

# Breast Cancer and Sexual Wellbeing



Breast  
Cancer  
Network  
Australia



## About us

Breast Cancer Network Australia (BCNA) is the peak organisation for all people affected by breast cancer in Australia. We provide a range of free information resources, including our My Journey online tool, booklets, fact sheets, videos and podcasts. Our free magazine, *The Beacon*, is issued twice each year and includes stories from people sharing their experiences, as well as information on a wide range of breast cancer issues.

Visit our website [bcna.org.au](http://bcna.org.au) for more information, to sign up to the My Journey online tool or to connect with others through BCNA's online network. Our cancer nurses are available on our Helpline - call **1800 500 258**.

BCNA's partners and sponsors raise much needed funds to ensure we can continue to support people affected by breast cancer.

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## Introduction

Sexual wellbeing is a very personal but important aspect of life for most women, including those who have experienced breast cancer.

Not everyone will experience sexual wellbeing problems after breast cancer, however many women find that their sexual wellbeing is changed by breast cancer and its treatments. Some women experience physical changes such as vaginal dryness and hot flashes, while others experience the emotional effects of changes to body image, loss of confidence or loss of interest in sex. Very often, it's a combination of issues. This can put a strain on existing relationships and extra challenges for women wanting to begin a new relationship.

*My main problem is lack of interest and vaginal dryness. My husband is VERY supportive but doesn't initiate sex as often because he doesn't want to be pushy. He knows I just can't be bothered a lot of the time. – Woman, 50 years*

Many women experience sexual wellbeing changes so it can be reassuring to know that you are not alone. The good news is that there are things you can do to help manage the effects of breast cancer and its treatments on your sexual wellbeing. This information booklet outlines a range of strategies you may find helpful.

If you are experiencing sexual wellbeing concerns, it may be useful to think about what you want to change so that you can work out which strategies may work best for you. For example, you may want to feel better about your body, manage vaginal dryness, or improve your emotional or physical intimacy with your partner. This booklet (designed for both single and partnered women) can help

you identify the issues affecting you and provide some strategies to help manage these concerns.

It also includes information for partners. If you are in a relationship, it might help your partner to read the section Information for partners on p. 21. There are also some tips on p. 22 that may be helpful for both of you.

It's important to remember that while it may take some time for you to feel comfortable having sex again, many women who have had breast cancer do have fulfilling sexual relationships after breast cancer.

### **Give yourself time**

The changes that can occur as a result of your breast cancer experience can lead to feelings of sadness, loss and grief. Whether you're grieving the loss of a breast, the loss of your hair or the loss of the sex life you used to have, your losses are real and it's perfectly natural for you to grieve. Reflecting on what you have been through may help you adjust to the 'new you'.

*I think the deep sense of loss and grief at the change in my sexual life needed to be mourned and acknowledged – not just the change in sexual wellbeing but the change in how I view my body and my loss of trust in my body. – Woman, 49 years*

There's no correct time or way to process these changes and grieve, it's different for every woman. We recommend you take your time and be kind to yourself- trust your own instincts and emotions. You may find talking about your feelings and experiences with your partner, a friend or family member can be helpful. Some women also find it helpful to join a support group so they can talk to other women who have been through a similar experience. Talking to a counsellor or therapist is another good option as they can provide a confidential outlet for your feelings and emotions, and suggest strategies to help you. You may like to phone the BCNA Helpline on **1800 500 258** to speak to an experienced cancer nurse who can help you find a counsellor or psychologist in your area. BCNA's online Service Finder may also list counsellors in your area – visit [bcna.org.au](http://bcna.org.au).

*My advice would be to get involved with support groups and see a professional, such as a counsellor, who can help with your emotional wellbeing. They really understand, and don't tell you to 'get over it'. – Woman, 51 years*

## Feeling attractive and confident

*I didn't feel sexy or feminine anymore. Only having one breast, I felt ashamed of my body. - Woman, 72 years*

Body image is so important to how we feel about our sexual wellbeing. Having low self-esteem about how your body looks after breast cancer treatment can affect how you feel sexually.

*I know it's me and not my husband as he has been wonderful telling me constantly that in his eyes I am still the same to him. But I feel ugly with these scars. - Woman, 68 years*

If you have had a mastectomy or breast conserving surgery (lumpectomy), you may not feel as sexually attractive as you did prior to your surgery. Breast cancer may also have left you with other visible reminders of your experience, such as weight gain or loss, hair loss, or skin 'tattoos' following radiotherapy. Some women develop lymphoedema, a build up of fluid in the arm or breast area. Fatigue (tiredness) is common during and after treatment. These changes can result in a loss of confidence and a loss of interest in sex.

*Initially, I felt that I was unattractive, even deformed. I worried that my husband wouldn't love my body as before. He tells me over and over that he loves me even more now so I ... have to get over it and just believe him. - Woman, 60 years*

While some women adjust quickly to their new bodies, others find it hard to come to terms with the changes.

