HNA Prompt Sheet: Sexual Consequences for Women

Sexual consequences following cancer treatment are common, particularly for those who’ve been treated with pelvic surgery and radiotherapy, or hormonal treatments. These include loss of sexual interest/desire, arousal and sexual pain difficulties, orgasmic difficulties and reduced sexual satisfaction/confidence, and can be caused by a variety of physical and psychological factors. For example, hormonal changes as a result of breast or gynaecological cancer treatments result in reduced vaginal lubrication, which can cause dyspareunia (sexual pain), reduced enjoyment and orgasmic difficulties. Radiotherapy may cause vaginal adhesions and fibrosis, stenosis and vaginal shortening, again resulting in pain, while surgery may cause nerve damage and reduced clitoral sensitivity, resulting in anorgasmia.

Sexual inactivity is not in itself problematic, so long as the person is not dissatisfied, distressed or avoiding sex because of sexual difficulties. If so, early identification of problems and simple strategies, such as those listed below, may be effective. Onward referral to experts should be utilised when necessary.

Have you considered?

- Providing information on types of sexual difficulties and their management
- Providing information on intimate lubricants, vaginal moisturisers and vaginal dilators
- Whether other treatment effects are contributing (menopause or vaginal symptoms, urinary or bowel control difficulties, pain)
- Whether other health conditions, e.g. diabetes, arthritis, cardiovascular disease, contributing
- Whether depression, anxiety or concern about body image contributing
- Whether any prescribed medications contributing, e.g. antidepressants
- Referral to gynaecology, women’s health or menopause clinics for treatment-induced menopause and vaginal health management
- The role of physical activity and lifestyle changes in assisting sexual recovery (weight reduction, smoking cessation, reduce alcohol intake)
- Pelvic floor exercise prescription
- Asking the woman if she has talked/would like to talk to her treatment team or her GP about these concerns
- Asking whether these are new problems, or whether they preceded the cancer and its treatments
- Asking whether the woman’s partner is affected by these problems and signposting to their GP if so
- Whether referral to a fertility clinic is needed

Services which may be able to help

- General Practitioner
- Gynaecology/women’s health services
- (Women’s health) physiotherapist
- Menopause clinics
- Psychological support services
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- Psychosexual therapist/counsellor
- Macmillan information centre
- Sexual Advice Association: http://www.sda.uk.net/
- College of Sexual and Relationship Therapists (COSRT): http://www.cosrt.org.uk/
- RELATE: http://www.relate.org.uk/
- Pharmacist
- Exercise and lifestyle programmes via the GP, e.g. exercise on referral

Patient information

Macmillan Cancer support:


Shine Cancer Support: http://www.shinecancersupport.org/programmes/podcast-listen

American Cancer Society:

Want to know more?


National Cancer Survivorship Initiative: https://www.cancer.gov/about-cancer/treatment