Sex and Intimacy after Cancer

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Sex and Intimacy after Cancer

- You are not alone if you questions, are afraid, are ashamed. Think this might be trivial: After all I am alive, should that not be enough
- Sexual Dysfunction is very common, even in the non-cancer population:
- In an article from 1999 among US women:
- 30% of women between the ages of 18 to 59 lacked interest in sex
- 25% in the same age group were unable to achieve an orgasm
- 10 to 20% had pain during sex
- The landscape does not look too much different today

Sexual Dysfunction

- Has now been added to the latest DSM-5:
- Female Sexual Interest/Arousal Disorder
- Female orgasmic disorder
- Genito-pelvic pain/penetration disorder

- So, if we are now in the DSM-5 does that mean we are crazy?
- Possibly,. However, it also opens up the area to research and “legitimacy”

Female Sexual Dysfunction

- What do we have as treatments?
- Sadly not a lot….or not a lot that actually works

Medical Options

- FDA approved medications for Hypoactive Sexual Desire Disorder (HSDD) in women who have not gone through menopauise
- Flibanserin (trade name Addyi)
- It is a repurposed antidepressant
- Needs to be taken daily
- Appeared to increase the number of Satisfying Sexual Events from 1.5 to 2.5 over 24 weeks in about 500 women versus placebo

Medical Options

Bremelanotide (Vyleesi) injection

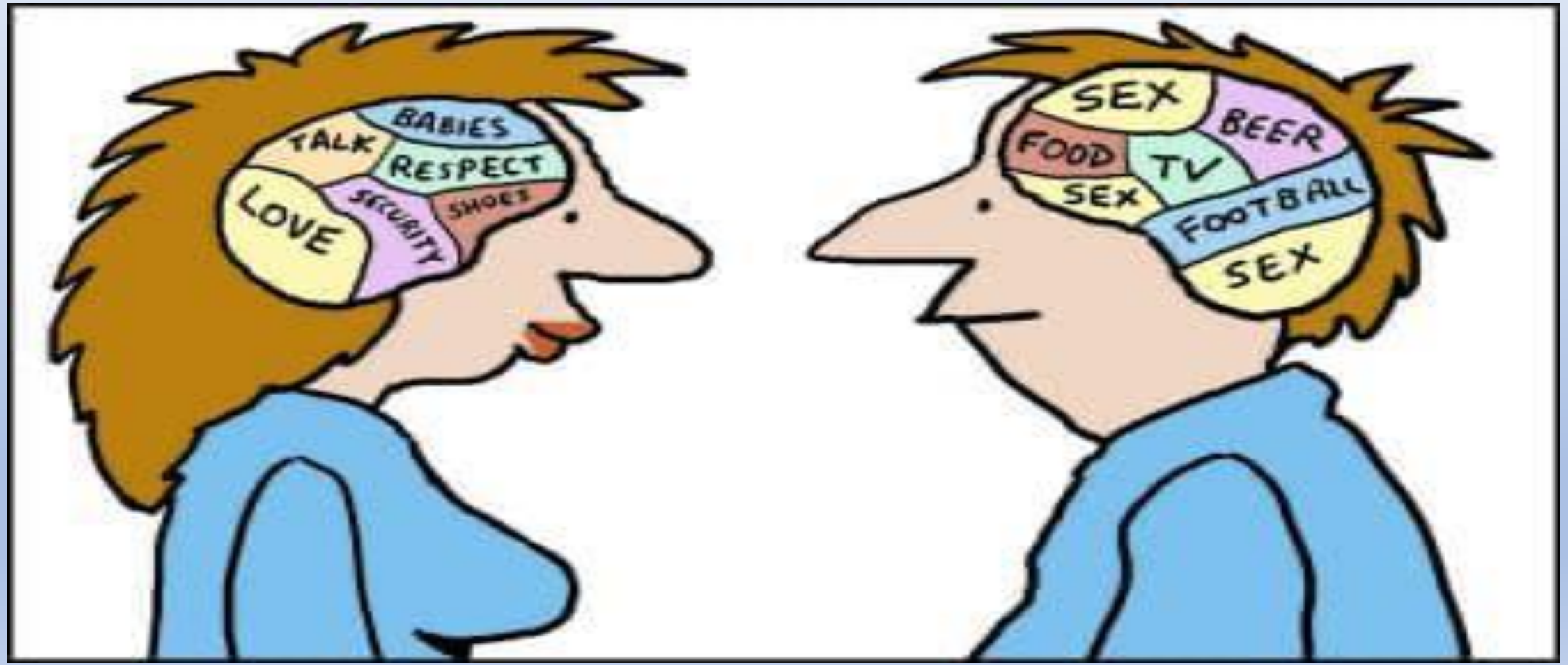
Needs to be injected 45 minutes before the woman wants to have sex

FDA approved for HSDD in premenopausal women

Does not contain hormones, work on the brain

It was about 25 % effective in women who took the injection versus 17% in women who received placebo

Sadly: THERE IS NO VIAGRA FOR WOMEN!


