Hot Topics In Oncology Care Conference: Sexuality and Cancer

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CAN ALSO LOOK ME UP ON PSYCHOLOGY TODAY.COM UNDER “FIND A THERAPIST”

HOW DOES CANCER AND ITS TREATMENT AFFECT SEXUALITY

PSYCHOLOGICALLY/PHYSICALLY
(SURGERY, CHEMOTHERAPY, RADIATION)

- Sex Dysfunction
  - ED due to nerve damage, pain, numbness, anti-androgens
  - Anorgasmia
  - Pain: due to decreased lubrication/genital swelling, reduction vaginal length/elasticity, scar tissue in urethra/pelvis causing pain with ejaculation/erection, curve/bend in erection
  - Low Desire: nausea/vomiting, fatigue, pain, bleeding

RADIATION THERAPY, CRYOSURGERY, AND RADICAL PROSTATECTOMY

- **Radiation Therapy**
  - may cause problems slowly and over time
  - ED due to damage to blood vessels providing blood to the penis
- **Radical prostatectomy**
  - ED caused by injuring/removing nerve bundles (either side of the prostate) that send messages to penis to initiate erections. Even if not injured can still have ED.
  - veins in penis may suffer trauma during surgery, unable to keep blood trapped inside
- **Cryosurgery**
  - when prostate gland is frozen, nerve bundles can be permanently damaged

DURATION OF ED AND ORGASMIC DYSFUNCTION FOLLOWING SURGERY

- **Erections**
  - body takes time to recover
  - ability to have erection will improve over time
  - 3-12 months after surgery
    - most will not be able to get a spontaneous erection
    - will need to use medications or other treatments

- **Orgasms: dry orgasms (no ejaculation)**
  - 2 structures responsible for most fluid in semen – prostate/seminal vesicles – have been removed
  - lack of ejaculation: doesn't have to interfere w/desire, arousal, orgasm

LACK OF ESTROGEN/TESTOSTERONE CHANGES SEXUALITY

- Longer time to get aroused, decrease in desire
- Fewer orgasmic contractions, aren't as intense
- Painful intercourse due to vaginal dryness, thinning of vaginal walls, vaginal shrinkage, reduction in tissue elasticity
- The clitoris can become too sensitive/numb
- Uterine contractions during orgasm/arousal can be painful
- Lack of Testosterone can impair desire, arousal and orgasm in men/women
- Ask NP/MD: Is supplementation with topical estrogen/testosterone safe? Pros and cons discussed

SEX THERAPY

Purpose

- Resolve sexual dysfunction
- Increase sexual repertoire
- Enhance the sexual relationship
- Increase comfort with giving and receiving pleasure
- Increase emotional, physical and sexual intimacy
- Work around medication and medically induced limitations

How it is accomplished?

- Identify & examine feelings and cognitions
- Skill building: problem solving, communication
- Homework
- Sexual Script modification
- Build individual/couple's strengths
- Sex education

PLISSIT MODEL

- P = permission: give clients permission to discuss their sexual issues and normalize thoughts, feelings and behaviors
- LI= limited information: involves psycho-education i.e., impact of medical or medications on sexual functioning etc.
- SS= specific suggestions: homework assignments
- IT = Intensive Therapy: used if the first three levels don't work

HOW DOES CANCER AND ITS TREATMENT AFFECT SEXUALITY: PSYCHOLOGICALLY

- **Individual Issues:** Anxiety, depression, fear of rejection, concerns about: disease recurrence, resuming sex, body image, finances, insurance
- **Partnered Issues:** Miscommunication, abandonment/sexual rejection, role changes, concern about partner's response to new appearance
- **Non-Partnered Concerns:** Dating/new relationship, disclosure of sensitive medical info, reproductive concerns
- **Loss/Alteration of a Body Part:** Meaning varies, can affect general/sexual self-esteem. May be self-conscious around partners

WHAT DO CLIENTS NEED?

