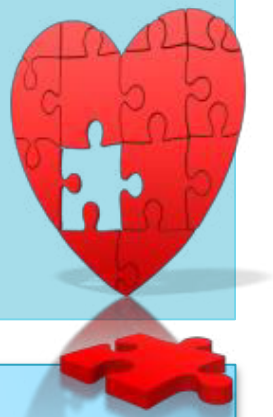
Gynaecological Cancer: Impact on Sexuality

'the desire to remain Connected'

By

Helena Green

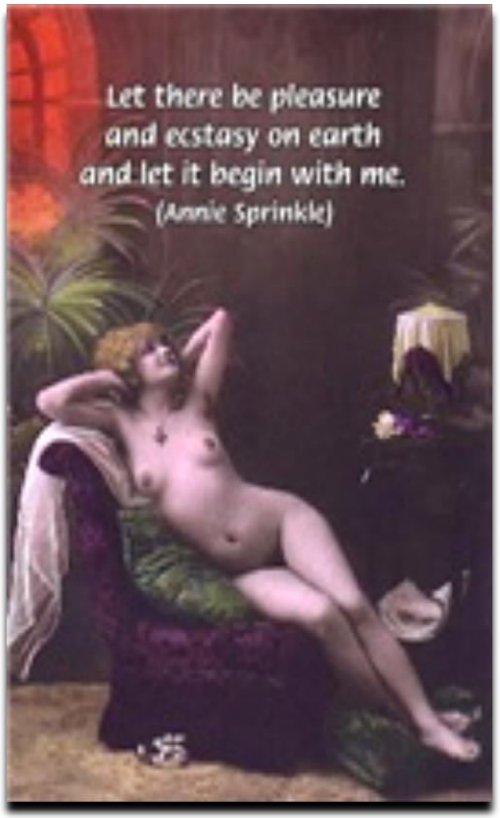


Sexologist
Clinical Nurse Specialist
Specialist Breast Nurse

RELATE
Sexuality & Intimacy Counselling

Overview

- Defining sexuality
- The importance of talking about sexuality/sex
  - Treatment
  - Quality of Life
  - Barriers & Enablers
- (Ex) PLISSIT Model



Case Study: Susan's Story

Meet Susan

http://modules.cancerlearning.gov.au/psgc/index.php?option=com_learningmodules&view=casestudy&id=21#print

