

THERE IS LIFE AFTER CERVICAL CANCER!

I am penning this article at the end of my day and not surprising one of the patients I interacted with today inspires my thoughts.

She is a patient who completed her treatment in the latter half of last year for locally advanced cancer of cervix. We had already seen her six weeks following completion of the radiation and she had seemed bright and chirpy, hinted that her love life was back on track and so on. Fortunately for her the scans done recently showed that her cancer had completely melted so it was surprising when the good news was met with a less than enthusiastic response that was very different from the person I had reviewed a few weeks prior. Today was a telephonic review and I had quite a list to get through but something in her voice made me pause and prompt her a little further. We made small talk about this and that until eventually she asked me if it was common for women to feel less than adequate after treatment. In her words she felt as if a part of her was missing.

I understand her reluctance and embarrassment to share these blue moments. After all shouldn't she be grateful that her cancer is cured and she is alive? However, I empathise with her and this morning I quickly moved to reassure her it is a common issue. Besides a good number of women who suffer from cervical cancer are relatively young women at the peak of their sexual and reproductive lives. Not knowing how to overcome these challenges may cause women to shy away from conventional treatment that has a proven record of cure and try out methods that maybe perceived to preserve womanhood.

Today my commission is to demystify what happens to woman after cervical cancer treatment with radiation therapy. Most women who go through cervical cancer treatment will have this information but unfortunately their partners do not accompany them when they come for treatment or reviews. So this information is for you. Please stop divorcing our survivors who bravely fight off this cancer.

Treatment of cervical cancer with chemoradiation allows for organ preservation. This means that no part of the body is removed. Certain



changes do take place that require intervention to maintain a good quality of life for the patient.

The vagina is a tube like organ with collapsible and stretchable walls. Following radiation the opposing walls tend to fix together and if they are not separated on a regular basis they will fuse together. To help you imagine this better think about a situation if fingers suffer burns and the raw surfaces are allowed to heal without separation. There are two ways we keep the vagina open. The first is by sexual intercourse. The second is by using a device we call a dilator, the name of which is self-explanatory. The effort to keep the vagina patent should happen at least 3 times a week and so a combination of the two can be used depending on the capabilities of the couple.

If things in life were this simple we would all be smiling. The situation around sexual health and radiation to the pelvis is made complex by the fact that one of the major side effects is induction of menopause as the ovaries stop producing hormones. This greatly reduces the libido or sex-drive for these women. Anecdotal evidence tells us that women will most likely not to bring up these issues at doctors reviews without directed probing because they concentrate on the gratitude of the cancer being cured. However, if they do they could be given appropriate hormone replacement to mitigate the symptoms associated with menopause.

The other side effect that negatively affects women following cervical cancer treatment is vaginal dryness. This can make sexual intercourse particularly uncomfortable and sometimes painful. Again applying some topical hormones can mitigate this. One must remember that the hormones used in this situation will not be regarded as excess as they are feeding into a negative state.

The fact that cervical cancer is caused by sexually transmitted virus HPV may also cause some women to shy away to avoid infection so a little understanding and empathy is warranted from partners to overcome these fears. Some counselling services may be needed and should be provided.

So today as I put down the phone my patient assured me she felt a whole load better knowing there were solutions to her problems.



Lastly in closing I would like to share something a patient asked me in an email that I think will be beneficial to others. She has uterine fibroids and has just completed her radiation treatment for cervical cancer. She is worried the fibroids might turn into cancer due to exposure to radiotherapy. I did a literature search and confirmed that this would be a rare occurrence and most likely be related to the inherent nature of the fibroid rather than exposure to radiation.

Next month is an exciting month for cancer awareness as we celebrate world cancer day in February. The theme reminds us that the only way to conquer cancer is by each of us playing a part and uniting. I urge you to join the fight against cancer. Contribute by starting with yourself – exercise, diet and stress reduction.

The author is a Clinical and Radiation Oncologist. She is the founder of Oncocurae.com a digital information platform dedicated to conquering cancer in the continuum of care. Email: dorothylombe@oncocurae.com. You can also share your stories and read all previous features in the weekly blog section on www.oncocurae.com.