- **Time to get used to the changes:** Increase comfort w/new body by looking/touching/exploring. Talk to partner re: feelings about new body.
- **Increasing comfort level w/sex:** May feel anxious about undressing in front of partner, sleeping naked. Attractive bedroom attire
- **Take the pressure off intercourse:** Express sexuality using other ways, e.g.: oral sex, kissing, fondling (without culminating in intercourse/orgasm)
- **Coping w/side effects:** Take into account energy/pain/sensitivity. Plan sex for when feeling energized
- **Decisions about breast reconstruction:** Reconstructed breast – little/no sensation. Positive feelings about appearance, increased self-esteem

COMMUNICATING WITH PARTNER

- **How to talk about sex:** Tell partner when/how to touch, kind of touch that feels good, positions/activities that provide most pleasure/minimize discomfort. May need extra lube, strap on dildos, vibrators
- **Survivor brings up the topic of sex:** Partners may not know what to say/fear talking will be painful for survivor. Need to discuss feelings and what's important to survivor
- **Partner may be concerned about pain/how should touch survivor:** Survivor should commit to telling partner when/if activity is uncomfortable so can proceed w/ confidence. Include partner in discussions w/practitioner
- **Although survivor may view themselves as "damaged, unattractive, unlovable", partner may not:** Partner may see the loss/alteration of body, changes/loss in sexual functioning, as less important in comparison w/survival of their partner

INFORMATION CLIENTS NEED TO KNOW

- Quantity, quality, variability and flexibility
- Communicate conditions for sex: emotional, psychological, sexual, environmental, behavioral, cognitive, preferences, types of stimulation desired
- Most treatment leaves desire/skin sensation/orgasm intact
- Television sex isn't real sex: Sexual V-8 moments- up to ¼
- Willingness (interest)→Arousal →Desire →Arousal →Orgasm
- Sex=connection, shared pleasure, reinforcing intimacy, tension reducer --NOT performance, orgasm or intercourse

HEALTHY COUPLE SEXUALITY (MCCARTHY, 2008)

- Partner as intimate/erotic friend, both responsible for change
- Individuals responsible for own desire/arousal/orgasm, teaching partner
- Mutual, synchronous sex isn't the norm- asynchronous
- Intimacy and eroticism equally important and necessary
- Touching occurs inside/outside the bedroom and is valued for itself
- Both partners feel comfortable initiating
- Touching shouldn't always lead to intercourse
- Both partners feel free to say no and to suggest alternatives

INFORMATION CLIENTS NEED TO KNOW

- Variety of ways to orgasm
- Orgasm: movement, external/internal talk, tensing/relaxing muscles, fantasy, multiple stimulation, oral/manual/rubbing/vibrator
- Men overvalue the importance intercourse has for the female partner
- Men don't need an erection or ejaculation to orgasm
- Orgasm stats for Women:
    - 90% of women don't orgasm through intercourse alone
    - 45 minutes from start to finish
    - 2/3 orgasm through multiple stimulation- 3 ring circus
    - less than 20% orgasm 100% of the time in couple encounters
    - average: 70% of the time in couple encounters

WHAT TO REMEMBER

- Participant vs. observer during a sexual exchange
- Transitions and rituals
- What's in your sex basket?
- Your Arousal Scale will dictate which gear you will go to

- Order:
  - where are you on the arousal/desire scale
  - what activities would you like to engage in from your sex basket that match where you on that scale
  - communicate to partner information on arousal/desire scale and sex basket choices
  - negotiate sexual differences

THE FIVE GEARS

BY BARRY MCCARTHY PH.D

- 1st: clothes on, affectionate touch
- 2nd : non-genital, sensual touch, clothed, semi-clothed, or nude
- 3rd: playful touch, intermixes genital/non-genital touching, clothed or unclothed
- 4th: erotic touch (manual/oral/rubbing) to arousal, orgasm
- 5th: integrates pleasurable, erotic touch, flows into intercourse

