodies and giving pleasure to ourselves. There's nothing wrong with this at any time of life and, when you've had an ovarian cancer diagnosis, it may help you cope.

Masturbation may also help you feel a greater ownership of your body. After having had doctors examining you, touching yourself may be comforting and help you reconnect with yourself.

## My ovarian cancer treatment led to early menopause. Is there specific advice for me?

We all have oestrogen and testosterone (sex hormones) in our bodies. The sudden loss of testosterone after surgical menopause can cause changes in your sex drive. Also changes in your oestrogen levels can cause vaginal dryness and painful sex. This is very common and there are lots of things that can help (see **I want to have sex but it's painful. What can I do?** on page 5).

Hormone replacement therapy (HRT) is a treatment that replaces hormones that your body has lost as a result of treatment and surgical menopause (sudden menopause as a result of having surgery). It can help with reducing vaginal dryness and improving your sex drive and it may be suitable for you once your ovarian cancer treatment has finished. HRT can be **local** (where it's applied directly to the vagina) or **systemic** (where it's absorbed into the blood and flows around the body). Speak to your treatment team to see whether HRT may be an option for you.

The hormonal changes in your body can affect how you feel about being sexual after the menopause, and your arousal and orgasm may not be the same as before. Some centres hold menopause clinics to address these needs, offering diagnostic and therapeutic options. Ask your CNS about these.





“Sex had changed. As a post-menopausal woman you don’t create the same secretions and I have a lot of difficulty with vaginal dryness. It was very difficult, especially in the early stages post cancer, discussing things like lubrication. But now I think I have a more active enjoyment of sex as a post-menopausal woman than I did before my cancer.”

**Nicola**

## I’m not in a relationship and am scared of starting a new one. What can I do?

It’s understandable to worry about how to start a new relationship, particularly if your treatment means that your feelings about sex and intimacy have changed. A question frequently asked is, ‘When do I tell my new partner that I have had ovarian cancer?’ There’s no right or wrong answer. It’s likely that you will know when the time is right. Building a relationship on trust and honesty will strengthen it.

Cancer Research UK has more information about starting a new relationship if you’re single and have had a diagnosis of cancer. Search **starting a new relationship** at [cancerresearchuk.org](https://www.cancerresearchuk.org)

## Where can I get further support?

For many people, talking about sex can be a sensitive issue but it helps to talk. Your CNS or GP will be happy to speak to you about any concerns that you may have. It may be that you can solve a problem by talking to a **sex therapist** or **psychosexual counsellor** (this is a psychologist who is specially trained).

There should be a sex therapist available to you in your local area through the NHS and you can ask for a referral if you think this would be helpful.

Psychosexual counselling is available through [Relate](#) (details on page 10) and in some areas of the country through GPs. Or traditional counselling may be best for you. Don’t be shy about talking to a professional, they will want to help you with this aspect of your recovery.

## Where can I find out more?

- The College of Sexual and Relationship Therapists (COSRT) is the UK's leading organisation for therapists specialising in sexual and relationship issues. Their website can also be used to help you find a therapist in private or NHS services in your local area. Visit [cosrt.org.uk](https://www.cosrt.org.uk) or call **020 8106 9635**.
- Relate provides supports for all kinds of relationships and offers online help with sex and relationships including a Live Chat option. Visit [relate.org.uk](https://www.relate.org.uk)
- The Institute of Psychosexual Medicine (IPM) provides education, training and research in psychosexual medicine and can help you find a specialist. Visit [ipm.org.uk](https://www.ipm.org.uk) or call **020 7580 0631**.

## More support from Target Ovarian Cancer

- Target Ovarian Cancer's nurse-led support line offers confidential information, support and signposting for anyone with questions about ovarian cancer. You can call us on **0808 802 6000** (Monday–Friday, 9am–5pm) or visit [targetovariancancer.org.uk/supportline](https://www.targetovariancancer.org.uk/supportline)
- Our guides for anyone with ovarian cancer offer expert advice, practical information and emotional support on a wide range of issues at all stages. You can order or download your copies online for free at [targetovariancancer.org.uk/guides](https://www.targetovariancancer.org.uk/guides) or by calling **0808 802 6000**.
- We run regular information and support events as well as online communities where you can speak to others affected by ovarian cancer. Visit [targetovariancancer.org.uk/support](https://www.targetovariancancer.org.uk/support)



**When you need information, friendly support or someone to talk to that understands, our specialist nurses are here.**

**Our support line is open 9am–5pm, Monday–Friday.**

**Call us on 0808 802 6000**



Get in touch for more information, support and signposting for anyone affected by ovarian cancer:



30 Angel Gate, London, EC1V 2PT



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