Post Operative Sexual dysfunction

by Helena Green

Clinical Sexologist & Counsellor
Surgery

- Recommendation for RRSO @ high risk (HR) of ovarian cancer:
  - Family history
  - BRAC1/2/Lynch syndrome
  - Breast cancer
    - other
  - 35-40 years
  - Completion of family

Psychosexual long term consequence:- relationship satisfaction influencing factor
• 90% of 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% Hyposexual 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!!!!
Asking for Help

The Elephant in the Room
Psycho-sexual assessment

(Ex) PLISSIT Model

FOLLOW UP CARE

- (EX) Permission
- Limited Information
- Specific Suggestions
- Intensive Therapy

Open Ended Questions:
“IT's not uncommon to experience changes to your sexuality such as..”

Information on basic anatomy/ effects of medication

Vaginal dryness is common, Using a personal lubricant can help reduce this.

Refer On:
- Bio-Medical Interventions
- Psychological Interventions
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

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