

Breast Cancer and Sexual Wellbeing

About us

Breast Cancer Network Australia (BCNA) is the peak national organisation for Australians affected by breast cancer. We provide a range of free resources for women with breast cancer, including the *My Journey Kit* for women newly diagnosed with early breast cancer and *Hope & Hurdles* for women with secondary breast cancer. BCNA's free quarterly magazine *The Beacon* includes stories from women with breast cancer, as well as information on a wide range of breast cancer issues.

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 component of life for all women, including those who have experienced breast cancer.

Not every woman will experience sexual wellbeing problems after breast cancer; however many women do find that their sexual wellbeing is changed by breast cancer and its treatments. Some women may experience physical changes such as vaginal dryness and hot flushes, while others experience the emotional effects of a loss of confidence or a loss of interest in sex. Very often, it's a combination of a number of different issues. These issues can put a strain on existing relationships, and can create additional challenges for women wanting to begin new relationships.

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 if you have concerns or issues, it can be reassuring to know that you are not alone. The good news is that there are things you can try to help you manage the effects of breast cancer and its treatments on your sexual wellbeing. This information booklet outlines a range of different strategies that you may find helpful.

If you are experiencing sexual wellbeing concerns, it may be useful to think about what you want to achieve in order to help you identify which strategies may work best for you. It could be, for example, improved self-confidence, feeling better about your body, increased emotional or physical intimacy with your partner or help with vaginal dryness. This booklet (designed for both single and partnered women) is a resource to help you identify the issues impacting on you during and after your treatment, and to suggest possible strategies to help manage some of your concerns.

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 go on to 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, and trust your own instincts and emotions. You may find talking about your feelings and experiences with your partner, a trusted friend or family member can be helpful. Some women also find it beneficial to join a support group as they gain support through talking to other women who have gone 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 Cancer Council Helpline on 13 11 20 as they may be able to suggest a counsellor or psychologist available in your area. BCNA's online service directory may also list counsellors in your area – visit www.bcna.org.au > Sharing & support > Find services in your area

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 plays such an important role in how many women feel about their sexual wellbeing, and having low self-esteem about your body can have an adverse effect on how you may 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 weight loss, hair loss, or skin 'tattoos' following radiotherapy. Some women develop lymphoedema, which may cause your skin to feel tight and uncomfortable and may require you to wear a compression sleeve. Fatigue can also be a concern following 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. Some women may also feel a 'disconnect' with their body.

It's important to remember that all these feelings about your 'new' body are normal, and it can take some time for you to adjust. For some women it can take a few years to adjust to their changed body.

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

- If you are not ready to expose your body completely, you may like to wear lingerie to help you feel more sensual.
- You might find that you feel more attractive if you pamper yourself with treats such as visits to the hairdresser or beautician, or having a massage or manicure.
- Many women find that regular exercise is very beneficial as it can help to improve your mood, decrease fatigue and reduce anxiety, stress and depression. We know that women who are active also tend to have better body image and self-esteem.

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 www.bcna.org.au > Sharing & support > Find a support group in your area.

Online support

You may also like to join BCNA's online network which provides a way for women to connect in real time, share experiences and stories, and support each other, regardless of location. Visit www.bcna.org.au > Sharing & support > Join our online network.

Some women feel they are 'not quite whole' without two breasts, and find using breast prostheses or having a breast reconstruction is really important. For some women, breast reconstruction can help them to adjust to their changed breast or loss of a breast, improve their confidence, and have a positive effect on how they view themselves sexually. For other women, having a breast shape is not so 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.



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 be helpful 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 due to a range of different life events. Other significant life events, such as having a baby, bring new challenges to a couple's sexual relationship. Communication with your partner is very important for both of you.

Emotional intimacy

If your relationship is going through changes it can be helpful to think about how you would like your relationship to be, and what level of intimacy you would like. While intimacy has different meanings for everyone, for many women, good communication with their partner is the foundation for creating emotional 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 vaginal dryness causing painful intercourse and low libido, 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, which 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 build an understanding of what you may be experiencing.

