

Sexuality and Cancer

A Guide for Patients and Their Partners



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Introduction

Many cancer treatments can interfere with your sex life.

You may have:

- Permanent physical changes to your body
- Struggles feeling normal or attractive
- Relationship issues
- Trouble enjoying sex because of pain or other sexual changes
- Trouble being able to have children

By learning more about how cancer affects your sexual health and how to deal with changes, you can become an active partner in your own care.

How to Talk to Your Health Care Team

Many people do not talk to their health care team about sexual issues. They may feel embarrassed, ashamed or afraid. Some people feel bad about “bothering” the doctor, or they worry about “being a good patient.”

However, you have a right to learn more about what affects your quality of life, including your sexual health. It’s normal to feel awkward, but your doctors, nurses and social workers are professionals. They are a trained team and are used to talking about these issues. If you meet someone who brushes off your concerns and questions about sex, ask to see someone else.

Be open when giving information to help your doctor find the best solutions and choices for you.

Ask the following questions to start talking with your health care team.

General Questions

- How do you think my cancer treatment will change my sexual health or sex life?
- Is it safe for me to have sex? (It is usually safe to have sex unless your doctor tells you not to. Please talk with your doctor about this.)
- Should I be using birth control during my cancer treatment?
- I feel nervous (or my partner feels nervous) about

It's hard to know what will happen because every person is different. But no matter what, you deserve the best quality of life, and this includes care of your sexual health. Work with your health care team to find the best solutions and choices for you.



resuming sexual activity. Could you please reassure me that it's okay? Are you sure that sexual activity won't harm my partner or me?

- My partner is worried about catching my cancer or getting sick from my treatment. Could you please talk to us about this?
- Will I still be able to have children after treatment?

Questions About Specific Changes

- Are the changes I'm having short-term, or will they be permanent?
- I don't think about sex or feel interested in sexual activity. What can I do to help?

- I think about sex and would like to take part, but my body doesn't respond the way it did before my cancer or treatment. Why is this happening?
- I feel tired all the time, and it's harming my sex life. What can I do to have more energy?
- I've noticed changes with my erections since my cancer treatment. Whom can I speak with to get help with this concern?

Questions About Getting Help

- How can I enjoy sexual activity again?
- How can I find out about ways to make my sex life better?

"Because of my age, I don't think I was considered sexually active. Ask a lot of very frank statements about what the side effects can bring about. ... There are several avenues of help. Seek them."

MD Anderson patient, Hodgkin's lymphoma



Cancer and treatment may change your body, but they cannot take away the needs and feelings that make you who you are.

- My friend told me about a (treatment, herb, supplement, food, etc.) that may help my sexual health. Is it okay to try this?
- I feel embarrassed about sex because my body is different. What choices do I have for getting help?

What is sexuality?

When you think of sexuality, your first thought may be of having sex with a partner. But sexuality is more than this.

Your sexuality is a part of your body and mind — how you see yourself and how you act with others. It is a part of you throughout your entire life.

Every person is different, so it is hard to describe “normal” sexuality. You may think men or women should look and act a certain way, and this plays a part in your sexuality, too. Many things may affect your sexuality, including your:

- Age
- Gender (if you describe yourself as a man or woman) or see yourself as a different gender from your biological sex

- Sexual orientation, whether you are attracted to people of the same or opposite sex (or both)
- Health, including hormone levels and the nerves and blood vessels in your pelvic area
- Body image, the way you perceive, think and feel about all aspects of your body and the way it functions
- Personal views, such as your opinions about sex, your religious beliefs and your values

What makes you feel comfortable or satisfied sexually may be somewhat unique.

What is a sexual response?

When you start to feel sexual, your body goes through several phases in response:

- Desire
- Arousal
- Orgasm
- Resolution

Cancer and treatment can cause changes in any phase of the sexual response. Knowing these phases may help you share information with your health care team.

Lack of desire is the most common sexual problem for all cancer patients. Most often, problems with desire and arousal happen at the same time.



Desire

Desire happens when you feel in the mood for sex. For instance, you may feel attracted to someone. Or you may imagine making love with your partner. You may think about sex, or feel frustrated because you aren't satisfied.

If you lose desire for sex, you may think:

- “I used to think about sex, but now it doesn't seem important to me.”
- “I want to have a sexual relationship, but I don't feel sexy.”
- “I just don't feel like having sex anymore.”

Arousal

Arousal can be your sexual thoughts and feelings, as well as how your body responds. You may notice excitement in reaction to touching, stroking, fantasizing, seeing sexual sights or hearing sexual sounds.

Your heartbeat, pulse and blood pressure rise. Your breathing may become deeper and heavier. In both men and women, blood flows into the genitals.

- For women, the vagina becomes moist and expands inside. The labia (outer genitals), including the clitoris, swell and turn a deeper color.
- In men, the penis becomes erect. Arousal often means getting and keeping an erection strong enough for sexual intercourse.

During and after cancer treatment, you may have trouble getting aroused. It may feel like your body isn't responding the way it is “supposed to.” You may feel excited and want sex, but you don't get an erection, or if you are a woman, your vagina stays dry and tight.

Orgasm

When sexual excitement reaches a peak, men or women have an orgasm. Muscles in the pelvis contract, causing strong feelings of pleasure. Afterwards, you may feel satisfied, content and happy.

- When a woman has an orgasm, the vaginal walls contract and relax in rhythm. She may feel waves of pleasure in the clitoris and outer vagina. Many women enjoy having more than one orgasm, while others want to have one strong orgasm.

Can I have sex during treatment?

Kissing, hugging and touching should be fine.

Do not have sex until your platelet count reaches 50,000 and your absolute neutrophil count is 1,500. Use an unscented, thin lubricant that is water or silicone based.

Also, it is important to have safer sex. Unless you are sure your partner is free of infections and is only having sex with you, you should avoid contact with body fluids (semen, vaginal fluid or blood) during sex. Use a condom for all sexual activity with a man and use a dental dam for oral sex with a woman.

If you have chemotherapy, you may need to protect your partner. Semen or vaginal fluid may contain chemicals, so use a condom or dental dam.

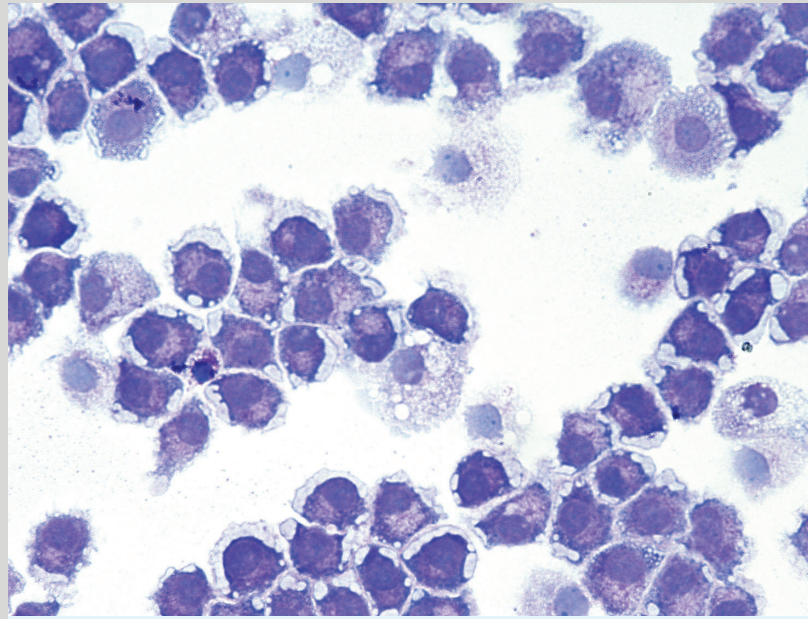
Radiation from a machine outside your body does not make you radioactive. You cannot harm a partner. But if you have a type of radiation treatment that stays in your body over time, your doctor may want you to take a short break from sex. Ask your doctor when you can start again.

