



SEXUAL HEALTH AFTER DIAGNOSIS

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OVERVIEW

Objective

Introduction

Gynecological side effects

Managing sexual side effects



OBJECTIVE

1. To review the possible impact of cancer and its treatment on sexual health.
2. To discuss strategies that can be implemented to help optimize patient sexual health.

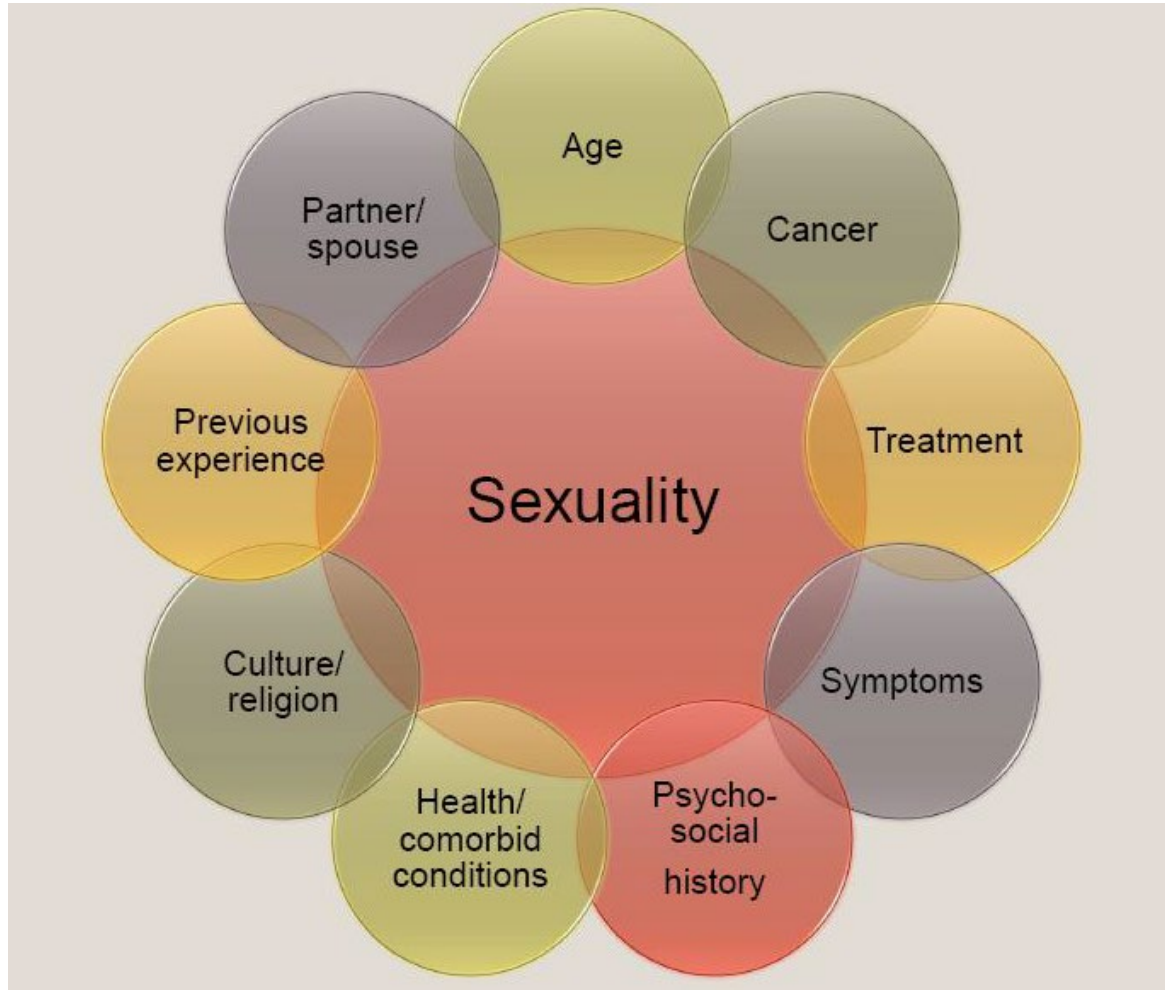


INTRODUCTION

Center for Sexual Health/Program in Human Sexuality

- Licensed Marriage and Family Therapist
- Coordinator of the Relationship and Sex Therapy Program
- Fellow in Couple Sexual Health

