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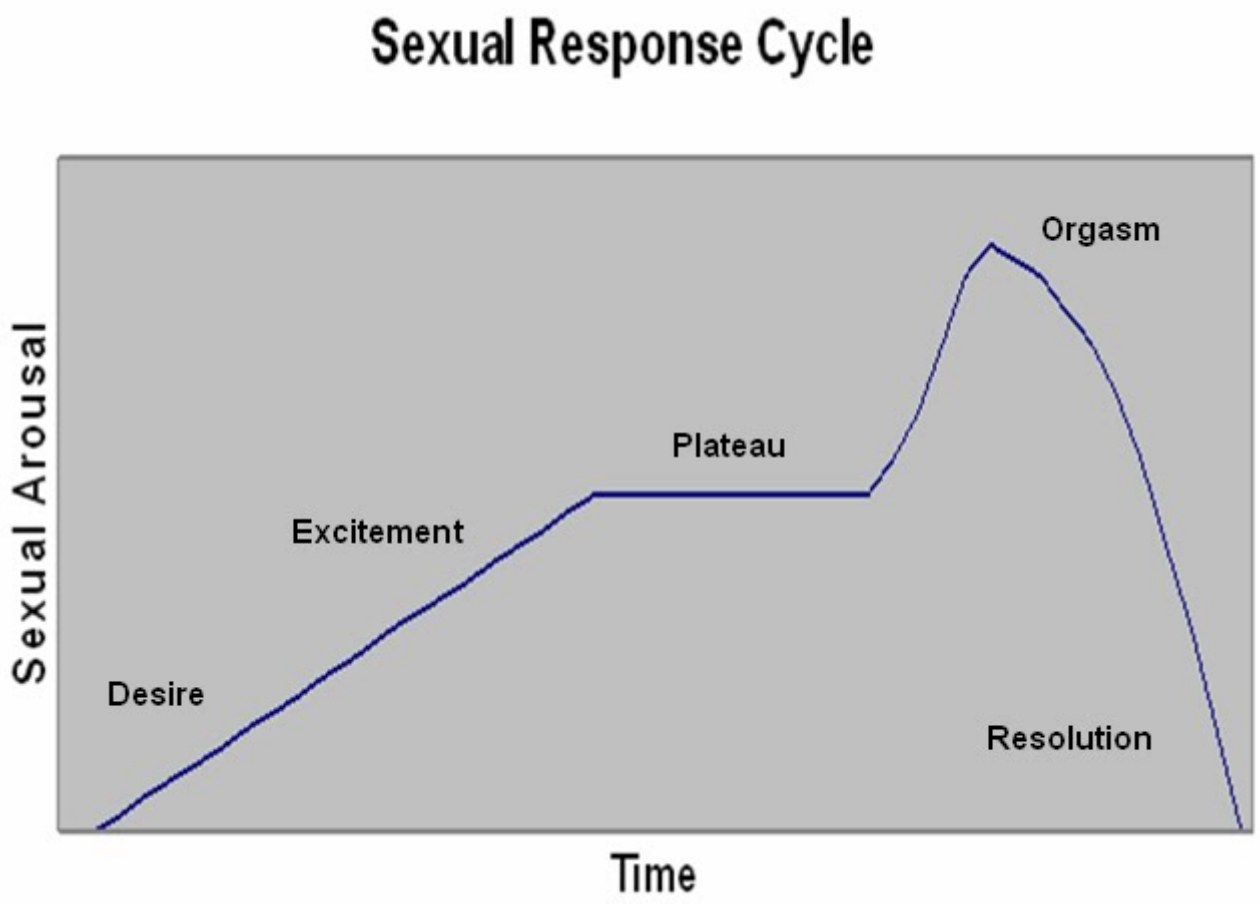
Sex and Intimacy post cancer treatment