You may not be able to have sex if you have:

- Bleeding in the genital area from cancer
- Recently had surgery
- A weak immune system

After cancer treatment or just with aging, women may:

- Respond more slowly to sexual stimulation
- Make less or not enough moisture
- Not get pleasure from breast or genital touching



You should be able to have sex during cancer treatment unless your doctor tells you not to. Talk with your doctor to see if it is safe for you to take part in sexual activity. If your platelet (white blood cell) count is low, your body may not be able to fight infection.

Changes with arousal in men may include:

- Not being able to get or keep an erection
- Having an erection that is not firm or reliable
- Not having erections as often

After cancer treatment, men may have “dry orgasms.” This means the muscles contract, but no semen comes out of the penis. Some men also find that their orgasms are weaker and less pleasurable.

Treatment Effects

How can cancer and its treatment affect my sexuality?

Cancer and its treatment may affect your sexuality, but every person is unique. Some people notice changes with sexual desire, arousal or orgasm. Others have no change in their sexual response.

The most common sexual change is a loss of desire and pleasure. Still, most men and women can have an orgasm even if there are changes with erections, vaginal moisture or removal of some organs in the pelvis.

Sexual changes caused by cancer treatment are often long-term or permanent, but counseling, medicine or surgery may help. Before cancer treatment starts, talk with your health care team about what may happen to your sexual health. This may help you prepare and learn more about what to do.

Cancer Treatment in Women

Some surgeries to your body, such as the vagina and breast, can cause many changes with your sexual health.

Surgery

Vagina

- If you have surgery in the abdomen or pelvis to remove organs, then parts of the vagina may be removed. This can make the vagina narrow, less deep or less “cushioned,” and scar tissue may form. You may feel pain from penetration with some intercourse positions or with deep thrusting.
- Menopause is the time when a woman’s periods stop, normally when she is 45 to 55 years old. When both ovaries are removed in a younger woman, she will go through sudden and early menopause. This is also called premature ovarian failure.
 - The loss of the hormone estrogen, which is made by the ovaries, may cause vaginal dryness and pain with intercourse. Lack of estrogen reduces the vagina’s blood supply and causes the lining of the vagina to grow thin.
 - The vagina may feel dry and tight, especially during penetration. This can cause pain with sex.

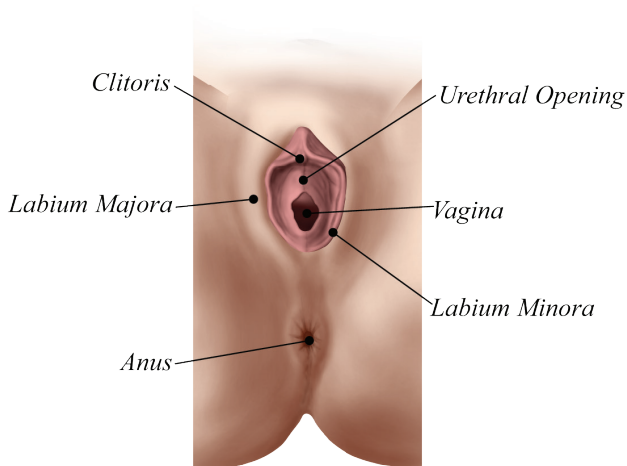


Fig. 1

Figure 1 and 2: Female anatomy

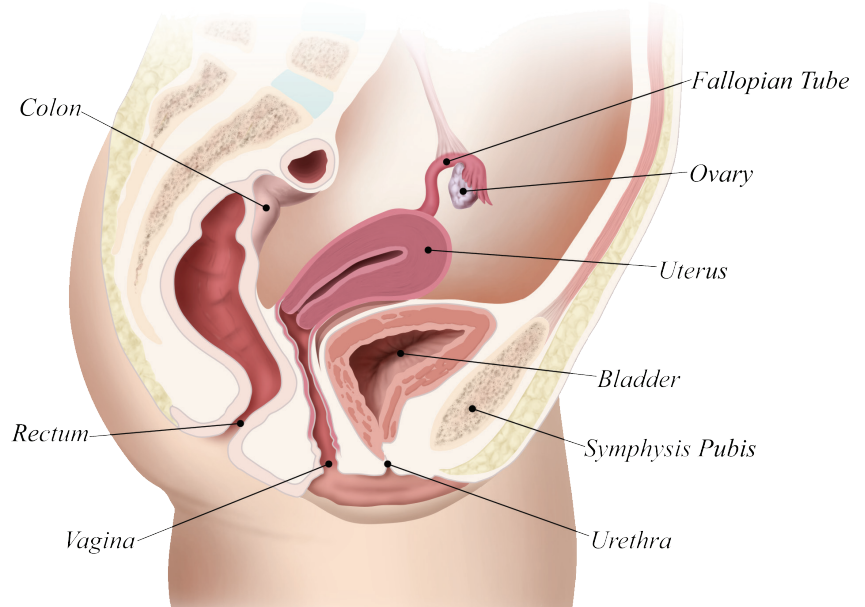


Fig. 2

- Removing the ovaries also can affect desire because women have lower levels of another type of hormone, androgens. Androgens may affect women's interest in sex. Even women who have already gone through natural menopause may notice a loss of desire if both ovaries are removed.
- If you have surgery to remove the vulva or clitoris, you may lose areas of the body that are important to your sexual pleasure. The opening to the vagina also may become narrow, making penetration painful and tight.

Breast

After breast surgery, you may lose sexual pleasure from the nipple. The nerve that carries feelings from

the nipple runs through the center of the breast.

Some women miss this pleasure very much. Even if your partner caresses your untreated breast, it may make you think about the cancer rather than feeling good.

Chemotherapy

Chemotherapy may change your sexual health, too. For instance:

- Some chemotherapy drugs damage the ovaries, and then they cannot make hormones. Sudden and early menopause is often permanent, especially if a woman is age 35 or older.

“If you are shy about asking questions in front of your spouse, ask for alone time with the doctor, or ask for a phone number to call the doctor at a later date.”
Spouse of an MD Anderson patient, leukemia



Menopause is the time when a woman's periods stop, normally when she is 45 to 55 years old. When both ovaries are removed in a younger woman, she will go through sudden and early menopause. This is also called premature ovarian failure.

- Lower amounts of chemotherapy may stop a woman's periods, but her periods may start again, especially if she is under age 35. Having periods means that the ovaries are making at least some hormones.
- Women who stop having periods may have vaginal dryness, pain and a loss of desire.
- Chemotherapy affects mucous membranes. Mucous membranes line the inside of the body, including the mouth and vagina. If chemotherapy causes temporary mouth soreness, it also may cause the vagina to be sore. This may make sex painful for a time.
- Women who have had stem cell transplants from a donor may have graft versus host disease (GVHD). GVHD can cause severe scarring in the vagina. It needs to be treated as soon as a woman notices irritation in her genital area.
- Tamoxifen may make the vagina irritated. For most women, tamoxifen helps with vaginal dryness.
- Raloxifene does not cause sexual changes, but it may not help as much with vaginal dryness.
- Aromatase inhibitor drugs may make vaginal dryness worse.

Radiation

Radiation may also cause changes with your sexual health. For instance:

- Radiation to the pelvis can harm the ovaries. This can cause the same changes with vaginal dryness or pain as with surgery or chemotherapy. A lower amount of radiation may cause less harm so that a young woman may have periods again. At higher amounts, sudden and early menopause becomes permanent.
 - Radiation can also harm the vagina. Irritation in the vagina can cause the walls to stick together while healing, or narrow bands of scar tissue may form inside the vagina.
 - Some women get radiation sores that are painful and take a long time to heal.