CANCER & SEXUALITY



SEXUALITY ACROSS THE ILLNESS TRAJECTORY

- ❖ At diagnosis
- ❖ During treatment (surgery, chemotherapy, radiation, hormone therapy, etc...)
- ❖ Recovery and survivorship
- ❖ During advanced disease and at end-of-life

POSSIBLE CHANGES TO FEMALE SEXUALITY AFTER CANCER

Sexual function

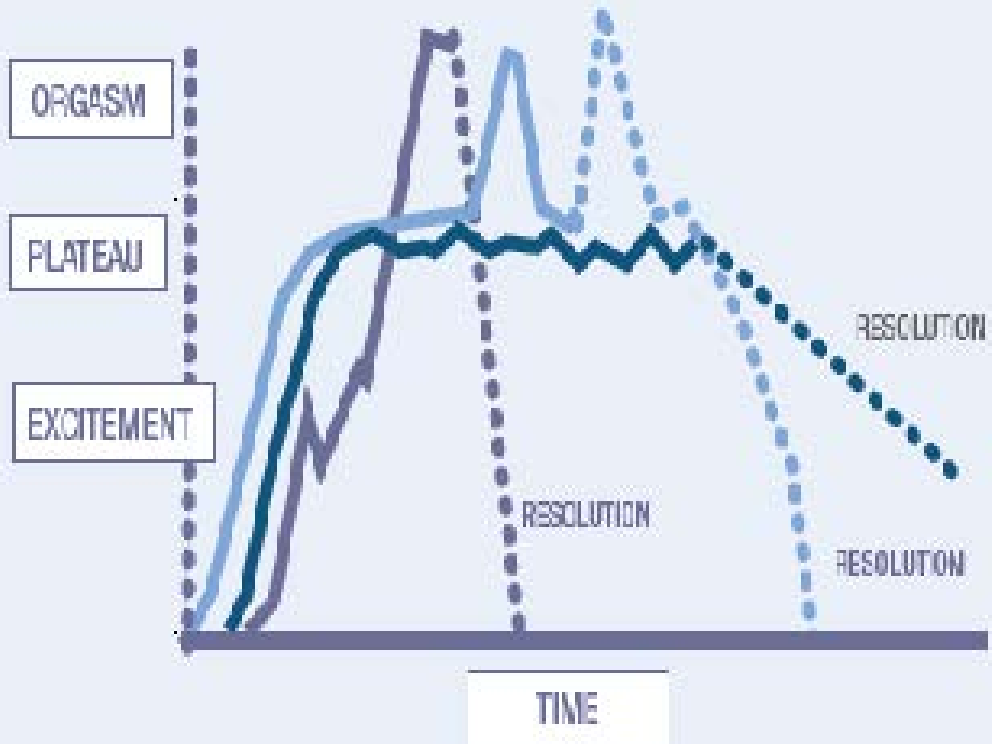
- ↓ libido
- ↓ Arousal (VVA, vaginal dryness)
- Dysorgasmia/anorgasmia
- Dyspareunia
- Ovarian failure
- Disease/treatment specific (vaginal GVHD, surgery affecting female sex organs)
- Altered fertility

