

Caring for your vulva and vagina after cancer and cancer treatment

Introduction

Going through a cancer diagnosis and treatment can be a very difficult time. The condition itself, treatments and the stress from the experience may affect your vulval and vaginal health.

This leaflet explains the possible effects you may experience and ways these can be managed.

Effects of cancer treatment on the vulva and vagina

Radiotherapy

After pelvic radiotherapy, you may experience skin changes such as dry, sore and sensitive skin around the vulval area.

Radiotherapy may affect the nerves in the pelvic area, causing an altered sensation or an increased sensation.

You may also experience vaginal dryness and vaginal stenosis (narrowing of the vagina). This can make sexual intercourse and future vaginal examinations uncomfortable.

If you have ovaries and have not yet gone through the menopause, pelvic radiotherapy will usually cause an early menopause.

Another possible side effect of radiotherapy is chronic pain and thickening of the vaginal tissues (fibrosis).

Chemotherapy

Chemotherapy may cause early menopause which can lead to vaginal and vulval soreness and dryness.

Vulval or pelvic surgery

Surgery that includes the removal of your ovaries will cause you to go through the menopause, if you have not already done so. Menopausal side effects can include vaginal dryness and soreness.

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Patient Information

Surgery may also cause scar tissue or damage to the nerves. This can cause chronic pain, numbness, an altered sensation or increased sensation. These symptoms may change as you recover from surgery but sometimes, they may be permanent.

Surgery to the vulva can change the way your vulva looks and the sensations in that area.

Some surgeries can result in the narrowing or shortening of the vagina (for example, if you have a hysterectomy). This may mean that you cannot have vaginal sex or it may be painful. There are treatments that can help with this, such as vaginal trainers. Please speak to your cancer care team about what they would recommend and how long you would need to wait to try these treatments while you heal from the surgery.

You may worry about how sex might feel after surgery or feel self-conscious about intimacy. This is very common but you can discuss any concerns with your cancer specialist team.

Breast cancer treatment

Some breast cancer treatments (for example, tamoxifen or anastrozole) reduce the amount of the hormone oestrogen in your body. Other treatments may cause an early menopause which will reduce your oestrogen levels long term.

Oestrogen helps to maintain the moisture of the vaginal skin and vaginal. A lack of moisture can cause thinning of the vaginal walls and vaginal dryness. This is called atrophic vaginitis and can cause soreness and irritation. It can also increase the chance of infections and urinary problems such as infections and incontinence. Atrophic vaginitis may make sex and intimacy uncomfortable.

Treatment options

Treatment for vaginal and vulval dryness and irritation

General advice and care

Avoid using products on the vulva that can cause irritation. These include soaps, shower gel, bubble bath, perfumed products, talc, wet wipes and coloured toilet tissue. This often includes products marketed for 'sensitive skin'.

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Washing with water only or using an emollient, such as those listed in the next section, is recommended.

Wash only once per day as over cleaning may aggravate your symptoms.

Some washing powders and fabric conditioners, especially highly perfumed ones, may cause irritation.

Some sanitary pads and panty liners may also cause irritation. You may wish to try absorbent period underwear if you have mild urinary incontinence or during menstruation. Avoid scented pads and panty liners.

Wear cotton or silk underwear. You should avoid tight-fitting underwear and clothing.

If you are due to have a vaginal examination, such as a cervical smear, always let the healthcare professional know that you are experiencing vaginal dryness and soreness. They may be able to use a smaller speculum (an instrument used to look in the vagina).

Stopping smoking can improve the blood supply to your vulva which might reduce the dryness and irritation.

Non-hormonal treatments

These are available over the counter, online or on prescription from your GP.

Vaginal moisturisers

These can be helpful to keep the vagina moist and to relieve discomfort.

Apply daily, at night, for best absorption. You can start with nightly treatment for 2 weeks, then use every 1 to 3 days. It may take up to 4 weeks to notice an improvement. Examples include: Replens MD™, Yes® VM, Regelle®, Hyalofemme®.

Emollients

These are useful to wash with, such as QV® gentle wash. Apply as needed to the vulval skin, instead of soap-based products. Examples include Hydromol®, Cetraban®, Zerocream® and Zerobase®. Ointments are recommended rather than creams as they tend to be more effective.