*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 about sexual wellbeing with your partner can be difficult. This may be because you are both coming to terms with your breast cancer diagnosis, or you and your partner may not normally talk about these sorts of things anyway. To help start a conversation, you might like to set 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, as this can make things easier for both of you.

If you have a male partner, he 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 www.mensline.org.au or phone 1300 789 978 (available 24 hours per day).



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 tired. Or you may feel the desire for physical closeness and affection but not for sexual intimacy. 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 may feel more vulnerable about entering a new relationship, due to a loss in confidence, feelings of being uncomfortable with their body or fears of rejection.

When starting a new relationship after breast cancer, many single women describe feeling nervous about raising the subject of breast cancer. It's important to remember that there is no correct time to talk about your breast cancer experience. It's entirely up to you to decide when you feel comfortable enough to talk about your experience. Some women feel it's important to talk about it upfront 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 still 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 when you are ready to tell your new partner, to 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, and that many single women who have had breast cancer go on to 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' are 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 your 'new' body. It is important to remember that these feelings are commonly experienced by many women, and can often subside in time. Many women who have had a mastectomy feel nervous about showing their scars to their new partner; so it can be helpful to talk about your concerns with your new partner so that they understand. Before getting physically intimate with a new partner, some women like to describe their breast scars, as this can make women feel less self-conscious about revealing their scars. Some women also like to reveal their scars slowly, in stages if they are feeling uncomfortable. It's important to do what feels right for you.

Loss of confidence and feelings of being unattractive and uncomfortable with their body are common among single women with breast cancer. If you have these sorts of concerns you may find it helpful to refer to the previous section about 'Feeling attractive and confident'. You may also like to read the section on page 14 'Getting physical'.

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, which can be very frustrating. 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 (also called *low libido/sex drive*) can be a complex problem, in that it can sometimes be caused by lowered oestrogen or progesterone levels due to hormonal treatment. It may also be the result of undergoing chemotherapy, not feeling confident about your body, feeling fatigued or having relationship issues with your partner. 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 this.

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 which can leave you feeling tired.

Spending quality time with your partner and 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 physical intimacy.

For many women, foreplay is often an essential part of getting aroused. Arousal can also be started by watching erotic movies, or reading erotic books. You also may like to try various adult products. Adult stores have an extensive range of erotic books, DVDs and other sex toys on offer. Some adult shops are particularly attuned to women's needs and concerns, and some are specifically for women.

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

- www.femplay.com.au (specifically designed for women)
- www.sexyland.com.au
- www.passionfruitshop.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, or even send the children to their grandparents if necessary! Dim the lights, put on romantic music, or do whatever helps both of you.

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 also 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 go on to 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 a very erogenous zone, and if you have experienced changes to your breast due to surgery or radiotherapy, or you have had a mastectomy, this can have a significant impact on your sexual wellbeing.

Breast surgery can affect the sensation in your breasts because nerves can be disrupted in the removal of the breast tissue. 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 is greater due to the complete removal of breast tissue.

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 have lost. – Woman, 43 years.

Some women who have had a mastectomy or a 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

Vaginal dryness and hot flushes are common symptoms that occur during and after menopause, whether that is menopause due to breast cancer treatment or natural menopause, and they can also affect your sexual wellbeing. Younger women who experience treatment-induced menopause may find these symptoms especially difficult, particularly if they are unexpected. 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.

For women who have had treatment for breast cancer, vaginal dryness can be a distressing side effect of some breast cancer treatments including, for example, the hormonal therapies tamoxifen and aromatase inhibitors such as Arimidex, Femara and Aromasin.

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. These are outlined below.

Vaginal lubricants

Vaginal lubricants are designed to be used in sexual foreplay immediately before and during sex to provide lubrication, and to reduce pain and discomfort from dryness.

