Article Series Maintaining Connections

Nurturing Intimacy While Living with Cancer

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Sex and intimacy are important parts of life — and that doesn't change after a cancer diagnosis. Yet too often, these topics get lost in medical conversations.

Even though intimacy may look different after a diagnosis, it can still be meaningful and fulfilling. These six things to know about intimacy after cancer and guidance to help you navigate the changes with confidence and care:

1. It's normal for sexual desire to shift

It’s true that one commonly reported effect of cancer treatment is a decline in sexual desire. But not everyone experiences a drop in interest. Many people living with cancer may notice little or no change in sexual desire. Some people may experience a stronger interest in sex. For some couples, navigating a health crisis together may strengthen emotional and physical bonds.

2.Your sex life may change, but intimacy is still possible.

Sexuality doesn't disappear with a diagnosis, but it may change. Fatigue, pain, hormonal shifts, surgery, and emotional stress can all influence desire or comfort during sex. Men may encounter difficulties with getting or maintaining an erection, while women may experience vaginal dryness or discomfort during intercourse. That said, most people who were able to experience orgasm before cancer can still experience it, but it’s common to need more time and stimulation to get there.

3. Any cancer can affect intimacy.

It’s a common belief that intimacy is only disrupted by cancers or side effects involving sexual anatomy. But cancer treatment can bring on disruptive physical side effects that indirectly affect your interest in sex. These may include fatigue, nausea, gastrointestinal issues, skin changes or heightened sensitivity to smells. Emotional factors may be just as powerful. Body image concerns and changes in appearance including hair loss, surgery scars and weight changes may diminish interest in sex and intimacy. And anxiety and stress may interfere with intimacy even when physical functioning is intact.

4.Intimacy isn’t defined by intercourse.

Intimacy isn’t defined by the ability to have sexual intercourse. Hand holding, kissing, touching and other forms of genital stimulation are all ways to build intimacy with a romantic partner.

5.Abstinence isn’t always required during treatment.

It’s generally safe to have sex during chemotherapy or other treatments if you feel well enough, but it’s important to talk to your doctor, who understands your specific cancer and treatment. Certain types of cancer, especially those involving the genital, urinary, or anal areas, may require extra caution, and some chemotherapy drugs can increase risks of infection or bleeding due to low white blood cell or

platelet counts. Additionally, pregnancy should be avoided during treatments such as chemotherapy, so reliable birth control is essential if there’s any possibility of conception.

6: Bring up sexual health even if your doctor doesn’t.

Research shows that conversations about sexuality often get overlooked in medical settings. Care providers may not bring up sexual health during appointments, and some patients may feel hesitant to seek support as they navigate changes in intimacy and desire. Whether you're dealing with physical symptoms like erectile dysfunction, vaginal dryness, or simply feeling disconnected from your body, your healthcare providers can help you find tools to cope and adapt.

Remember that there’s no “right” way to feel about sex after a diagnosis. What matters is creating space for honest communication with your partner about your sexual needs, concerns and emotions and a willingness to work together so both of you continue to derive pleasure from positive sexual interactions. While cancer may temporarily affect physical sex, love, patience, and open communication may help strengthen intimacy.

Here are some **Microsteps** to help you navigate sex and intimacy during and after cancer treatment. As always, consult with your care team for personal health advice.

Microsteps for discussing intimacy with your partner.

Bringing up intimacy during a calm, unrushed time such as after dinner, during a quiet weekend afternoon, or while taking a walk together. Try to avoid raising the topic in the middle of sexual activity or when one partner is hoping for sex so that nobody feels rejected or criticized.

Saying sexual terms aloud in advance to make them feel less awkward. This may make it easier to express yourself clearly both with your partner and your medical team.

Having a conversation with your partner about the physical changes happening in your body. If you feel ready, share how body changes have affected your comfort, confidence, or desire.

Talking openly with your partner about what brings you pleasure and what

causes discomfort. Be willing to explore new ways of giving and receiving intimacy—focus on connection, not performance.

Microsteps for discussing intimacy with your care team

Asking your doctor directly how treatment might affect your sexual health. Bring this up before surgery, chemotherapy, or radiation so you know what to expect and can plan ahead for possible changes.

Finding out what options are available if intimacy problems arise. Ask whether medications, lubricants, devices, or therapies can help manage common issues like pain, dryness, or loss of desire.

Asking for a referral to a counselor or support group that understands the impact of cancer on sexual health. If you're struggling with body image, desire, or intimacy, your care team can refer you to a counselor or support group that understands the unique sexual challenges that come with having a cancer diagnosis.

Requesting trustworthy resources so you can learn more at your own pace. Your care team can point you to evidence-based websites, books, or videos. Be cautious with social media, where sexual health information is often incomplete or misleading.

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