

Female Sexuality

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Gynaecological cancer and sexuality

Clinical Sexology:

- Human interest / behaviours & functions
- There are presently 3 fields in professional practice in Sexology:
 - ☐ Clinical Practice
 - ☐ Education
 - ☐ Research

as a Clinical Psychosexual therapist & Counsellor...

one of my main objectives is to create a comfortable environment that allows individuals & couples to talk about their sexual wellbeing/concerns

Why is it Important?

- ▶ Less than 20% of the partners of cancer patients are able to re-negotiate sexuality within their relationship. (Hawkins)
- ▶ 84% of Partners of women with gynaecological cancers report a negative outcome on their sexual relationship. (Professor Michael Quinn)



Defining it....



“ Sex & sensuality encompass a kaleidoscope of feelings & activities:

From the deepest longings for mutual affection to the simple enjoyment of the company of a loved one...

Sexuality also covers a gamut of behaviours- Touching, Kissing, Caressing and Cuddling, Genital intercourse with mutual orgasm and...

feelings of closeness & of being wanted and valued as a human being”

Decline in sexuality and sexual activity

- ▶ 90% cancer patients will experience sexual changes at some stage during their illness
- ▶ 80% of women after treatment for cervical cancer report sexual dysfunction
- ▶ 80% of women who have colostomy formation after surgery reduce or stop sexual activity

Impact varies but in most cases worsens with time

What is Libido / Sex Drive / Desire to be sexual?

- ❑ Sexual drive is the motivation & inclination to be sexual, can include intimacy
- ❑ A subjective awareness of desire for sexual satisfaction, irrespective of sexual activity
- ❑ Sexual desire can be aroused through imagination and sexual fantasies or perceiving an individual who one finds attractive.

Negative Impact on Sexual Wellness

Diagnosis & Surgery

Chemotherapy/Radiotherapy

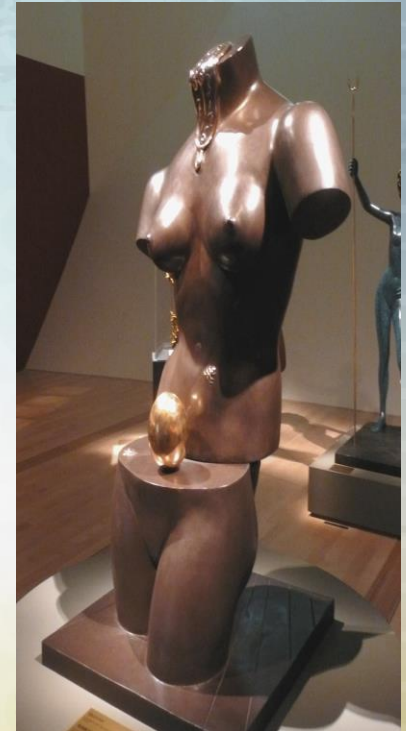
Endocrine Therapy

Medications

Menopause

Concurrent illnesses

**Changes: appearance, sensitivity,
interest in sex, feeling self-conscious**



Salvador Dalí

Sexuality & Sexual Wellness



- ▶ **Fundamental to the way in which we share intimacy or experience physical closeness**
- ▶ **Includes but not limited to sexual function**
- ▶ **Linked to our roles and relationships within families, work & society**

Barriers to talking about Sex/Sexuality



The Elephant in the Room

Influencing factors!