Hormone Treatment

Some hormone treatments may cause sexual changes, but this is less common than with chemotherapy. For instance:

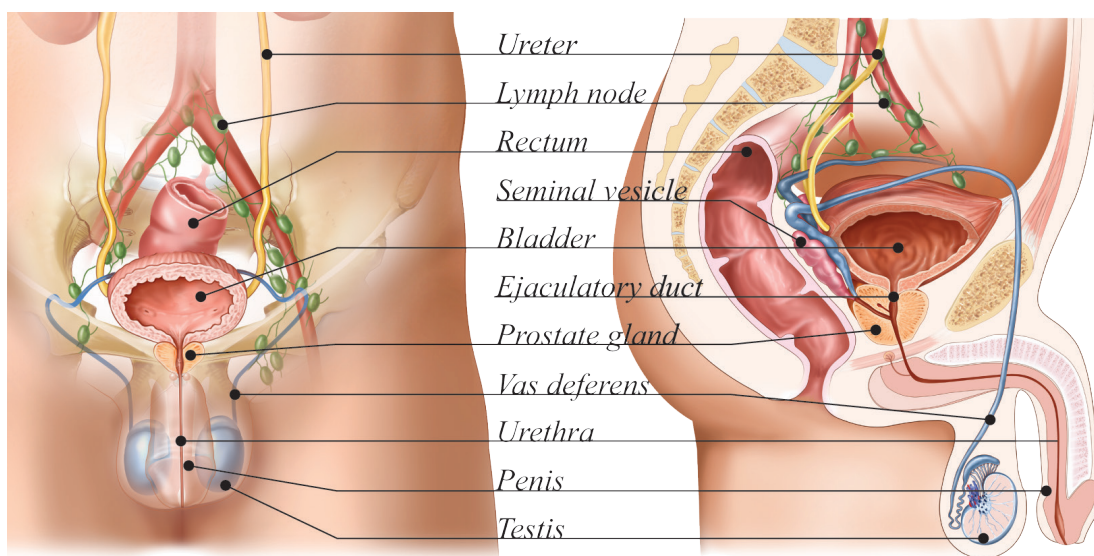


Fig. 3

Figure 3 and 4: wMale anatomy

Fig. 4

Cancer Treatment in Men

Cancer treatment can interfere with a man's sexual health:

Surgery

A few common cancer surgeries cause erectile dysfunction (ED), including those that remove the:

- Prostate
- Prostate and bladder
- Lower part of the colon and rectum

These surgeries may cut or bruise nerves that direct blood into the penis. Even though doctors try to keep the nerves safe, many men end up with erection problems.

Young, healthy men who have reliable erections before cancer are more likely to regain firm erections. Men who have mild erection changes before cancer treatment may have more trouble getting hard erections after cancer treatment. A man can have an orgasm without an erection, but this may take practice and a lot of stimulation.

If the prostate and the small glands behind it are removed, a man will have “dry” orgasms. The muscles pump at the base of the penis, but semen is not ejaculated. About half of men say the orgasm feels weaker.

Other surgeries that cause changes in sexual health are:

- Surgery to remove lymph nodes in an area below the chest, called the retroperitoneum. This operation, done in men with testicular cancer, may harm nerves and cause dry orgasms.



Cancer and treatment side effects may take up so much energy that sex may be the very last thing on your mind.



Erectile dysfunction, also called impotence or ED, is when a man cannot get or keep a firm erection. Some men have ED because of cancer treatment. ED also is more common with aging, especially for men who:

- *Smoke*
- *Are overweight, especially if they have diabetes*
- *Have high blood pressure*
- *Have heart disease*

- Surgery to remove testicles. If both of the testicles are removed, a man will lose desire for sex. This is because the hormone testosterone is made in the testicles. Testosterone is the hormone that helps men feel desire, but it also helps prostate cancer cells grow. About 20 percent of men, mostly those under age 60, can still get erections and have orgasms. Losing one testicle, for example because of testicular cancer, usually does not affect a man's ability to enjoy sex.

Hormone Treatment

Some hormone treatments cause sexual problems. For instance:

- Many men with advanced prostate cancer do not have surgery to remove the testicles. Instead, they take hormone treatment. The hormones are designed to “turn off” the testicles so that they do not make testosterone. The sexual side effects are like those when both testicles are removed in surgery.
- Some men only take hormone treatment for a few months along with surgery or radiation treatment. The hormones may cause sexual side effects that do not get better.

- Some men have intermittent hormone therapy, taking hormones until the prostate-specific antigen (PSA) blood test goes down to near zero. Then they stop taking the hormones for a few months. Some men recover sexually, but others continue to have problems with low desire while off hormones.

Radiation

Radiation may also cause other changes in sexual health. For instance:

- Men who have radiation treatment in the pelvic area may get erectile dysfunction (ED), also called impotence. This is because a slow process of scarring takes place in the tissue in the target area as damage from radiation heals. The target area may include small blood vessels and nerves that help make erections.
- The changes may not show up until a few months after treatment ends, and then may slowly worsen over several years. The higher the dose of radiation near the base of the penis, the more likely that erections will not be as firm as before treatment.
- Radiation treatment can also cause pain while ejaculating. Soon after radiation the pain may be from irritated tissues in the urethra. The urethra

When sexual problems happen, they often do not get better right away. They may continue until a good remedy is found, which takes time and patience. This is because the changes may be caused by both mental and physical reasons.



is the tube that urine and semen pass through to leave the body. Later on, pain may happen if scar tissue narrows the tube.

- Radiation can permanently reduce semen to only a few drops at ejaculation.

Chemotherapy

After chemotherapy, only a few men have new sexual problems. High doses of drugs may cause harm, causing erectile dysfunction (ED) or dry orgasm, but this is less common.

Some men who have had a stem cell transplant or stem cell rescue have low levels of the hormone testosterone. Replacement hormone gels or patches can help sexual desire and erections.

Most prostate cancer survivors are told not to take extra testosterone, but this is a controversial issue. Some studies suggest it is safe for these men to use testosterone if their own levels are very low. Discuss any questions with your doctor.

Cancer Treatment Side Effects for Women and Men

Cancer treatment side effects may make you feel ill.

Side effects include:

- Feeling very tired
- Having an upset stomach, vomiting, diarrhea or constipation
- Hair loss – along with hair around your genitals
- Weight changes
- Scars
- Changes with taste and smell

When you are feeling sick, you may not be in the mood for sex. But there are ways to help you feel better. If you are having any symptoms or side effects, talk to your doctor or nurse. Many patients take drugs to treat pain, vomiting, anxiety, depression or other symptoms.

Remember, that many of the medicines used to treat side effects can lower sexual desire or change how you think or feel. Combined with the effects of cancer treatment, you may not care about sex. You may feel less alert, or it may take a long time to reach an orgasm. This can make it a challenge to find a good time to enjoy sex.

Emotional Effects

Your feelings have a big impact on your sexuality. The way you feel about your body and yourself can change how you act with others. You may feel like you are less desirable than normal, or worry that your partner does not want to have a sick person as a lover.

Here are some ways that your feelings may affect your sex life.

- Changes in how you look may be stressful and cause you to feel self-conscious. Or you may feel embarrassed that your partner took care of you when you were sick.
- Feeling angry or guilty may keep you or your partner from wanting to have sex. You may lose desire because of conflict between the two of you.
- Being afraid of “giving your partner cancer” may keep you apart. You cannot give anyone cancer because it is not a disease you can “catch.” For more information, talk to your doctor.
- Your partner may be afraid of hurting you, or you may fear rejection and decide to pull away. If neither of you starts touching, sex may not happen.

“Having an ileostomy, an opening in the skin for waste, makes things less spontaneous and less glamorous. Concern over potential leakage also made sex less comfortable at first, but now that I’m more comfortable with that aspect of my life, it is less of an issue. We both try to concentrate on the positives, and it is important to communicate needs and wants.”

MD Anderson patient, ovarian cancer

Anxiety and depression share some common symptoms with treatment side effects.



- Feeling “stressed out” may lower your desire for sex. Tension, anxiety or trouble getting in the mood for sex can make it tough to have an orgasm.
- You may be upset or grieving because you may not be able to have children. These feelings may also happen during sex.

