



Sexual wellbeing after breast or pelvic cancer treatment



This guide is focused on gynecological and breast cancer, patients include cis-gender women, transgender men and some non-binary and intersex people.

ISBN: 978-1-78602-248-6

Contents

About this guide	1
Understanding your pelvis	4
Effect of cancer treatment on your sexual wellbeing	6
Other issues which may affect sexual wellbeing	7
Types of cancer treatments	8
How breast or pelvic surgery affects sexual wellbeing	8
How pelvic radiotherapy affects sexual wellbeing	17
How hormone therapy affects your sexual wellbeing	21
How chemotherapy affects your sexual wellbeing	22
Treatments that may help improve sexual wellbeing	23

Frequently asked questions	34
What can I do to help myself?	34
How do I talk to my partner about my sexual wellbeing?	38
What can I do if I am not in a relationship but would like to be?	40
When can I start having sex again?	41
What sexual problems might I experience as a result of my cancer treatment?	42
Should I do pelvic floor exercises?	43
Cancer Survivorship and a healthy lifestyle	44
Questions to ask your healthcare team	49
Useful contacts	51
Glossary	52

About this guide

If you have completed treatment for any of the following cancers, this guide is for you. It deals with questions you may have about your sexuality or your intimate life.

- Breast cancer
- Gynaecological cancers
(cancer of the womb, ovaries or cervix, vulval and vaginal cancer)
- Bowel, rectal and anal cancer
- Bladder cancer

Having cancer can affect your body physically and how you feel about yourself. Some treatments can affect your physical ability to have sex or to enjoy it. These changes may mean that you experience concerns in relation to body image, sexuality, sex life, desire, intimacy and relationships. You may need time to adjust. People deal with cancer in different ways. You may be overly positive or negative or you may play down fear, worry or

distance yourself from others. It may be helpful to discuss your feelings and concerns with your partner, friend or family member and ask for their support.

Your sexuality is part of who you are and is an integral part of your quality of life. After a cancer diagnosis and treatment, you may feel good about who you are and how you express your sexuality with others, or you may feel different. Remember that sex includes both emotional and physical wellbeing. Sexuality is about more than intercourse. It can also be touching, kissing, self-stimulation and oral sex. Sexuality is about how you express yourself sexually and your sexual feelings for others and is a way of experiencing intimacy. However, intimacy does not necessarily mean sex. Being intimate is about our physical and emotional closeness to someone else. Even if treatment means you physically cannot have intercourse, touch and intimacy in others ways is still very important.

Try to talk openly with your healthcare team about your sexual wellbeing especially if your cancer treatment has affected it. Your team are aware that you may have problems. They can look into your symptoms and answer your questions. Sometimes just talking to them may help.

What you need to know

While cancer treatment may affect your sexuality, your sex life does not have to end.

Not everything in this guide will apply to you. The effects of treatment depend on which cancer and treatment you had. You do not need to read this guide from cover to cover – just read the parts that you think will help you best. Some specialist terms are explained at the back of this guide.

This guide was developed as part of the National Cancer Control Survivorship Programme.

Understanding your pelvis

The female pelvis is the lower part of your body (below your belly). It contains the pelvic bones, bladder, rectum, and reproductive organs (see Figure 1 and Figure 2).

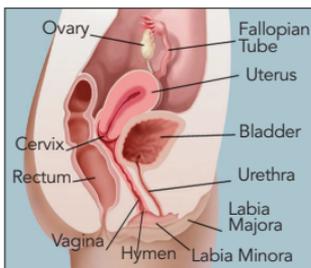


Figure 1
The female pelvis¹

¹ Courtesy of WebMD

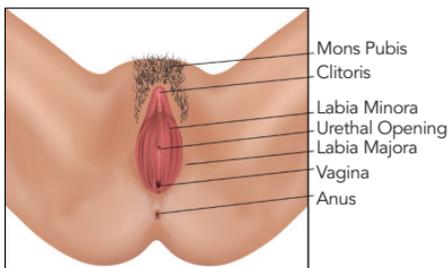


Figure 2
The vulva²

² Courtesy of Shutterstock

- Your vagina is an elastic muscle with a soft flexible lining that provides lubrication (moistness) and sensation during sex.
- The vulva is also known as the outer part of the genitals. It includes the opening of the vagina, the urethra, the labia majora (outer lips), the labia minora (inner lips), and the clitoris (the main sexual pleasure organ).