Chemistry behind
How sex works

Neuro-Biology
Physical pain:
PPPD

Incorrect
Beliefs/Myths

Sociocultural
Values/beliefs

Psychosexual
Emotional/physical
intimacy

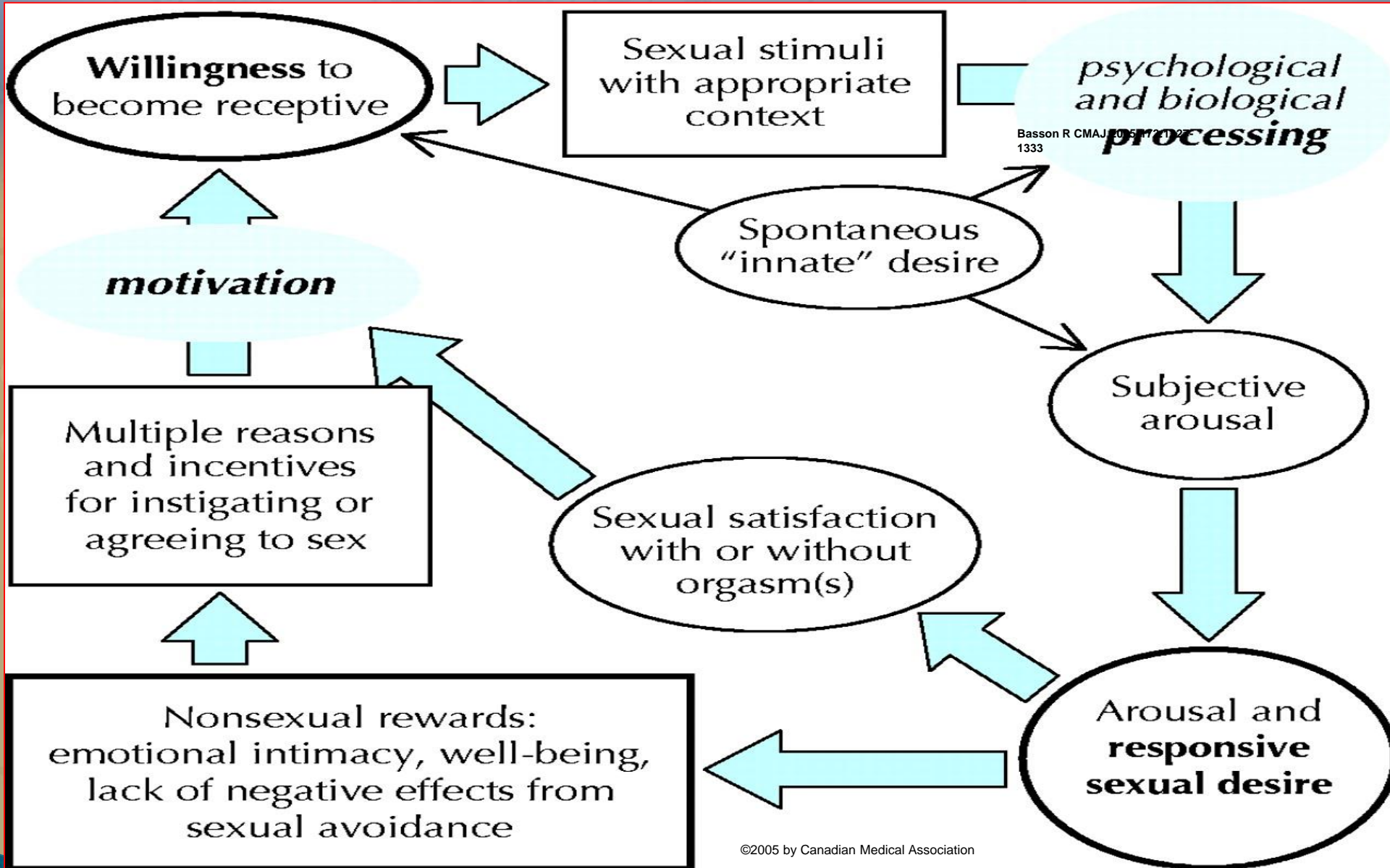
Psychology

communication

Interpersonal

Single/relationship

SELF
Efficacy/Esteem



Genito-Pelvic Pain/Penetrative Disorders

(GPPPD - DSM-5)

- ❖ Disorder of Pain & of Sex
- ❖ The Pain wreaks havoc on the Sex
- ❖ Pain may require certain interventions
- ❖ Sexual problems may require others

A pain disorder that interferes with sex rather than as a psychosexual disorder that resulted in pain.

Anxiety & Avoidance appeared to be more reliable factor to distinguish dyspareunia & Vaginismus.