Australian Government

Cancer Australia

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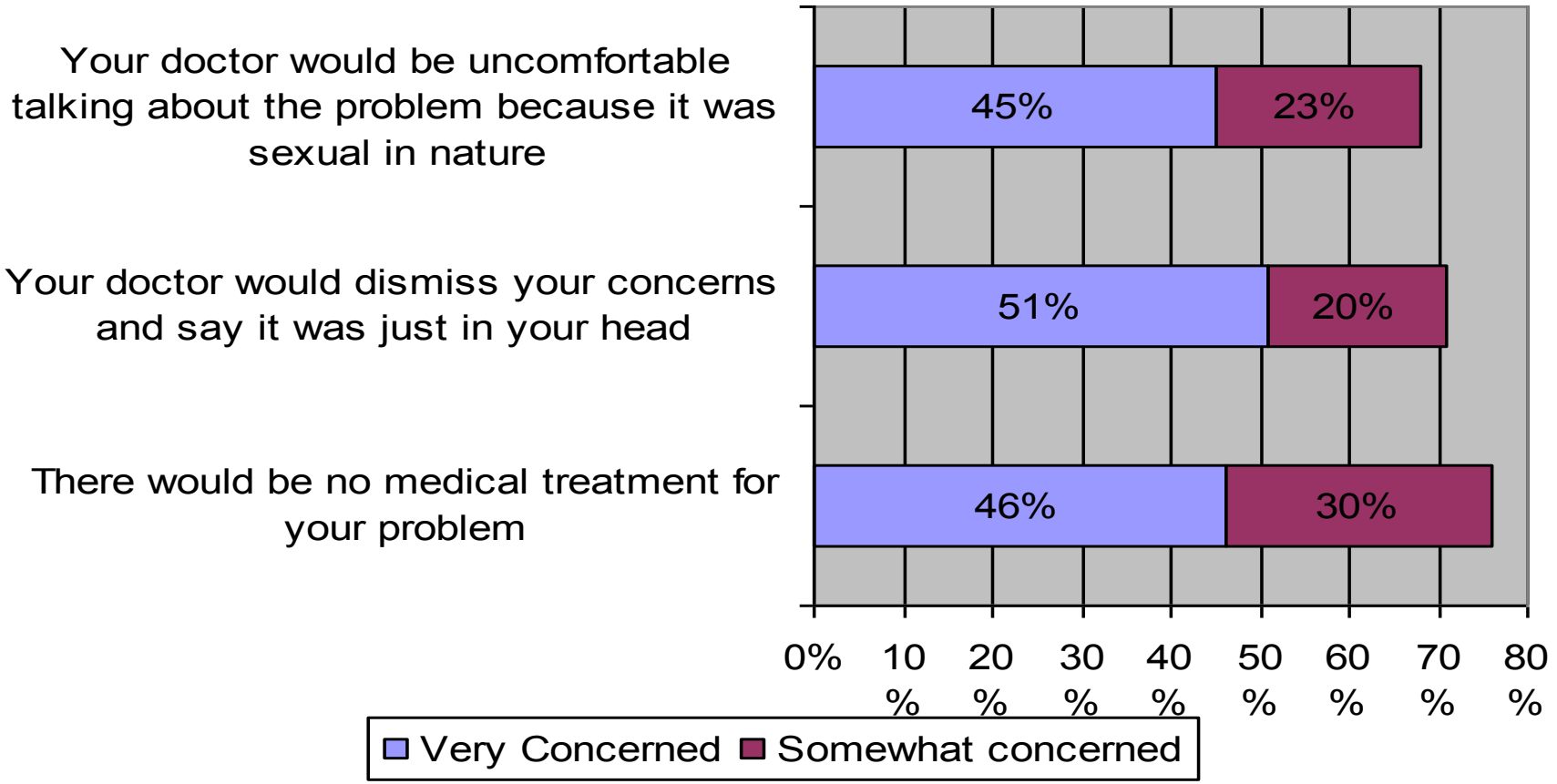
- Gynaecologic malignancies are the 4 most common form of cancer among women
- Experience more significant symptoms related to sexuality/menopause
- Quality of Life – sexuality & wellbeing
- Women are living longer – it's not just about survival

Survey of Physician/Patient Communications

(courtesy Professor Michael Quinn. University Melbourne, Director of the Oncology/Dysplasia Unit at the Royal Women's Hospital)

If you wanted to talk to your doctor about a sexual problem, how concerned would you be that --- might happen?



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”***

By B Sherman (1998) ©

Sexuality & Sexual Function

- 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 and society (Emanual Vigeland)

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Life long process...

