

cancer answers

Cancer Answers is a series of free public lectures, presented by *Cancer Care Nova Scotia*, on a variety of cancer-related topics. The lectures, delivered by cancer experts, are designed to raise awareness and educate participants about issues related to prevention, screening, early diagnosis, treatment, survivorship and palliative care.

Following each lecture, the presentations are posted on the *Cancer Care Nova Scotia* website.



Women, Cancer & Sexuality

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November 15, 2011



How much of an issue is sexuality in cancer?

- The impact of cancer on sexuality and sexual function can be significant
- Impacts varies depending on where one is in the cancer trajectory.
- Most cancers have been shown to have some impact.



Increased risk for sexual difficulties . . .

- At any age beyond puberty
- Gynecological / breast & other surgeries
- Chemotherapy
- Radiation to the pelvis

(Krebs, 2006; Katz, 2007)






Other factors that increase risk . . .

Medications (e.g. antidepressants)

- Psychological/emotional aspects of illness and body change, e.g.
 - body image / function
 - loss/ grief
 - relationship changes
- Treatment side effects (e.g. fatigue, muscositis, pain, nausea)



- 
- Sexual health concerns are identified frequently by cancer survivors as one of the highest areas of unmet need.
 - The number of women reporting sexual problems varies by study from 50-56%.

Avis et al., 2004; Baker, et al, 2000; Bloom, 2004; Bukovic et al., 2004 & 2005; Fobair et al., 2006





The effect of early menopause result in troubling symptoms such as hot flashes, vaginal dryness, dyspareunia, loss of sexual desire, difficulty with arousal and orgasm and alteration in body image. These effects have been shown repeatedly to decrease sexual activity and satisfaction.


Ganz, 2005; Ganz et al., 2003, 2004; Schover, 1991



How is the health care system doing in addressing these needs?

- Patient satisfaction surveys suggest that 40-50% of people affected by cancer are dissatisfied with how their sexual concerns are addressed
- However, less than 10% of those speak to their health professionals about their concerns





While some sexual effects improve over time, numerous studies have identified that other problems persist or worsen in the 5 years following chemotherapy for breast cancer. The research is not better for other cancers.

Arora, 2001; Avis et al., 2004; Bloom, 2004; Fobair et al., 2006; Fobair & Spiegel, 2009; Ganz, 2005; Ganz et al. 1996, 1999, 2003, 2004; Gupta et al., 2006; Schover, 1991, 2008



What *is* the role of health professionals?

- In one study, 96% of health professionals said that sexual concerns were within their domain of practice
- BUT only 2% regularly asked about sexual concerns



Constructions of sexuality & intimacy after cancer*

Professional Clusters:

- *It is not life or death*
- *I manage to avoid*
- *I can't expose my vulnerability*
- *It is risky business*
- *Negotiated communication*

Hordern & Street, 2007



Constructions of sexuality & intimacy after cancer*

Patient Clusters:

- *Survival is more important than my sexuality*
- *Trust in the expert*
- *Search for options*
- *Am I normal*
- *Negotiated communication*