- The cervix (neck of the womb) connects the vagina and the womb (uterus).
- The ovaries are small glands located on either side of the womb. They produce eggs (ova) and hormones.
- The fallopian tubes connect the ovaries to the womb.
- The womb (uterus) is where babies are carried. It is a hollow, pear-shaped organ.
- The urethra is the tube through which urine (water) passes from the bladder to the outside of the body.
- The bladder is a sac (bag) that stores urine.
- The colon and rectum form the large intestine (bowels).
- The anus is the opening at the end of your bowel. It is the muscle which gives you control when you pass a bowel motion (poo).

Effect of cancer treatment on your sexual wellbeing

You may experience emotional and physical changes during and after cancer treatment that may cause temporary or permanent effects on your sexuality.

Treatments may affect your:

Body image	How you feel about your body.
Mood	How you feel emotionally at a particular time.
Energy levels	Your energy levels may change. A common side effect of treatment is fatigue. This is an ongoing feeling of physical, emotional and mental tiredness, or exhaustion. You may experience fatigue for months or even years after finishing your treatment.
Sense of wellbeing	State of being comfortable, healthy and happy.
Sexual desire	A desire to engage in sexual activity.
Orgasm	The climax of sexual excitement.

Other issues which may affect sexual wellbeing

Problems with sexual function are not only caused by cancer and its treatment. Cancer and its treatments can sometimes increase existing life stresses. Lifestyle, psychological and physical reasons may also affect your sexual wellbeing.

Lifestyle	Psychological	Physical
<ul style="list-style-type: none">• Being an unhealthy weight (underweight or overweight)• Inactivity• Smoking• Using recreational drugs• Drinking too much alcohol	<ul style="list-style-type: none">• Emotional or mental distress• Feeling stressed• Feeling tired• Feeling unhappy in a relationship	<ul style="list-style-type: none">• Inability to get sexually aroused or stay aroused• Low or no lubrication in your vagina• Some medications may affect your mood or sexual desire• Menopause• Growing older• Having diabetes

Types of cancer treatments

There are many types of treatments for cancer. The treatments below may affect sexuality depending on the type of cancer. We explain these on the following pages.

Treatment type:	Table no:	Page no:
Surgery	Table 1	9-16
Radiotherapy	Table 2	18-20
Hormone Therapy	Table 3	21
Chemotherapy	Table 4	22
Treatments that may help	Table 5	23-33

How breast or pelvic surgery affects sexual wellbeing

Surgery involves removing a tumour or growth from your body.

Table 1 Surgery

Type of surgery	Effect on sexual wellbeing
<p>Breast cancer surgery</p> <ul style="list-style-type: none">• Mastectomy (removal of one or both breasts)• Wide Local Excision (removal of part of a breast)• Breast reconstruction (creating a breast shape using surgery)	<p>These surgeries may:</p> <ul style="list-style-type: none">• change your body image and affect your sense of wellbeing• cause short-term or long-term pain or discomfort, or a change of sensation• reduce sexual pleasure if your nipple was removed. <p>Options:</p> <p>Breast reconstruction may help you to cope with changes to your body image although it does not replace your own breast tissue.</p>

Type of surgery	Effect on sexual wellbeing
	<p>After breast reconstruction, you may have different sensations or even feel numb in the reconstructed breast. This may take some time to get used to.</p>
<p>Bowel cancer surgery</p> <ul style="list-style-type: none"> • Abdomino-perineal Resection (surgery for rectal or anal cancer) • Low Anterior Resection (removal of part of your rectum) 	<p>This type of surgery involves removing the lower part of your rectum (bowel). The surgery may damage nearby nerves which may affect sensation in the genital area.</p> <p>As the rectum is close to your sexual organs, you may feel discomfort during intercourse or penetration.</p>