Psychosocial

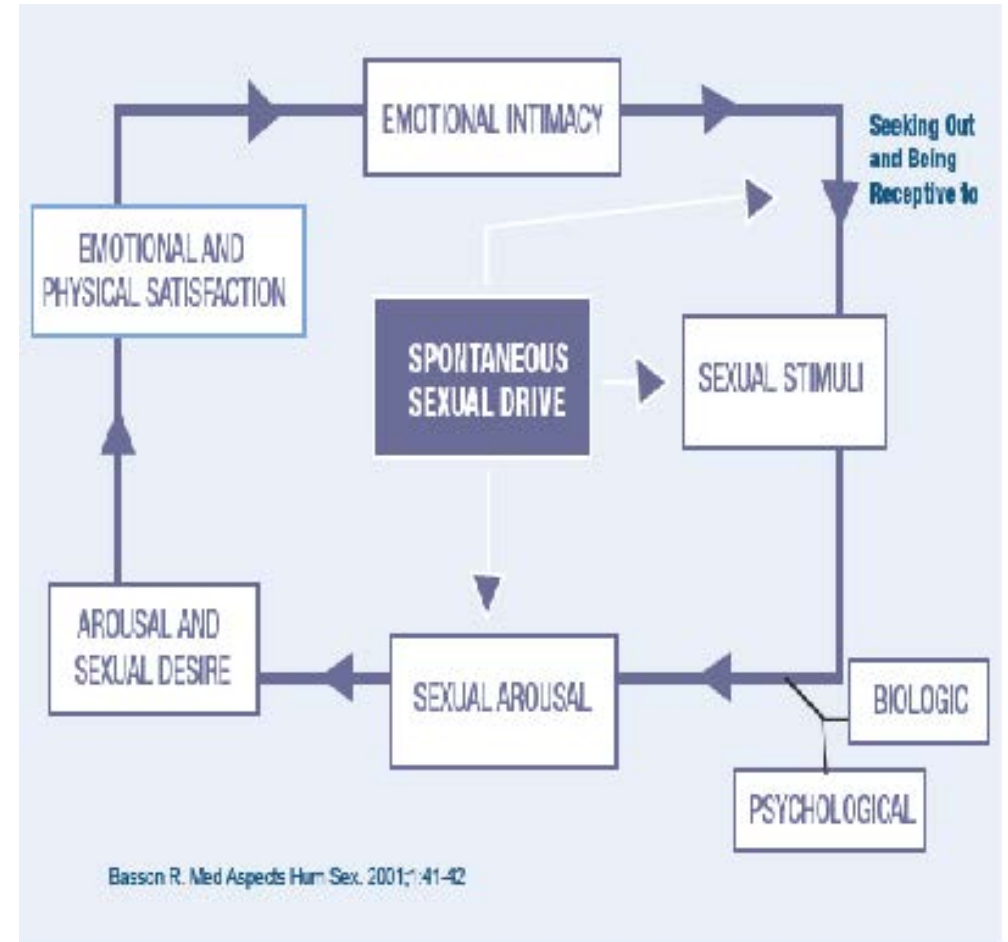
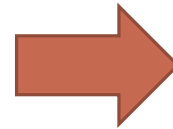
- Body image
- Depression/anxiety
- Relationship challenges

Cancer
Surgery
Radiation
Chemotherapy
Hormone therapy
Immunotherapy

CHANGES IN LIBIDO/DESIRE



Adapted from Masters WH, Johnson VE. Human Sexual Inadequacy. Little Brown; 1970.



Basson R. Med Aspects Hum Sex. 2001;1:41-42

CHANGES IN ORGASM

Loss of orgasm (anorgasmia)

Painful orgasm (dysorgasmia)

Changes in orgasmic sensation

- Increased/Decreased intensity



VULVOVAGINAL SYMPTOMS

Genitourinary Syndrome of Menopause (GSM)