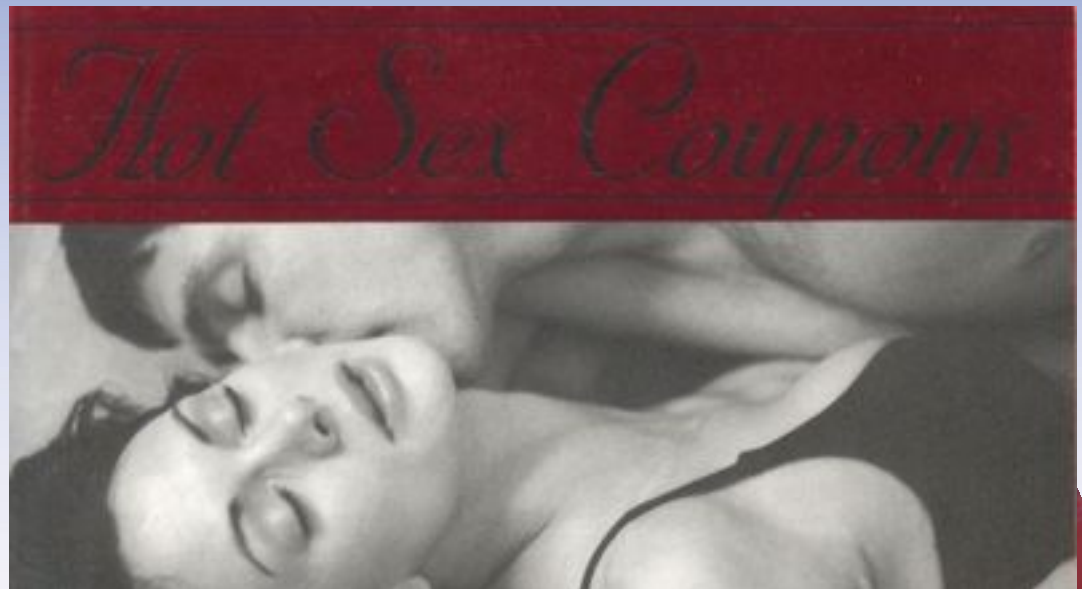
Hordern & Street, 2007



Sex

is an either/or
phenomenon –
appealing or
appalling,
rarely in
between

(Davis, 1983, p. 87)



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Normative Views in North America



Psychological & emotional effects of sexual problems

- Unresolved problems can be devastating to both the woman and her partner
- Effects can range from feelings of embarrassment & shame to humiliation, erosion of relationships and more complicated mental health problems

Impact on relationships

- For those who are in a romantic relationship there are some common scenarios that can develop.

I wait for her to let me know that she is interested – I don't want her to feel pressured (male partner).

He has always been the initiator – he hasn't let me know that he is interested (and I am not sure I am) but I feel like he doesn't find me attractive anymore (female partner – who has experienced cancer).



- *The few times we've tried to have intercourse it has just hurt – now I am afraid of it hurting. We are not even very affectionate anymore – I am afraid of sending the wrong signals.*



4 Common Problems *(and what to do about them)*

- Loss of interest or desire
- Painful intercourse
- Difficulty with orgasm
- Altered body image

Loss of Desire

- Can occur at any time in the illness
- May be temporary, enduring or pre-existing
- Tied to feeling ill, an altered sense of body, fatigue, pain, changes in hormone levels (menopause).

What to do about loss of desire

- Start slowly
- Recognize that everyone needs touch and affection . . . begin there
- Expressing affection physically does not require that one continue on . . .
- Think of sex as a meal . . . sometimes you want just the appetizer



What to do about loss of desire

- On the other hand . . .

L'appetit vient en mangeant (Appetite comes when we eat)



Uncomfortable or Painful Intercourse

- Very common with menopause, pelvic radiation, some surgeries, some treatments
- Several recommendations to improve this . . .



Uncomfortable or Painful Intercourse

- Lubricants during sex
- Vaginal moisturizers
- Vitamin E
- Relaxing tight vaginal muscles

Uncomfortable or Painful Intercourse Lubricants

Several types:

- Water-based
- Silicone
- Flavored or warming*
- Petroleum*



* NOT recommended

Uncomfortable or Painful Intercourse Lubricants



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Uncomfortable or Painful Intercourse Moisturizers

- Needed regularly – like a facial moisturizer
- Apply at bedtime 3 times/ week
- Discharge common (initially)
- A fair trial is 4-6 weeks



