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# How to find body acceptance after cancer or risk-reducing surgery

## Key message

Body acceptance after cancer or risk-reducing surgery is not about returning to how things were before. For many people, it involves adjusting to a body that looks, feels and functions differently. Over time, it can mean developing a workable, sustainable relationship with your body.

This process is individual, often non-linear, and best supported by access to clear information, appropriate care, and connection with others who understand the experience.

*"I remember the first time I properly looked at my body after surgery. It wasn't immediate; I had avoided it for days. When I did look, what I saw didn't match what I had expected, even though I had prepared as much as I could.*

*The physical changes were confronting, but what stayed with me more was the uncertainty: how would this feel long term, and would I ever feel comfortable in my body again?"*

This experience is common, particularly for people with an inherited cancer predisposition, where surgery is often undertaken to reduce future risk rather than treat existing disease.

## What does the evidence show?

A large body of research across cancer and risk-reducing surgery populations shows that changes in body image and sexual wellbeing are common and can persist over time. Studies consistently demonstrate that:

- Many people experience reduced confidence, altered self-image, and changes in how they relate to their body following cancer treatment or surgery.[1]
- Sexual wellbeing and intimacy are frequently affected across cancer types, with reductions in sexual function, desire, and satisfaction commonly reported.[2]
- Younger individuals and those undergoing preventive (risk-reducing) surgery may face additional challenges related to identity, timing, and decision-making.
- Access to support—both clinical (e.g. psychological care, sexual health support) and peer-based—has been shown to improve adjustment and quality of life.[3]

These responses are well recognised in psycho-oncology, an area of care focused on the emotional, social and psychological impacts of cancer, and reflect a normal process of adaptation to physical and psychological change.

## Understanding body changes over time

For people with an inherited cancer predisposition, decisions about surgery or treatment are often proactive. Procedures such as mastectomy, oophorectomy, hysterectomy, gastrectomy or bowel surgery can significantly change how your body looks, feels, and functions.

Having a clear understanding of the longer-term physical impacts can help set realistic expectations and reduce uncertainty.

### Changes in sensation

It is common to experience changes in how your body feels after surgery. These changes can be unexpected and may influence both daily comfort and intimacy.

- Numbness, reduced sensation, or altered sensation (e.g. tingling, hypersensitivity) are common.
- Sensation may partially return over time but is often different from before.
- Depending on the surgery, areas such as the chest, abdomen or pelvis may be permanently altered.

### Scarring and physical appearance

Changes in appearance are an expected outcome of surgery. After mastectomy, some people have breast reconstruction, while others stay flat, either by choice or because reconstruction is not suitable for them. When surgery is planned to create a smooth, even chest contour without breast reconstruction, this is called an aesthetic flat closure. While surgical approaches can create or restore shape or contour, your body will not return to exactly how it was before. There is no single right way for a body to look after surgery.

There are practical strategies that may support scar healing and comfort over time. Your surgeon or nurse can provide individualised advice based on the type of surgery you've had and how your wound is healing.

- Scars typically fade over time but usually do not disappear. Scar management strategies (e.g. silicone products, massage, or vitamin E creams) may be recommended but should be guided by your healthcare team as the evidence around their effectiveness is mixed.
- Breast reconstruction aims to create a breast shape that looks and feels as natural as possible. However, results vary from person to person, and differences in breast shape, size, firmness, or contour are common.

- Some reconstructive procedures use your own tissue (e.g. DIEP flap reconstruction), which may feel more natural, but will still look and feel different from before surgery.
- The treated or reconstructed area may differ in texture, sensitivity, or appearance compared to surrounding areas.

Adjusting to these changes often involves recalibrating expectations, rather than aiming to return to a pre-surgery baseline.

**Tightness, discomfort, and mobility**

Physical sensations such as tightness or restricted movement can persist beyond the initial recovery period. These can affect how you move and how you feel in your body.

- Tightness, pulling, or discomfort may continue long term.
- Some people experience reduced strength or range of motion.
- Physiotherapy and rehabilitation can improve function and confidence.

## Addressing intimacy, sexual wellbeing, and hormonal changes

Changes in body image, physical sensation, and hormone levels can all influence intimacy and sexual wellbeing after cancer or risk-reducing surgery. These effects are common and can vary depending on the type of treatment or surgery, age, and individual circumstances.

For some people, changes may be gradual; for others (such as those experiencing surgical menopause after removal of the ovaries), changes can be sudden and more pronounced.

These changes may affect both physical sexual response and emotional connection, and it is important to know that support is available.

- Sudden menopause (e.g. after removal of the ovaries) may cause hot flushes, sleep disturbance, mood changes, and fatigue.
- Vaginal dryness, discomfort, or pain during sex is common and can often be treated.
- Reduced libido or changes in sexual response may occur due to hormonal changes, fatigue, or emotional adjustment.
- Depending on the type of breast or chest surgery, one or both nipples may be removed. Even when a nipple is preserved or reconstructed, sensation may be reduced or absent, which can affect arousal, body confidence and intimacy.
- Shifts in body image and self-perception can influence comfort with closeness and sexual expression.

Intimacy may also change in ways that are not solely physical. Many people find that emotional safety, communication, and trust become increasingly important during this time.

- Open communication with partners can reduce pressure and misunderstanding.
- Intimacy can include a wide range of experiences, including touch, affection, emotional closeness, and connection—not only intercourse.
- Treatments and practical supports are available for physical symptoms and should be discussed with a healthcare provider.
- Referral to sexual health physicians, gynaecologists, or menopause-informed clinicians may be helpful, particularly when symptoms persist or are impacting quality of life.