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Susan's Story

Understanding Concerns

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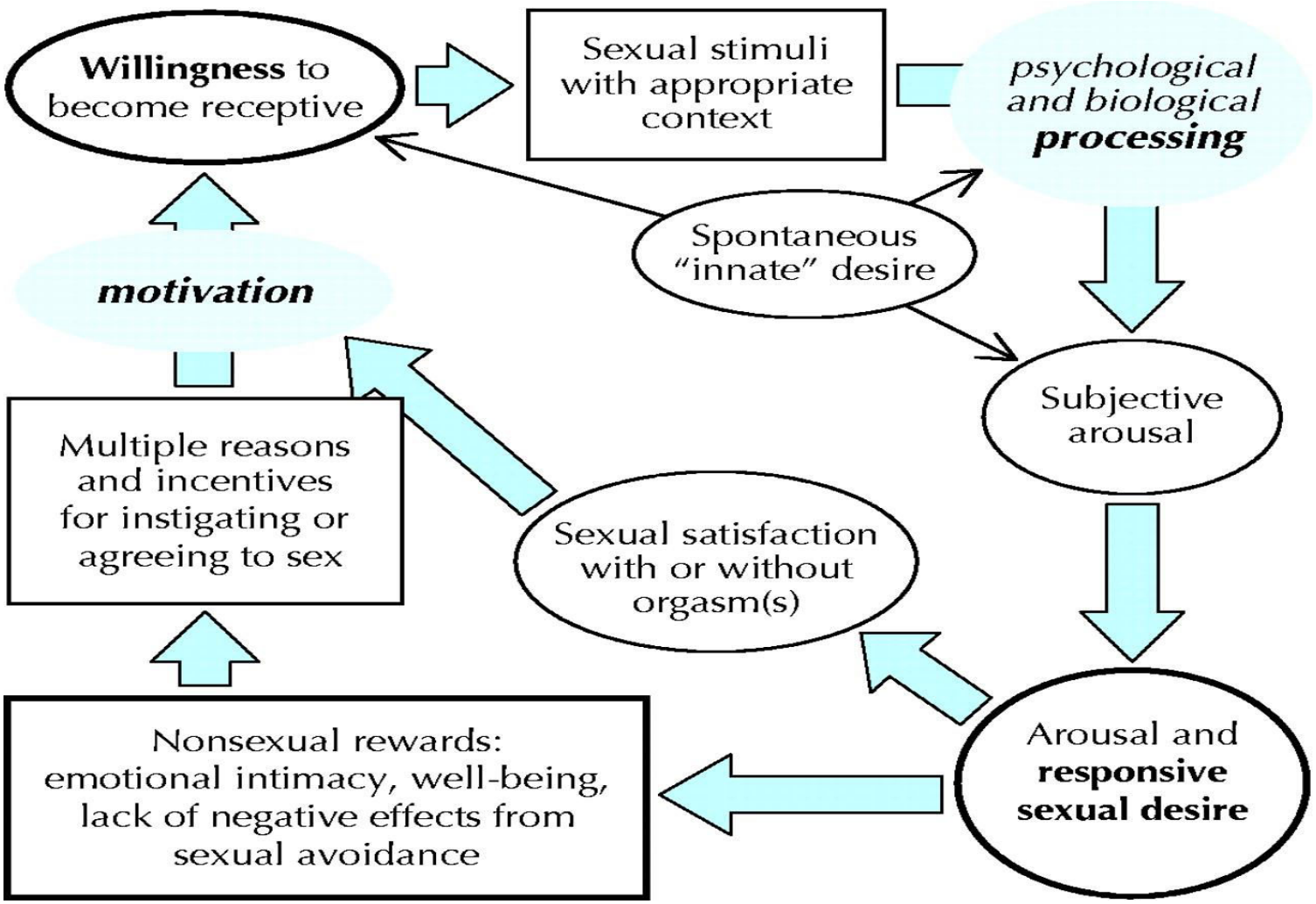
Impact on Sexuality/Sexual Function

- 90% cancer patients will experience sexual dysfunction at some stage during their illness or treatment
- 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

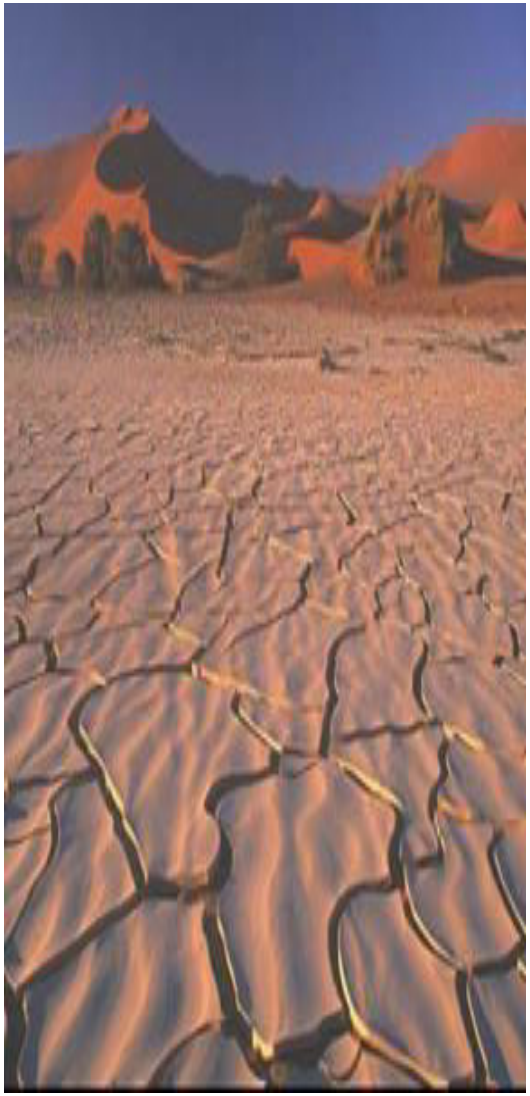
Fig. 1: Sex response cycle, showing responsive desire experienced during the sexual experience as well as variable initial (spontaneous) desire.