Anxiety and Depression

Though physical changes from cancer treatment can affect your sex life, your feelings can also create sexual problems.

Many people feel better with time, and anxiety and depression slowly fade. But if your sexual health does not get better within a few months of treatment, tell your doctor. You may find counseling helpful.

Anxiety

Anxiety about cancer can take over your thoughts and keep you from enjoying many things, even sex. Worry and fear about the future may make it hard to share affection. Anxiety can be treated, though, with counseling and medicine. Symptoms can be the same as some side effects of cancer treatment, including:

- Feeling unsure, afraid, worried or that cancer is “out of control,” that it will return, or that treatment is endless or will not work.
- Feeling irritable, restless, edgy, stressed or tense, including neck pain or backache
- Having fast, irregular heartbeats
- Sweating
- Having an unsettled stomach, possibly with diarrhea or vomiting
- Shaking or trembling
- Having nightmares or vivid images while awake about a painful or scary part of your cancer treatment



Emotional side effects may cause physical symptoms.

Depression

Depressed mood can also be treated. It affects 15 to 25 percent of cancer patients and about 25 percent of survivors. A smaller percentage of people have major depression.

Depression is more than just crying and feeling sad. The symptoms need to be present for at least 2 weeks to be considered depression. It can affect your quality of life, along with your sexuality. In fact, loss of desire for sex is a classic symptom of depression. Other symptoms are:

- Feeling drained, restless, irritable, anxious, hopeless, helpless, guilty or worthless
- Being emotionally out of touch, as if you are “faking” your feelings
- Losing interest in things you used to enjoy or withdrawing from family, friends and pets
- Having problems with thinking, such as having trouble concentrating, remembering or making choices
- Losing your appetite with weight loss, or overeating and gaining weight
- Having poor sleep, such as sleeplessness, oversleeping or waking up early
- Abusing drugs or alcohol
- Having thoughts of death or suicide

Counseling can work as well as medicine for depression and anxiety. Also, it's important to know that some drugs used to treat depression or anxiety have sexual side effects. Many drugs taken for depression or anxiety may make it harder to have an orgasm.

I want to ask my doctor more about:

[illegible]

Getting Help

What may help sexual problems caused by the cancer or treatment?

Sexual problems can have many causes. Your doctor should ask how you are feeling and do a physical exam. You also may need to have lab tests to check your hormones. The tests and the information you share will help your doctor find the cause of changes.

An important part of feeling better is starting sexual activity when you feel ready. Do not rush yourself or your partner.

However, try to take part in sexual touching often. It may take time before you want to become sexually active, but this is a good way to start. Even just cuddling on the couch or “making out” is helpful. The key is to see sex as a time to share closeness and pleasure. Don’t make it a chore by feeling you need to “perform” perfectly. Despite your cancer or cancer treatment, you should be able to feel sexually satisfied.

Help for Women

There are many ways to help women with sexual changes. Some choices are over-the-counter, and others need a doctor’s prescription.

If you feel unhappy about surgery that has changed the way you look, ask your doctor about options to help. Sometimes cosmetic surgery like breast reconstruction can help. You may be able to do this later, too, after you have healed from your cancer treatment, but talk about options beforehand, if possible. Whether or not you have another surgery, you can talk to a counselor about your feelings.

If you have had pelvic radiation, you may need to learn about using a vaginal dilator. Dilators help keep the vagina from scarring or shrinking. Some women start with a small dilator, about the size of a finger, and learn to use lubricants and to relax muscles around the vaginal opening so that inserting it does not hurt. Then they can go on to use a larger dilator.

Make sure the dilator is well lubricated and be gentle. Never force the dilator. If you have trouble inserting it, you may need to learn Kegel exercises. This involves finding the correct muscles, and then practicing how to tense and relax them.

After pelvic radiation, scarring can go on for years, so make sure to use a dilator or have intercourse often. Your doctor may want you to use a dilator or have sex for a total of three times a week, but more research is needed to know how often is best.



With help from your doctor, time and patience, you will enjoy sexual activity with your partner that feels right for you.

To help with vaginal dryness, use a water-based or silicone-based lubricant. These are sold over-the-counter at most drugstores. Look for unscented types that are thin and watery, like the vagina's normal moisture. Do not use oil-based lotions like petroleum jelly or baby oil. These may increase your risk of a vaginal infection.

You may also use natural oils such as olive, coconut or almond oil, which contain no petroleum. They also last longer than silicone or water-based lubricants.

Keep the lubricant nearby while having sex since you may need to reapply it. Make sure both you and your partner spread some over your genital areas.

If you still feel your vagina is tight and dry, you may want to use a vaginal moisturizer. Some moisturizers are gels inserted with an applicator similar to a tampon. Others are suppository tablets that melt inside the vagina. You use a moisturizer two to three times a week before bedtime, not just when you have sex.

Doctors tell many women who have had cancer not to take the hormone estrogen. This is because it may increase the risk of cancer. However, if lubricants and moisturizers do not help, you may want to use a low-

dose vaginal estrogen. Ask your doctor if this would be safe for you to use.

Two forms of vaginal estrogen help bring back vaginal elasticity and moisture, and only small amounts escape into the bloodstream. The Estring® is like the ring of a diaphragm without the rubber cup. The woman inserts it in the vagina for 3 months. It slowly releases a form of estrogen and usually is not felt by the partner. Some women prefer Vagifem®, a tablet which melts inside of the vagina. Even though many doctors prescribe these types of estrogen, others think that they are not safe, especially for survivors of estrogen positive cancer.

When you are ready to have sex, show your partner how to touch you in ways that arouse you and make you feel good. Find positions that give you control over movement and penetration. For instance, try being on top or with you both lying on your sides. Some women enjoy non-penetration sexual activity, like kissing or rubbing, especially if they are older.

Help for Men

There is help for men with sexual problems that may have happened during cancer treatment. Some choices are over-the-counter, and others need a doctor's prescription.

You may see ads on TV and the internet for vaginal creams or suction devices for the clitoris. However, you should talk to your doctor or nurse before buying anything. Often the “research” that shows they work is not reviewed or published and is based on small groups of women.



After surgery, it may take time before you can get an erection. This happens gradually, taking 1 to 2 years. Some doctors think that regular use of pills or injections are needed during the recovery period. The increased flow of blood into the penis help erections recover and may make healing more complete.

Alprostadil is a drug that is injected into the side of the penis to make it erect. The exact dose is found with trial and error, starting with an injection in the doctor's office. When getting ready for sex, give yourself the injection about 10 minutes before you want to have an erection. Men often use pen injectors to make the process easier. Since some men ache in the penis after the injection, the doctor may give a mix of drugs or a numbing medicine to ease the pain.

Side effects may be bruising at the site of the injection or having scar tissue form in the penis over time. Scarring can make an erection curve, which may

interfere with having intercourse. Alprostadil also can be given as a suppository that is put into the urinary opening of the penis, but this method does not work as well.

Sildenafil (Viagra®), vardenafil (Levitra®) and tadalafil (Cialis®) are pills taken by mouth before sexual activity. These pills belong to a class of drugs called phosphodiesterase-5 inhibitors. They do not make the penis hard all by themselves, but they make it easier for the penis to become erect when you are aroused. They tend to work best for men who can get a lot of penile swelling, but not a completely firm erection.

They need to be taken on an empty stomach, and there may be another erection in 12 hours. These pills often do not work for men who have had pelvic cancer surgery or radiation treatment. Their erection problems may be more severe.

Discussions with my doctor have helped me cope with the impact of my cancer and treatment.”

MD Anderson patient, bladder cancer



Some ads for vitamins and herbs on TV and the internet claim to fix erection problems. However, you should talk to your doctor or nurse before buying anything. In fact, no vitamin or herb on the market has been clinically shown to improve erections.