It's important to remember that all these feelings about your 'new' body are normal and it can take months or even years for you to adjust.

While you are getting used to your body, you may like to explore ways to help you feel more attractive or confident.

- Pamper yourself with treats such as a hair cut, massage or manicure.
- Buy yourself some nice lingerie to help you feel more sensual.
- Exercise regularly if you can – exercise has been proven to improve mood, reduce fatigue and reduce anxiety, stress and depression. Research has also shown that women who are active tend to have better body image and self-esteem than those who are not.

Some women feel they are 'not quite whole' without two breasts, and find using breast prostheses or having breast reconstruction surgery is really important.

If you have ongoing concerns about your body image, you may like to talk to your GP, breast care nurse or another member of your specialist treatment team.

### Personal support

BCNA Member Groups provide mostly face-to-face support for women and families in communities around Australia. To find a Member Group near you, visit BCNA at [bcna.org.au](http://bcna.org.au).

### Online support

BCNA's online network exists to connect you with others going through a similar situation at any time during the night and day. The online network can be found at [onlinenetwork.bcna.org.au](http://onlinenetwork.bcna.org.au).



## Building intimacy with your partner

Just as you may have to become acquainted with the 'new you', your relationship may go through a process of finding a 'new normal' as well.

It can help to reflect on what your relationship was like before breast cancer, as this may have an effect on how you and your partner cope with any relationship or sexual wellbeing issues you may be experiencing.

Women who had a good relationship with their partner before breast cancer may find that breast cancer brings them closer together, however this is not always the case. Even strong relationships can be tested. It's good to keep in mind that many couples go through challenging times in their relationship following a significant life event. A cancer diagnosis is certainly a significant event.

Good communication between you and your partner is very important for both of you.

### Emotional intimacy

For most couples, intimacy in their relationship is about more than just sex. It involves good communication and creating a safe space where both of you feel comfortable sharing your thoughts and feelings. It can help to start by acknowledging the effect that breast cancer has had on your relationship. Be open, honest and recognise each other's losses, feelings and changes. Although sex may be difficult to talk about, discussing it can create an opportunity to raise its importance in your relationship. Talking and listening can help you both understand and work through any changes together.

It's also important to recognise that the physical and emotional effects of a breast cancer diagnosis may have changed how you are intimate with each other. This doesn't mean sex, intimacy or affection needs to stop. Good communication and being open and flexible to these changes together is a key part of rebuilding emotional and physical intimacy.

*We are very secure in our relationship and agreed that intercourse was not high on the list of needs. Support, sharing conversations and just being together was more important. - **Woman, 54 years***

Being open and honest about your feelings and whether or not you're experiencing any sexual wellbeing issues, such as low libido



or vaginal dryness causing painful sex, can help both of you feel closer to each other.

Sometimes a partner's silence can be interpreted or mistaken as a lack of interest. This can lead to feelings of rejection. Explaining to your partner how you feel can help them to better respond to your needs. It may also help if your partner explains to you how they are feeling as they may also be going through a period of adjustment. Through this, you both may feel more understood and supported. You may also like to give your partner a copy of this booklet to help them understand what you may be experiencing.

If you and your partner are finding it difficult to resolve intimacy issues, you may find it helpful to seek professional help. Relationship counsellors, sex therapists and GPs can help you explore the changes you have both been experiencing and offer suggestions to help .

*I find sometimes that it's like there is an elephant in the room. Often a woman doesn't want to talk about sexual wellbeing because she fears that her partner will think her body is so changed and unattractive. Yet her partner will think 'I better not touch her because I'm going to hurt her'. – Health professional*

Starting a conversation with your partner about sexual issues can be difficult, especially if you do not normally talk about these sorts of things. To help start a conversation, you might like to set aside a time when you can talk openly and share your concerns and desires. Here are a few examples of how you might start a conversation with your partner:

- I'm sad that we can't be intimate with one another like we used to be, and I'd like us to talk about this and how we're both feeling.
- You've been doing so much to help me, but what I really need is to tell you what's making me feel sad and worried.

It's also helpful to acknowledge at the start of the conversation that your partner's thoughts matter to you. Listening carefully to what your partner is saying can help, as partners can also find these conversations difficult. You may like to find gentle ways to tell your partner what has been happening to you and how you are feeling, and to ask your partner how they are feeling. You may like to try to put yourself in your partner's place, and think about how you would react if they were concerned about the effect of cancer on their sex life.

You may need to encourage your partner to be open with you about their fears and feelings. Explain that this will help to make things easier for both of you.

Page 21 has information specifically for partners.

For more tips on how you and your partner can build intimacy in your relationship see p. 22.

### **Physical intimacy**

*We don't need the act of sex to feel loving. After all these years a good cuddle in bed and a kiss are fine. – Woman, 60 years*

There may be some stages when sexual intercourse is low on your list of priorities, especially if you are not feeling well or are constantly tired.