Type of surgery	Effect on sexual wellbeing
	<p>Surgery to the lower bowel often means you may have a stoma bag (called a colostomy or ileostomy) on your abdomen (tummy) to collect your bowel motion (poo). This may make you feel differently about your body. You may feel embarrassed and avoid sexual activity.</p> <p>Depending on your surgery and diagnosis, your stoma may be reversed later.</p> <p>Ask your healthcare team about this.</p>

Type of surgery	Effect on sexual wellbeing
<p>Bladder cancer surgery</p> <ul style="list-style-type: none"> • Radical Cystectomy (removal of the bladder, nearby lymph nodes and part of the urethra). 	<p>This depends on how your urine is brought outside your body and if you have a stoma (an opening on the surface of the tummy to collect the urine). This may affect your body image. The effects on sexual function include:</p> <ul style="list-style-type: none"> • reduced orgasm • reduced lubrication (moistness) • lack of sexual desire • painful intercourse.

Type of surgery	Effect on sexual wellbeing
<p>Gynaecological cancer surgery</p> <ul style="list-style-type: none"> • Total Hysterectomy (removal of the the womb and cervix). This surgery treats endometrial and cervical cancer. • Radical Hysterectomy (removal of the womb, cervix and part of the vagina). This surgery treats cervical cancer. 	<p>Following any type of hysterectomy, your periods will stop. You will no longer be fertile and cannot become pregnant. Some patients find this very hard to deal with emotionally.</p> <p>After a hysterectomy, some patients may feel less feminine as their view of their body has changed.</p> <p>Some younger patients may feel that the loss of fertility affects their sexuality.</p> <p>Having a hysterectomy does not change your ability to experience sexual pleasure or have an orgasm.</p>
<p>A hysterectomy may shorten the top part of the vagina but this doesn't change your ability to have sexual intercourse. The clitoris and lining of the vagina will remain sensitive so you will be able to feel sexual pleasure and reach orgasm. The uterus will no longer contract during orgasm and this can affect sexual pleasure for some.</p>	

Type of surgery	Effect on sexual wellbeing
<ul style="list-style-type: none"> • Bilateral Salpingo-oophorectomy (removal of both fallopian tubes and both ovaries). • Pelvic Lymph Node Dissection. • Bilateral Pelvic Lymph Node. <p>Dissection (removal of lymph nodes in the pelvis). This may be done as part of the surgery to treat cancer of the cervix or womb.</p>	<p>Effect of oophorectomy on sexual wellbeing</p> <p>As your ovaries are no longer producing hormones, you may experience symptoms of the menopause, including:</p> <ul style="list-style-type: none"> • dry vagina • loss of desire/interest in sex • urinary frequency • painful intercourse • hot flushes • fatigue • difficulty in sleeping • emotional irritability. <p>All of these symptoms may affect your sexual desire, sense of wellbeing and energy.</p>

Type of surgery	Effect on sexual wellbeing
<p>Vulvectomy or vulvar excision</p> <ul style="list-style-type: none"> • Removal of part of the vulva or the entire vulva, nearby lymph nodes and in some cases the clitoris. <p>This surgery is for cancer of the vulva.</p>	<p>Effect of lymph node removal on sexual wellbeing</p> <p>This may result in swelling of the legs or pain and swelling in the vulva (outer genital area) causing discomfort during sexual activity.</p> <p>As this surgery can affect the nerves in the genital area, you may experience:</p> <ul style="list-style-type: none"> • permanent or temporary numbness of the vulva • decreased sensitivity in the area depending on how much tissue was removed • a feeling of tightness that may interfere with penetration.

Type of surgery	Effect on sexual wellbeing
	<p>If lymph nodes are removed, it may result in:</p> <ul style="list-style-type: none"> • swelling of the lower legs, and • pain and swelling in the vulva causing discomfort. <p>If the clitoris is removed, you will:</p> <ul style="list-style-type: none"> • not be able to have a clitoral orgasm. <p>You may also experience lack of sex drive, lack of sensation in the outer lips of the vagina, dryness, shortening of the vagina and pain during intercourse.</p>

How pelvic radiotherapy affects sexual wellbeing

Radiotherapy affects people in different ways. It is difficult to predict exactly how you will react to it. The side effects you may have will depend on the:

- type of cancer
- dose of radiotherapy
- type of radiotherapy – internal radiotherapy (brachytherapy) or external beam radiotherapy.