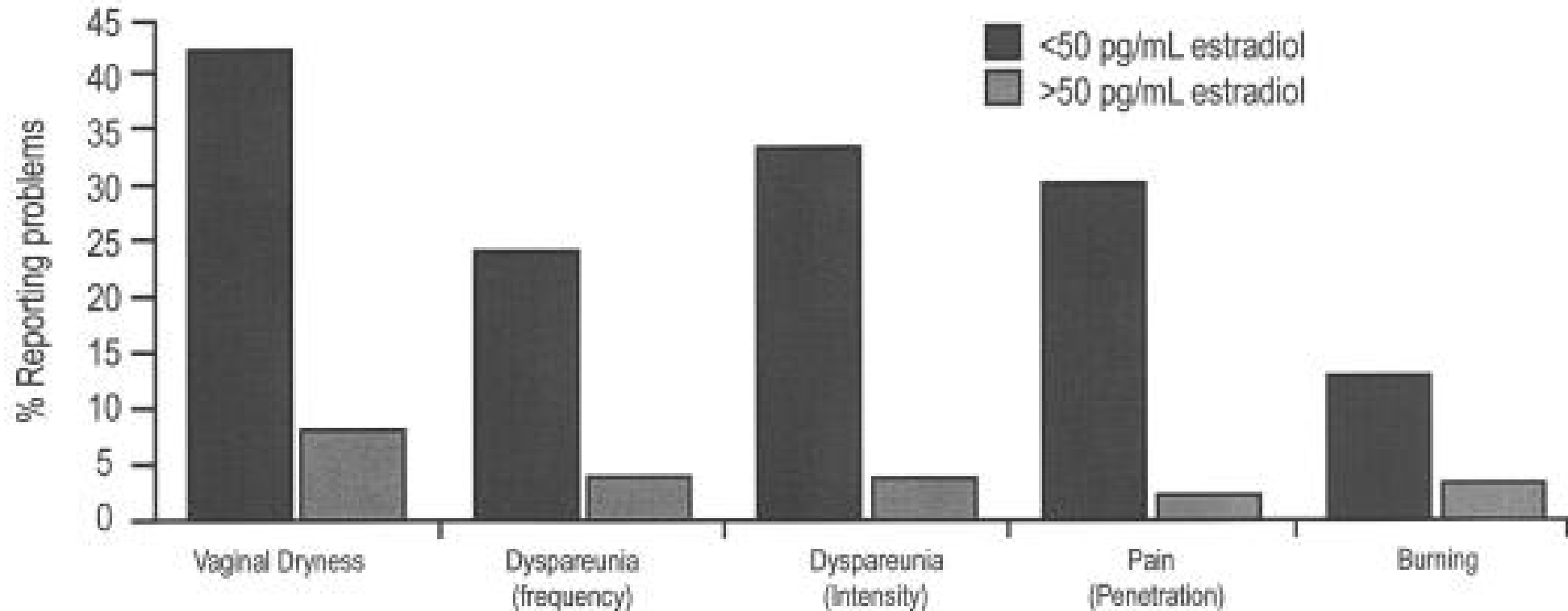
Symptoms

- Genital dryness
- Decreased lubrication with sexual activity
- Discomfort/pain with sexual activity
- Post-coital bleeding
- Decreased arousal, orgasm, desire
- Irritation of vulva or vagina
- Urinary frequency/urgency