Or you may feel the desire for physical closeness and affection but not for sex. It's important to remember that you can still be intimate with your partner in other ways. You may be happy to hold hands, kiss, hug or find other ways of maintaining an intimate physical connection such as having a sensual massage together. If you avoid affection because you worry it might lead to sex and you are not ready for this, one option is to take the initiative with an affectionate touch by saying how much it means to you to be close, although you don't feel like sex.

*Just think of the feelings you had when you first met your partner, and know that holding hands and intimacy doesn't necessarily lead to intercourse. Intimacy can just mean closeness.*

**– Health professional**

### **Building a new relationship**

*I feel less attractive and less confident about being in a new relationship. I fear rejection. – Woman, 63 years*

Single women with breast cancer can sometimes feel reluctant to start a new relationship, especially if they have lost some of their confidence or feel uncomfortable with their body. It is normal to worry about entering a new relationship.

When starting a new relationship after breast cancer, many single women describe feeling nervous about raising the subject of breast cancer. It's hard to know the right time to have this discussion – and the truth is there is no right or wrong time. Whenever you feel comfortable enough to talk about your experience is probably the best time. Some women feel it's important to talk about it before

getting involved with someone new, whereas others prefer to wait until they are feeling confident and have trust in their new partner.

*My libido is non-existent and I fear a relationship because I think they might get sick of my lack of desire for sex. – Woman, 45 years*

Even when you do feel ready to discuss your breast cancer, you may find this conversation difficult. You may find it helpful to think about, or even practise in front of a mirror, what you want to say. This will help you become more comfortable saying it.

It's important to keep in mind that breast cancer is not a rare illness and most people will know someone who has been affected. As a result many people are likely to have some understanding of some of the challenges brought about by breast cancer. You may find it useful to imagine how your new partner may feel. For example, how would you feel if your new partner told you they had cancer?

The most important thing is to realise that there is more to you than your breast cancer experience. Many single women who have had breast cancer develop new, fulfilling intimate relationships.

*My first partner was wonderful, his patience and tenderness helped with my emotional healing. My new partner made me feel that what is wonderful about 'us' is the common values we both share and the true respect we both have for each other. He ensured that unless I am 'ready' or up to sharing those tender loving moments, sexual wellbeing can be mutually achieved through spending time close to each other, lots of hugs, cuddles and tender touches.*

**– Woman, 53 years**

When you feel ready to enter a sexual relationship, you may still feel self-conscious about being naked in front of your new partner. This is a very normal feeling.

Many women feel nervous about showing their scars to their new partner. It can help to talk about this with your partner so they understand.

You might like to describe your scars before showing them. Some women also like to reveal their scars slowly. If you are uncomfortable showing your scars, you might want to wear lingerie or a pretty top during sex. It's important to do what feels right for you.



## Loss of desire

*Pre-diagnosis sex was fun, but now I have no desire. My relationship with my husband is strained and stressed. He still wants sex but I'm not aroused. – Woman, 49 years*

Many women report that they lose their desire to have sex as a result of breast cancer. Some women also say that it takes longer to become aroused.

*I believe our sexual problems partly arise from my lack of energy and interest in sex. I have no desire for sex – but I respond quite well once initiated. – Woman, 59 years*

Loss of desire (called low libido or low sex drive) can be a complex problem. It can be caused by lowered oestrogen or progesterone levels due to hormone-blocking treatment. Chemotherapy treatment can also reduce your desire for sex. Some antidepressants may also contribute to a loss of desire. If you are taking an antidepressant and you feel that it is affecting your libido, you may like to speak to your doctor about it.

It is often said that, for women, the most potent sexual organ is the brain, so if you are experiencing loss of desire, you may find it helpful to fantasise (have erotic thoughts) about something that gives you pleasure. You may also like to try relaxation techniques such as mindfulness, meditation, yoga, aromatherapy and massage

to help you to get in the mood for romance and sex. These techniques may help reduce stress and fatigue, as can removing some of the day-to-day stresses that can leave you feeling tired.

Spending time with your partner doing things you both enjoy, such as going for a coffee, a dinner date or walks together, can also help relax you and put you in the mood for intimacy and/or sex.

For most women, foreplay is an essential part of getting aroused. Arousal can also be started by watching erotic movies or reading erotic books. You may like to try adult products such as sex toys. Adult stores have an extensive range of erotic books,

DVDs and sex toys on offer. Some adult shops are particularly attuned to women's needs, and some are specifically for women.

If you prefer to purchase from the privacy of your own home, you might like to try online shopping from one of the following adult stores :

- **femplay.com.au** (specifically designed for women)
- **passionfruitshop.com.au**
- **sexyland.com.au**.

Some women also find it helpful to talk to their partner, a counsellor, psychologist or sex therapist for suggestions on ways to enhance romance and intimacy.