TREATMENT OF ORGASMIC/AROUSAL DISORDERS IN MEN AND WOMEN

- Self pleasuring: What do I need to be thinking/feeling/doing to have a good time?
- Sensate Focus
- Lube is your friend (silicone or hybrid)
- Vibrators
- Visual, audio, written erotica
- Sex Ed DVDs
- Sexual twister- position of the day playbook
- Practice being in your body: ice cream, showering, meditation, progressive relaxation

TREATMENT FOR SEXUAL PAIN DISORDERS

- Goal: get rid of pain, preserve ability to accept penetration with comfort
- Materials: 4 dildos: small, medium, medium-large, and partner size. Use silicone dildos; hybrid lube; erotica; vibrator. Soul Source Silicone Dildos.
- Mini Sensate Focus: ½ hour to 45 minutes
- When very aroused, rub lube on fingers and stimulate the vulva
- Order: 1 finger, 2 fingers, small, medium, medium-large, partner size dildo
- Stimulate body and clitoris. Combine with orgasm if possible
- Don't move from one stage to next until comfort and pleasure achieved

TREATING ED: ORAL MEDICATIONS - PDE5-INHIBITORS

- Sildenafil (Viagra), Tadalafil (Cialis), Vardenafil (Levitra) = Enhances effects of nitric oxide which relaxes muscles in the penis. Increases blood flow, get an erection in response to sexual stimuli

- Medications vary in dosage, how long they work and side effects
  - Levitra works a little longer than Viagra.
  - Both take effect in about 30 minutes
  - Levitra lasts for 5 hours, and Viagra 4
  - Cialis works faster, effects last up to 36 hours, daily works best
  - No impact on desire
  - May make it more difficult to orgasm
  - May not work for some clients
  - May have a high cost

TREATING ED: PENIS PUMPS

- Hollow tube placed over penis → pump sucks out air inside tube → creates vacuum pulls blood into penis → erection → slip tension ring around base of penis to hold in blood, keeps firm → remove vacuum device
- Erection lasts long enough for sex
- Remove tension ring after intercourse

Advantages:

- Works for almost everyone, regardless of nerve damage
- Can be used as often as desired, ring removed every 30 minutes
- Tends to be affordable

Disadvantages:

- Effort to use
- If ring is too tight, may cause pain, diminished sensation in penis
- Erection begins above the ring, so base of penis may swivel w/erection
- Not contraindicated if use blood thinners/blood clotting problems

MEDICATIONS FOR ED: INJECTION AND SUPPOSITORY

- Both relax the smooth muscle of the penis and increase blood flow

Self-injection: fine needle, base/side penis, takes 5-20 min, lasts 1 hr.

- ***Advantages:*** easy to prepare/administer, minimally painful, cheap, if can get over injecting themselves, and it works, can achieve most "natural" result
- ***Disadvantages:*** urethral pain, burning, limited to 1-2x week to minimize risks of scars/penile damage, ***priapism,*** bleeding from injection, fibrous tissue at injection site, use with caution in patients on blood thinners

Suppository: insert 2" into penis. 5-15 min, lasts 30-60 min.

- ***Advantages:*** no needles, easy to prepare/administer, inexpensive
- ***Disadvantages:*** side effects: pain, bleeding in the urethra, dizziness, fibrous tissue inside penis

TREATING ED: IMPLANTS

- Try other methods first
- Inflatable or semi-rigid rods made from silicone or polyurethane
- Semi-rigid rods keep the penis firm but bendable

- Inflatable devices:
  - Pump placed in scrotum. Squeeze pump → implant fills w/saline → penis erect
  - Check with Member Services to see if covered, and if so, how much it will cost

Advantages:
- Erection lasts as long as implant is inflated
- Control when and how long erection lasts