BABIES
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All kidding aside

- After cancer there are many concerns:
- Looks, often body image is different
- Hormonal changes
- Fear of the cancer coming back
- Cancer changes you

Questions and hopefully some answers

- I am ER+ PR+. What safe options do I have to help with libido? I'm young and it went away almost immediately during 2 years of treatment. Also, my wife is in natural menopause and having the same struggle.
- Unfortunately we don't have a lot to offer for lack of libido, however
- There are over the counter supplements that appear to have some benefit, such as L-Arginine and Citrulline
- Sex Therapy may help to find other ways of being intimate.

Communication about needs and concerns

- What are effective ways to communicate my issues and needs with my partner? For example: body issues, libido, sex play…
- Ideally, these discussions should happen prior to any surgical interventions. Definitely outside of “the bedroom”. Possibly with the help of a therapist.
- Often women have significant grief about losing body parts and even just having cancer. These feelings have to be addressed and worked through. Being cancer-free is often not the end all and be all, as the changes to the body and the mind have far-reaching consequences.

- How will having my ovaries removed effect my sex drive?
- Removing the ovaries and all of the hormones that they produce may affect sex drive negatively. However, feeling free from fear of recurrence may have a calming and freeing effect.
- The biggest issue I see in my practice is vaginal dryness and pain with sex.
- Have an open and honest discussion about the pros and cons of removing the ovaries, as well as the reasons.

- I'm curious how malleable a vaginal cuff is after total hysterectomy.
- The vaginal cuff is as malleable or stretchable as it was prior to hysterectomy. The biggest effect will be due to vaginal dryness, which reduces the pliability of the vagina and reduces the natural folds in the vagina.
- A baby’s head can pass through a vagina, a penis will fit. I personally had concerns about whether my partner would "fit," how much pressure it can take through sex, etc.
- Is it possible for cuff to reopen even a year or more after surgery.
- The biggest risk for a “cuff dehiscence, the cuff opening, is within 3 to 6 months after surgery. At the year mark it would be highly unlikely to have a dehiscence.
- Are vaginal orgasms possible? Yes. Or clitoral orgasms. Does the mystical G-spot even exist
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- Solutions for vaginal dryness. Are topical estrogen creams safe if I’m hormone positive.
- The amounts of estrogen in vaginal preparations are so low that they usually have no systemic effect.
- What natural options are safe to use?
- Vaginal lubricants, silicone and water-based ones. Coconut oil, jojoba oil, olive oil are all options.

- Birth control options for those whom hormones is not at option? Is an IUD an option? Are men's birth options covered by insurance?
- IUD s are an option. For most patients copper IUDs are an option. For some Levonorgestrel IUDs are an option for some after discussion with their oncologist.
- There is currently no safe and reliable and reversible male birth control. However, vasectomies are covered by insurances

- A lot of the recommended lubricants by cancer centers actually don't have "clean" ratings with Think Dirty or EWG apps. Can he either recommend lubricants that have a happy balance between the two or dispel any myths about the "dirty" lubricants.
- Not sure what “dirty” lubricants are…
- There are water-based and silicone-based lubricants, mostly it is a personal choice of what to use. Most lubricants are paraben free if that is a concern. It also seems that the list is growing almost daily

-) Can he talk about how psychiatric medications can affect libido & ability to orgasm and how to find that happy balance?
- Most psychiatric medications decrease libido. Depending on what the meds are for a discussion with the psychiatrist may yield results.
- Unfortunately, one of the only medications for decreased sexual arousal is a somewhat “failed” antidepressant which depresses libido less.

-) I know much of the Sex & Intimacy questions center around hormone therapies - would love to see some information on women who go back to natural cycles (TNBC) and any tips he has w/getting reaquainted with your cycle, and safe non-birth control options that don't absolutely suck (condoms & vaginal dryness don't always mesh!). If he has any additional tips to throw in for women with endometriosis or PMDD which are typically managed by oral contraceptives which is not an option for cancer survivors (this came out of nowhere when my non-oral contraceptive cycle returned) - I am there for those!
- Not sure what “getting reacquainted” means or “safe non-birth control options”…
- PMDD can be treated with antidepressants. Endometriosis is difficult as Tamoxifen will often exacerbate endometriosis. The alternative of ovarian suppression and aromatase inhibitors is often not palatable.
- Sadly, there are not a lot of good and safe non-hormonal contraceptives put there. “natural family planning” has the draw back that it relies on regular cycles. Many cancer patients don’t have regular cycles.

In Closing

- Other ways to deal with pain during sex are a pelvic floor physical therapist: often due to treatment and surgery the pelvic floor and its muscles are not in balance, thus specific exercises will be of immense help
- Sexuality Counselors are available in most major cities and often can help bridge the gap in communication between partners.
- A therapist can also help realign the roles from caretaker to partner and lover. They can also address fears about hurting the partner and perceived fragility.

Questions???