## Getting physical

If you do feel ready to have sex, you still may feel anxious about your first sexual experience after breast cancer, and this is perfectly normal.

Making time to be alone together and to focus on each other and your relationship can help. Turn off your phone, the television, and send the children to their grandparents if necessary! Dim the lights, put on romantic music, or do whatever helps both of you to get in the mood.

Taking it slowly for the first time can help. You may find it easier to start with cuddles or a sensual massage or to try new ways to touch each other, remembering how you may have changed.

*My partner is very patient and very kind and we spend lots of time on foreplay. - Woman, 31 years*

It can be helpful to think in advance about what would make you comfortable and give you confidence at this time. You may like to wear clothes or lingerie that make you feel attractive, and to create an environment that is conducive to sensuality and intimacy.

If you are experiencing pain in your upper body you may like to try positions that are comfortable for you. Some women find it helpful to use pillows or cushions to take pressure off sore spots in their upper body.

It's good to keep in mind that while it may take some time for you to feel comfortable having sex again, many women have enjoyable and satisfying sexual relationships after breast cancer.

## Loss of sensation

*The outside world does not recognise the grief associated with the loss of breasts, which are an integral part of your sexual being, as well as a big part of sexual arousal. People try and tell you that breasts are just for breast feeding. - Woman, 47 years*

For some women, breasts can be an erogenous zone and, if you have experienced changes to your breast due to surgery or radiotherapy, you can lose this sensation.

Breast surgery can affect the sensation in your breasts because nerves can be disrupted in the removal of the breast tissue.



Sometimes nipples are also removed. The extent of the loss of sensation may depend on how much surgery you have had. If you have had a mastectomy, the loss of sensation will of course be greater.

*I think that sometimes knowing that my husband is touching my breasts and me not being able to feel it makes me feel sad and reminds me of what I/we have lost. - **Woman, 43 years***

Some women who have had a mastectomy, with or without breast reconstruction, do not enjoy having the affected area touched. You may prefer your partner to explore other parts of your body that give you pleasure.

*The erotic areas of the body are different for every person, so I always ask women if they have tried to explore other erotic areas. They may like to explore new erogenous zones through touch and massage. - **Women's health nurse***

## **Physical symptoms of menopause**

Symptoms of menopause vary from one woman to another, both in type and severity, but commonly include vaginal dryness, hot flushes, mood swings and difficulty sleeping. Whether these symptoms are due to breast cancer treatment or natural menopause, they can also affect your sexual wellbeing.

For women experiencing menopausal symptoms as a result of breast cancer treatment, the symptoms may be more severe than in women experiencing natural menopause. Younger women may find these symptoms especially difficult, particularly if they are unexpected.

Women treated for breast cancer may need support or specialist advice on managing menopausal symptoms that affect sexual wellbeing. See p. 20 for advice on talking to a health professional who can help.

The following section outlines some strategies to help manage vaginal dryness and hot flushes.



### **Vaginal dryness**

The hormone oestrogen is needed in the vagina to maintain healthy tissue. When oestrogen levels decrease through natural or treatment-induced menopause, the vaginal walls can become thinner and drier, and can also cause pelvic muscles to become weaker. This can cause discomfort and pain during sexual intercourse.

Vaginal dryness can be a distressing side effect of some breast cancer treatments including, for example, the hormone-blocking therapies tamoxifen, anastrozole, letrozole and exemestane.

*I have no sexual drive and due to the side effects of menopause I do not lubricate, the skin external and internal to the vagina is very delicate, tearing easily. So sex is now painful for me.*

**- Woman, 31 years**

There are a number of products you can try to help manage vaginal dryness.



## Vaginal lubricants

Vaginal lubricants are designed to be used during foreplay and sex to provide lubrication and reduce pain and discomfort from dryness.

Vaginal lubricants that are suitable for women who have had breast cancer are listed below. Avoid using petroleum or oil-based lubricants as they can interfere with the vagina's natural secretions and can worsen vaginal dryness. If you are prone to vaginal thrush it may be a good idea to use water-based lubricants, because lubricants with high levels of glycerine or silicone may cause recurring vaginal thrush.

To use a lubricant, apply the lubricant around the outside of the vagina and on and around the clitoris, as well as on your partner's genitals. Lubricant can be applied at any time before and during intercourse to maximise comfort and enjoyment.

Lubricant	Description
YES	A water-based lubricant that contains organic ingredients such as aloe vera. YES can be purchased online and from some pharmacies and organic stores.
Astroglide	A range of water-based, water-soluble and petroleum-free personal lubricants. Astroglide lubricants can be purchased online at <a href="http://astroglideaustralia.com">astroglideaustralia.com</a> and from some pharmacies, supermarkets and health food stores.
Pjur	A range of silicone-based personal lubricants which are 100% latex and condom safe, allergy tested, oil-free and non-greasy. Pjur lubricants can be purchased online at <a href="http://pjurlubricants.com.au">pjurlubricants.com.au</a> and from authorised stockists.