Men with heart disease need to talk with their doctor about whether it is safe to use these drugs. Men who need nitroglycerine for chest pain often cannot take them.

Another choice is the vacuum erection device, a plastic tube that fits over the penis. A pump creates a vacuum around the penis, drawing blood into its spongy tissues. To keep blood trapped, the man slips a band onto his penis before taking off the pump. The erection is often cool to the touch, and the skin is blue since the blood comes from the veins. Some pumps can be bought without a prescription, but the ones that need a prescription come with access to a “help line” on how best to use the pump.

If you have low platelets or are taking a blood thinner, such as Coumadin®, you are at increased risk of bruising and bleeding. Therefore, you may need to be more careful using the pump. Ask your doctor about this option.

Another way to have erections is to have surgery to put in a penile implant. For implants, a pump is surgically put into the penis to help with erections. From the outside, the pump is not obvious. It can make a very firm, thick erection, but often with a minor loss of

length. Men often try other choices before getting a penile implant because it will destroy the natural ability to have an erection, and it is a permanent type of treatment.

A few men who have very strong chemotherapy treatment or stem cell transplant end up with low testosterone levels. Men with testicular cancer may have this, too, because the remaining testicle may have been affected. This change causes a low level of the hormone testosterone in the blood. Some receive testosterone supplements as a skin patch or a skin gel, pellet or injection. You must see a special doctor called an endocrinologist, and it can be dangerous if you have had prostate cancer. This is because testosterone could cause remaining cancer cells to grow.

Special bands or rings can help you keep an erection with the injection or the pump device. Some men try to use a band by itself. Only use a band made with a safety handle or snap that makes it easy to remove. Never leave on a band for more than 30 minutes.

When you are ready to have sex, show your partner how to touch you in ways that arouse you and make you feel good. You can also pleasure yourself to get good blood flow into your penis and keep it firmer.

Help for Patients With Ostomies

An ostomy is an operation that makes an outlet for waste to move from inside to outside of the body. People with an ostomy may feel unsure and awkward about sex.

Here are ideas that many people find helpful:

- Be careful about how much you eat and what you eat (or drink if you have a urostomy for urine). Avoid foods that give your waste a strong odor or cause gas. If you have a colostomy for stool, it may only be active a few times a day. It can help to make a “date” with your partner at a time when you don’t think you will have a bowel movement. If you are able to flush out your ostomy, it may be easier to plan sex and just wear a cap over the ostomy itself.
- Change your ostomy pouch, even if it is less than 1/3 full.
- Make sure your ostomy bag is empty and flat. You can tape it down or roll it up to keep it out of the way. Some men or women wear “wraps” around the waist that keep the ostomy bag out of the way.
- If you feel discomfort, change positions. If you feel awkward and want to cover up the pouch, wear a shirt or other sexy top or bottom. Women may consider crotchless panties.
- Buy deodorant for the pouch, use a pouch with an odor filter, a colorful cover or one that hangs sideways.
- Look for online companies that make products that may help ease your concerns.

I want to ask my doctor more about:

[illegible]

Other Ways to Get Pleasure

If you cannot have intercourse because of pain or an erection, there are other ways for you and your partner to feel close. By trying new sexual activities, you may feel good and have fun.

You may feel unsure about some sexual activity. For instance, you may feel strange about having an orgasm from touching, oral or anal sex, or from a vibrator. Feelings of unease may come from your culture, religion or your childhood.

Only you know what kinds of sex are comfortable and stimulating.

Be sure to talk to your doctor, nurse, social worker, therapist or chaplain if you feel confused. They can listen to your concerns and offer suggestions.

From a medical view, most types of sex are healthy and normal if you do not hurt yourself or force anyone to do anything. However, some people do set limits on what kinds of sex are “okay.”



Cancer and its treatment may change how you look but cannot change who you are as a person.

Self-pleasure

When you are unsure about how your body will respond during sexual activity, it can make you anxious with a partner. Whether single or in a relationship, you can touch your own body to feel better about sex after cancer.

Pleasuring yourself can help you feel good about your body again and feel like a sexual person. It can help you have good physical feelings instead of painful ones. Women who have orgasms alone have an easier time doing so with a partner.

Touching yourself is also a good way to find out if you are more or less sensitive after cancer treatment. For instance, men can find out if they can have erections, and both men and women can find out if they can have orgasms.

You can test yourself and your arousal without pressure from anyone. Once you know more, show your partner how you would like to be touched.



If you are embarrassed about buying sexual pleasure products in person, check online to see if the store delivers.

This image shows a vertical rectangular sheet of white paper with light blue horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, giving it a three-dimensional appearance as if it's floating or placed on a surface.

- Give yourself a lot of time to get “in the mood.”
- Eat a romantic dinner by candlelight.
- Arrange a regular date night.
- Listen to sexy music.
- Use light scented candles.
- Hold hands, touch each other and take your time so that you become fully aroused.
- You may even try dancing together!
- Relax, take a shower or bath together, light candles, or watch a sexy movie together. It does not have to be X-rated, but it should have a good love scene or two.
- When you are both fully aroused, try touching each other in new ways.
- Give each other foot rubs and sensual back rubs with scented oils.
- Use gentle touches, kissing and fondling to excite your partner.
- Use your hands to touch yourself or your partner, or use your mouth to excite your partner if those are acceptable kinds of touching.

Relationships

How may cancer and its treatment change my relationships?

Just when you need closeness most, you and your partner may feel like cancer is keeping you apart. If you are having trouble in your sex life, you may also notice that hugs, cuddling and other ways to show love are not happening as often.

If you had love in your life before cancer, there is every reason to think that your partner, family and friends will continue to love you now. In fact, most partners find that cancer brings them closer. If your partner does hold back on sex, it may be due to fear of being pushy or causing pain. So, it is important to talk to each other about affection and sex.

Intimacy

“Intimacy” involves many different things. Talking to each other, being a good listener, sharing fears as well as hopes and physical touch all play a part. Sit with your partner, share your feelings, hold hands, hug, cuddle and kiss to feel close and get more support.

Sometimes one partner copes with cancer by staying busy and trying not to think about it. The other

partner may be frustrated by this attitude and want more talking. There is no right or wrong, but you need to discuss and respect each other’s ways of coping.

Your partner may feel helpless. He or she may not realize the powerful support that comes from hugging, offering a shoulder to cry on or just listening and showing kindness.

Some people simply do not communicate well. Encourage your partner to open up by finding a relaxed place and time. It may take a few tries, so do not push too hard.

Couples who had disagreements and anger before cancer may find that the stress of the illness makes things worse. A counselor can often help partners get through the daily struggles of dealing with cancer treatment.

If you have gone through a time without having sex, you or your partner may be slow to try again. You may feel nervous about your “first time” during or after cancer treatment.

Your partner may be afraid of hurting you or think that the sexual part of your relationship has ended. This may lead to mixed signals, fights or stopping physical contact.

Single people who date after treatment often have a strong “radar” about new people. They know if someone wants a quick, casual affair or wants to know them because of who they are.



It helps to bring this up and maybe even make a “date” to try some touching. You can start slowly by taking a shower together, “making out” on the couch or cuddling while you watch TV.

Single Patients

If you are single, you may have concerns about dating. You may worry about telling someone about your cancer. How soon should you tell? How much should you say? Should you even let them know you had cancer? Your doctor, nurse, social worker, therapist or chaplain are available to listen and help.

When you have built a sense of some trust and friendship, tell your new partner about your cancer and its treatment. Talking can help you build a relationship based on honesty and trust.

It is normal to fear being rejected. If someone rejects you because of your cancer, though, he or she may not be a person you want in your life. Everyone has a past,

and you should be with someone who accepts yours – just as you would accept your partner’s.

Many people find that their love and commitment grow when faced with cancer. Chances may arise for you to give and receive love in ways that enrich your new relationships.