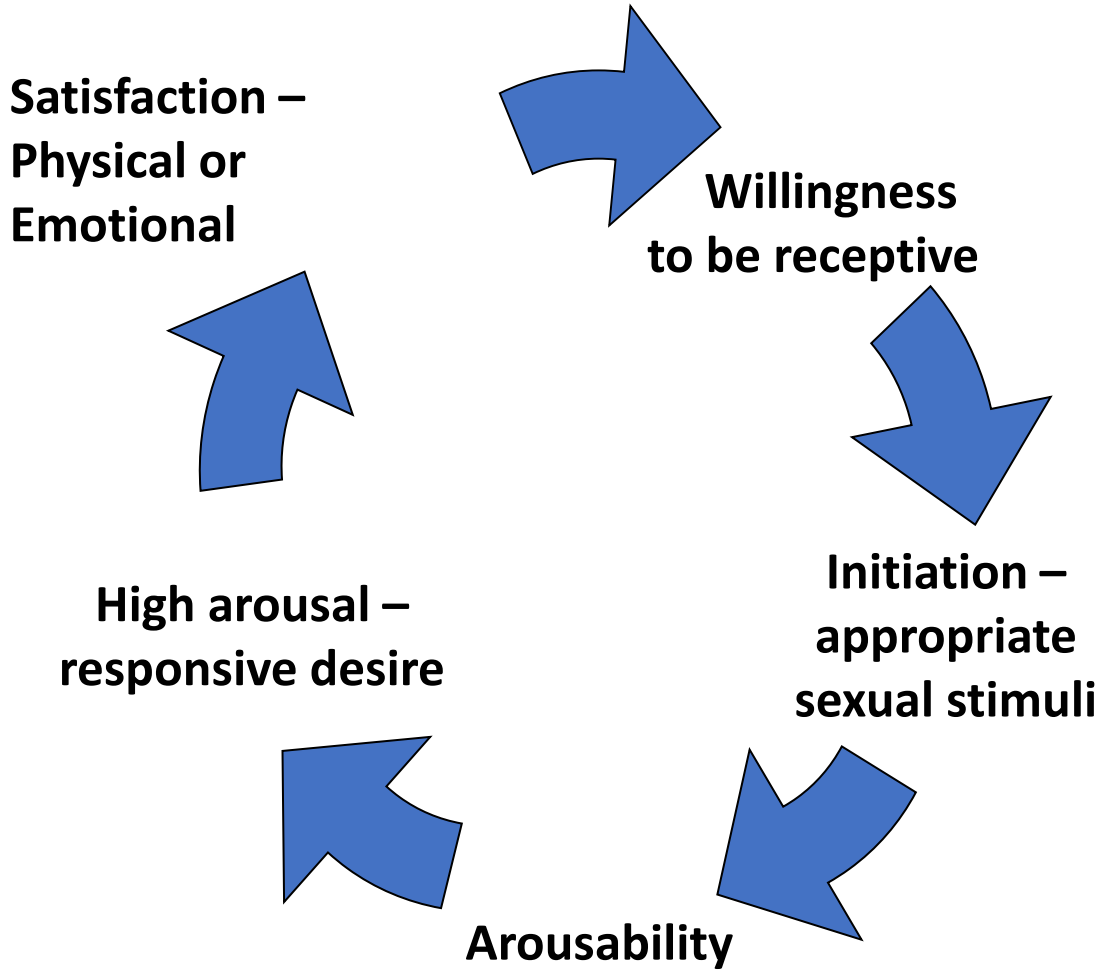
Firstly- what's 'normal'?

- Master's & Johnson created linear model of sexual response
- Kaplan added desire on to their model
- Basson, 2001, felt that the linear model was a male model and from her work she created the female model of desire, which is now widely accepted amongst sex therapists although it has not been taken up by popular press.
- We now understand that the 'female model of desire' applies to men in long term relationships and men who have and interact with their children frequently. This is probably due to a slight lowering of testosterone. The state of neutrality is now considered the new normal for many couples.