Some women find that a lubricant does not completely relieve vaginal dryness during sex. If this is your situation, you may like to use a lubricant in combination with some other options highlighted below. It's important to find something that's right for you and that you feel comfortable with.

If you use condoms, try non-latex brands as latex can irritate the vaginal area.

## **Vaginal moisturisers**

Some women find that a non-hormonal vaginal moisturiser such as Replens (a low pH gel), which is available from local pharmacies, can also provide relief from vaginal dryness, itching and irritation. Unlike vaginal lubricants, vaginal moisturisers are not for use during sex, but are used routinely, much like skin moisturisers. They are applied directly to the vagina to help replenish moisture to the vaginal lining and relieve discomfort associated with dryness. Vaginal moisturisers are designed to be applied twice a week, but can be used more or less frequently as necessary.

It's important to be aware that while vaginal moisturisers can improve vaginal symptoms and sexual function, they are likely to take around six to eight weeks to be fully effective.

You may wish to continue to use a vaginal lubricant during sex.

## **Vaginal oestrogens**

Vaginal oestrogens are the most effective treatment for vaginal dryness. However, doctors are cautious about prescribing vaginal oestrogens to women who have had breast cancer, particularly those women who have had oestrogen-positive breast cancer.

These creams or vaginal tablets contain low doses of oestrogen, which may be absorbed into the body .

Vaginal oestrogens are normally only offered when other management options don't work. If you are considering using a vaginal oestrogen, it is important that you discuss the risks and benefits with your specialist. Vaginal oestrogens are only available with a doctor's prescription.

## **Pelvic floor exercises**

When oestrogen levels decrease, this can cause the pelvic muscles to become weaker and some women may experience urinary leakage or incontinence.

Pelvic floor exercises (or Kegel exercises) are designed to strengthen and tone the pelvic area, which may improve urinary continence. Pelvic floor exercises help to stimulate blood flow to the pelvic area, which can improve vaginal moisture and reduce vaginal dryness. They also help to improve vaginal elasticity (stretch), which makes it easier to have sex.

Pelvic floor exercises can be done anywhere. Simply squeeze the same muscles that control urine flow and bowel movements. Hold

the contraction for five seconds and then relax for five seconds. Try to work up to keeping the muscles contracted for 10 seconds at a time and then relaxing for 10 seconds between contractions. The more often you perform these exercises, the better the results.

If you want some help to learn these exercises, you may like to see a physiotherapist who specialises in pelvic floor management. Visit the Australian Physiotherapy Association's website at [physiotherapy.asn.au](http://physiotherapy.asn.au) and search for a Continence & Women's Health Physiotherapist near you.

### **Laser resurfacing**

Laser resurfacing of the vagina, such as the Mona Lisa Touch technique, is a new non-hormonal treatment offered by some cosmetic surgery centres. Laser resurfacing involves pin-point laser applications to the vaginal lining. At present there is not enough evidence about the effectiveness of Mona Lisa Touch for it to be recommended as a medical treatment. A clinical trial is being conducted in Australia to evaluate its effectiveness - results will be available in late 2020. BCNA will publish these on our website.

Mona Lisa Touch is expensive and is not covered by Medicare or private health insurance. Speak to a member of your treating team if you would like more information about this procedure.

### **Other suggestions**

Other ways to alleviate vaginal dryness include:

- using gentle soap-free washes, such as QV wash or Cetaphil, to wash the vulval area. – products such as soap, bubble baths, perfumes, baby oil and feminine cleansing cloths can irritate and further dry the vaginal area
- avoiding vaginal douches
- wearing underwear made of natural fibres, such as cotton
- wearing loose undergarments to enhance breathability
- giving up smoking, as smoking decreases blood flow to the genital area, which in turn affects vaginal health.

If you are still experiencing vaginal dryness after trying these strategies, you may like to speak to your GP or breast care nurse who can refer you to a gynaecologist to investigate whether there may be any other causes of dryness. Dermatitis, for example, can cause irritation of the skin of the vulva and needs different treatment.

## Hot flushes

While the nature and severity of hot flushes varies from woman to woman, hot flushes are usually characterised by a sudden feeling of heat in the face, neck and body. They may be accompanied by sweating and a rapid heartbeat.

Hot flushes are a normal part of menopause for many women, due to the lowered levels of oestrogen in the body. However, women with breast cancer may also experience hot flushes when menopause is brought on by breast cancer treatment.

*I'm tired every night because of lack of sleep due to hot flushes. I've only been married for four years so it's very upsetting. Just want to sleep!* – **Woman, 53 years**

Hot flushes can be uncomfortable and frustrating. They can interfere with your sleep and affect your quality of life. Hot flushes can also affect your mood, making you feel irritable and tired.

There are things you can try that may help reduce hot flushes – it's a matter of finding what works for you.

