Royal Cornwall Hospitals
NHS Trust

Regaining sexual activity after major bowel surgery

Advice for women

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How does major bowel surgery affect women?

Bowel surgery is often major surgery and it can affect women and their partners in different ways. Many people feel differently about their body after such surgery, particularly if they have a stoma bag or their hospital stay is long or complicated. Some patients are not interested in sex and others have problems with sexual activity which only becomes apparent after they have recovered from surgery.

You may feel at this time you have enough to think about and sex is low on your list of priorities. You may feel that this is not something you can easily talk about with your family, friends or the members of the healthcare teams. You are welcome to talk to one of the members of the team if you wish and we want to reassure you that anything you say will be kept in strict confidence. We are here to help you through your pathway and to help you should any worries or problems arise. This leaflet aims to advise you and your partner about some of the problems women can have after bowel surgery.

What changes can I expect following surgery?

Bringing sex back into your life again can involve a period of adjustment for you and your partner. After treatment you may have problems with your self image and self esteem. It is important to remember that you are the same woman inside, and a close, loving and honest environment will be sure to help you both. Don't forget that this does not affect you alone; your partner will be involved as well.

Sometimes the nerves to the sex organs can be affected during a bowel operation. Important nerves which control the supply of blood to the vagina and parts of the external sex organs can become bruised or damaged. For some women this can cause sexual dysfunction, such as a loss of desire, and alteration of arousal and orgasm. For most women the effect is minimal, and many will have no problems at all.

Following rectal cancer surgery

Sexual problems after surgery for rectal cancer are common. Those patients who are on the receiving side of anal intercourse need to be aware that anal penetration may damage the anastomosis (the join in the bowel).

It is also possible that when the anastomosis is made with staples these can be sharp and cause injury and discomfort to the penis. Please speak to your surgeon if you have any concerns.

What changes can I expect following radiotherapy?

Vaginal narrowing (called stenosis) may happen after radiotherapy to the pelvis (and sometimes after surgery). After your treatment you'll usually be advised to use vaginal dilators. These are plastic tubes of varying sizes that can be inserted by you or as part of joint sexual touch. The dilators prevent the two side-walls of the vagina sticking together, and are used with lubricants. They're available from your doctor or specialist nurse at the hospital. An alternative way to prevent vaginal narrowing is to have regular penetrative sex or to use a dildo, vibrator or you or your partner's lubricated fingers.

Radiation can cause the skin around the anus and the anal canal to become delicate and irritated. Small breaks in the skin caused by the trauma of intercourse may not heal as well, may bleed easily, and /or may be prone to infection, even after the acute radiation damage heals. If you develop any pain or symptoms of infection, be sure to see your doctor.

What other side effects could occur?

Vaginal shortening – after some types of pelvic surgery the vagina may be slightly shorter than before. While you're still healing, you may prefer not to have penetrative sex or to be very gentle, controlling the depth of penetration. Try different positions to find out which ones are most comfortable for you.

Vaginal ulceration – radiotherapy can also cause some areas of the vagina to become sore (vaginal ulcers), and these may bleed slightly. These can take weeks, or sometimes months, to heal.

If you have any unusual bleeding after sex, you should tell your doctor and ask for an examination.

Vaginal infection – some women find that they're prone to getting vaginal thrush infections while having radiotherapy or chemotherapy. This is because there are changes in the acidity in the vaginal area, which allow the normal organisms in the vagina to overgrow.

You may have thrush if you notice a creamy-white discharge or itchiness in the vaginal area that gets worse if you scratch. This is easily treated with medicines that can be bought from your chemist. If you've had sexual contact, your partner may also need to have treatment.

Can I have sex during treatment?

If you're not affected by any of these vaginal side effects, then penetrative sex is perfectly safe during radiotherapy and chemotherapy. You should use effective contraception if there's any risk that you could become pregnant. Your doctor or nurse can advise you on the best method for your situation.

How do I resume sexual activity?

Some women do experience diminished sensation to the genital area, and others have noted a lack of vaginal lubrication as well as a general loss of interest in sexual activity. This can occur for many reasons, and difficulties can often be easily overcome. For instance:

- Lack of lubrication can be easily remedied with the use of lubricating gel when intercourse is to take place, such as Replens MD, water-based lubricants such as Senselle, Astroglide, Sylk, Vielle or a range produced by Durex.
- The choice of position when you first begin can prevent a great deal of unnecessary discomfort.
- You may find it helpful to lie on top of your partner for sex. This method is particularly helpful to those who have colostomies as they can sometimes experience narrowing or slight scarring in the vagina.
- Don't allow yourself to feel pressured into having sex until you feel physically and emotionally well; 'kissing and cuddles' are recommended from the beginning!

You may find it helpful to prepare before sex by:

- avoiding certain foods and drink which may affect your motions
- choosing a cover for your stoma pouch
- choosing pretty underwear
- applying your favourite perfume.

Should I discuss sex with my partner?

An operation which changes the way we look and feel can have a powerful effect on our confidence. Many women (particularly those who have a stoma) can often feel as though they are no longer attractive. Their partners are often reluctant to initiate sex as they worry about hurting you – and this can often be interpreted as distaste or loss of interest. It is very important that you are open and honest with each other, as this will help prevent any misunderstanding.

Can I still get pregnant?

Surgery does not usually prevent women from becoming pregnant, and your usual method of contraception must still be used.

If you do become pregnant, tell your family doctor as soon as possible as they may want to discuss this with your specialist (many women do go on to have healthy pregnancies).

Finally…

Following your surgery, with time, you will be able to lead as full and as active a life as you did before your surgery. Having a stoma does not make you any different when it comes to human interaction and sexual activity. You can always discuss your concerns with your stoma nurse or colorectal nurse by phoning the numbers below or paging them via the switchboard. There is no need to keep anything that you are concerned about to yourself, as there will always be someone willing to help you.

Contact us

If you are unsure about any of the information in this leaflet or need further advice, please feel to contact:

Colorectal Nurse Specialists:

Clare Ferris
Candy Coombe
Chrissie Bevins

01872 252693 or page us via the hospital switchboard

Stoma Care Nurses

Una Goldstein
Jan Beard
Adam Pearson
Debbie Congreve
Louise Adcock
Meg Tremayne
Wendy Parke

01872 252700 or page us via the hospital switchboard

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

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