Table 2 Radiotherapy

Type of radiotherapy	Effect on sexual wellbeing
<p>Internal radiotherapy (brachytherapy) or external radiotherapy</p> <p>(Treatment for bladder, cervical, womb, vaginal, vulval, rectal and anal cancers)</p>	<p>Radiotherapy may cause side effects but many of these can be treated. You may not suffer all the side effects mentioned below. After treatment, some patients may experience changes in sexual wellbeing such as:</p> <ul style="list-style-type: none">• Menopause: if you have not gone through the menopause, radiotherapy may bring this on. Menopause can cause hot flushes, loss of sexual desire and vaginal dryness.

Type of radiotherapy	Effect on sexual wellbeing
	<ul style="list-style-type: none"> • Fertility: Radiotherapy to the pelvis may affect your sexual organs and how they function. This can have a permanent effect on your ability to have children. • Dryness and narrowing of the vagina: This may cause discomfort during intercourse or during vaginal examinations. Some patients may bleed after intercourse. To reduce these symptoms, your healthcare team will suggest the use of lubricants, moisturisers, oestrogen therapy, vaginal dilators and resuming sexual intercourse.

Type of radiotherapy	Effect on sexual wellbeing
	<ul style="list-style-type: none"><li data-bbox="387 258 876 629">• In some patients, the bowel and bladder may be affected after treatment. This may result in you going to the toilet more often, having looser bowel movements and feeling that you need to pass urine more often.<li data-bbox="387 662 876 843">• Fatigue may continue after treatment and may affect your physical, emotional and sexual wellbeing.<li data-bbox="387 876 876 1200">• If your lymph nodes are treated, you may develop lymphoedema. This can cause swelling in the legs which may affect your body image. Talk to your healthcare team about ways to manage this.

How hormone therapy affects your sexual wellbeing

Hormone therapy is a drug treatment used to reduce the risk of cancer coming back.

Table 3 Hormone Therapy

Type of hormone therapy	Effect on sexual wellbeing
<p>Hormone therapies include:</p> <ul style="list-style-type: none">• Tamoxifen• Fulvestrant• Anastrozole (Arimidex)• Letrozole (Femara)• Exemestane	<p>Hormone therapy is used to treat breast cancer. It may reduce your interest in sex due to hot flushes, sleeplessness, bloating, mood changes and other menopausal symptoms.</p> <p>It may also cause vaginal dryness, which can make intercourse uncomfortable.</p> <p>Some patients undergoing hormone therapy may experience vaginal bleeding – if this happens, tell your healthcare team immediately.</p>

How chemotherapy affects your sexual wellbeing

The word 'chemotherapy' means medicine used to kill cancer cells. Side effects occur because normal cells are also affected.

Table 4 Chemotherapy

Chemotherapy	Effect on sexual wellbeing
Breast or pelvic cancer (breast, bowel, rectal, anal and gynaecological cancer)	<p>Chemotherapy can have a wide variety of side effects on your overall wellbeing that can affect sexual desire and sexual function. Ask your healthcare team to explain the specific side effects of your treatment. Certain chemotherapy can affect your ability to have children in the future and it is possible to be referred for fertility preservation prior to starting treatment if you so wish.</p> <p>If you have not gone through the menopause, chemotherapy may bring on an early menopause. Menopause can cause hot flushes, loss of sexual desire and vaginal dryness.</p>

Treatments that may help improve sexual wellbeing

There are several options listed below which may help you. You may have to try a number of options to see what suits you.

Table 5 Treatments that may help

Oral tablets

- Hormone replacement therapy (HRT) replaces the hormones that the body stops producing after the menopause. This may ease or reduce many of the symptoms of the menopause such as hot flushes and night sweats.
- HRT has been shown to improve sensitivity in the clitoris and vagina, vaginal lubrication (moistness) and sexual desire.