- Minimise stress where possible. Feeling overwhelmed and anxious may trigger hot flushes. Stopping every so often to take a deep breath may help you relax. Meditation, yoga and other relaxation techniques may also be beneficial.
- Wear loose cotton clothing to allow your skin to breathe. Wearing clothing in layers can also help, as you can take layers off during a hot flush.
- Avoid anything that triggers your hot flushes, such as hot spicy food, hot drinks and alcohol.
- Use a handheld fan when having a hot flush.
- Use cotton bed sheets.
- Take a cool shower before bed.
- Try to exercise regularly and keep to a healthy weight .

If these do not help, you may like to speak to your doctor about whether a low dose antidepressant is suitable for you. There are a number of options available, such as venlafaxine (Effexor). Low dose anti-depressants can be an effective treatment for hot flushes; however, it's important to be aware that some antidepressants can reduce arousal and libido.

The antidepressant paroxetine (Aropax) reduces the effectiveness of tamoxifen and so is not recommended for women taking

tamoxifen. There is a possibility that some other antidepressants may also affect the metabolism of tamoxifen to a small degree, however this has not been proven through research and not all antidepressants are the same.

Other medications used to treat hot flushes include clonidine (Catapres) and gabapentin (Neurontin, Pendine). Clonidine is generally used to treat high blood pressure, but can be used to reduce menopause-associated hot flushes after breast cancer. Gabapentin is used to treat chronic pain. It can also be effective in reducing hot flushes.

None of these medications is listed on the Pharmaceutical Benefits Scheme (PBS) for hot flushes, however, they are on the PBS for other conditions. If they are prescribed for you as a non-PBS drug, it may worth phoning around your local pharmacies to compare the cost and get the best price. If you have private health insurance, your fund may provide you with a rebate so it's worth checking with them.

BCNA's booklet Menopause and breast cancer can also help you understand and manage menopausal symptoms. Sleep difficulties are also a common side effect of menopause. BCNA's fact sheet Sleepless nights: breast cancer and sleep provides tips and strategies for managing sleep. For more resources, see p. 24.



## Talking to a health professional

Talking to a health professional about sexual wellbeing can be helpful as they can often suggest strategies to help you.

As a starting point, you may like to talk to your GP or breast care nurse. They may be able to suggest things you can try and tell you what has worked for other women. Talking about sexual issues is not always easy and many women find it uncomfortable to start a conversation with a doctor or other health professional.

The following tips may help.

- Practise how you will bring up your concerns. For example, you might like to say: 'I have a few concerns that I'd like to discuss about vaginal dryness, and I'm not sure if this is to be expected as part of my treatment. Is there anything I can do to help with this?'
- You may find it helpful to ask how a new treatment you are about to begin may affect your sexual wellbeing.
- You may like to take a copy of this booklet to your appointment as a helpful prompt to start the conversation .

Your GP or breast care nurse may be able to recommend a counsellor, sex therapist or psychologist who can provide further support if you need it. Some couples also find it helpful to see a counsellor or psychologist together to talk through issues.

*With any conversation about sexual wellbeing, but particularly when people are really vulnerable and their body image is so hugely changed, having that conversation about what is normal and coming into that space of self-acceptance is really important.*

### - Women's health nurse

You may also find it helpful to talk to a sex therapist who can provide advice on low libido/desire, vaginal dryness, relationship difficulties and other sexual wellbeing issues.

If your GP or breast care nurse is not able to recommend a counsellor, sex therapist or psychologist, you may like to visit BCNA's website at [bcna.org.au](http://bcna.org.au), which lists a range of organisations that may be able to assist you to find a sexual wellbeing expert in your area. You can also phone BCNA on **1800 500 258** and we will send you a copy of this information.

You can also phone Cancer Council for information and support (**13 11 20**). They may be able to suggest counsellors and psychologists in your area. Sometimes there can be waiting lists for appointments, so if you need to speak to someone urgently,

and you are a public patient, you may like to ask for a referral to a hospital social worker or psychologist.

Relationships Australia provides relationship counselling, as well as a range of other specialist counselling services. To find out more, phone Relationships Australia in your state and territory on **1300 364 277**.

ASSERT is the Australian Society of Sex Educators Researchers and Therapists. This is a group of professionals, many of whom are also counsellors, who are interested in helping people who are experiencing concerns about sexual wellbeing. To find a counsellor in your state or territory, visit **assertnsw.org.au**.

Women who are in same-sex relationships can feel isolated and hesitant to talk to health professionals about their sexual wellbeing because they may not want to disclose their relationship status.

If you are in a same-sex relationship you may want to find a GP, counsellor, psychologist or sex therapist with whom you feel comfortable. Your local breast cancer support group, the Cancer Council Cancer Connect peer support program, or gay and lesbian support services in your local area may be able to point you in the right direction.

BCNA's online network can connect you with other women with breast cancer. You can raise your concerns, join online interest and support groups, and seek strategies and advice from women who have 'been there'. Visit **bcna.org.au**.

