

# Sexual Health

Cancer and its treatment can lead to changes that affect sexual desire and function.

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Sexuality is an important part of life that contributes to the well-being of individuals and couples. Cancer and its treatment can lead to changes that affect various aspects of sexual health, including arousal, ability to reach orgasm and general interest in sex.

These changes can in turn affect self-identity and relationships. Partners may have a hard time understanding a lack of sexual interest and may need time to adapt to changes. Single people may have concerns about when to bring up cancer and its effects while dating.

Cancer treatment can lead to changes in appearance and function that make people feel self-conscious and lower their self-esteem, which can lead to a decreased interest in sex. These changes may be temporary, such as hair loss due to chemotherapy. Others are permanent, such as scars from surgery or the loss of a breast or limb. Some people will need to use medical devices, such as an implanted port for chemotherapy or a colostomy bag.

Some types of chemotherapy, pain relievers and other medications can reduce sex drive and interfere with sexual arousal. Hormone therapy that blocks estrogen or testosterone can affect sexual desire and function. Men may have trouble getting an erection. Premenopausal women may experience symptoms of menopause, including hot flashes and vaginal dryness that can make intercourse painful.

Surgery and local treatment for prostate, testicular, ovarian, bladder, colon and other cancers can affect sexual and reproductive function. The removal of both testicles will stop testosterone production, and many men will require replacement therapy; however, if only one testicle is removed, the other can usually compensate. Removal of the ovaries dramatically decreases estrogen levels. For young women, egg freezing may be an option to preserve fertility.

The ability to be sexually active and remain intimate during treatment will vary depending on the specific cancer and type of therapy. Before treatment starts, ask your care team whether it's likely to affect sexual function and whether there are ways to prevent or lessen these problems. In some cases, medications, devices or exercises may be helpful.

Understanding and being prepared for changes that might affect sexual desire and function is important for people living with cancer and their partners so they can work on strategies to

maintain intimacy. If intercourse isn't an option, you can explore other ways to be intimate. But it can take time and effort to get back to the same level of intimacy you enjoyed before you had cancer.

Open, honest communication between partners is key. A sex therapist or marriage counselor may be able to facilitate communication and help set realistic expectations. Some hospitals offer sexual rehabilitation programs. Support groups may be another option—talking with others who are dealing with the same issues can be helpful and reassuring.

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