Basson R CMAJ 2005;172:1327-1333

CMAJ·JAMC

©2005 by Canadian Medical Association



- Diagnosis & Surgery
- Chemotherapy/Radiotherapy
- Endocrine Therapy
- Medications
- Concurrent illnesses
- Changes: appearance, sensitivity, interest in sex, feeling self conscious

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In a Snapshot

Premature / early menopause

- Libido, Sexual arousal response
- Vaginal dryness / Vaginal Stenosis
- Mood swings / Depression
- Weight gain
- Hot flushes / night sweats
- Decline in sexual wellbeing / Body Image
- Pelvic pain : Dysparuenia / Vaginismus

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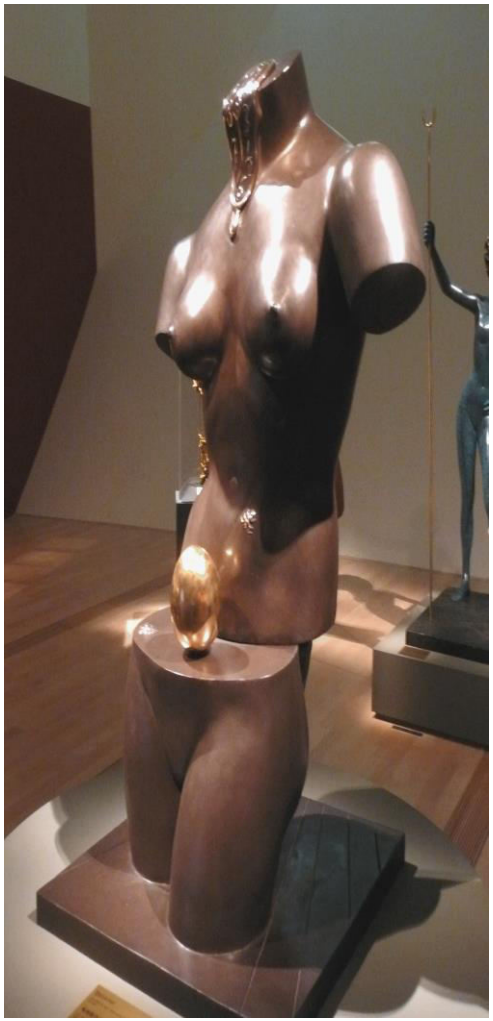
Patient Comment:

" I was having trouble with hot flashes and vaginal dryness after my chemotherapy, so I decided I'd ask the female intern about how to deal with this. When I told her my problem, she said that she would order some eye drops for my dry eyes!"