Patients in a Relationship

These tips may help you and your partner become closer:

- It’s easier to face challenges when you know what they are ahead of time. Learn how the cancer and its treatment may affect your sexual relationship. Talk with your partner and plan how to handle challenges. This may help you both feel more in control at a time when many things feel out of control.

“I feel somewhat disconnected with my husband, but he has been extremely comforting and understanding. Be patient and focus on other needs you can fulfill for each other.”

MD Anderson patient, breast cancer

- Encourage your partner to share his or her feelings. He or she needs to know that it's okay to talk about concerns. Ask your partner to join in talks with your doctor or nurse, or talk to your partner about what you have learned. This will help him or her feel involved, and you both will feel that you are working as a team.
- Often, when people don't have sex, they quit all forms of affection. It is important to touch even if other sexual activity has stopped. Kiss, hug, cuddle and touch one another. If you want your partner to touch you in some way, show or tell him or her.
- Be patient with yourself and with each other. Give yourself time. If you have a day when you feel bad, give yourself some space and see if it makes a difference the next day.
- Your doctor can suggest someone for you to talk to if you and your partner communicated poorly in the past. Or your partner may be scared about the future or trying to hide his or her feelings of sadness.
- Pick a time of day when you have more energy, and make a "date" to be together. Cuddle with your partner, hold hands or hug when you feel tired, even if you aren't ready to have sex. This sets the stage for more activity later when you do have energy and feel better.
- Some people find sex comforting during cancer treatment. It makes them feel more alive and normal. Others are just not in the mood when they are feeling ill. Learn to listen to your own feelings about sexuality.

I want to ask my doctor more about:

[illegible]

Help for Partners

If your loved one has cancer, you should be aware of the importance of tenderness and affection. Many people going through cancer feel better with some “hug treatment.”

Remind your partner that a hug may “just be a hug” and not a request for sex. Enjoy touch for its own sake, even though it may not start sexual activity.

If you have a partner who does not welcome many hugs, you can show your concern and love in other practical ways.

For example, go with your partner to the doctor, show interest in their cancer treatment and give some affection every day.

Being a caregiver is a hard job, and some days will be really tough. But how you treat each other is important, and being supportive and loving is one of the greatest gifts you can give your loved one.

Here are some ways you can start talking with your loved one:

- I miss closeness, like holding hands, cuddling and kissing. How about cuddling with me right now while we watch a movie?
- I know you feel alone, and so do I. Can we talk?
- I don't always know where to touch you to make you feel good, but if you show me, I'll feel less nervous and try.
- How about a hug?
- I feel a little unsure about sex. Would it be okay if we talked to the doctor at your next appointment? I think that would help me feel more comfortable.



Love and affection can reduce the feelings of being alone and fear that most cancer patients have. Some researchers even think that hugging boosts resistance to disease and may contribute to good health, although they have not yet proved this.

- I know you don't have much energy today. What can I do for you?
- This is a hard time for both of us, but I love you just as much now as I ever have. What could we do to help us feel better?
- You are just as sexy to me today as you have ever been.
- You can depend on me. I am here to help you through this.

Fertility

If you wish to have children after your cancer treatment, talk with your doctor as soon as possible. Thinking about the future and children can be really hard while coping with cancer. But most choices need to take place before you start cancer treatment. You also may want to talk to a fertility specialist to prepare for challenges and choices.

Here are some questions you may want to ask:

- What can I do before starting cancer treatment so that I might be able to have children?
- Will my cancer treatment make me unable to have children? Would this be temporary or permanent?
- I am interested in freezing eggs or embryos. Is this a choice for me?
- I am interested in sperm banking. Is this a choice for me?
- I stopped having my period, but could I still get pregnant? Should I be using birth control?
- How long will we need to use birth control? Are condoms the best method for us?
- My partner is pregnant. Is there any special reason not to have sex during treatment?

- Now that my cancer treatment has ended, I would like to have children. Is it okay for us to try to become pregnant?
- We have been trying to get pregnant without success. Should we talk to a specialist?

Will I be able to have children?

Cancer treatment may change your body so that you cannot have children. This is because the treatments that kill cancer cells often harms other fast-growing cells, including sperm and eggs.

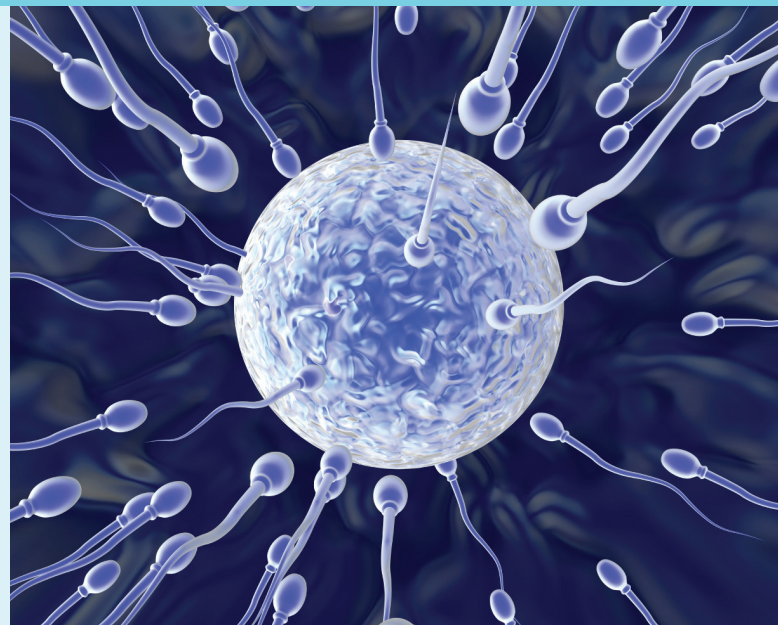
The effects from cancer treatment may be short-term or permanent. Even if you are able to have children, you may not get pregnant right away. For patients who want to have children, this can be an especially hard time.

Women

Fertility (being able to get pregnant) after treatment is affected by:

- Age at the time of cancer treatment, especially for women
- Type of treatment

A woman in her 30s has fewer viable eggs left, so damage from cancer treatment leaves her ovaries with no viable eggs.



- Type and dose of chemotherapy
- Amount and target area of radiation
- Type and amount of surgery
- Whether one or multiple cancer treatments are used
- How long treatment lasts

Some cancer treatments cause permanent changes so that you cannot have children. Examples are surgery to remove the uterus or total body irradiation.

When young girls get radiation to the uterus, the uterus may not grow to full size. Then if the woman gets pregnant, she has a higher risk of a miscarriage or having a premature baby. Women who have chemotherapy that damages the heart or lungs can also develop health problems because of the stress of

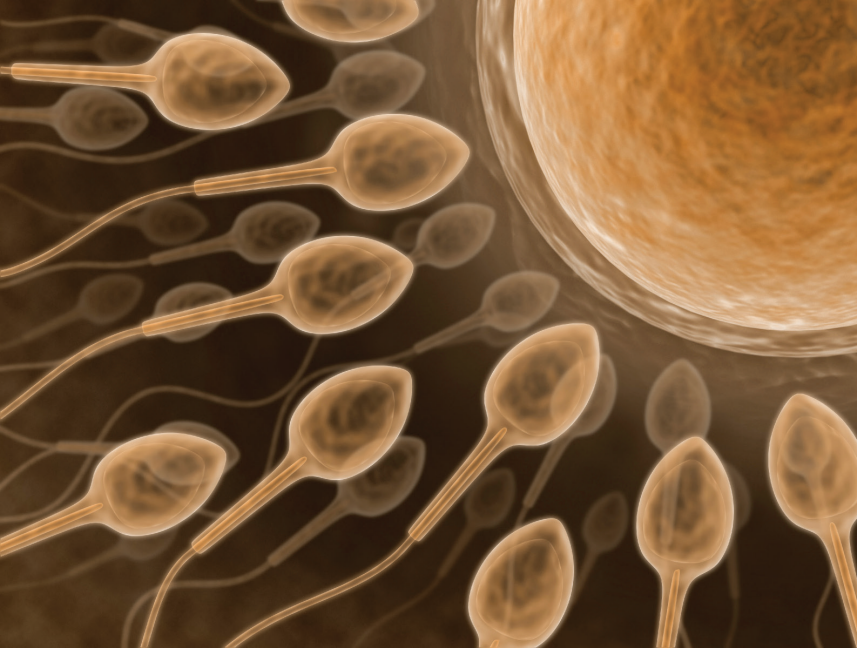
pregnancy. It is a good idea to see an obstetrician who specializes in high-risk pregnancies as a part of planning your family.