Uncomfortable or Painful Intercourse

Vitamin E

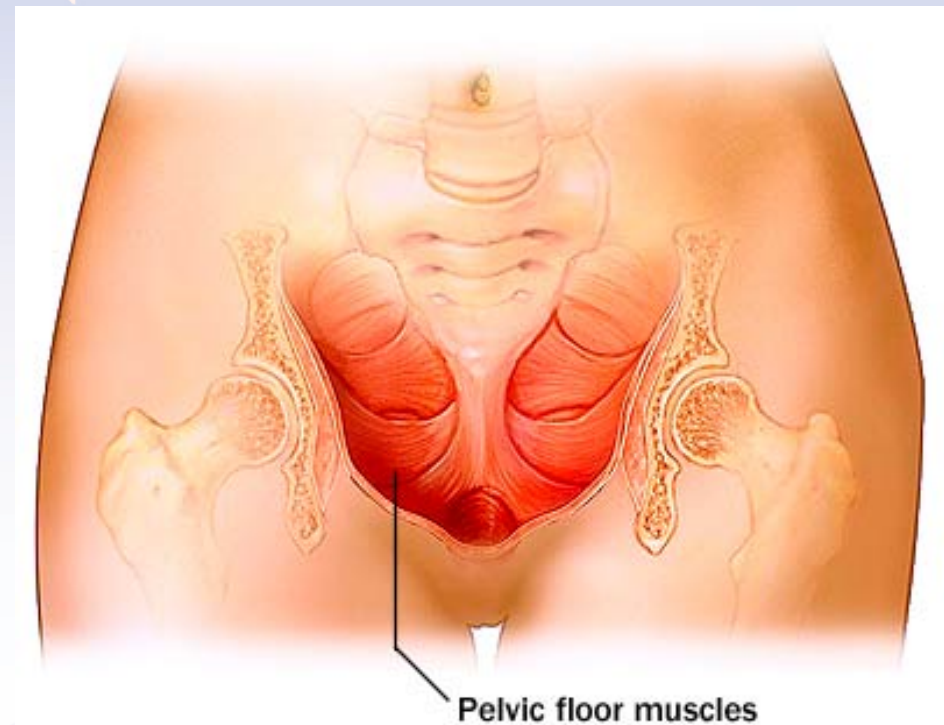
- 100-600 IU daily by mouth or applied to vaginal skin may be helpful
- Little research; based on clinical experience



Uncomfortable or Painful Intercourse

Relax tight vaginal muscles

- Kegal (pelvic floor) exercises
- Daily at least twice
- Tense, hold for a count of 3 and relax; repeat 3 times



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Uncomfortable or Painful Intercourse

Estrogens

- Estring
- Local estrogens with little systemic effect
- Safe for many women to aid vaginal health



Uncomfortable or Painful Intercourse Dilators and Dildos

- Women who have had pelvic radiation will generally need to take extra measures to protect their vagina from scar tissue
- Stimulation and regular dilation should help



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Dilators – Cool water cones

<http://www.coolwatercones.com/purchase.htm>



Difficulty with orgasm

Several reasons why orgasm may be a problem, for example:

- Lack of desire
- Impact of surgery
- Effects of chemotherapy or other medications
- Fatigue

What to do about orgasms?

- First of all, try to de-emphasize orgasms
- Consider your arousal level – what's on your mind during sex? At other times?
- Try to improve communication about preferences.
- Consider what makes for a good sexual experience for you (timing, space, etc)
- Experiment solo



