

Intimacy after a Cancer Diagnosis



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Participant Objectives

- Describe sexual barriers that individuals with cancer may experience;
- Develop assessment tools to determine when a patient may be having difficulty with sexual health;
- Describe sexual positions and assistive devices that may help patients with sexual troubles;
- Create conversation starters with patients to assess sexual health status; and
- Share with patients and families educational resources and places to purchase assistive devices

Myths about Cancer and Sex

- If we can't have intercourse it isn't worth getting aroused
- This should be the last thing on my mind...I should just be happy to be alive
- Sex doesn't matter because I am single
- Sex is a failure if both partners don't orgasm
- No one will ever want me if they know I have had cancer
- I'll never feel sexy again or enjoy sex again

Prevalence of Sexual Dysfunction

- Breast cancer survivors: 50% experience long term sexual dysfunction
 - Prostate cancer survivors: 60-90% have erectile dysfunction
 - Hodgkin's Lymphoma and testicular cancer survivors: 25% have long term sexual problems
- cancer.gov reproductive issues



Sexuality vs. Sexual Functioning

- Sexuality:
 - Way we experience and express ourselves as sexual beings
 - Begins at infancy and is influenced by norms of family, community and our education
 - Awareness of being male or female and how we interact with others
 - Persists even when faced with challenges
- How we seek pleasure, intimacy and connectedness with our partner
- Our feelings about right/wrong/acceptable about sexual expression and activity
- Our sexual orientation and with whom we choose to have sex
- Not based on genitalia but rather in our hearts, minds, and souls

Sexual Functioning

- What we do as sexual beings
- Our “intimate lives”
- How we define what we do: “sexual activity”, “intercourse,” “love making”
- Our value of sexual functioning changes with new relationships & health status
- When functioning changes, we realize the value and need
- Even if cancer does affect functioning, it won’t affect our sexuality as that is what is in our heart, mind, and soul

Common Concerns

- Both physical and psychological
- Loss of desire
- Erectile dysfunction
- Dyspareunia (pain with intercourse)
- Inability to reach orgasm
- Pain
- Loss of sensation
- Fatigue
- Neuropathy



"If neither one of you can be open, I doubt any progress at all."

The Stages of Cancer and Sexual Function

- Newly Diagnosed:
 - May seek time alone or appreciate touch and distraction/connectedness
- On Treatment/Palliative Care:
 - Finding the “new normal” and how to balance side effects, fatigue and desire
- Completion of Treatment/Survivorship:
 - Body heals but may have depression, late effects, and loss of libido
- End of Life:
 - Desire to maintain closeness, sharing, feelings, sense of touch
 - Sleeping in hospital beds

Surgical Impacts

- Sexual health after surgery varies dependent upon:
 - Premorbid sexual function
 - Premorbid bladder function
 - Tumor location
 - Tumor size
 - Extent of surgical resection

Chemotherapy Side Effects

- Nausea & vomiting
- Hair loss including pubic hair
- Diarrhea & constipation
- Mucositis
- Weight loss
- Drop in counts
 - Anemic
 - neutropenic
- Pain
- Fatigue
- Nerve damage
- Cardiac/respiratory issues:
 - Shortness of breath
- Menopausal symptoms
 - Vaginal dryness
 - Vaginal atrophy
 - Thinning of Vulvar tissues
 - Loss of tissue elasticity
 - Hot flashes
 - Fatigue
 - Infertility
 - Irritability



Radiation Therapy

- Fatigue
- Diarrhea
- Nausea and vomiting
- Burns to the external skin (breast and head and neck)
- Esophagitis
- For women to pelvic region have vaginal stenosis and vascular fibrosis
- Infertility
- Fistulas

Fertility Concerns

- Fertile Hope:
www.fertilehope.org
- Talk with your patients prior to treatment
- Seek fertility specialists
 - Sperm bank or freeze embryo
 - Expensive and highly stressful
- Contributing factors to infertility:
 - Chemo
 - Radiation
 - Endocrine therapy



Sexual Precautions



- Radiation Therapy:
 - Utilize birth control
 - Seed implants avoid intimate contact as per MD
- Chemotherapy:
 - No sex for 72 hours after chemo
 - Utilize two forms of birth control such as pills and latex barriers (condoms/dental dams)
- Thalomid/Revlimid:
 - Always utilize birth control and take pregnancy tests

Breast Cancer

- Decision about surgical intervention: Lumpectomy vs. mastectomy
- Reconstruction options and infections/failures
- Emptying of drains
- Pain in positioning
- Change in hormonal state
- Vaginal dryness
- Loss of fertility
- Sexual desire decreases
- Body image
 - Never feeling like you look “normal”

Head and Neck Cancers

- Facial disfiguration
- Mucositis
- Nerve damage
- Trach
- Change in communication patterns
- Inability to whisper
- Pain
- www.spohnc.org



