

Post Operative Sexual dysfunction

by Helena Green

Clinical Sexologist & Counsellor



Surgery

*Recommendation for RRSO @ high risk (HR) of ovarian cancer:

Family history

❖ BRACI/2/Lynch syndrome

❖Breast cancer

other

35-40 years

Completion of family

Psychosexual long term consequence:-relationship satisfaction influencing factor



- •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





negative impact on their psychosexual wellbeing

- 74% Female Sexual Dysfunction
- 73% Hypo sexual Desire Disorder
- 44% Lubrication difficulties
- 41% reduced sexual satisfaction
- 27% Dyspareunia
- 25% Difficulty to orgasm

(Paige E tucker, Max K Bulsara, Stuart Salfinger, Jason Jit-Sun Tan, Helena Green, Paul Cohen,: 2015)





Overall 80% reported sexual activity

74% reported sexual activity with a partner

49% experienced high level of sexual distress:

- □ Decrease lubrication (DL)
- □ 44% reporting (DL) most of the time/always
- □ 41% dissatisfaction overall sex life
- □ 28% regular dyspareunia
- □ 15% high levels of pain
- □ 25% difficulty with orgasm





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



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







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'

Same Sex relationships





Vaginal moisturisers (non hormonal)

Replens

Replens - 3 X week for 3 months

Vaginal tissue regains moisture & elasticity

Use with lubricants

Can use Replens before intercourse

Vit E capsules

Personal lubes (sexual intimacy/activities)



Vaginal Oestrogen...

Vaginal oestrogen: be well informed & make well informed decisions based on individual needs.

Krychman 2007 – 1500 women / no difference in disease free survival



No Magic Pill!!!!











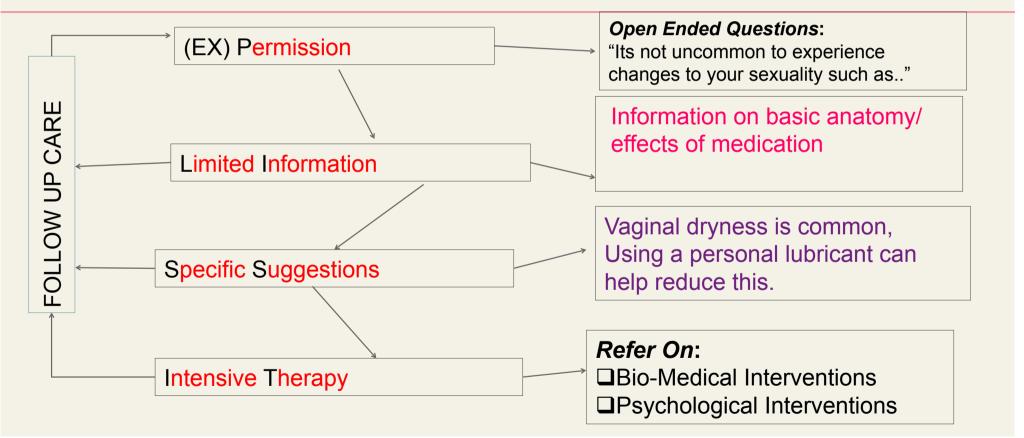
The Elephant in the Room



Psycho-sexual assessment

Western Australia
Oncology
Menopause
Endometriosis
New Mothers

(Ex) PLISSIT Model





Enhancing Goodwill within the therapeutic relationship

- >Create an atmosphere conducive to open discussion.
- ➤Introduce the topic and ascertain the patient's readiness for a discussion.▶
- >Use open-ended questions to gauge the patient's level of understanding and concerns.
- ➤ Use a non-judgemental approach based on trust and confidentiality. ▶
- ➤ Make no assumptions about the patient. ▶
- >Do not use medical jargon.



Enabling the conversation

Western Australia
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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



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THANK YOU