

YOUNG PEOPLE, CANCER & SEX

TE HUNGA TAIOHI, TE MATE PUKUPUKU ME TE AI

It is normal to have questions about how cancer and treatment may impact your body and sexual activity, but it may feel awkward and embarrassing to ask. This resource can help answer some questions. Your Adolescent and Young Adult (AYA) Keyworker is there to answer any more you may have.

Some of this information may not apply to you, but it is designed to cover the different ways cancer can impact sex.

Here are some commonly asked questions:

Can I have sex during treatment?

Yes. You *can* have sex during treatment. (The exception to this is if you are having radioactive iodine treatment - talk to your doctor.)

You may notice less interest, energy or comfort around having sex. Remember to only do what you're comfortable with and to talk with your sexual partner.

Always use a condom and/or oral dam (thin latex sheet barrier) during anal, oral or vaginal sex to protect your partner from chemotherapy exposure and to avoid catching sexually transmitted infections (STIs). Your immunity will be lowered during treatment and so your STI risk is higher with serious health consequences.

Your platelet count may also be low, which could increase your risk of bleeding, so avoid rough sex and use a water-based lubricant to reduce friction. Water-based lube can be bought at a supermarket, chemist or online.

Can I contaminate someone with chemo or radiation when we have sex?

Some chemotherapy may be found in bodily fluid. This includes saliva, urine, vaginal secretions and semen



Common physical side effects of cancer treatment that can impact sex

- > Loss of libido (desire to have sex)
- > Vaginal dryness - sex can be painful
- > Erection problems
- > Fatigue (tiredness), pain and nausea (feeling sick)
- > Weight changes, hair loss, scars - can impact body image and feelings of attractiveness

(the fluid which contains sperm) for up to 7 days after you have had chemotherapy treatment. You can still have sex though; just make sure you use a condom and/or oral dam to protect your sexual partner.

The same goes for masturbating - you can still do it - just make sure you wash your hands afterwards and clean away any bodily fluid so it can't harm others.

Radiotherapy does not make you radioactive, so the radiation won't harm your sexual partner.

Can I spread my illness through sex?

No. Cancer is not contagious so it cannot be passed on to anyone else.

Why don't I feel turned on or experience sexual pleasure?

Your treatment can reduce your sexual desire and sex drive (libido), or it can change how you feel about your body and attractiveness. It can also be harder to reach orgasm. This can happen to all young people and is a normal side effect of treatment.

Be gentle on yourself and allow time. Talk with your partner and let them know how you are feeling. Hugging, kissing, touching, and/or massage might be good alternatives to having sex. Having cancer can

make your relationship feel different or complicated and talking about sex with a partner can sometimes be difficult. A psychologist, or sexual health and relationship expert can help you to find ways to talk more openly.

My doctor has told me that my treatment may cause infertility (not able to have your own biological children); do I need to worry about getting pregnant or getting my partner pregnant?

We can't predict who will experience fertility issues so always assume that you could be fertile. Sometimes your treatment (chemo or radiotherapy) can increase the chance of abnormalities in a baby who is conceived during this time. It is recommended that you wait for one year after treatment to conceive. To avoid pregnancy during this time it is important to use contraception. Not all contraceptive methods will be suitable during and following treatment – check with your doctor.

For more on fertility check out the AYA Cancer Network Aotearoa's booklet *Cancer and Fertility: Before, During and After Treatment*.



Why can't I get an erection?

Some young people experience difficulty in having an erection (hard-on, boner). In a lot of cases this is temporary but if you have undergone surgery or radiation to the pelvic region this may be more permanent. Your health care team may have discussed this with you prior to treatment but if not, or if you are worried please discuss this with your doctor or nurse.

If I am infertile will I still be able to ejaculate ('cum')?

Yes, you will still be able to cum as you will still have semen, however the semen won't carry sperm.



I am experiencing pain when I have sex - is this normal?

Some treatments can affect hormone levels and as a result cause vaginal dryness which may make sex uncomfortable or painful. A water-based lubricant can help with this. Sometimes there are also changes in the acidity of the vagina which can lead to thrush – the symptoms of thrush are a creamy white discharge or itchiness in the vaginal area. This is a common condition that is easily treated, so just talk to your doctor or nurse.

Will I still get my period during treatment?

Your periods can become irregular during treatment. As a result, you might never be quite sure where you are in your menstrual cycle. Some medications can cause heavier bleeding and longer periods and it is important that you tell your doctor or nurse if you are experiencing this.

Remember, even if your period is irregular you can still get pregnant while undergoing treatment, so always use contraception.

There is the possibility of using medication (GnRH analogues) to lighten your period while you're having cancer treatment. Talk to your doctor if this hasn't been discussed with you.

Should I continue taking hormonal based contraception (the Pill, the injection, implant) during treatment?

This question is best directed to your doctor. Hormonal based contraception is not always suitable while on treatment. This is for three reasons: firstly the side effects of chemotherapy, such as sickness and diarrhoea, can make the contraceptive pill less effective; secondly your treatment may increase the risk of complications/ side effects of any hormonal contraception; and thirdly, hormonal contraception may be less effective during cancer treatment.

WHO CAN I GO TO FOR FURTHER ADVICE OR INFORMATION?

The above are common questions but this information sheet does not cover everything.

If you have any other questions or concerns ask your healthcare team and your AYA Keyworker. They are there to provide you with confidential support and information. They can also provide you with barrier contraceptives (condoms and/or oral dams).