Some of the vaginal lubricants that you may like to try are listed below. Try to avoid using petroleum or oil-based lubricants as they can interfere with the vagina's natural secretions and can in fact 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 which contains organic ingredients such as aloe vera. YES can be purchased online at www.mybodymychoice.com.au .
Astroglide	A range of water-based, water-soluble and petroleum-free personal lubricants. Astroglide lubricants can be purchased online at www.astroglideaustralia.com and are also available at selected pharmacies Australia wide.
Sylk	A water-based lubricant which contains 100% natural ingredients, including kiwifruit vine. Sylk is available for purchase at www.sylk.com.au , selected pharmacies and some 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 only be purchased online at www.pjurlubricants.com.au or www.passionfruitshop.com.au .

Some women find that a lubricant does not completely relieve vaginal dryness during sex. You may, therefore, 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, it can be a good idea to use non-latex condoms 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 immediately before sex, but rather are designed to be used routinely much like skin moisturisers. When applied directly to the vagina, vaginal moisturisers help replenish moisture to the lining of the vagina and relieve discomfort associated with vaginal dryness. Vaginal moisturisers are designed to be applied twice a week, but can be used more or less frequently as necessary. You can also use a vaginal moisturiser in conjunction with a vaginal lubricant.

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

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 at low levels.

You may like to discuss with your specialist whether a vaginal oestrogen is suitable for you. Vaginal oestrogens are only available on prescription by a doctor.

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 www.physiotherapy.asn.au and search for a Continence & Women's Health Physiotherapist near you.



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 or douches 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. 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 that may be accompanied by sweating and a rapid heartbeat.

Hot flushes are a normal part of going through menopause for many women, due to the lowered levels of oestrogen. However, women with breast cancer may also experience hot flushes as a result of menopause 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 4 years so it's very upsetting. Just want to sleep!
– Woman, 53 years.

Hot flushes can also occur more frequently and with more intensity in younger women who have experienced treatment-induced menopause compared to women who become menopausal naturally.

Hot flushes can be very uncomfortable and frustrating as they can interfere with your sleep and compromise your quality of life. Hot flushes can also affect your mood, as they may leave you feeling irritable and tired. When a hot flush occurs, many women are less inclined to want their partner to be physically close to them. In this way, hot flushes can reduce your desire for physical intimacy with your partner.

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

- Minimising 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.
- Wearing loose cotton clothing allows your skin to breathe. Wearing clothing in layers can also help, as you can take layers off during a hot flush.
- Avoiding anything that triggers your hot flushes, such as hot spicy food, hot drinks and alcohol.
- Using a handheld fan when having a hot flush.
- Using cotton bed sheets, instead of synthetic sheets, can promote breathability.

- Taking a cool shower before bed.
- Regular exercise and maintaining a healthy weight can also be beneficial in reducing hot flushes.

If these do not help, you may like to speak to your doctor about whether a low dose antidepressant such as venlafaxine (*Efexor*) is suitable for you. It 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 should therefore be avoided by women taking tamoxifen. There is a possibility that some other antidepressants may, to a small degree, affect the metabolism of tamoxifen, however, this has not been proven through research and not all antidepressants are the same.

Other medications used to treat hot flushes include clonidine (*Catapress*) 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 are 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 be worth checking the cost of the prescription at different pharmacies to obtain the best price. If you have private health insurance, your fund may provide you with a rebate so it's worth checking with them.



Talking to a health professional

Talking to a health professional about sexual wellbeing can be very beneficial. A health professional is an independent person with whom you can discuss problems and who can suggest strategies to help.

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. We know, however, that talking to a GP or breast cancer nurse about sexual wellbeing is not always easy and many women can find it uncomfortable. It can also be difficult as discussions about sexual wellbeing are often not initiated by health professionals.

The following tips may help you start a conversation with your GP or breast care nurse about your sexual wellbeing.