Masters and Johnson/Kaplan



Basson Model of responsive desire



Adapted from Basson, R., (2003) Biopsychosocial models of women's sexual response, Sexual *and Relationship Therapy*,18, 108-114

Sexual Side Effects of Cancer

Lets talk about sex?

- A recent European study noted that less than 50% of physicians raise sex and sexual dysfunction with their patients.
- Physicians tended to raise it less for cervical cancer patients than prostrate cancer patients.
- Only 14% of women who asked for help with sexual dysfunction following gynaecological cancer received appropriate help.

- Reference: Graziottin,A et al, 2017: Sexual Rehabilitation after gynaecological cancers in Cancer, Intimacy & Sexuality: A practical Approach (Reisman, YR & Gianotten, WL Eds)

Physiological consequences- female

- early menopause- hot flushes, loss of libido, vaginal dryness.
- There may also be a thinning of vaginal walls
- shortening of the vagina
- There may be bleeding during sex
- infertility.
- Inorgasmia
- Incontinence/ stoma
- Inorgasmia- nerve ending damage
- Tiredness, low libido
- Change of body shape

Physiological consequences- surgery

- Overlap with radiotherapy in terms of inducing menopause- vaginal thinning, shortening, dryness, dyspareunia, vaginismus, inorgasmia etc.
- Can also led to scar tissue that can cause dyspareunia
- Damage to nerve endings that can cause numbness or lack of sensations
- Fertility can be preserved with minimal surgical removal, although there might be scarring to the uterus, it cannot be with hysterectomy.

Physiological consequences male

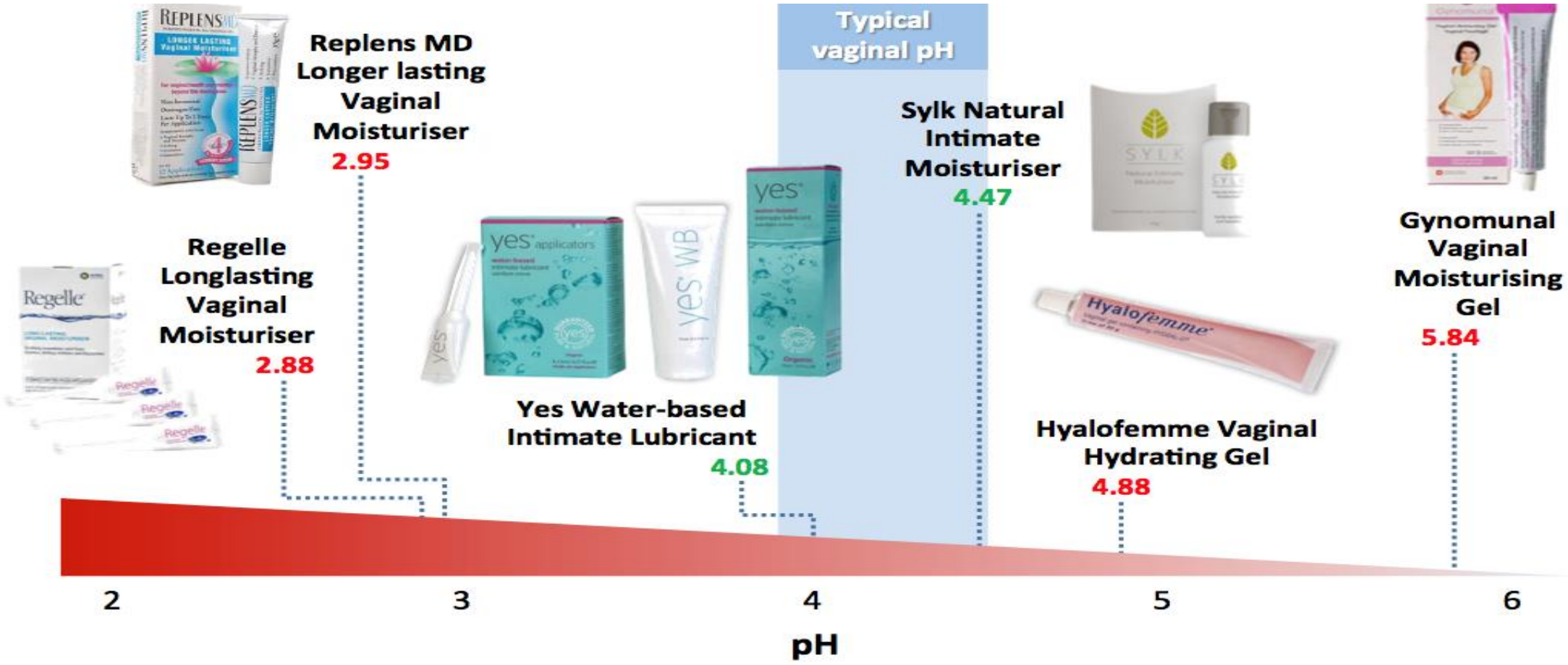
- Delayed or premature ejaculation related to increased or decreased sensitivity
- Erectile disorder
- Bleeding in sex and dyspareunia
- Incontinence/stoma
- Shortening of penis or penile loss
- Removal of testes
- Tiredness/low libido
- Change of body shape