Gynecologic Cancers

- Gyn cancers:
 - Dyspareunia (pain during intercourse)
 - Reduced vaginal depth
 - Lack of lubrication
 - Vulvectomy
 - Pelvic adhesions/scarring
 - Nerve damage
 - Vibrators
- Vulnerability of exams during office visits may cause distancing from body
- Vaginal dilators
 - Use for 10 minutes 3 x week and continue up to three years
- Positioning troubles
 - Try side-lying or woman on top



Colorectal Cancers

- Tissue breakdown
- Smell
- Pain
- Breakdown of vaginal tissue
- Wound pacing and rectal creams
 - Caregiver “doing to” vs. “doing for”
- Wound care RN
- Fistula
 - Smell and leakage
- Depression
- Ostomy

Specific Concerns for Ostomates

- Visual image
- Sounds and smell
 - Time meals and cleaning of bag appropriately
 - Have sex in the shower
- Body image concerns
 - Find clothing that still feels sexy
 - Opaque ostomy covers
 - Crotchless underwear
- Sexual positions
 - Woman on top, side lying with bag on bottom, kneeling
- Encourage talking with stoma RN and seeking peer support

Prostate Cancer

- Erectile dysfunction 10-15 times greater than men their age
 - Loss of desire 80%
 - Less satisfying orgasm 64-87%
 - Overall sexual dissatisfaction 61-91%
- Surgical patients
 - Better if we approach ED within the first 3 months after surgery
- Androgen therapy:
 - Decrease masculinity, weight gain, decrease muscle mass, breast changes, loss body hair, genital shrinkage, loss libido, mood swings, loss erotic dreams



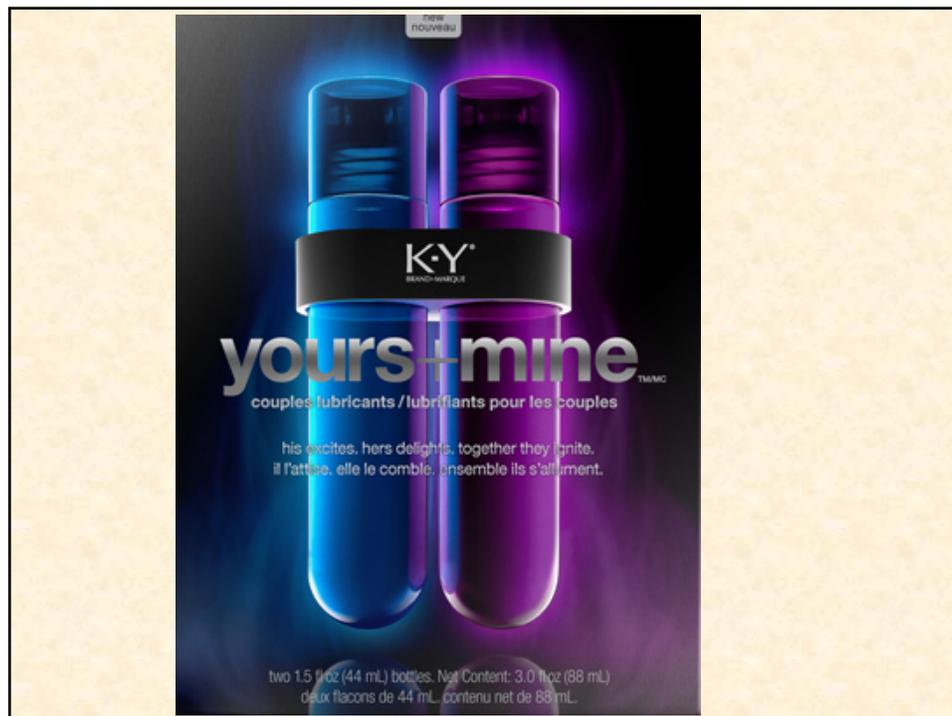
Psychological Factors



- Anger, tension, anxiety
- Depression
 - Antidepressants can inhibit orgasm
 - Try Bupropion as it claims to increase orgasm
- Role changes
- Rejection
- Loss of libido
- Fear of harming partner
- Distress related to infertility

Tips for Women

- Vaginal dilators or candles
- Clitoral heightening cream
- Testosterone patch to assist with desire
 - Not proven for premenopausal women
 - Prolonged use will cause enlarged clitoris, deeper voice, and increase risk of heart disease
- Referral to sex therapist
- Vaginal Moisturizers
 - Estradiol ring (Estring) or vaginal cream (Vagifem)
 - Replens: vaginal moisturizer use 3 x per week
 - Silicone- caution may deteriorate silicone sex toys
 - Glycerin-based lubricants (Astroglide and K-Y) for women who are estrogen +
 - Water-based doesn't contain glycerin (Liquid Silk)