	<ul style="list-style-type: none">• HRT is not recommended after some cancers. Talk to your healthcare team to see if it is suitable for you.
Vaginal Lubricants	<ul style="list-style-type: none">• Vagina lubricants are a short-term aid to assist with lubrication during sexual activity.• While most of us produce our own natural lubricant, cancer treatment, aging and menopause are some of the causes that reduce our ability to produce our own lubricant.• Lubricants make sexual activity (sexual intercourse, touch etc.) more pleasurable.

	<ul style="list-style-type: none"> • Silicone lubricants cannot be used on a silicone dilator, water and oil based lubricants can. • There are many types of vaginal lubricants, they normally come in a liquid form. They are used to minimise dryness and pain during sexual activity and gynaecological exams. • Water and silicone based are recommended.
<p>Some examples are:</p> <p>Water Based Lubricants:</p>	<ul style="list-style-type: none"> • Sliquid • Yes • Astroglide • Aquagel <p>Water based lubricants are safe to use with condoms, both latex and non-latex.</p>

Silicone Based Lubricants:

- Astroglide silicone
- Pjur original silicone lubricant
- Uberlube

Silicone based lubricants are best if you have sensitive skin. They are safe to use with condoms.

Oil Based Lubricants:

Oil based lubricants are not condom friendly, so do not use them with a condom. They are also associated with a high rate of infection and it will stain your sheets.

Natural Oil Based Lubricant:

If you are sensitive to getting thrush please do not use coconut or almond oil.

If using almond/coconut oil make sure you are getting

	<p>cosmetic grade oils rather than food grade.</p> <ul style="list-style-type: none">• Almond oil• Coconut oil• Sliquid Organic.
Vaginal Oestrogen	<ul style="list-style-type: none">• Vaginal Oestrogen is a hormone-based medication that is only available with a prescription from a doctor.• The reasons for this, is that it is not suitable for everyone. Depending on the type of cancer you have, you may or may not be a candidate for it.• It is important to discuss this with your treating doctor.

- Topical Oestrogen therapy is an excellent way of treating vaginal atrophy (thinning of the skin on the vaginal wall) if you can have it.

Dilators

- A vaginal dilator is a smooth plastic or rubber tube (a bit like a large tampon). The dilator works by gently and slowly stretching the scar tissue that has formed in the vagina. This helps to make both intercourse and physical examinations by your doctor more comfortable.
- Dilator kits contain a range of different sized dilators so you can find the right size for you.

- They can be highly effective in improving vaginal comfort and pelvic floor muscle control. They can also be used to inform a woman about how their body responds to internal examinations.
- They can provide feedback to you as you learn to control tension and relaxation in the pelvic floor muscle.
- It can increase confidence that an object, like a speculum, may be inserted into the vagina without distress or pain.
- It is important to get dilators that you are comfortable with and give

you the best possible chance of using them.

- Silicone dilators are warm to touch, flexible and more phallic (penis) like than hard plastic ones.
- Silicone lubricants cannot be used on a silicone dilator, water and oil based lubricants can.
- Depending on your circumstances vaginal dilators can be extremely helpful in treating vaginal discomfort if you do not have a partner or perhaps are lacking desire for penetrative sex at this time.
- The use of a clitoral therapy device (battery operated vacuum device with a small

funnel that fits over the clitoris to increase blood flow to the area) can be highly effective in arousing self-stimulation and dilate the vagina through increasing blood flow.

Vibrators

- You can use vibrators in a similar way to the way you use dilators.
- Talk to your healthcare team if you have had pelvic cancer treatment and want to use a vibrator.

Complementing Sexual Intimacy

- Lubricants, sex toys and lingerie can all complement our intimacy world. Our sexual selves and our sex life evolve over time, what worked for you in your 20s may not work for you in your 50s.
- What stimulated you then may also have changed. This is normal and expected.
- There are many sex shops in Ireland and online that supply products that will complement getting intimacy back on track.
- Talk to your health care team about these resources such as: www.bodygra.ie

Relationships and Intimacy

- It is common for a cancer diagnosis and the treatments to decrease desire but there are helpful tips to help re-explore this part of your life.
- Sexuality starts in the brain and influences sexual desires.
- Desire often follows arousal rather than the other way round. This is where communication with your partner is so important.
- It is important to explore new ways of being intimate which may be different to how it was before.
- Some patients find their sex lives are improved as they are being more adventurous and talking more.