What can psychosexual therapy do to help?

Help!

- Firstly- get a good lubricant. Oil if there is any thinning of bleeding of vaginal walls or head of penis. Use condoms if there is penile bleed. Internal anaesthetic cream is available for dyspareunia.
- Secondly- if there is vaginal atrophy or vaginismus due to the vaginal trauma, you can use dilators and/or ohnut-please work with a psychosexual therapist or combined with a physio and psychosexual therapist.
- Thirdly- pelvic floor exercises and pelvic physiotherapy can help with vaginismus, bowel control, delayed, premature ejaculation and erectile disorder when related to muscle damage.
- KNOW WHAT IS OUT THERE TO HELP YOU….

pH of products available



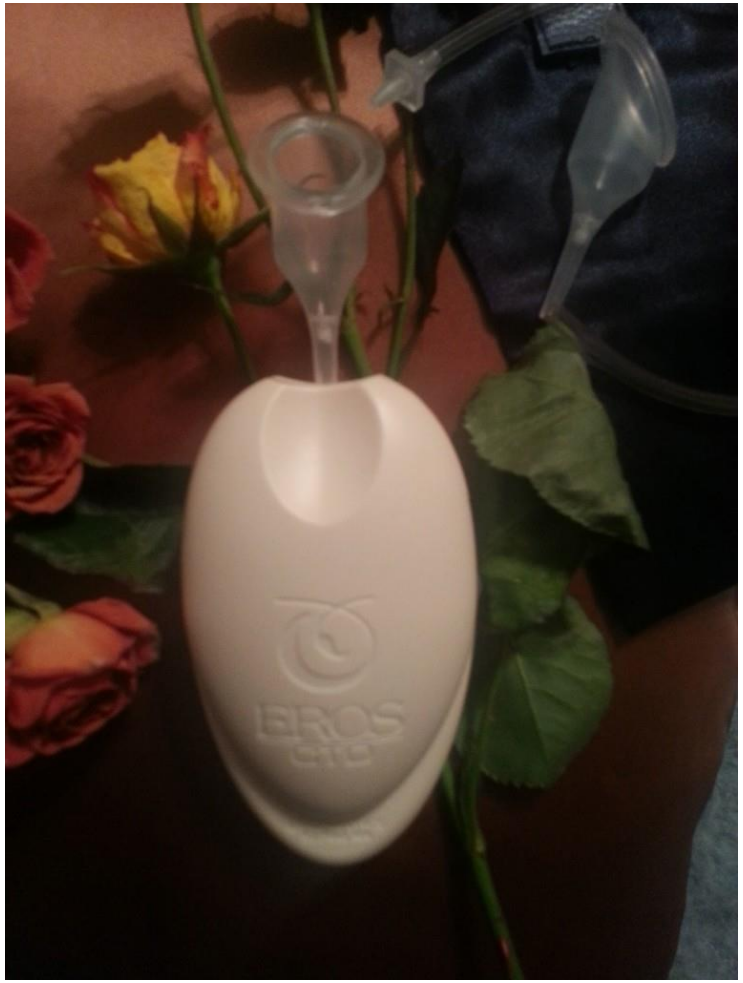
Self-Focus- dilator use and vaginal care