These experiences are common across cancer and risk-reducing surgery populations and are recognised as part of longer-term adjustment. Support is available, and symptoms are often manageable with appropriate care.

(For more information, see ICA's resource **Relationships, Intimacy and Sex: Navigating Cancer and Inherited Cancer Risk**.)

## What can help

### Taking a gradual approach to reconnecting with your body

It is common to avoid looking at or engaging with areas of your body affected by surgery, particularly early on. This is not avoidance in a negative sense; it is often a natural psychological response to something that feels unfamiliar, confronting, or difficult to process.

- It is understandable to want to avoid things that feel upsetting or confronting, such as changes to your body after surgery. While avoiding these changes may feel easier in the short term, over time it can sometimes make adjusting more difficult. Taking small, supported steps to gradually reconnect with and become familiar with your body can help reduce distress and increase confidence over time. Start with brief or partial exposure (e.g. using a mirror, touch, or clothing).
- Increase exposure at a pace that feels manageable.
- Expect that initial reactions (e.g. discomfort, sadness, shock) are common and often lessen with repeated exposure.
- Consider support from a nurse, psychologist, or other healthcare professional if needed.

Reconnecting with your body is not about forcing acceptance; it's about allowing familiarity to build over time in a way that feels safe and manageable.

**Focusing on function as well as appearance**

Shifting some attention toward what your body can do, rather than how it looks, can support a broader and more balanced sense of body confidence over time. From a rehabilitation perspective, rebuilding physical function is often an important part of recovery and long-term wellbeing.

Support is available to help guide this process safely and progressively. This can be particularly helpful if you are managing fatigue, reduced strength, pain, changes in mobility, or uncertainty about what is safe after surgery or treatment.

- Rebuilding strength, stamina, or mobility over time in a graded and structured way.
- Returning to everyday activities such as work, household tasks, and social participation.
- Engaging in movement or exercise that is appropriate for your stage of recovery and medical history.

Several health professionals can support this process, depending on your needs and goals. These may include:

- Physiotherapists, who support recovery of movement, manage pain, address tightness or scar-related restriction, and guide safe rehabilitation after surgery.
- Clinical exercise physiologists, who develop individualised, evidence-based exercise programs, particularly for people recovering from cancer treatment or managing long-term health risk.
- Occupational therapists, who can assist with pacing, energy management, and returning to daily activities.
- Specialist cancer rehabilitation services, where available, which provide coordinated multidisciplinary support across physical and psychological recovery.

Rebuilding function is not about "getting back to how things were," but about safely strengthening your body within its new context, at a pace that feels achievable.

**Seeking targeted support early**

Support from healthcare professionals and peer networks plays a key role in long-term adjustment.

- GPs, specialists, and cancer care nurses can provide medical guidance.

- Physiotherapists can assist with movement and physical recovery.
- Psychologists or counsellors can support emotional adjustment.
- Qualified sex therapists or sexologists can support concerns about sexual wellbeing, body confidence and intimacy.
- Peer support through organisations such as **Inherited Cancers Australia** can connect you with others who have had similar experiences.

**Allowing for mixed feelings about risk-reducing decisions**

For people who have undergone preventive surgery, emotional responses are often complex and may change over time. There is no "right" way to feel after surgery, and many people experience a mix of emotions during recovery and adjustment.

For some, surgery brings reassurance and relief from the uncertainty of cancer risk. For others, there may also be grief, sadness, frustration, or unexpected emotional reactions related to changes in the body, fertility, sexuality, or identity. These feelings can exist at the same time.

It is also common for emotions to shift over time. Feelings that are strong immediately after surgery may lessen as recovery progresses, while other concerns may emerge later.

Some people describe:

- Relief about reducing cancer risk alongside a sense of loss.
- Doubt or second-guessing about whether they made the "right" decision.
- Changes in confidence, body image, or intimacy.
- Emotional ups and downs during recovery and adjustment.
- Feelings that evolve over months or years after surgery.

These experiences are common and do not mean you regret your decision or are coping poorly.

**Staying engaged with your healthcare team**

Ongoing care after risk-reducing surgery is important not only for cancer risk management, but also for your overall wellbeing and quality of life. Recovery and adjustment can continue long after surgery itself.

Regular follow-up with your healthcare team can help address physical symptoms, emotional wellbeing, and any concerns that arise over time. Your care team may include surgeons, GPs, genetic counsellors, psychologists, physiotherapists, menopause specialists, or other allied health professionals.

Ongoing care may include support to:

- Review and manage menopausal or hormonal symptoms
- Address ongoing pain, tightness, numbness, or functional concerns
- Monitor reconstruction outcomes where relevant
- Discuss sexual wellbeing and intimacy concerns
- Access mental health or peer support if needed
- Support long-term recovery, wellbeing, and quality of life

You do not need to manage these changes alone, and support remains available after treatment or surgery is complete.

## When to seek additional help

Adjusting physically and emotionally after preventive surgery takes time. However, additional support may be helpful if difficulties persist, become overwhelming, or begin to affect your daily life and wellbeing.

Speaking with a healthcare professional can help you access practical strategies, symptom management, emotional support, or referral to other services if needed.

You may benefit from additional support if:

- Body image concerns are ongoing or worsening
- You are avoiding activities, relationships, intimacy, or medical care
- Physical symptoms such as pain or sexual discomfort are not improving
- Mood changes are affecting your wellbeing or daily functioning
- Anxiety, distress, or low mood are becoming difficult to manage
- You feel isolated or are struggling to adjust to changes after surgery

If you are unsure where to begin, ICA's **Emotional wellbeing support guide** and **Who can help? guide** outline different types of support and how to access them.

Seeking support is a normal part of recovery and adjustment, and early support can often make these challenges easier to manage.

**References**

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