Disadvantages:
- Low rates of satisfaction – sometimes unrealistic expectations
- Complications: bleeding, scarring, problems w/anesthesia, expensive
- Post-surgical pain, infection, could require removal of implant.
- Head of the penis: numbness, remains soft during erection
- If you aren't satisfied, or have a complication requiring removal, you close off other options

LUBRICANTS

Water-Based Lubricants Without Glycerin

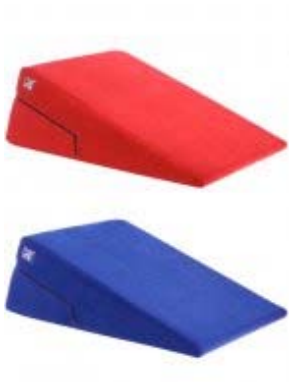
- **Pros:**
  - rinse out of the body easily
  - easy to clean up
  - condom-compatible
  - can be used with virtually any sex toy, even silicone
  - don't contribute to health issues like yeast infections
- **Cons:**
  - prone to drying up faster than other types of lube
  - can feel sticky on the skin
  - not as long-lasting as silicone
  - not effective for use in water (in the bath, etc.)
  - creamy lubes often taste bitter

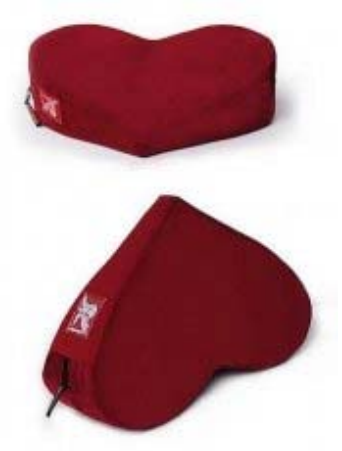
LUBRICANTS

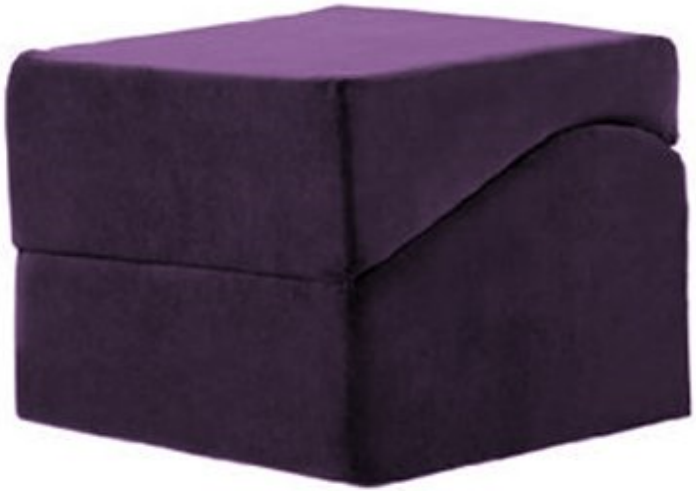
Silicone-based lubricants long-lasting, feel more like oil

- **Pros:**
  - last longer
  - cost-effective
  - condom-compatible
  - never get sticky
  - stay on in water
  - can be used for massage since they don't dry out
- **Cons:**
  - can compromise integrity of some brands of silicone toys
  - can compromise integrity of softskin and cyberskin toys
  - are more difficult to rinse off/out (especially out of the vagina)
  - tend to cost more for the same amount