- As a psychosexual therapist my aim is to help individuals create a loving and intimate sexual relationship
- This requires self-love and self-respect.
- My aim is not successful penetration does not need to be the end goal, it is getting women to a place where they can decide whether they want to let someone back inside.
- This involves them learning to stay inside themselves.
- Dilators need to be used in a mindful way.

Silicon Dilators

The ohnut : www.pelvichealth.uk

The Eros Device www.eros-therapy.com



Anal Plugs https://www.coloplast.co.uk/Peristeen-Anal-Plug-en-gb.aspx

For men

- There is also Viagra, Cialis and cream, which will work as long as there as not been any severe damage to the blood vessels….but desire is still needed for these treatment to work and if the nerve endings are damaged accessing enough desire to start the blood pumping can be difficult.
- Equally if there is a lot of anxiety it can cut across desire and prevent Viagra from working.

The Vacuum Pump- owenmumford.

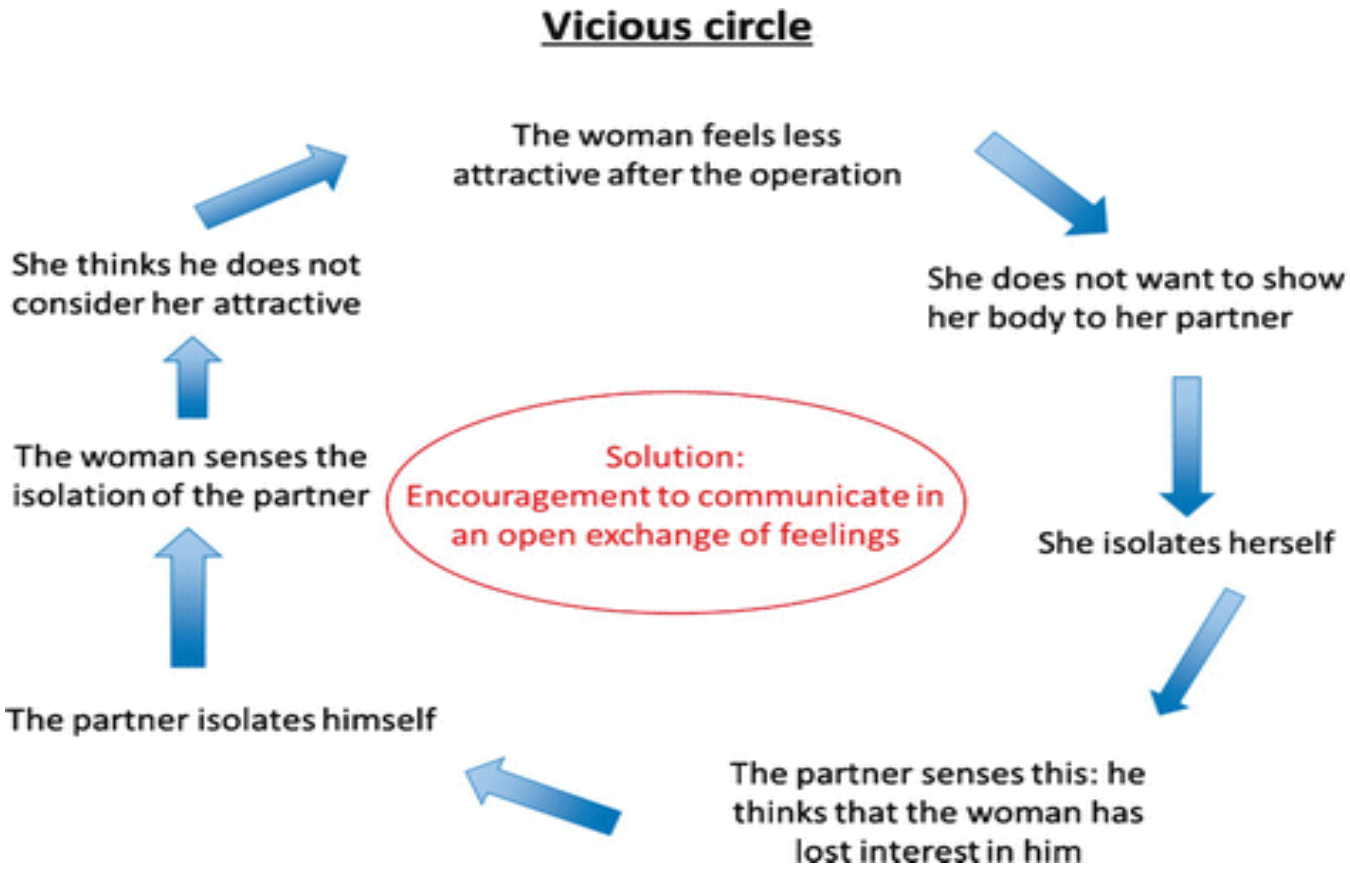
Penile Implants

Psychological Consequences that impact sex

- Disconnection or disassociation from your body- body has been a site of trauma and it can become hard to stay ‘in’ it because of this.
- Low self-esteem – disgust, anger at the body.
- Depression
- Relationship issues
- Mourning – especially in cases of infertility and cases where surgery has meant a noticeable absence of body parts like breasts and testes.

The Couple Relationship

Relationship Model/ Vicious Circle



Hasenburg & Farthmann, 2017: Sexual Function after Gynaecological Cancer in Cancer, Intimacy & Sexuality, (Reisman, Y & Gianotten, W.L (Eds)), 2017, Springer Press

Impact on the partner

- A higher percentage of partners of cancer survivors experience sexual dysfunction themselves - low libido or erectile issues
- This is because:
- - they are scared of causing pain
- they feel their partners anxiety and feel anxious themselves
- -they might feel their partner has changed in appearance and smell (this can be unconscious or conscious)