Women who go through sudden and early menopause also cannot have children. This is also called premature ovarian failure (POF), and it happens to women under 40. Surgery, chemotherapy or radiation can cause this. For example, you will go through sudden and early menopause if both ovaries are removed. Also, chemotherapy in high doses can harm the ovaries. In particular, chemotherapy with some drugs, such as cyclophosphamide, is very harmful. Radiation aimed at or near the ovaries can be damaging, too, and cause short-term or permanent menopause.

Younger women may start to get periods again after treatment. Women who get lower doses

“I feel good about my situation, but I was not afraid to ask questions and look for resources at The Learning Center. The books and pamphlets there in the Mays Clinic helped me cope.”

MD Anderson patient, ovarian cancer



Men with testicular cancer are usually young. They often have fertility problems before being diagnosed with cancer. However, about half can have children after treatment, even after chemotherapy and losing one testicle.

of treatment also may get their periods. However, the periods may not be regular, and many women still end up reaching menopause much earlier than usual.

Women may need to plan to get pregnant in their 20s rather than waiting, or at least consider freezing eggs or embryos for the future. A fertility specialist can test hormone levels and look at the ovaries with ultrasound images to give advice about having children.

Men

Fertility (being able to get your partner pregnant) after treatment is affected by:

- Age at the time of cancer treatment
- Type of treatment
- Type and dose of chemotherapy used
- Amount and target area of radiation
- Type and amount of surgery
- Whether one or multiple cancer treatments are used
- How long treatment lasts

Cancer treatment can keep men from being able to conceive children too. This may be for a limited time or a permanent change.

Men start making sperm cells at puberty and are able to have children the rest of their lives. If treatment destroys all of the cells in the testicles that make new sperm, then you will be sterile.

This can happen if the testicles:

- Are removed in surgery
- Get a high dose of radiation
- Are at risk from very high doses of certain kinds of chemotherapy

Helping Women Before Cancer Treatment

There are several ways to protect your fertility, but most are still being researched. Success rates are unknown. Choices for women who want to have children include:

- Going through a cycle of in vitro fertilization (IVF) and freezing eggs or embryos for the future.

Your fertility choices depend on the type of cancer you have.



You would need to start the cycle on Day 2 or 3 after your menstrual period begins. For women who need to start treatment very quickly, an “emergency” stimulation cycle may start on any day.

- Then you would take hormone shots for about two to three weeks. Ripe eggs are removed in outpatient surgery, using a needle guided through the upper vagina.
- Eggs are then frozen, or are fertilized to create embryos, using the sperm of your partner or a donor. Embryos are then frozen for future use. With embryo freezing, the eggs are fertilized in a lab using the sperm of your partner or a donor.
- Some women choose to have the eggs frozen unfertilized. If you freeze unfertilized eggs, they can later be thawed and fertilized to create embryos. Freezing embryos may give a woman a slightly higher chance of pregnancy, but if her relationship breaks up, her partner can stop her from using embryos made with his sperm. Later, the eggs can be thawed and

fertilized in the lab. Success in freezing eggs has improved. Embryo freezing still gives a higher chance of success than freezing unfertilized eggs.

- There are drawbacks to IVF. Waiting to start treatment is often not a problem, but can be dangerous with a fast-growing cancer. Also, the hormones given during IVF could, in theory, make breast cancer cells grow. Studies of women who had IVF before breast cancer treatment are reassuring, however, and some centers add the hormone letrozole to the mix so that estrogen levels stay lower during the cycle.
- Another choice would be simply to take the one egg that ripens in a natural menstrual cycle. But the chance that the egg will fertilize, survive freezing and later grow into a baby is less than 5 percent. Immature eggs that are harvested can sometimes be matured in the lab for future use.
- Insurance rarely covers these procedures. Costs can vary from \$8,000 or more.



Sperm must be banked before any chemotherapy or pelvic radiation starts.

- Some women have part or all of an ovary removed surgically and frozen before cancer treatment. The goal is to wait until cancer treatment is successful and then reattach a whole ovary. More commonly, is to put back pieces of the ovary into the body, where they grow a new blood supply. The ovary or ovarian tissue then may begin to produce ripe eggs, which can be used to start a pregnancy. This is also being researched and has resulted so far in a small number of births around the world. With some types of cancers, there is a risk that tissue placed into the body could include live cancer cells.
- Women having chemotherapy or pelvic radiation may ask if they can take a hormone to put the ovaries into temporary menopause. However, many specialists doubt that this keeps the chemotherapy from harming the ovaries. The injections are expensive, and they may impact the success of the chemotherapy.
- Women having radiation to the pelvis may ask if they can have surgery to move the ovaries out of the radiation target area. With this technique, there is a 50 percent chance of starting menstruation again after treatment.
- Some young women with ovarian, cervical or uterine cancer that is found early can have limited surgery or hormone treatment that allows the uterus and an ovary to be preserved.
- Choices after cancer treatment include using donor embryos or eggs, having a surrogate (another woman who carries your child) or adoption.
- There is also experimental research looking at using stem cells to restore fertility in the ovaries.

Helping Men Before Cancer Treatment

Preserving a man's fertility is easier, cheaper and more effective than for women. For adult men, it simply involves collecting a sample of semen and freezing it in a sperm bank. The sperm can be thawed later and used to fertilize eggs in a woman's uterus or in a lab.

Because of illness, medicines or stress, many young men with cancer have fewer sperm than normal, or sperm that do not swim well. Even if you have only a few live sperm in your semen, they can be used to have a baby with IVF.

The woman goes through the hormone treatment to ripen several eggs. When the eggs are ready, the sperm

sample is thawed. In the lab, a robotic microscope is used to find the healthiest sperm and inject one into each egg. Men who have better sperm quality can sometimes use less expensive and less complex fertility treatments.

Health insurance usually does not cover the cost of sperm banking. Many sperm banks have special payment plans for cancer patients.

For men who do not ejaculate semen, a special doctor called a urologist may be able to collect sperm. Sometimes sperm can be found in a man's urine just after his orgasm. Sometimes sperm can be taken during a small, outpatient surgery from the storage areas above the testicles or even from tissue inside the testicles.

For boys or girls who have not yet gone through puberty, a minor outpatient surgery to remove ovarian or testicular tissue for freezing are still in a research stage and continue to be studied.

Fertility After Cancer Treatment

For some people, fertility does return after cancer treatment. However, it may take a long time.

For women, having a menstrual period may or may not signal fertility. A better answer may come from blood tests for hormones and other tests. The anti-mullerian hormone (AMH) is the most sensitive of these tests in estimating how many eggs are left in a woman's ovaries.

Women should talk to an obstetrician before trying to get pregnant. An obstetrician is a doctor specially trained in childbirth.

The doctor will make sure your heart, lungs and uterus are healthy enough for pregnancy. It is important to know the uterus is normal in size and can expand during pregnancy.

Men often have low sperm counts or sperm movement when their cancer is diagnosed. Sometimes this gets better after cancer treatment. Most men recover within 3 to 4 years, and sperm quality may get better many years after cancer treatment.

Even if your body is making sperm, there may not be enough (or they may not swim well enough) to conceive without medical help. A semen test, in which your semen is examined under a microscope, can tell whether a pregnancy is likely from sex. It can also help the doctor decide what type of infertility treatment is needed.