The Cycle of Persistent Sexual Pain

- ❑ Negative sexual attitudes
- ❑ Avoidant and damaging behaviours
- ❑ Relationship discord
- ❑ Declines in self-esteem & mood
- ❑ These in turn exacerbate the pain experience



Genito-Pelvic Pain/Penetration Disorder (Dyspareunia):

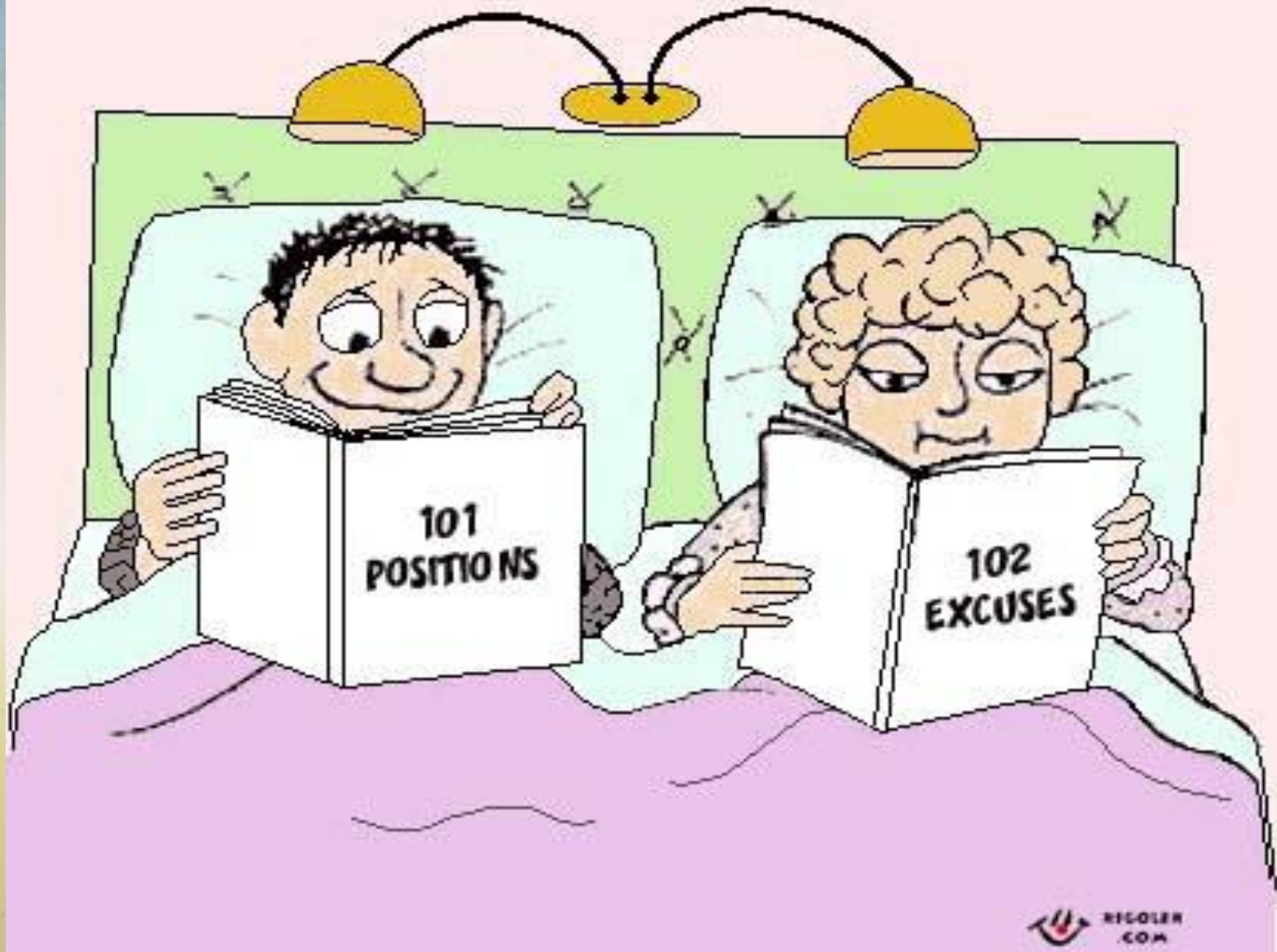
Permission for Pam not to engage in penetrative sex

- ❖ Pain at vaginal opening as the penis enters the vagina?
- ❖ Burning pain during intercourse?
- ❖ Pelvic Discomfort during & after?
- ❖ Pain elsewhere?
 - Arousal
 - Positions for intercourse
 - Sensate Focus
 - Referral to Woman's health physio





Partners experience a ‘ripple’ effect:
this in turn, decreases their own libido



Inhibitors to sexual Confidence & Desire



- Fatigue
- Relationship stress
- Vaginal Dryness / painful sex / pelvic pain
- Loss of sexual self-esteem related to:
 - ❑ body image changes (weight gain/loss)
 - ❑ Menopausal Symptoms
 - ❑ Infertility
 - ❑ Changes to one's sexual response
 - ❑ Partner's health
 - ❑ Reduced arousal & ability to orgasm
 - ❑ Reduced pleasure

No Magic Pill!



