

Patient information factsheet

Sexual function after radical cystectomy

Information for women

We have given you this factsheet to explain how a radical cystectomy (an operation to remove your bladder and possibly other nearby areas such as your womb, ovaries, upper part of your vagina and local lymph nodes) can affect your sexual function.

After this procedure, it is common for women to experience changes to sexual function. This factsheet contains information about some of the changes you may experience and ways to manage them. Some women find these changes upsetting, so it's important to understand that there is treatment and support available, when you feel ready. We can discuss these details with you at your follow-up appointment and hope that, in the meantime, this factsheet helps to answer some of the initial questions you may have. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

Changes after a radical cystectomy

A radical cystectomy can cause a number of changes to a woman's body, which can affect sexual function.

Possible physical changes	Effect on sexual function
A shorter or narrower vagina and increased vaginal dryness	This can make penetrative sex more difficult or uncomfortable to begin with.
Altered or reduced sensation to the clitoris (if the nerves in this area were affected by the procedure)	This can affect arousal and/or the ability to orgasm.
Menopause (if the womb and ovaries were removed during surgery and it has not already occurred naturally)	This means that monthly periods will stop, and it will no longer be possible to get pregnant. Other menopausal symptoms can include loss of sex drive (libido), vaginal dryness and pain during penetrative sex.

Depending on the extent of a person's bladder cancer, there may be surgical options which allow the surgeon to preserve some of their sexual organs (including differing amounts of vagina and the nerves responsible for clitoral function). You will be able to discuss these options with your surgeon before your procedure. However, please note that in many cases, the cancer will make organ preservation too risky.

After the procedure, adjusting to these changes can take time, and you may feel differently about yourself and/or how you feel about sex for a while. It's important to give yourself time to adjust.

There are a number of ways to manage the changes associated with radical cystectomy.

Treatment options available to you may include:

- vaginal dilator therapy
- hormone replacement therapy (HRT)
- topical oestrogen (mild HRT medicine containing the hormone oestrogen to treat symptoms including vaginal dryness and irritation)
- psychosexual therapy (also known as PST or sex therapy), this type of specialist counselling helps people overcome sex-related problems through talking therapies

Vaginal dilator therapy

Vaginal dilator therapy is a treatment option for people who experience discomfort during vaginal penetration due to a medical condition (for example, people who have had a radical cystectomy). We have provided full details of what is involved below, as it may be helpful for you to have this information before your appointment. If you have any questions about this therapy, please do not hesitate to ask.

The therapy involves the use of dilators (tube-like devices made of plastic or medical-grade silicone) which are put inside the vagina to help stretch the vaginal tissue. By stretching the vaginal tissue, the vagina should become more supple. This should help make vaginal penetration feel less uncomfortable.

Topical oestrogen cream

Topical oestrogen cream is a type of mild hormone replacement therapy (HRT) used to treat vaginal dryness, irritation and painful intercourse. We usually advise applying a topical oestrogen cream to the vagina and vulva alongside performing vaginal dilator therapy. This cream aims to improve the health and suppleness of the vaginal tissue which should make dilator insertion and sexual intercourse less uncomfortable. Typically, we would suggest starting topical oestrogen cream about six weeks after surgery. We will discuss this treatment option in more detail with you at your follow-up appointment.

When to start vaginal dilator therapy

We recommend that you wait 12 weeks after having your radical cystectomy, or until you feel physically and psychologically well enough, before using the vaginal dilators. This is so that any soreness, numbness, or feelings of discomfort have had a chance to settle.

Please note that vaginal dilator therapy is optional. You do not need to use the vaginal dilators if you would prefer not to.

If you choose to go ahead with vaginal dilator therapy, we will:

- arrange a tutorial for you (during which we will explain how to use the dilators and give you some helpful tips)
- provide you with a pack of dilators
- answer any questions you may have

How to use vaginal dilators

1. Wash your hands and the dilators in warm soapy water before and after each use (rinse the dilators well to ensure all traces of soap are removed). After rinsing the dilators, dry them thoroughly.
2. Find a private place where you feel relaxed and are unlikely to be disturbed (it is important that you feel relaxed and have enough time to use the dilators).
3. Get yourself into a comfortable position. For example:
 - lie on your back with your legs bent and knees apart **or**
 - stand with one foot propped up on a chair (so your knee is bent).
4. Apply some of the lubricant included in your vaginal dilator pack (or another water-based lubricant) to the end of the dilator as well as around the opening to your vagina to make it easier to insert the dilator.
5. Using a slight pressure, gently ease the dilator into your vagina as deeply as is comfortable.
6. After you have inserted the dilator into your vagina, slowly rotate the dilator in a clockwise and anticlockwise direction for 10 to 15 minutes.
7. When you are ready to remove the dilator, slowly and gently remove it using a gentle rotational technique. If this causes you any discomfort, stop for a moment and take a few deep breaths. This should help to relax the muscles inside your vagina.