- -the genitals and body is a site of trauma for the partner too
- -they haven’t processed their own emotions around the diagnosis such as fear of death, rage, sadness.

Sensate Focus

- I use sensate focus to help partners reengage after treatment.
- This is a process in which the partners start from scratch and get to know eachothers bodies as if they were a courting couple e.g exploratory touch
- The focus is not on the symptomatic individual, but on the relationship.
- I work psychodynamically, which means as well as setting ‘homework’ that the couple have to do, within the session we will think about feelings, childhoods – models of sexuality and parental relationships- and the meaning of sex and the cancer for both partners.
- Increasing physical and emotional intimacy is the overall goal.
- **Couples often report a more satisfying overall sexual experience than what they had pre-diagnosis and treatment.**

- Psychosexual therapy comes post-treatment. During treatment couples are too tired and sex is often the last thing on their minds.
- It is important to give yourself a break from worrying about sex and sexual function. Psychosexual therapists exist and we can help. Put your energy into the treatment and recovery.
- However- if it's on your mind, talk about it. If it is hard to talk about sex then coming to a sex therapist pre treatment with your partner can help open up this dialogue.
- A lot of literature and GPs suggest that resuming sexual intercourse 6wks after treatment is 'normal'- there is no normal. Everyone is different. Take time, listen to your body.

What do you need from me?

Question/answer.

Generalised group discussion.

Psychosexual Referrals

- Psychosexual therapy is usually weekly.
- The therapist sets the couple exercises to do x3 per week at home and then they report back to the therapist about what worked, what didn’t work etc.
- Dublin referrals:
- https://www.mindandbodyworks.com/cms/
- Greater Ireland referrals:
- https://www.cosrt.org.uk/information-for-members-of-the-public/therapist-listing/