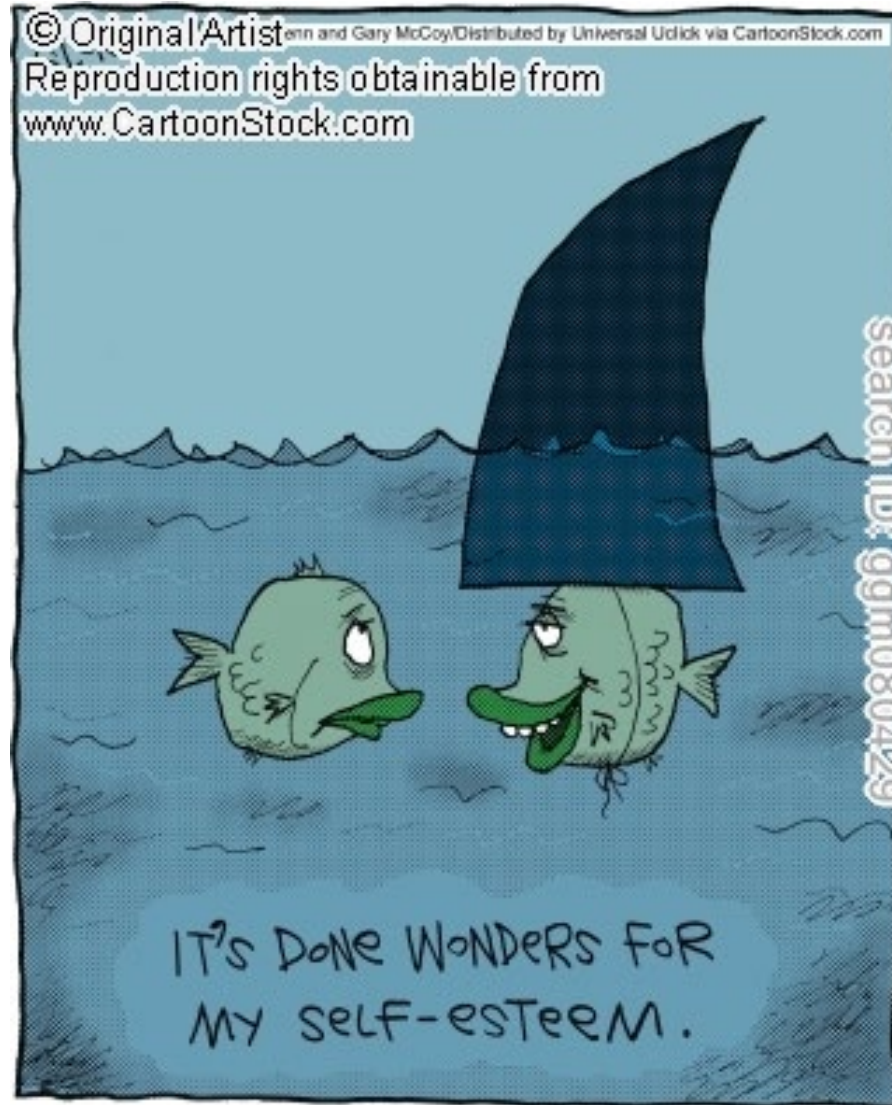
Signs

- Decreased moisture
- Decreased elasticity
- Labia minora resorption
- Loss of vaginal rugae
- Urethral eversion or prolapse
- Introital retraction
- Recurrent UTI