Patient Information

Vaginal lubricants

These are shorter-acting than vaginal moisturisers but may provide some temporary relief. They can be used to help reduce any irritation during penetrative sex and with vaginal trainers/dilators/vibrators.

Water based lubricants such as KY[®] Jelly lose their lubricating effect quickly and may cause vaginal irritation.

Examples of more gentle and longer lasting lubricants are Sylk[®], Yes[®] water-based lubricant and Replense[™] lubricant.

It is important to be aware that oil-based lubricants can damage latex condoms, causing them to break.

Hormonal treatments

If non-hormonal treatments do not relieve your symptoms, please talk to your oncologist and cancer care team about the risks and benefits of hormonal management options.

Systemic hormone replacement therapy (tablets or patches) may not be recommended after some types of cancer, for example, breast cancer. Hormonal treatment may increase the risk of a new breast cancer or recurrence.

If you have had breast cancer, after discussion with your oncologist you may be able to use a topical (localised) oestrogen treatment directly to the vulva/vagina. This will be in the form of a pessary, vaginal tablet, vaginal ring or cream. These act directly on the vulval and vaginal tissues, however small amounts may be absorbed into the body.

Topical oestrogen is not recommended if you are taking certain medications such as an aromatase inhibitor (letrozole, anastrozole or exemestane) as it is thought to reduce the effectiveness of these medications.

Treatments for concerns about sex

General advice

It may take months before you feel able to have sex, or start to enjoy sex again after cancer treatment and it is common to feel worried about it. If you feel able, take time to explore and touch your body when alone.

Patient Information

If you have a partner, it might be helpful to try to talk to them about how you feel and what has changed.

Ask for help from your cancer care team, tell them what is worrying you, there is no need to be embarrassed. There may be sex therapists you can speak to or you can visit the Macmillan website for further information. There are some website addresses listed at the end of this leaflet which may be useful.

Vaginal trainers/dilators

Vaginal trainers/dilators are smooth, round ended plastic tubes that come in a variety of sizes. Using these may help to reduce scar tissue and stretch the vagina, helping it to retain its elasticity and making sexual intercourse and vaginal examinations more comfortable.

If you are having pelvic radiotherapy, vaginal trainers will be given to you during your course of treatment. You will also be given information and advice about how and when to start using them. The radiographers will offer you support and answer all of your questions.

You can also get additional support from the Pelvic Health Physiotherapy team about using vaginal trainers. Your specialist nurse or radiographer can refer you to the team or you can self-refer using the contact information in the next section.

We advise that you start with the smallest trainer and gradually increase in size as you get comfortable using them. Never use force to insert the trainers. Start with vaginal massage if you are having difficulty with the smallest trainer and use lots of lubrication (such as the ones described earlier in this section).

Get into a comfortable position and insert the trainer into the vagina as far as it will go, move the trainer in a circular motion for about 5 minutes, then as you are withdrawing it gently push it in and out and from side to side. Wash the trainer with warm soapy water after each use.

The alternative to using trainers is to use a vibrator inside the vagina or a lubricant and your fingers.

Patient Information

Referrals for help and support

If you are a vulval cancer patient requiring information or support, please call the CNS team on the following numbers. You will need to give your MRN or Hospital number – these can be found at the top of your hospital letters

Tel: 0300 422 4047 or

Tel: 0300 422 3181

Monday to Friday, 8:30am to 4:30pm

There is also a Radiotherapy Late Effects Service to manage specific radiotherapy side effects.

Tel: 0300 422 3793

(Monday to Friday, 8:30am to 4:30 pm)

We advise using the above services as your first port of call.

However, you can contact the Pelvic Health Physiotherapy Team via their website:

www.gloshospitals.nhs.uk/our-services/services-we-offer/physiotherapy/womens-and-mens-health-physiotherapy/

Or you can contact the Pelvic Health Physiotherapy Team on:

Tel: 0300 422 2345

Please leave a message and a member of the team will get back to you.

We have a joint Gynaecology/Dermatology clinic where specialists can assess and help with the late effects of cancer treatment to the vulva. You can be referred to this service via your cancer care team or GP.

Further information

Menopause Matters

Website: www.menopausematters.co.uk

British Association of Dermatologists

Care of Vulval Skin leaflet

Website: www.bad.org.uk/pils/vulval-skincare

Macmillan

Website: www.macmillan.org.uk/cancer-information-and-support

Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>

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