

Gynaecological Cancer and exercise

Gynaecological cancer affects the tissues and organs of the female reproductive system and includes cancer of the uterus, ovaries, cervix, vagina, vulva (external genitalia), oviducts (fallopian tubes) and placenta. In Australia, more than 4,500 women are diagnosed with gynaecological cancer each year, which accounts for nearly 9% of all cancers in women (1). Depending on the type of cancer and the stage at diagnosis, treatment usually involves surgery and adjunct therapy, but sometimes chemotherapy and radiotherapy are used, alone or in combination, without surgery.

What exercise is best for survivors of gynaecological cancer?

Aerobic and supervised resistance (weights) training are safe and beneficial. Participation in walking and gym-based exercise is encouraged unless clearly contraindicated (e.g. you have a high risk of fractures or infection).

Moderate-intensity exercise is best. It is best to start an exercise program at low to moderate intensity and to progress gradually. If the exercise routine lapses, exercise intensity should be lowered again when restarting.

Accumulating at least 30 minutes of daily exercise on at least three days each week can lead to benefits. Build up to, and then maintain, at least 30 minutes of exercise per session, accumulating at least 150 minutes of exercise each week. Supervision is recommended during active treatment periods, when the frequency and type of side effects are likely to fluctuate. An accredited exercise physiologist can help.

A diary to record exercise sessions and the frequency and severity of treatment-related side effects is useful.

What are some common barriers to exercise?

Fear of worsening symptoms (e.g. fatigue, nausea, pain) During cancer treatment, women often become less active, which leads to a harmful cycle of reduced activity, reduced function and worsening fatigue. While exercise may not *reduce* fatigue, it should not *worsen* fatigue. An appropriate exercise program prevents or reduces the muscle loss that only increases fatigue.

Lymphoedema (fluid build-up that causes swelling in various parts of the body) Exercise encourages fluid to drain away, but many women fear that exercise will cause or worsen lymphoedema. Studies of women at risk of, or who have, lymphoedema following breast cancer show that progressive exercise is safe and beneficial (2).

Trouble exercising during treatment periods with intense side effects Some women find they cannot maintain their usual exercise routines in the days immediately after a cycle of chemotherapy, or when symptoms are particularly intense. Instead of avoiding exercise at these times, prepare a separate exercise program for 'bad days'.

Being overweight or obese Women who are overweight may lack confidence in their ability to exercise, or may be embarrassed, for example, to wear swimwear. Some may choose to exercise in a women-only fitness centre or at home, using low-impact exercises on even surfaces. Remember, many other women are self-conscious about their weight too.

Bowel and bladder problems After surgery and treatment for gynaecological cancer, changes in bowel habits are common, so some women avoid exercising because they fear suddenly needing a bathroom. To reduce this anxiety, exercise at home or, if away from home, use a gymnasium or a park with a toilet block. Exercise may also relieve constipation. If you suffer from incontinence (poor bladder control), include exercises to strengthen the pelvic floor in your program, and use low-impact aerobic activities.

Feeling discouraged by not seeing improvements Women need to have progress and success appropriately defined. Without a structured exercise program, women may experience a decline in physical function during periods of active treatment. Actual improvements in function may occur for some women who exercise during treatment. At the very least, exercise can minimise or prevent typical treatment-related declines. Having realistic expectations regarding changes in function may assist women to stay active during and beyond the treatment period.

General barriers to exercise Of course, you will also need to overcome the usual barriers to exercise that are experienced by women without cancer (e.g. affordability, time constraints, lack of interest or motivation).

References and further information

Exercise is Medicine Australia www.exerciseismedicine.org.au

Find an Accredited Exercise Physiologist www.essa.org.au

Exercise Right www.exerciseright.com.au

1. Australian Institute of Health and Welfare & Cancer Australia 2012. Gynaecological cancers in Australia: an overview. Cancer series no. 70. Cat. no. CAN 66. Canberra: AIHW.
2. Australian Institute of Health and Welfare (AIHW). (2010). Cancer in Australia 2010: An overview. Cancer series no. 60. Cat. no. CAN 56. Canberra: AIHW.
3. National Breast and Ovarian Cancer Centre. Epithelial ovarian cancer. Understanding your diagnosis and treatment. National Breast and Ovarian Cancer Centre, Surry Hills, NSW, 2008.
4. Exercise & Sports Science Australia www.essa.org.au
5. Cancer Australia canceraustralia.gov.au

For more detailed information, please read the full version of this factsheet at www.exerciseismedicine.org.au