## Information for partners

*My sex drive is nil, zero, zilch, nada. My loving partner has been so patient and understanding and he believes when I'm ready all will be good. I'm feeling really selfish because I have not made an effort in that department and when I look deeper into it, I have realised I am just plain scared. I'm scared it's going to hurt. I'm worried that I just don't feel attractive anymore. – **Woman, 52 years***

When your partner is diagnosed with breast cancer it can be a scary and lonely time for you both. Breast cancer can have physical and emotional consequences, which can put stress on your relationship and change how you connect with each other intimately.

Some couples may feel less close to each other as a result.

As a partner, you may find it difficult to express how you feel. Good communication is important and finding a way to talk to

your partner about changes to your relationship is important. Your concerns for your partner's health can change how you may connect with her. This can affect your comfort in initiating sex or your desire for sex. You may distance yourself, or you may want to get closer to your partner to rebuild intimacy.

It can be difficult to understand your partner's needs and desires when it comes to sex and intimacy. It is important to talk about these things so there are no misunderstandings. For example, you may be frightened of hurting her and so avoid initiating intimacy or sex. She may think this means you don't find her attractive any more, and may feel rejected. Sharing your feelings can help make things clear between you and bring you closer together.

*Despite me letting him know I am ready, he avoids me and comes to bed after I have fallen asleep. He won't talk to me about it and I don't know what to do. I feel that he thinks I'm ugly and it has upset me and made me feel unconfident in my looks. - Woman, 48*

Your role as a partner in the relationship may have also changed. You may have taken on a caring role during your partner's treatment, which can affect your own self-identity, your relationship and how you feel your partner thinks of you.

If you are a male partner, you may find it helpful to contact MensLine Australia, a telephone support, information and referral service that helps men to deal with relationship issues in a practical and effective way. Visit [mensline.org.au](http://mensline.org.au) or phone **1300 78 99 78** (available 24 hours per day).

## Tips for building intimacy with your partner

It may take you both time to feel safe and secure in your relationship and to open up to each other again. Below are some tips for how you can help each other build intimacy and improve your relationship.

- Find a time to talk to your partner when you are alone and relaxed. Let your partner know your thoughts, concerns, fears and wishes for intimacy.
- You may need to repeat conversations with your partner about your feelings. It's normal for some couples to find the first conversations stressful.
- Listen to your partner and be open, honest and patient with each other's feelings.
- Acknowledge the stress that breast cancer has put on both of you and your relationship.



- Take things slowly. Your partner has been through a traumatic experience and it may take her time to adjust physically and emotionally and feel sexual again. At the same time, share with your partner that you may need time to adjust too.
- Take time getting to know your bodies again. This doesn't have to involve intercourse, it can simply be being naked together. Connecting through touch by being held or with hugs can help you both feel safe and secure.
- Discover together what makes your partner feel good. Try different ways of showing your love and affection.
- Remember that sexual intimacy and sexual activity can have many different definitions and are individual to every couple. Take time to talk with your partner about what feels good together.
- Recognise when to get professional help. If you are having difficulties, you may like to talk to a relationship counsellor or sex therapist who is trained in sexual intimacy, sexuality, relationships and cancer.

*During chemo my husband slept in our spare bed for the week of each chemo. We just agreed that this was best for his protection and also gave at least one of us a chance to get some decent sleep! We discussed the issue of sex and decided that we could be intimate and feel close and loved in other ways. I felt that our relationship actually improved during this time because of his support and our openness with each other. We then had a romantic weekend away at the end of chemo and were very happy to discover that everything still worked okay! I think for us the ability to discuss the nitty gritty openly was what helped. – **Woman, age 47***

## More information

### ***Breast Cancer Network Australia (BCNA)***

BCNA's free information kits, booklets and fact sheets can be ordered online at **bcna.org.au** or by phoning **1800 500 258**.

- My Journey online tool is available to provide up-to-date, reliable information tailored to your changing needs and circumstances at all stages of your breast cancer journey. To sign up go to **myjourney.org.au**.
- *The Beacon* is BCNA's free twice-yearly magazine for people with breast cancer and their families and friends. It offers up-to-date information about breast cancer, events, programs and issues of importance delivered directly to your inbox. Call **1800 500 258** to order the magazine or go to **https://www.bcna.org.au/news-events/subscribe** to subscribe.
- BCNA's Service Finder is designed to help you find breast cancer-related support and services by location and type. To find services in your area, visit **bcna.org.au**.
- *Menopause and breast cancer* – this booklet is for women with breast cancer of any age who are experiencing menopause. It provides practical advice and strategies for managing symptoms.
- *Sleepless nights: breast cancer and sleep* – this fact sheet provides information about sleep, tips that may be helpful if you are having trouble sleeping, and resources and other supports that are available.
- *'I wish I could fix it': Supporting your partner through breast cancer* – this booklet provides information for male and female partners of women who have been diagnosed with breast cancer.