- You might like to 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?'*
- When discussing starting a new breast cancer treatment, you may find it helpful to ask how the treatment may affect your sexual wellbeing.
- You may like to take a copy of this booklet with you when you visit your GP or breast care nurse, as it can be a helpful prompt to start the conversation about any concerns you are experiencing.

Your GP or breast care nurse may also be able to recommend a counsellor, sex therapist or psychologist who can provide further support.

Voicing your feelings and concerns with a counsellor or psychologist can be beneficial as they can help you work through relationship issues, provide fresh insight into any concerns or issues you may be experiencing, and provide advice on managing your emotional and psychological wellbeing. 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 offer support regarding concerns such as 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 www.bcna.org.au > [Living with breast cancer](#) > [Sexual wellbeing](#), 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.

Another service is the Cancer Council Helpline on 13 11 20, which 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 www.assertnational.org.au > [Professionally accredited members](#).

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 www.bcna.org.au > [Sharing & support](#) > [Join our online network](#).



Written resources

Breast Cancer Network Australia (BCNA)

- BCNA's *My Journey Kit* is for women newly diagnosed with early breast cancer. It contains a section on 'Sex and Intimacy'. You can order the *My Journey Kit* by contacting BCNA on 1 800 500 258, or by visiting www.bcna.org.au > [New diagnosis](#) > [My Journey Kit](#).
- Issue 50 of BCNA's free quarterly magazine, *The Beacon*, focused on sexual wellbeing and breast cancer. To obtain a copy visit www.bcna.org.au > [News](#) > [Beacon magazine](#) > [Beacon archive](#). You can also phone BCNA on 1 800 500 258 or email beacon@bcna.org.au and we will send a copy to you.
- BCNA's Local Services Directory is designed to help you find breast cancer-related support and services by location and type. To find services in your area, visit www.bcna.org.au > [Sharing & support](#) > [Find services in your area](#).

Cancer Australia

Breast cancer and early menopause – a guide for younger women.

To order a copy visit www.canceraustralia.gov.au or phone 1 800 624 973.

Cancer Council New South Wales

Sexuality, intimacy and cancer –

a guide for people with cancer, their families and friends.

To obtain a copy visit www.cancercouncil.com.au or phone

Cancer Council NSW on 13 11 20.

Cancer Council Victoria

Sexuality and cancer – for people with cancer, their family and friends.

To obtain a copy visit www.cancervic.org.au or phone

Cancer Council Victoria on 13 11 20.

Cancer Council South Australia

Sexuality for women with cancer.

To obtain a copy visit www.cancersa.org.au or phone

Cancer Council SA on 13 11 20.

The Jean Hailes Foundation for Women's Health

The Jean Hailes Foundation for Women's Health provides information about early menopause and managing menopause.

Visit www.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 www.menopause.org.au

Counselling services

Cancer Council Helpline

The Cancer Council Helpline on 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.



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 www.assertnational.org.au > Professionally accredited members.

Support for male partners

MensLine Australia

MensLine Australia is a telephone support, information and referral service for men with relationship issues. Visit www.mensline.org.au or phone 1 300 78 99 78.

Support for female partners

The Australian Lesbian Medical Association (ALMA)

The ALMA compiles a list of doctors, including GPs and emotional wellbeing health professionals, who are recommended by lesbian and bisexual women. Visit www.doclist.com.au to search for a lesbian-friendly health professional in your area.

Books

No less a woman: femininity, sexuality and breast cancer

by Deborah Hobler Kahane

Purchase online at www.amazon.com/books

Some bookstores and libraries may also have copies.

Intimacy after cancer

by Sally Kydd and Dana Rowett

Purchase online at www.amazon.com/books

Some bookstores and libraries may also have copies.

Where did my libido go?

by Rosie King

Purchase online at www.booktopia.com.au and www.randomhouse.com.au

Some bookstores and libraries may also have copies.