Frequently asked questions

Sex begins with desire and arousal before there is any physical contact. It progresses through sensual touching, kissing, sexual touching and foreplay.

What can I do to help myself?

1. Be kind and patient with yourself and acknowledge how you are feeling.
2. Talk to your sexual partner/sexual partners about how you are feeling as this may help. Let them know why you do not want sex. Sexual activity can stop if you are not feeling well, you have changed your mind or you are uncomfortable. Most partners will be happy to do things at your pace.
3. Reconnecting with your partner again; start by 'dating', setting allocated time to spend with your significant other to concentrate on your connection, hand holding, hugging, eye contact, kissing.

4. Let your partner show you affection. If you don't feel like engaging in sex you can still express your feelings through enjoying being close, touching, kissing, massaging, talking, holding hands
5. Setting the scene, sensual clothes e.g. silk, scented candles or oils, favourite music- using the 5 senses. Massaging one another, dancing, cuddling etc.
6. Learning to think differently about sex, it should not be goal orientated, it doesn't have to be all or nothing.
7. Try different ways of getting aroused such as showering together or going away for a weekend. Do whatever makes you feel relaxed and good about yourself.
8. Be intimate at whatever time of day is best for you (for example, in the morning when you feel refreshed or the evening when you may be more relaxed). Have shorter lovemaking sessions.

9. It can be beneficial to get to know your body following treatment through self-discovery/ couple discovery. Engage in new positions/ activities/props, lubricants, sex toys and lingerie can all complement intimacy.
10. If you like to masturbate, do so. This can be helpful to reconnect you with sexual activity. Or, you may want to stimulate your partner and help him or her reach orgasm, even if you do not want this yourself.
11. Change position during sex to work out which position is the most comfortable for you. You and your partner need to find the one that's best for you. Try pillows as supports if you think they might help. See the funny side to lighten the mood.
12. Be physically active for at least 30 minutes a day, for example, try walking. This may help to stimulate sexual desire by increasing your energy levels and lifting your mood.

13. Looking at your scars to get used to these changes may be helpful. Also showing your partner these changes so that you both can acknowledge how these changes make you feel.
14. If you feel uncomfortable about a part of your body, you can wear clothes to cover it during sex. For instance if you have had breast surgery, abdominal/tummy surgery or have a stoma you may feel more comfortable wearing something you feel sexy in.
15. Ask your healthcare team about medications or treatments that may help.

How do I talk to my partner about my sexual wellbeing?

Talking to each other is important in any relationship if you want to have a healthy sex life. In particular, sharing concerns about cancer may help to reduce worries and boost your emotional intimacy and trust. You may not even be aware that you are not taking an interest in sex or being as intimate as you used to be. This may be confusing for your partner and may make them feel uncertain about how to react.

You may worry that others will avoid or reject you when they see how your body and your responses may have changed. You may not be able to imagine yourself in a sexual situation again. But you can help yourself by talking to your partner or healthcare team. Open communication is so important. It may help avoid misunderstandings. If you and your partner are finding it difficult to talk about your intimate lives or you have never done this before consider asking for help. A counsellor, sex therapist or psychologist can suggest ways to approach such conversations. They can help you talk about your concerns.

Some further information for partners can be found at the following websites:

<https://thisisgo.ie/>

<https://www.cosrt.org.uk/factsheets/>

<https://cancer-network.org/>

[https://www.cancer.net/coping-with-cancer/
finding-social-support-and-information/
resources-lgbtq-people-with-cancer](https://www.cancer.net/coping-with-cancer/finding-social-support-and-information/resources-lgbtq-people-with-cancer)

www.bettersex.com

www.goodvibes.com

www.comeasyouare.com

What can I do if I am not in a relationship but would like to be?

- If you don't have a partner you may not feel that raising sexuality concerns with your doctor or nurse is important. However your sexuality is just as important as anyone else's and therefore you should always ask
- Do not let cancer define who you are. You do not have to bring it up until you are ready and are happy in a relationship.