ASSOCIATION BETWEEN LOWER ESTROGEN LEVELS AND PREVALENCE OF SEXUAL PROBLEMS



BODY IMAGE



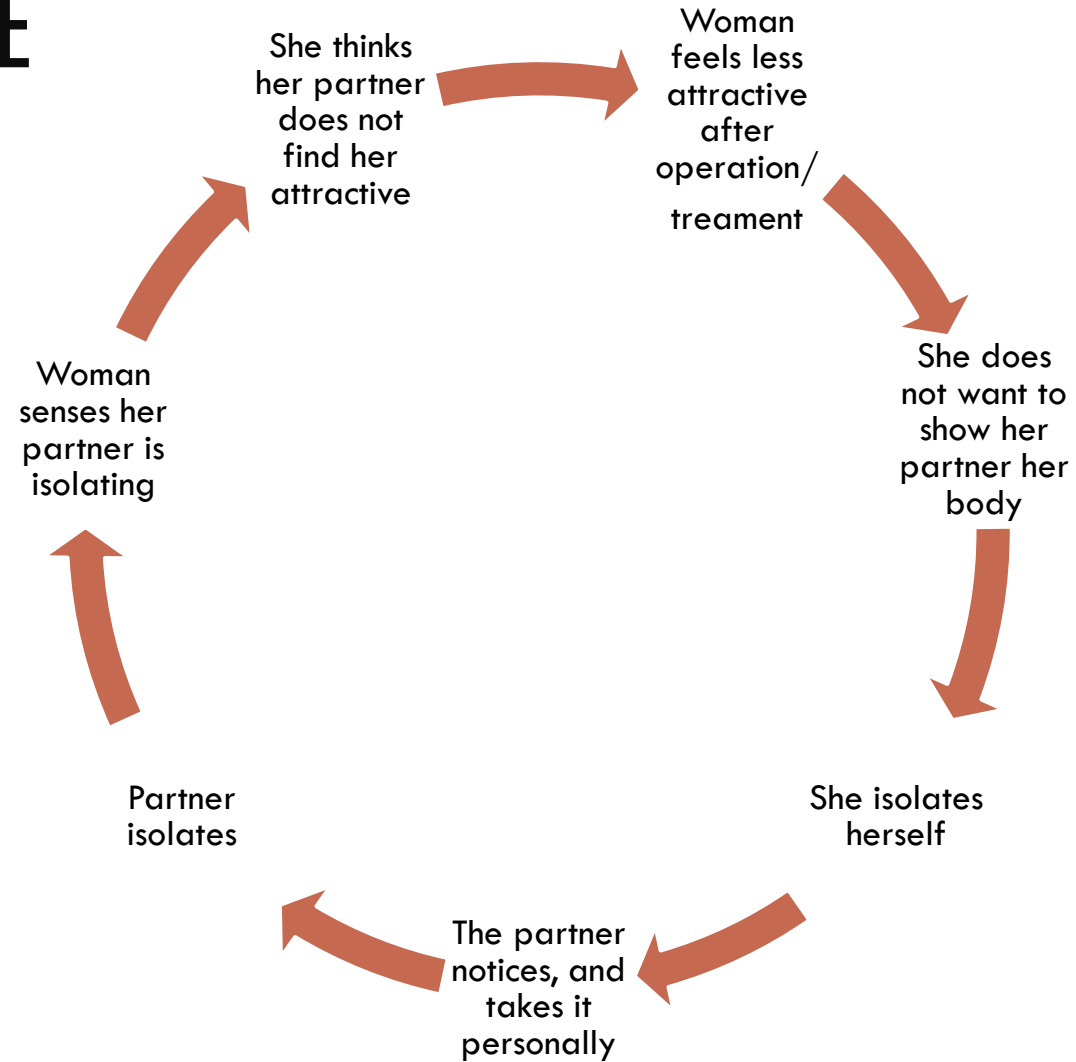
RELATIONSHIP CHANGES

Partners may feel:

- Fearful
- Unwanted/unattractive due to changes in sexual activity
- A change from partner to caregiver
- Worried about possible loss of partner



PARTNERS VICIOUS CYCLE





RECOVERING SEXUAL HEALTH

Cancer pushes people into a sexual response usually associated with aging, this can be difficult to come to terms with!

Recovering sexuality does NOT mean returning to baseline

Recovering is not for the faint of heart, you must be motivated!