(Life after Cancer: what Does Sexuality have to do with it? By M chamberlain Wilmoth)

Dyspareunia

- Identify cause
- Where is the pain?
  - Pain at the vaginal opening as the penis enters the vagina?
  - Burning pain during intercourse
  - Pelvic Discomfort during and after
  - Pain elsewhere
- Arousal
- Moisture
- Positions for intercourse
- Pelvic Floor Exercises / Dilators



Salvador Dali

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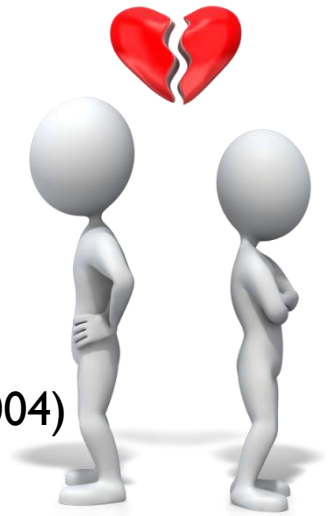
Vaginal Stenosis

- Vaginal shortening and narrowing
- Scaring and loss of elasticity
- Loss of lubrication
- Exacerbated by menopause



Definition - No consensus in the literature. (Lancaster 2004)

Prevention Of Vaginal Stenosis: A Collaborative Approach To Introducing Evidence Based, Best Practice Guidelines

Pauline Tanner Cancer Nurse Coordinator, WA Cancer & Palliative Care Network / Gae Lindsay CNM, Radiation Oncology, Royal Perth Hospital.

Pelvic Fitness Clinic **(Established 2008)**

- Includes evidence based strategies for the prevention of vaginal stenosis.
- The clinic offers ongoing support as required,
- referral to specialist services, a point of contact, is particularly important for women from country W.A.

Cancer and Sexuality

"My husband was no support but what do you expect with all he had to face? I needed someone to *hear* me, to help me to deal with the loss, the possibility of death and how to deal with sex. I needed to feel someone understood me *that's all*"

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Susan's Story

Counselling for Psychosexual Needs

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- **Partners** experience a ‘ripple’ and this in turn, decreases their own libido
- Fear of rejection or of hurting their partner
- The complexity of regaining a sense of ‘normality’ within their sexual relationship
- Sense of being ‘unwanted’/ ‘undesirable’

Myths, Barriers & Assumptions

- Sexuality/sexual function is not important if old/single/widowed/have advanced disease
- If sexually active there is no problems

Sex at 82!!!

I just took a leaflet out of my mailbox, informing me that I can have sex at 82! I'm sooooo happy, because I live at 73 ... So it's not far to walk home afterwards!

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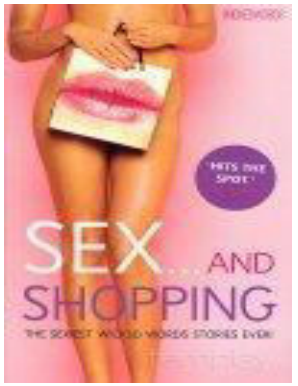
Same sex partnerships

- Considered a less valid relationship in heterosexual world
- Love – secret/grieve in private
- Partner faces own mortality

Google images

HEY, LOVER BOY! YOU DROPPED A VIAGRA ON THE FLOOR AGAIN!
BAYNHAM
WWW.JOHNBAYNHAM.COM



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Susan's Story

Advanced Disease Concerns

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Responding to Psychosexual Concerns

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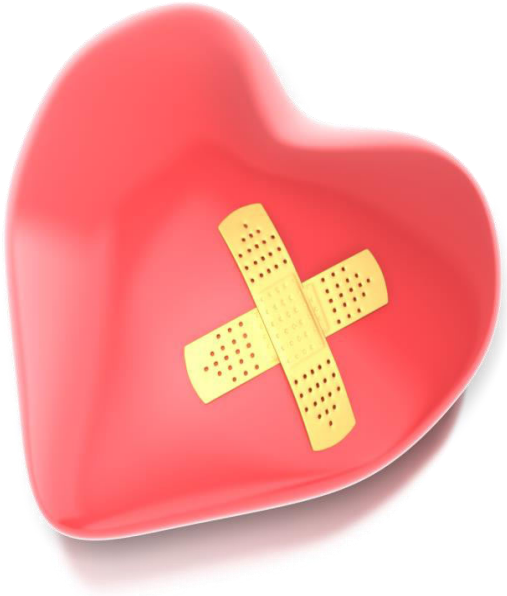
Framework for Assessment…….