Tips for Men

- PDE-5 inhibitors
 - Viagra, Levitra, Cialis, Stendra
 - Cannot use concurrently with alpha-blockers
- Penile Injections (best when combined with PDE-5 inhibitor)
- Penile prosthesis
- Penile rings (cock rings) make sure have snaps
- Vacuum devices
- Prolonging cream
- Testosterone patch to assist with desire
- Referral for sex therapy

Sex and the Elderly

- Never underestimate the sexual activity of the elderly (26 % still very sexually active)
- Higher rates than expected for oral sex
- Still worry about body image and sexual attractiveness
- Consider comorbid conditions like diabetes and dementia
- Depression is common due to pain and debilitation
- Late life dating: caution against STDs

Building Intimacy



- Sensate Focus Theory
- Hugging
- Kissing
- Massages
- Hand Holding
- "Setting the mood"
- Setting dates for intimacy
- Teasing... working up to the fun
- Finding new alternatives for "typical intercourse" (oral and/or anal)

Other Considerations

- Time of intercourse around painful times, meals, bowel habits, etc.
- Dress to impress: trach covers, ostomy covers, negligee
- Incorporate relaxation techniques
- Alcohol removes ability to focus or control feelings and changes pain receptors



Creating the “New You”

- May require more mental preparation
- Be patient with yourself and your partner
- Include fantasy play
- Self-pleasuring and mutual masturbation
- Try and try again
- Incorporate new devices/positions
- Keep an open mind



I just finished reading 50 Shades of Grey.
I had no idea I was so vanilla.....
I'm heading to the hardware store.
Later's Baby.....



your  cards
someecards.com

Cancer and the Single Person

- Adjustment to the “new you”
- Body Image Concerns
- Entering the dating world
- When do you announce you have cancer
- Fear of being rejected and alone forever
- Discovering changes in sexual health

Pain Management



- Use pillows and cushions for support
- Take control over depth of penetration
- Make love after pain medications are taken
- Adjust positioning
- Wait for penetration until close to orgasm
- Cycle of fear of pain: anticipate pain, muscle tension, then more pain

Communicating with Your Patients



- Start the conversations prior to treatment
- Never assume anything (sexual orientation, age, looks, stage of disease)
- Create an open environment for sharing
- Sit down and take your time
- Move from less sensitive to more sensitive
- Use terminology that is comfortable and easy to understand
- Refer them to sex therapist if you are not comfortable

Assessment Factors

- Relationship status
- Current sexual status
- Premorbid sexual functioning
- Psychological status
- Medical aspects of sexuality
- Presence of side effects
- Patterns of communication
- Beliefs about intimacy
- If no partner
 - sex issues of concern contributing to lack of sexual behavior

Assessment Tools

- **BETTER**
 - Bring up issues of sexuality/sexual function
 - Explain that sexuality is integral to QOL and important to discuss
 - Tell patients about available resources; assist to obtain those needed
 - Timing is crucial; discussions should be facilitated as the patient/partner desires
- Educate the patient/partner about any expected or potential alterations in sexuality or sexual functioning
- Record important aspects of any discussions assessments, interventions and /or outcomes in the patient health care record

Mick J et al. (2004)

Using the BETTER model to assess sexuality.

Assessment Tools (cont.)

- **PLEASURE**
- Partner
- Lovemaking
- Emotions
- Attitudes
- Symptoms
- Understanding
- Reproduction
- Energy
- Assess the following topics; develop interventions based on identified issues and concerns.

Schwain (1988) A sexual interview is a sexual intervention.

Assessment Questions

- Premorbid sexual functioning: interest, satisfaction, relationship status and partner's response to the illness
- Frequency of spontaneous desire
- Ease of feeling sexual pleasure with sexual stimulation
- Signs of physiological arousal
 - Ability to maintain an erection for men and vaginal expansion and lubrication for women
- Ability to reach orgasm
- Pain in the genital area
 - Where is the pain
 - What does it feel like
 - What activity triggers it
 - Does it happen every time
 - How long does it last
- What other medications are you taking that may impact your sexual health
 - Antidepressants, psychotropic meds, or a change in dosage of meds

Conversation Starters

- “Have you experienced any changes in your relationship with your partner?”
- “How important is sexual intimacy to you?”
- “Do you and your partner touch each other as much these days?”
- “How has your cancer diagnosis/treatment affected the way you see yourself as a wife/husband/partner?”
- “Are you able to have an erection /feel aroused/ have an orgasm/ get turned on?”
- “Do you ever feel afraid to touch your partner?”
- “Are you afraid of kissing your partner because of what it may lead to...?”
- “Have you talked with your partner about your feelings?”
- What info, interventions or resources can I provide to help you fulfill your sexuality

Resources

- National Cancer Institute's: "Sexuality and Reproductive Issues"
- American Cancer Society's: Sexuality brochures for males and females
- Babes in Toyland www.babesintoyland.com
- Pure Romance www.pureromance.com
- Fertile Hope www.fertilehope.org
- American Association of Sex Educators, Counselors and Therapists www.aasect.org