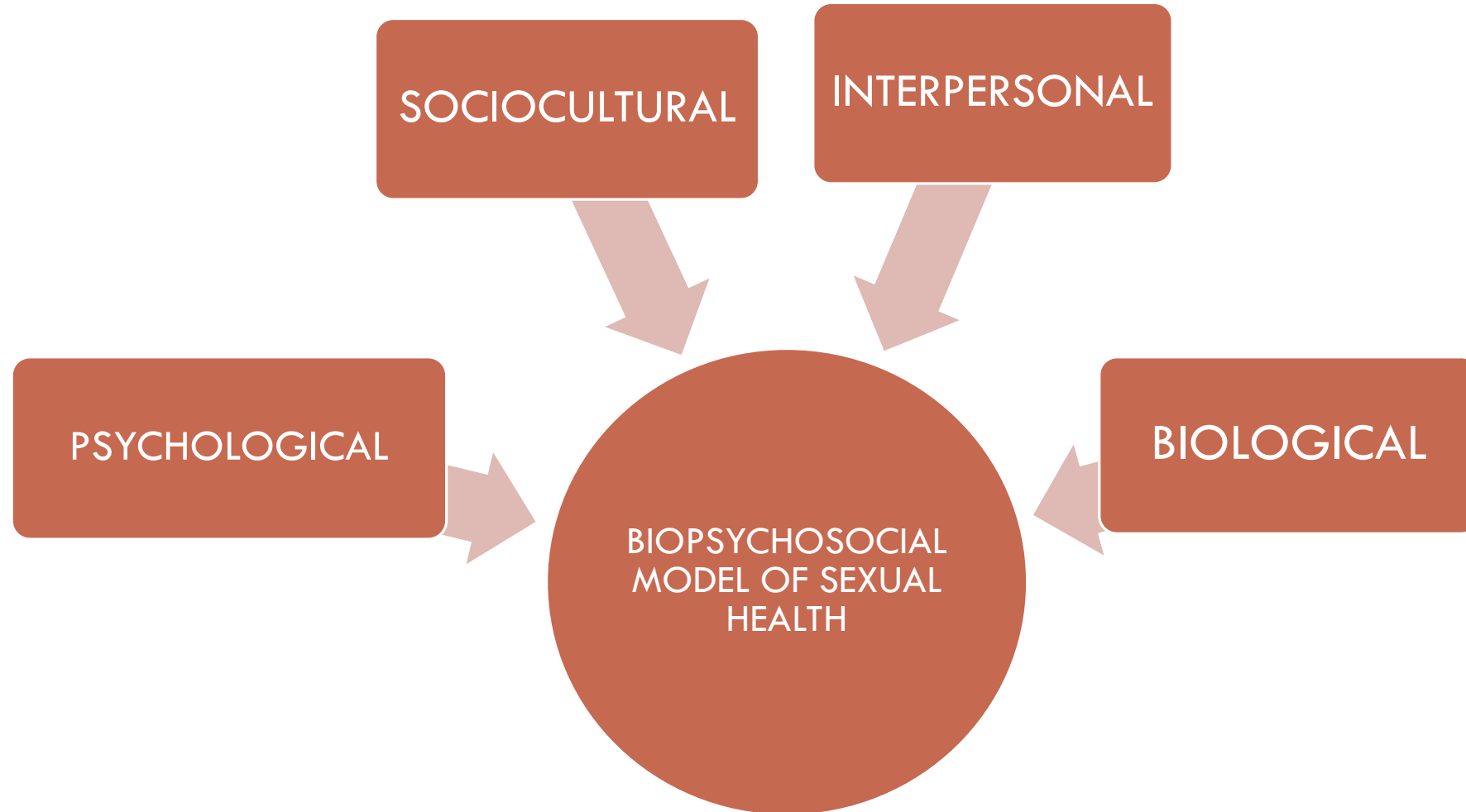
SEX THERAPY/ SEXUAL RECOVERY

Reviving your sexual self demands a skilled multidisciplinary team

- Sex therapist
- Pelvic floor physical therapist
- Sexual Medicine physician
- Gynecologist/Gynecological oncologist
- Other possible:
 - Psychiatry
 - Medical specialists



FOCUS OF RECOVERING SEXUAL SELF



MANAGING PSYCHOSOCIAL CONCERNS: BODY IMAGE

Lymphedivas, Awestomy, Intimate Moments Apparel, etc...



RELATIONSHIP CONCERNS/CHANGES

Focus on:

Grief/body image

Communication

Adaptation

Rebuilding sexual relationship

Table 2: Questions to Promote Couples' Communication about Sexual Renegotiation (Wassersug, Walker & Robinson, 2014, p. 107)

The patient may want to ask the partner:

- What should we do when you get aroused and I don't?
- Is it okay if I bring you to orgasm through touching or oral caressing even though I no longer have full erections?
- How do you feel about me using or exploring ED treatments and/or sex toys?

The partner may want to ask the patient:

- Do you still enjoy me touching you even though you don't get fully sexually aroused?
- What kinds of touching do you most enjoy now?

Each may ask each other:

- Are you comfortable with one of us reaching orgasm even if the other does not?
- How do you feel about us touching, caressing, and cuddling without either of us reaching or attempting to reach orgasm?
- What do you think about us acquiring a sex toy to use in our sex play?

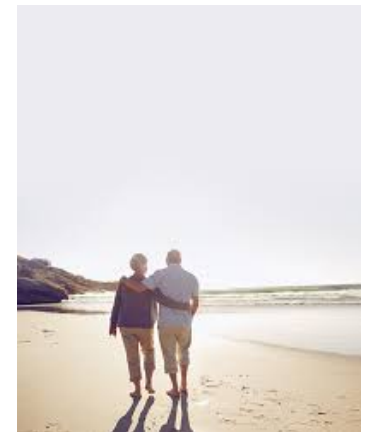
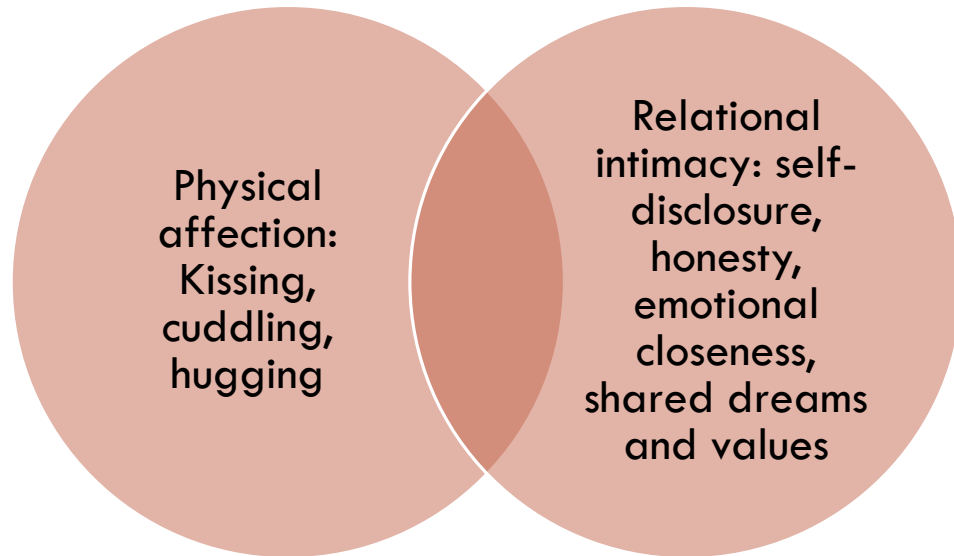
EXPLORING INTIMACY