- **PLISSIT Model**
- **BETTER Model**
- **(ALARM/PLEASURE)**



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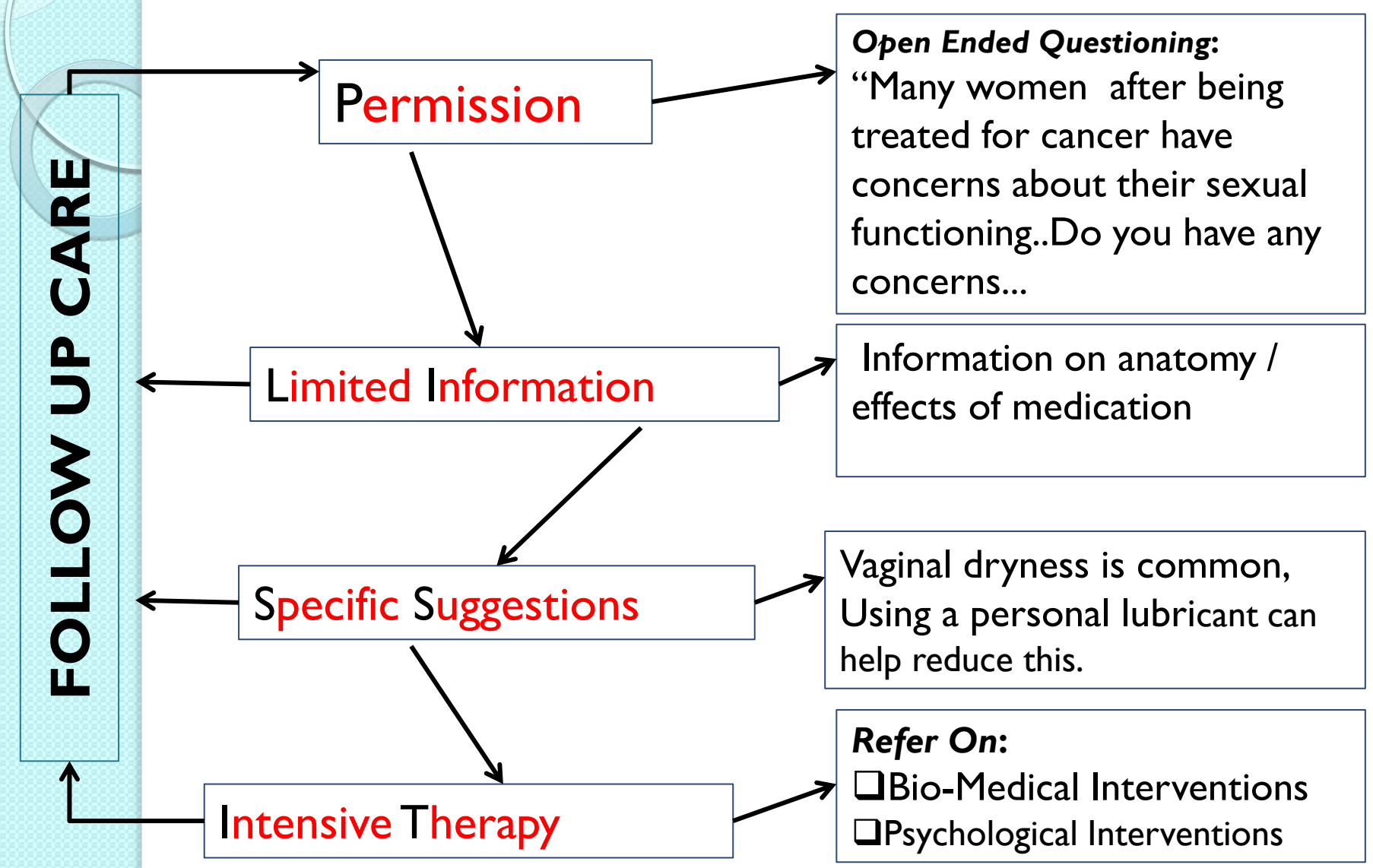
PLISSIT MODEL & Talking about it...