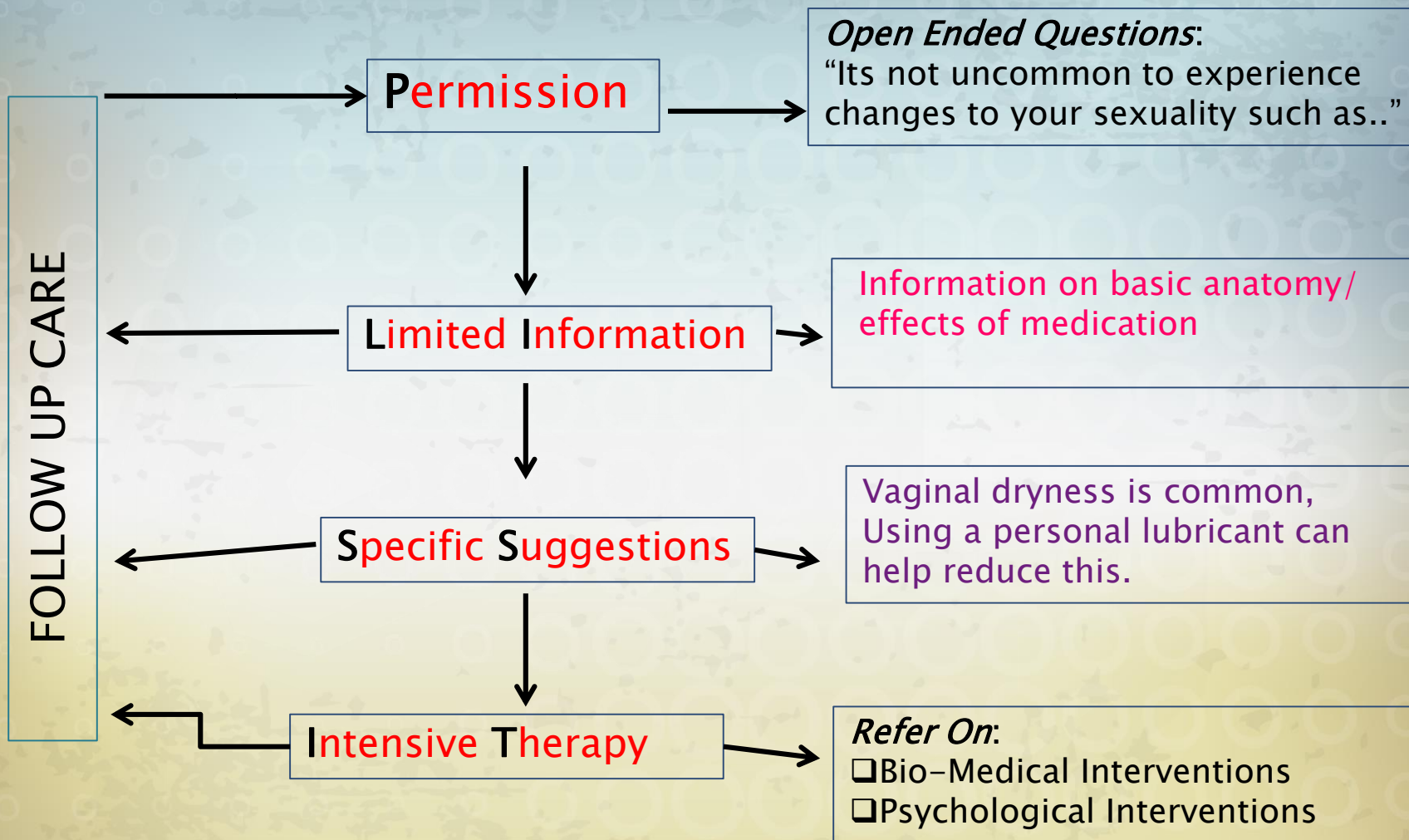
(EXTENDED) (EX) PLISSIT MODEL

(ANNON 1976)