Tips

- Start with the smallest dilator. Once you are comfortable with it, gradually move up the sizes until you reach a size that is comfortable for you.
- You can use the dilators on your own or you can involve your partner if you wish.
- It is important to use a lubricant when using the dilators. We recommend using a water-based lubricant such as YES® WB with **silicone dilators**. You can use YES® WB and YES® OB (a plant oil-based lubricant) with **plastic dilators**. You can buy YES® WB and other YES® products online or you can ask your general practitioner (GP) for a prescription.
- **Do not** try to force the dilator into your vagina. Remember, this process can take time and perseverance.

How often to use vaginal dilators

To get the best result from this therapy, we recommend using the dilators three to four times a week. It may help to make using the dilators part of your daily routine (for example, using them after a relaxing bath or shower, before you go to bed or first thing in the morning).

If you find this too much, you may reduce how often you use the dilators to one or two times a week.

It can take up to several months before your vagina is dilated enough to allow satisfactory intercourse, so do not rush through the steps if you are uncomfortable.

You should continue to use the dilators (even if you are sexually active) for as long as you wish to remain sexually active.

Are there any side effects?

It is normal to experience slight bleeding or 'spotting' from your vagina after using the dilators. If this happens, we recommend wearing a panty liner after using the dilators.

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However, if you experience any of the following symptoms, you should contact your GP or us using the details on page 5 immediately:

- offensive smelling or discoloured discharge
- heavy bleeding
- abdominal or pelvic pain
- any symptoms of infection such as a high temperature (38°C or above)

Outside of working hours, call NHS **111** for advice.

Hormone replacement therapy (HRT)

The main treatment for menopausal symptoms is hormone replacement therapy (HRT). HRT involves taking hormones to replace the decline in your body's own levels around the time of the menopause.

There are three main types of HRT:

- combined HRT (oestrogen and progestogen) – for women with menopausal symptoms who still have their womb (oestrogen taken on its own can otherwise increase your risk of womb cancer)
- oestrogen-only HRT – for women who have had their womb removed
- testosterone HRT – this is usually only recommended for women whose low sex drive (libido) does not improve after using HRT

Your doctor or bladder cancer clinical nurse specialist will refer you to your GP to discuss and consider options of HRT.

Psychosexual therapy

Sometimes, problems with sexual function can be related to the emotional and psychological after-effects of going through major surgery and/or cancer treatment. Some people find that they don't wish to, aren't yet ready to, or need more support to engage in treatments and therapies related to restoring sexual function (or sexual rehabilitation as it's sometimes called). In these cases, psychosexual therapy may be helpful.

Psychosexual therapy can help people who have undergone cancer treatment and/or surgery to navigate the physical, emotional, and psychological effects on their sex lives and relationships. During a psychosexual therapy appointment, a psychosexual therapist will provide counselling and support for yourself and your partner (if appropriate) to help address and resolve any psychosexual problems you may be experiencing.

If you would like to be referred for psychosexual therapy, please ask us or your GP to refer you.

Will I receive any follow-up care?

You will have regular follow-up clinic appointments with your doctor and/or bladder cancer clinical nurse specialist.

If you decide to go ahead with vaginal dilator therapy, we will discuss how often your follow-up appointments will be when we start your therapy.

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Contact us

If you have any further questions or concerns, please contact us.

Bladder cancer clinical nurse specialist

Mobile: **07818 588417** (Monday to Friday, 8am to 4pm) or **07435 633770** (Wednesday and Thursday, 8am to 4pm)

Useful links

Action Bladder Cancer UK

www.actionbladdercanceruk.org

Fight Bladder Cancer

www.fightbladdercancer.co.uk

Cancer Research UK

- Sex, sexuality and cancer:
www.cancerresearchuk.org/about-cancer/coping/physically/sex
- Sex and relationships after bladder cancer treatment:
www.cancerresearchuk.org/about-cancer/bladder-cancer/living-with/sex-life

British Menopause Society (BMS)

www.thebms.org.uk

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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