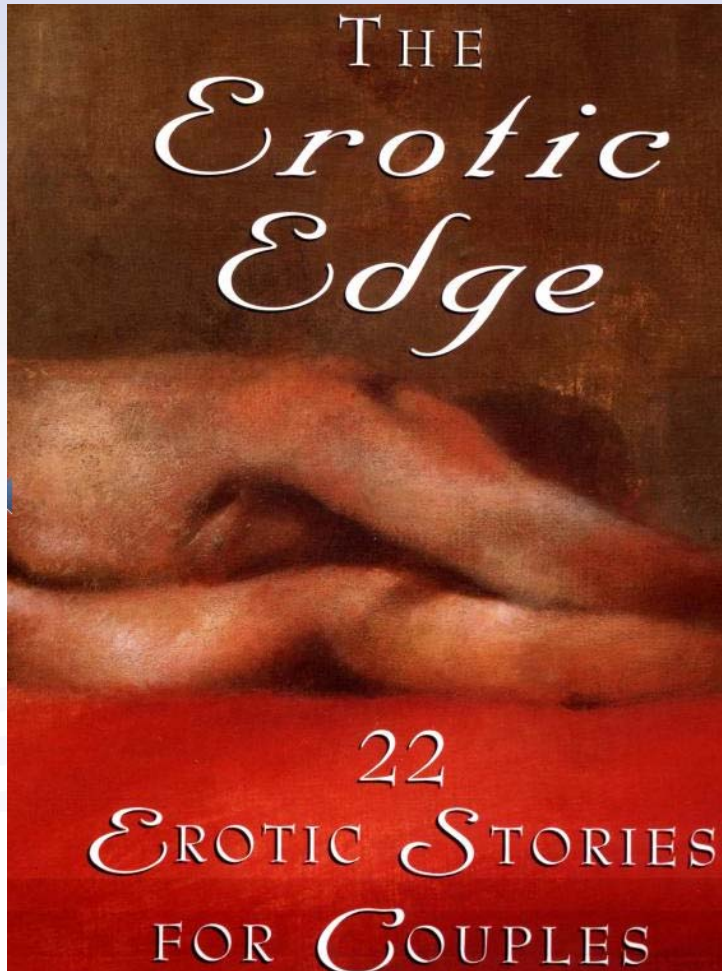
What to do about orgasms?

- Consider trying sensate focus exercises
- Try a new routine, position, toys or stories
- Try some books
- Consult a health professional

Vibrators



And Erotica . . . Lonnie Barbach





Body Image

- When we are very concerned about how our body (or parts of our body) look, this can seriously hamper desire for sex
- Body image issues arise with any significant change to our bodies – we can feel alienated, embarrassed, ashamed or even repulsed
- Most body image concerns improve with time – there is a need to gradually make friends with a changed body and to positively reframe

Body Image

Neither you (nor your partner) may *like* the evidence of cancer on your body, but finding a way to feel compassion toward the scars may help you to accept them.

Initially you may feel more comfortable with some clothing during sex – there are lots of possibilities here – be creative.



Mirror Exercise

- Start with some clothing on and a full length mirror. Spend 5-10 minutes appreciating your body and presentation (find at least 3 things).
- When you can do that comfortably, try it in underwear; then move onto being nude.
- If bright lights intimidate you, try candlelight.
- When you can do this on your own, consider repeating the exercise with your partner with each of you generating things that you appreciate or love about each other as well as yourself



You've got to make peace with your body. After my mastectomy, I'd dress and undress in the bathroom. Then we took a delayed honeymoon. My husband didn't like my hiding in the bathroom. 'Come on out—I love you,' he'd say. 'Two breasts are better, but one is okay! —Emily *breastcancer.org*



For a long time I couldn't look at myself in the mirror. Finally I did. I really wasn't as awful as I had imagined. It reminded me of a quilt – stitch marks across my chest. Quilting was something my mother and grandmother did – when I thought of that I felt much stronger – scarred – but strong.



A word about communication . . .

- The only answer to sexual concerns is to talk, talk and talk some more!!
- Schedule some uninterrupted time
- Start with easy things and move to more difficult – really try to listen and be honest.
- Reassure your partner
- Consider a third party



I LOVE YOU TOO, DEAR... BUT CAN WE MAYBE TAKE A NIGHT OFF FROM SPOONING?



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Where to get help

- Internet resources. Explore the websites of reliable sources like the CCS /ACS, and cancer specific support groups
- Online support Cancer Chat Canada (www.cancerchatcanada.ca)
- There are professionals available to help – speak to your physician or nurse.



Intimacy After Cancer

A Woman's Guide



Dr. Sally Kydd & Dana Rowett



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Resources



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Thank you!