### ***Cancer Australia***

*Managing menopausal symptoms after breast cancer – a guide for women.* To download a PDF or order a copy visit **canceraustralia.gov.au** or phone **1800 624 973**.

### ***Cancer Council New South Wales***

*Sexuality, intimacy and cancer – a guide for people with cancer, their families and friends.* To obtain a copy visit **cancercouncil.com.au** or phone **13 11 20**.

### ***Cancer Council Victoria***

*Sexuality and cancer – for people with cancer, their family and friends.* To obtain a copy visit **cancervic.org.au** or phone **13 11 20**.



### ***Cancer Council South Australia***

*Sexuality for women with cancer.* To obtain a copy visit **cancersa.org.au** or phone **13 11 20**.

### ***Jean Hailes for Women's Health***

Jean Hailes for Women's Health provides information about early menopause and managing menopause. Visit **jeanhailes.org.au**.

### ***The Australasian Menopause Society***

The Australasian Menopause Society website has links to reports about research into menopause affecting women who have had breast cancer. Visit **menopause.org.au**.

## **Counselling services**

### ***Cancer Council information and support line***

The Cancer Council information and support line (**13 11 20**) is a free, confidential telephone information and support service run by Cancer Councils in each state and territory. Specially trained nurses are available to speak with you about personal matters such as body image, sexual wellbeing and relationships after cancer. They may also refer you to relevant services in your area.

### ***Cancer Council Connect – Peer Support Program***

Cancer Council Connect is a one-to-one support program that puts you in touch with a carefully trained volunteer who has had a similar cancer and treatment. The volunteer can help with practical advice and emotional support and is used to speaking about the impact of cancer on personal relationships. To find out more phone the Cancer Council on **13 11 20**.

### ***Relationships Australia***

Relationships Australia offers relationship counselling as well as a range of specialist counselling services. Most of the counselling services are conducted face-to-face, but they also offer some online and telephone counselling services for people in remote areas (in some states only). To find out more about their counselling services or to make an appointment, contact Relationships Australia in your state or territory on **1300 364 277**.

## Sexual Health Australia

Sexual Health Australia provides sex therapy and relationship counselling/marriage counselling to individuals or couples dealing with intimacy/sexuality issues and relationship concerns. Telephone counselling is offered nationally. Phone **0404 267 559** or email **info@sexualhealthaustralia.com.au**.

## ASSERT

This is a group of professionals, many of whom are also counsellors, that help people who are experiencing concerns about sexual wellbeing. To find a counsellor in your state or territory, visit **assertnsw.org.au**.

## Support for male partners

### *MensLine Australia*

MensLine Australia is a telephone support, information and referral service for men with relationship issues. Visit **mensline.org.au** or phone **1300 78 99 78**.

## Books

*No less a woman: femininity, sexuality and breast cancer*  
by Deborah Hobler Kahane

Purchase online at **amazon.com/books**.

Some bookstores and libraries may also have copies.

*Intimacy after cancer*

by Sally Kydd and Dana Rowett

Purchase online at **amazon.com/books**.

Some bookstores and libraries may also have copies.

*Where did my libido go?*

by Rosie King

Purchase online at **booktopia.com.au** or **randomhouse.com.au**.

Some bookstores and libraries may also have copies.



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## How you can support BCNA

This booklet is one of many high quality resources that BCNA provides free to Australians affected by breast cancer. BCNA also offers support services and programs, connects people through their shared breast cancer experience, and advocates on behalf of Australians affected by, or at risk of breast cancer to ensure their voices are heard.

We rely on the generosity of our supporters to continue our work. When the time is right for you, there are many ways you can support BCNA.

### Donate

Make a one-off donation, set up a regular monthly donation or leave a gift in your will.

### Give back while you work

Workplace giving brings employers and staff together to support a cause close to their hearts. It is an easy and convenient way to donate to via pre-tax payroll deductions.

### Attend a BCNA event

From our annual luncheon series to major events such as

the Field of Women, our events bring people together to help make a difference.

### Hold a fundraising event

A Pink Lady event can be anything from a simple afternoon tea to a fancy cocktail party. A Pink Sports Day is the perfect way for local sporting clubs to show their support.

### Participate in research

BCNA members interested in sharing their experiences and helping with breast cancer research can join BCNA's Review & Survey Group, which helps ensure the voices of Australian affected by breast cancer are heard.

### Help us speak out

BCNA Consumer Representatives represent the broad views of Australians affected by breast cancer on national, state and local committees, working parties and at conferences. BCNA Community Liaisons speak about their personal experiences with breast cancer and represent BCNA in their local communities.

To find out more about how you, your family and friends can help, phone 1800 500 258 or visit [bcna.org.au](http://bcna.org.au)



Breast  
Cancer  
Network  
Australia



**Breast Cancer Network Australia**

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