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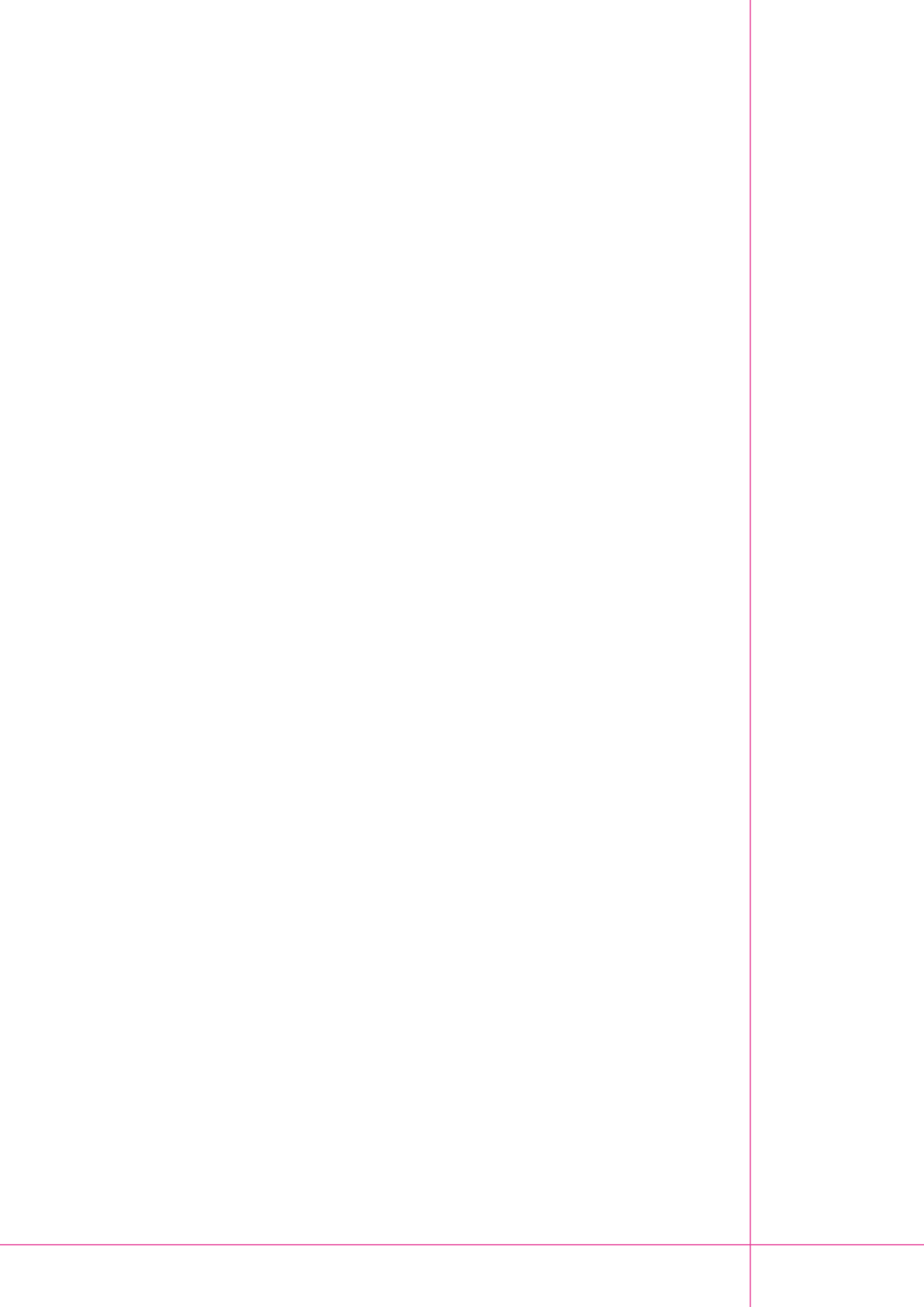
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Relationships Australia