When can I start having sex again?

This depends on your particular cancer treatment. Ask your healthcare team for advice.

You may decide to wait for a while after treatment before having sex. However, research has shown that staying sexually active, especially after cancer treatment, may help you avoid sexual problems later. If you do have sex, use safe sexual practices and use contraception if you need to.

Talk to your healthcare team and partner. Your physical and emotional concerns are important. It can help to write down your questions and concerns about your sexual health.

What sexual problems might I experience as a result of my cancer treatment?

Cancer and its treatment may affect you and your sexual response. The most common problems are:

- A lack of sexual desire or no interest in sex
- Inability to become aroused, this may be due to hormonal changes, nerve or blood vessels damage in or near the sexual organs, loss of body part or vaginal dryness
- Vaginal dryness
- Nerve or blood vessel damage
- Menopause
- Shortening or narrowing of the vagina
- Lack of orgasm – no sexual climax
- Painful intercourse – this can be caused by surgical removal of a body part, which can affect how you feel about yourself and your body
- Treatment may have a temporary or permanent effect on your hormonal level.

Should I do pelvic floor exercises?

Many patients find pelvic floor exercises helpful as they ease stress and strengthen the pelvic muscles. This can help sexual function.

Ask your healthcare team for advice on how to do these exercises.

Cancer Survivorship and a healthy lifestyle

Leading a healthy lifestyle helps recovery and improves your wellbeing. You can improve your general health and reduce the risk of developing further health issues, by using the following advice:



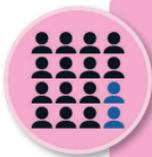
Alcohol

- When alcohol is broken down in your body it can damage your body's cells.
- Alcohol increases the risk of at least 7 types of cancer, including mouth, throat, larynx, oesophagus, breast, stomach and bowel.
- You can reduce your risk of cancer if you do not drink alcohol. The less you drink, the lower your risk of cancer.
- Visit www.askaboutalcohol.ie for more information.



Body Weight

- Higher body weight can affect your hormone levels and your immune system, increasing risk of cancer.
- You can reduce risk of cancer by keeping weight within a healthy range.
- Eating a healthy balanced diet, being physically active, getting enough sleep and taking care of your mental health can all help to maintain a healthy body weight throughout life.
- Support options are available to those living with overweight or obesity. Ask your GP for information.



Cancer Screening

- Consider taking part in organised population screening programmes for:
 - Breast cancer (women aged 50-69 years). Visit www.breastcheck.ie
 - Cervical cancer (women and people with a cervix aged 25-65 years). Visit www.cervicalcheck.ie
 - Bowel cancer (people aged 60-69 years). Visit www.bowelscreen.ie



Healthy Eating

- Eating a healthy balanced diet can help you maintain a healthy body weight and reduce your cancer risk. Your overall diet is more important than focusing on individual foods.
- Eat foods high in fibre such as fruit, vegetables, wholegrains and pulses.
- Limit foods high in fat, sugar and salt.
- Avoid processed meat and limit red meat, as these have been linked to bowel cancer.
- For more information visit www.gov.ie/healthyireland



Physical Activity

- Physical activity can reduce your risk of cancer by promoting healthy hormone and insulin levels, reducing inflammation and helping maintain a healthy body weight.
- Any amount of activity is better than none.
- Adults should try to aim for at least
 - 150 minutes of moderate physical activity across each week (moderate physical activity makes you a little out of breath, but you can talk comfortably)
or
 - 75 minutes of vigorous activity across each week (vigorous activities will raise your heart rate, make you sweat and feel out of breath)
and
 - muscle strengthening activities at moderate or greater intensity that involve all major muscle groups on 2 or more days a week.
- For more information visit www.gov.ie/healthyireland



Skin Protection

- To reduce your risk of skin cancer protect your skin from the sun and never use sunbeds.
- Follow the Healthy Ireland SunSmart steps, especially from April to September in Ireland, even when it is cloudy:
 - Slip on clothing that covers your skin.
 - Slop on sunscreen, using factor 30+ for adults and 50+ for children.
 - Slap on a wide-brimmed hat.
 - Seek shade and always use a sunshade on a child's buggy.
 - Slide on sunglasses to protect your eyes.
- Visit www.hse.ie/SunSmart for more information.