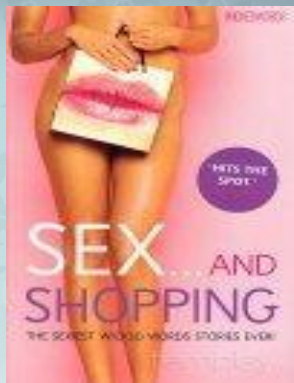
- ▶ 4 level approach to assist in managing presenting sexual concerns:
 - ✓ *L1: P– Permission Giving*
 - ✓ *L2: LI– Limited information*
 - ✓ *L3: SS– Specific Suggestions*
 - ✓ *L4: IT– Intensive Therapy*
- ▶ Extended – Permission: given at all levels of intervention, review & self reflection in this process– self awareness by challenging assumptions



(Davis & Taylor 2006)



(Adapted from BCC Sexual wellness referral pathway)



Our attitude towards sex



Ref: Pjur :website: google images

Top complaints mentioned with this 'pink pill' are tiredness, headaches and Drowsiness...
ironically reflects why its need in the first place?

"Female Viagra"
Will FDA approval come quick enough?



80% of females surveyed said they would take a daily pill to improve low sex drive*

 Top complaints mentioned with the "pink pill" are tiredness, headaches and drowsiness, **ironically reflects why it's needed in the first place!**

*Based on a Treato survey of over 700+ respondents, July 2015. [Click here to learn more.](#)

‘Mona Lisa Laser treatment for ‘ Vaginal Rejuvenation

position statement by American College of Obs & Gyn

<https://www.medscape.com/viewarticle/900023>

Following "vaginal rejuvenation" procedures:

- vaginal burns
- Scarring
- pain during sexual intercourse
- recurring or chronic pain

The "full extent of the risks is unknown"

Managing physical impact

Vaginal Atrophy– Medically diagnosed

Personal Lubricants

Vaginal Moisturisers

Vaginal Oestrogen



Vaginal oestrogen: Hickey et al 2008

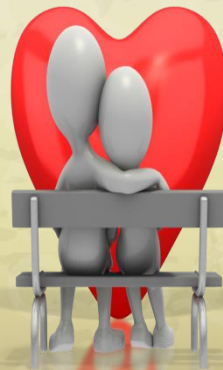
- **Small studies: use does not have adverse outcome effects** (Krychman 2007 – 1500 women / no difference in disease free survival following Breast cancer)
- Estradiol is more potent oestrogen than estriol – preferable → Ovestin
- Vagifem has shown increasing levels of estradiol in AI uses within 2 weeks
- ▶ **be well informed & make well informed decisions based on individual needs .**

Enabling the conversation

- ▶ Incorporate sexual health assessment/questions as part of your assessment
- ▶ Refer if appropriate (Do not need to be an expert)

With intervention, up to 70% of patients can have improved functioning

*27 February
2020*



Sex at 82!

I just took a leaflet out of my mailbox, informing me that I can have sex at 82!

I'm soooooo happy, because I live at 73 ... So it's not far to walk home afterwards!



Essential to know services to refer:

- ❑ Psychology Services / Social Worker
- ❑ Menopause & MSAC Clinic (KEMH)
- ❑ Women's Health Clinics
- ❑ Pelvic health Physiotherapy
- ❑ General Practitioner
- ❑ KEOH Institute (Private cost associated)
- ❑ Sex Therapy: Australian Assoc. Sexologists
- ❑ SECCA: Sexuality & Disability Counselling
- ❑ Continence Specialist
- ❑ Look within your own organization

Resources:

- ▶ Jean Hailes Foundation for women
- ▶ Australasian Menopause Society
- ▶ Adult shops: Femplay (sex toys for females)
www.femplay.com.au
- ▶ Becoming orgasmic: www.bettersex.com
- ▶ www.pelvicpainfoundation.org
- ▶ Sexual Health Headquarters
- ▶ SECCA: disability relationships sexuality
- ▶ Continence specialist
- ▶ **BOOKS:** Good Loving Great Sex / Sex Matters for Women

www.insyncforlife.com.au/downloads.html



Thank You