TOYS FOR POSITIONING



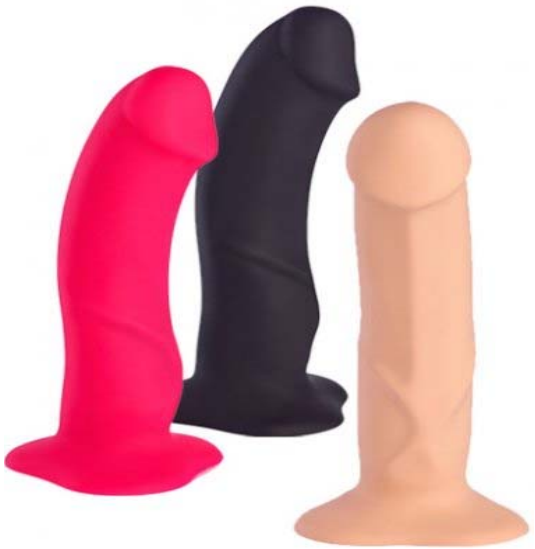


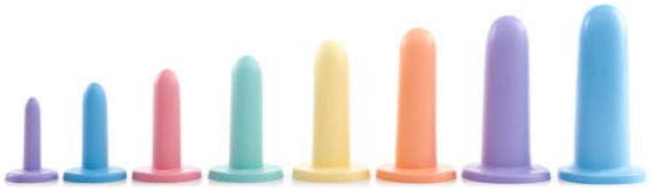


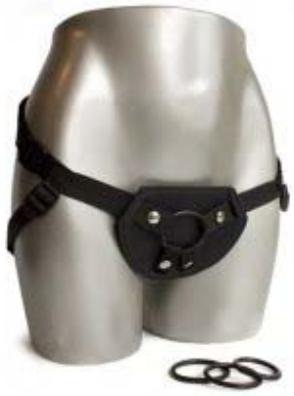
SEX TOYS

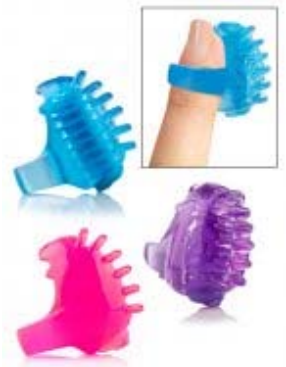
WWW.GOODVIBES.COM – GOOD VIBRATIONS

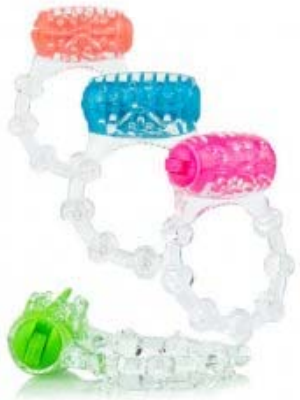
(RESOURCE FOR DVDS, TOYS, LUBE, BOOKS)

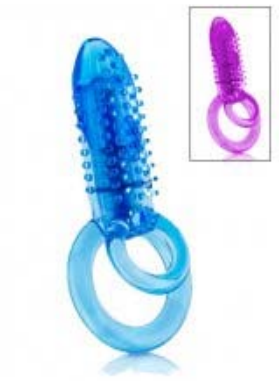


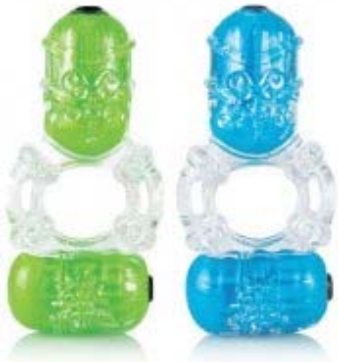












HOW DO YOU GET AN APPOINTMENT WITH ME

NIGHT AND WEEKEND APPOINTMENTS AVAILABLE

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- PHONE NUMBER (510) 913-4588
- E-mail: brynabx@yahoo.com
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Advances in oncology treatment result in an increased population of cancer survivors. Some problems that were not traditionally seen as a priority in doctor-patient communications have become more important in oncology clinics today. One of the most prevalent among cancer survivors concerns sexual dysfunction.Â This E-Learning module is an important attempt from ESMO side to tackle sexuality and intimacy issues after cancer and increase educational opportunities for oncology professionals in this important topic. Although itâ€™s a culturally sensitive issue, the author provides evidence based information in terms of means for professional help and provides useful advice on how to encourage communication and act proactively during the consultation.