Smoking

- Tobacco contains chemicals that increase the risk of at least 15 types of cancer. Tobacco products include cigarettes, roll your own, chewing tobacco, pipes or cigars.
- The best form of defence is not to start smoking.
- Quitting tobacco products reduces your cancer risk.
- For help quitting, visit the HSE Stop Smoking service www.quit.ie or call 1800 201 203.

Second Hand Smoke

- Second hand tobacco smoke increases cancer risk.
- Make your home, car and workplace smoke free.

There are many survivorship programmes available, for example LACES or the NCCP led Cancer Thriving and Surviving programme. It includes help on setting priorities, action planning and problem solving to help manage stress, fatigue, sleep, exercise, nutrition, relationships etc.

More information on NCCP survivorship programmes can be found on the NCCP website.

All graphics have been provided by the Irish
Cancer Prevention Network.



Questions to ask your healthcare team

Write down any questions you have so that you remember to ask your healthcare team when you see them.

Before and during treatment

- Will this treatment affect my sexuality?
- What can be done to preserve sexual functioning and pleasure?
- How will this treatment affect my hormones?
- Will I be able to have HRT?
- Will this treatment affect my fertility? What can I do about it?
- When will it be safe to have sex again?
- Will I still be able to have sex or will I have problems with this?

After treatment

- I am having pain/discomfort during sex, what can I do to help this?
- What can I do for vaginal dryness? Is it safe to use vaginal oestrogen?

- How can I manage menopausal symptoms?
- I'm worried about my partner and how they feel. What can I do?
- Sex doesn't feel the same as it used to. What can I do?
- Is there anything I should be careful about when I have sex?
- Will the cancer come back if I have sex?
- Can I give cancer to my partner if we have sex?
- Are there any complementary therapies I could try? Are there any over-the-counter products I should avoid?

Useful contacts

Your nurse can help you fill this in.

Consultant: _____

Phone: _____

Email: _____

Nurse: _____

Phone: _____

Email: _____

Location: _____

Glossary

Anus	The opening where solid waste (poo) leaves the body.
Healthcare team	Doctors, nurses, and other health professionals from different specialties working together.
Hormone therapy and anti-oestrogen therapy	Oestrogen is one of the female sex hormones. In women with certain types of breast cancer (known as hormone-receptor-positive breast cancer), oestrogen can make the cancer grow. So reducing the amount of oestrogen or blocking its action may reduce the risk of these breast cancers coming back.

Lymphoedema	Lymphoedema is a type of swelling commonly caused by the removal of, or damage to, lymph nodes during cancer treatment. It results from a blockage in the lymphatic system which prevents lymph fluid from draining well. As the fluid builds up, it causes swelling.
Menopause	When your periods stop completely.
Orgasm	The climax of sexual excitement.
Sexual function	Broadly defined as being able to experience sexual pleasure and satisfaction.
Sexual intercourse	Penetration of the vagina by the penis which generally ends in orgasm.

Sexuality	Sexuality is an integral part of who we are, what we believe, what we feel, and how we respond to others.
Stoma	This is a small opening on the surface of the abdomen (tummy) that is sometimes created after bowel or bladder surgery to allow bowel motion (poo) and urine (water) to leave the body.

Acknowledgements

We are grateful to our nursing, medical and social inclusion colleagues for sharing their knowledge and expertise in the development of this booklet. We also wish to thank our patients for taking the time to review the booklet and guide us on the content.

If you wish to order printed resources, please visit www.healthpromotion.ie and choose 'cancer' on the drop down menu.

National Cancer Control Programme
King's Inns House
200 Parnell Street
Dublin 1
DO1 A3Y8

info@cancercontrol.ie
www.hse.ie/cancer

© National Cancer Control Programme
Produced by: HSE NCCP
Print Date: June 2024
Review Date: June 2027
Product Code: HCC01596
Health Promotion No: HCC01596
June 2024