Because each person's situation is different, it is important to talk to your doctor.

Before my treatment began, I wish I would have known as much as possible. ... I go to a men's support group now. I'm still learning."

Cancer patient, squamous cell carcinoma

Birth Control

Do not forget to use birth control during active treatment and for at least six months after treatment.

Women who have had a stem cell or bone marrow transplant should not become pregnant during the first one to two years after the transplant. This is the time when complications can occur, and disease can recur.

Chemotherapy and radiation to the pelvis may damage genes in a man's sperm or a woman's eggs. This damage may cause an early miscarriage or even a baby born with a birth defect. Pregnancy may still be possible even if sperm counts have dropped or menstrual periods have stopped.

With time, patients' damaged sperm or eggs are not as high of a risk. By 6 to 12 months after treatment, the sperm that may have been harmed from treatment have been ejaculated. Eggs that are healthy enough to become a baby are also more likely to be normal.

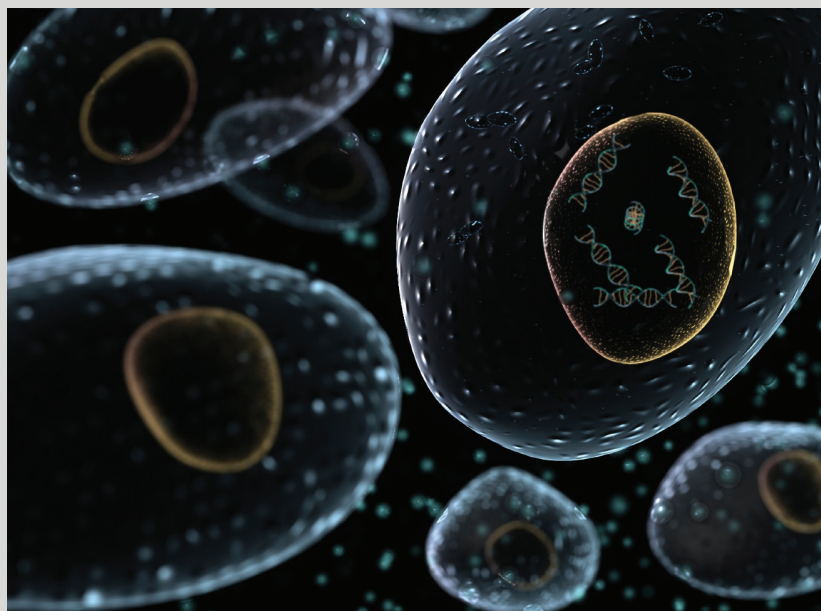
In fact, both the eggs and the cells that make sperm can repair themselves in the first couple of years after treatment.

Pregnancy During Treatment

If you are pregnant and diagnosed with cancer, you may worry about yourself and your baby. Doctors can treat many cancers safely during pregnancy.

Healthy babies have been born after the mother has had chemotherapy. This is especially true if treatment starts after the first three months, when most organs are formed. Chemotherapy has been used most often during pregnancy in women with breast cancer.

Also, if you are pregnant and your partner is having chemotherapy, use a condom.



Cancer survivors often worry that their children may have a higher risk of cancer. Only 5 to 10 cancers out of 100 are inherited (passed from parent to child). So far, studies show that survivors' children are healthy and do not have unusual risks of cancer, unless there is a clear pattern of cancer in the family. However, more long-term studies are still needed.

Men should avoid sex for the first few days after having radioactive seed implants for prostate cancer, too. Use condoms the first few times in case a seed comes out in the semen. Your doctor can tell you when it is safe to have intercourse and if a condom is needed.

If you become pregnant during treatment, there is a risk of birth defects, but it appears to be small. More research needs to be done about pregnancies conceived during treatment.

Resources

Even health care workers who treat people with cancer may not know much about sexuality or fertility after cancer. If your doctor or nurse seems uncomfortable talking about your concerns, ask to see a specialist. This could be a doctor or mental health professional trained to treat changes and issues with sexual health.

MD Anderson Resources

Learn more about your cancer and treatment.

askMDAnderson

713-792-3245 or toll-free at 877-632-6789
www.mdanderson.org/about-md-anderson/contact-us/askmdanderson.html

Knowledgeable staff listen to your questions and help you understand cancer, make decisions about your care and communicate with your health care team.

Integrative Medicine Center

713-794-4700
www.mdanderson.org/patients-family/diagnosis-treatment/care-centers-clinics/integrative-medicine-center.html

We offer services to address, mind-body and social needs.

The Learning Center

www.mdanderson.org/tlc

The Learning Center is a patient education library. We provide current and reliable information on cancer prevention, treatment, coping and general health.

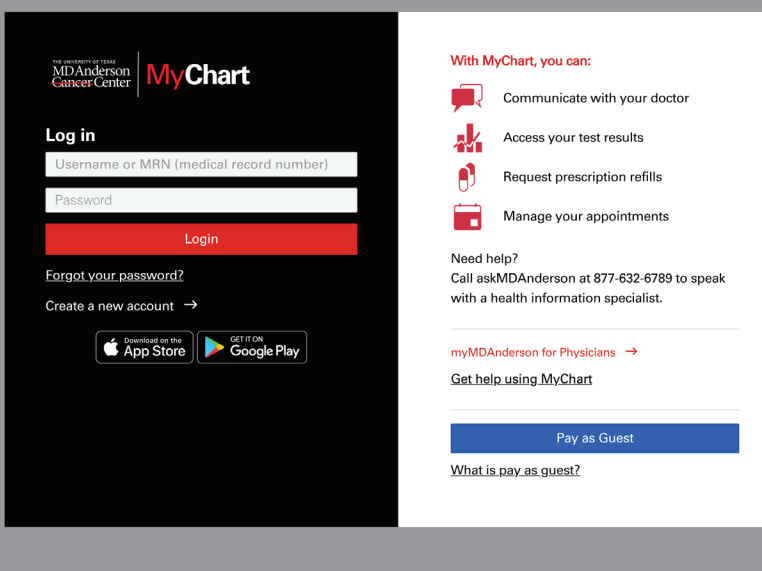
- Theodore N. Law Learning Center, Main Building, Floor 4, 713-745-8063
- Levit Family Learning Center, Mays Clinic, Floor 2, 713-563-8010
- Holden Foundation Learning Center, Jesse H. Jones Rotary House International, 713-745-0007

Explore our recommended resources for more information about sexuality and fertility.

- Sexuality and Cancer Recommended Resources
mdandersontlc.libguides.com/sexuality
- Fertility Recommended Resources
mdandersontlc.libguides.com/fertility

myCancerConnection

713-792-2553
www.mdanderson.org/patients-family/diagnosis-treatment/patient-support/mycancerconnection.html



For more information, visit The Learning Center. This free health library has the latest information on cancer care, support, prevention and general health and wellness. There are locations in the Main Building and Mays Clinic.

We offer one-on-one support to cancer patients, survivors and caregivers with trained survivor volunteers who have had the same or similar diagnosis, treatment or experience.

Psychiatry

713-563-6666

www.mdanderson.org/research/departments-labs-institutes/departments-divisions/psychiatry.html

Our services include medication management of cancer-related depression, anxiety and disease related symptoms, psychotherapy, consultation for cancer-related sexual dysfunction and consultation and support for drug and alcohol dependence.

Spiritual Care and Education

713-792-7184

www.mdanderson.org/patients-family/diagnosis-treatment/patient-support/spiritual-support.html

Offers spiritual support to patients, caregivers and staff of all faiths.

Social Work

713-792-6195

www.mdanderson.org/patients-family/diagnosis-treatment/patient-support/social-work.html

We offer one-on-one and family counseling, support groups, advance care planning and information about financial resources and special programs. Call us or visit our website for a complete list of available support groups.

*Link to other reputable websites from
<http://www.mdanderson.org/topics/sexuality>.*

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