(Adapted from BCC Sexual wellness referral pathway)

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Enabling the conversation…

- As part of medical assessment
- Communication skills
- Partner may be same sex/ or single
- Age not a barrier to being sexual
- Refer if appropriate

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

Personal - Professional Self Reflection & continuing education

- **Feel comfort/confident to facilitate discussions**
- **Have a basic up to date knowledge**
- **Have a self awareness**

http://erikatakacs.wordpress.com/2008/11/29/the-thinker/

If sex is such a natural phenomenon, how come there are so many books on it?
Bette Midler

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MSAC Multidisciplinary Meeting

November 2009

Explore Your sensuality & Playfulness

- Touch/Massage
- Warm baths
- Music
- Lighting
- Different textures
- SEX IS FUN!
- Take emphasis off physical act…

Resources:

- Menopausal Symptoms after Cancer Clinic (MSAC) KEMH
- Keogh institute
- Jean Hailes Foundation for women
- The Cancer Council (state specific)
- Cancer Australia
- Matt Tilley :Clinical Psychologist(Registrar) 0411 253165
- Raelene Stokes: (contact, Impotence Australia in WA)
- Gareth Merriman: Clinical Psychologist 0419 196 779
- Adult shops: www.forplayandpleasure.com.au/contact
- The Australian Society of Sex Educators, Researchers and Therapists (ASSERT)
- FPWA: Family Planning WA
- SECCA: disability relationships sexuality
- Women's health Physio
- Continence specialist

Resources:

Cancer Australia : Government initiative to improve outcomes for women affected by gynaecological cancers and their families and caregivers.

- www.canceraustralia.gov.au/ncgc/about-centre/ncgc-homepage

Interactive Training Module for Health Professionals to Address the Psychosexual Care of Women Affected by Gynaecological Cancers.

- www.hlth.qut.edu.au/nrs/research/researchprojects/gyn/

Resources Available

- Multinational Association of Supportive Care in Cancer: http://www.mascc.org/
- National Cancer Institute Supportive Care: http://www.cancer.gov/cancertopics/pdq/supportivecare
- Cancer Care *Connect* *www.CancerCare.org*
- Oncology Nursing :http://www.ons.org/outcomes/pep.shtml
- Cancer Symptoms: *http://www.cancersymptoms.org/*
- www.femplay.com.au *And many more……..*

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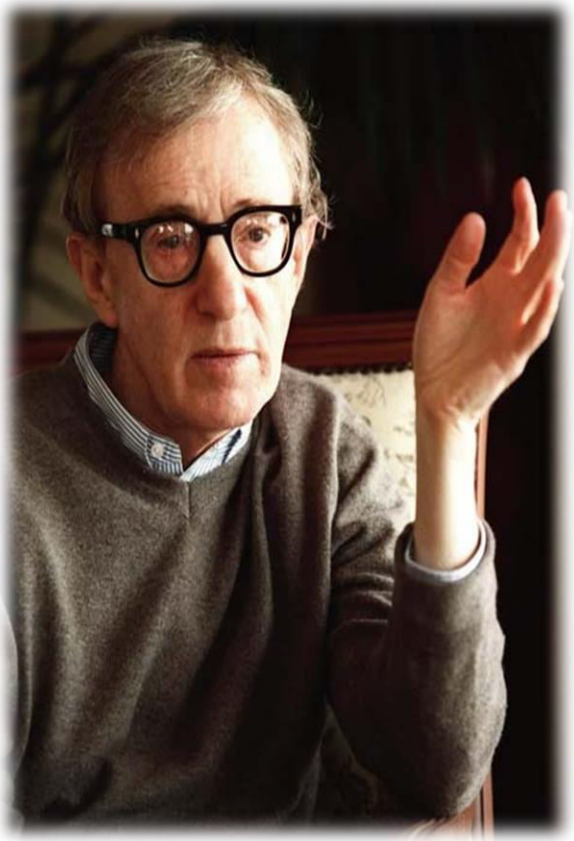
In the words of Woody Allen..



" Love is the answer- but in the meantime sex brings up some really interesting questions…"

Questions?

" If even a day should go by when I don't say I love you,
May never a moment go by without you knowing that I do"

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