Broadening definitions:

Sexual, sensual, emotional intimacy

What does it mean to experience sexual intimacy?

Building lifelong intimacy



MANAGING VULVOVAGINAL SYMPTOMS

Potential strategies to manage symptoms are:

- Moisturizers/lubricants
- Dilators, vibrators
- Pelvic floor physical therapy
- Topical, local estrogen (if no contraindications)
- Counseling, therapy (sex, family, both!)



MANAGING VULVOVAGINAL SYMPTOMS

Vaginal Moisturizers

Available in gels, tablets, or liquid bead

- Administered via applicator or as a vaginal suppository
- Used to hydrate the vaginal tissues and improve vaginal pH
- *Decreases vaginal dryness and increases vaginal comfort*
- Vaginal moisturizers are non-hormonal, over-the-counter
- Vaginal moisturizers last for up to 2 to 3 days; then they need to be reapplied 2-3x/week
- Examples: Replens, Zestica, Repagyn, Mae, Vitamin E capsules

Vaginal Lubricants

- Available in liquid or gel form
- Applied in the vagina and around the genitals prior to sexual activity. The lubricants may need to be reapplied during sexual activity- toys, fingers, penis.
- Used to minimize dryness and pain during sexual activity and gynecologic exams, can minimize dryness or irritation.
- Water- and silicone-based lubricants recommended; water-based lubricants wash away more easily
- Last minutes/hours at most
- Examples: Good Clean Love, KY, Sliquid, Gun Oil, UberLube, Liquid Silk.

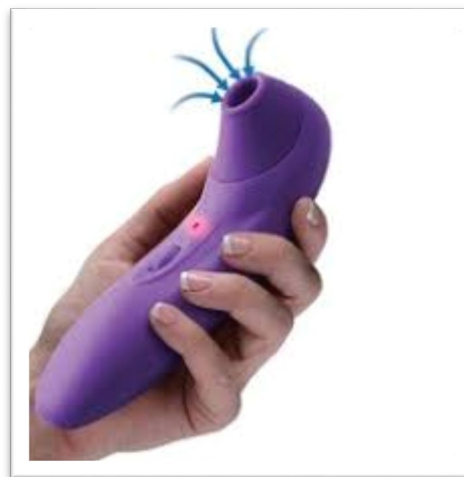
LUBRICANTS & MOISTURIZERS: EXAMPLES



MAX MEDSURGE



VIBRATORS



LOCAL ESTROGEN THERAPY

Estrogen therapy: Lowest dose, shortest duration.

Can be very effective in treating vulvovaginal symptoms (remember graph in the earlier slide?)

Available as tablet, cream, ring.

*** Dependent on contraindications of cancer diagnosis.



TAKE HOME MESSAGES

- ❖ Sexuality is a vital part of being alive; changes in sexuality can affect Quality of Life
- ❖ Expression of sexuality may change or need to be modified after cancer/treatment and its okay to need help with this!
- ❖ There is not “right” amount of desire, no “perfect” relationship and no “normal” sex life.
- ❖ Recovery your sexuality takes a village- and starts with speaking up about concerns that are bothering you!

RESOURCES

University of Minnesota Gynecological Oncology Department

University of Minnesota Center for Sexual Health

Smitten Kitten, Minneapolis MN (for sexual aides, lubes, classes, guidance)

<https://www.cancer.gov/about-cancer/treatment/side-effects/sexuality-women>

<https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/sexuality-for-women-with-cancer.html>

Books:

Woman Cancer Sex by Anne Katz

Sex and Cancer: Intimacy, Romance, and Love after Diagnosis and Treatment by Saketh Guntupalli

THANK YOU!!

Please feel free to contact me:

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