

The C.R. Wood Cancer Center at Glens Falls Hospital

# CONNECTIONS

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# EXTRA

C. R. Wood Cancer Center

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*Editor's note: What follows is a candid discussion about sex and specific ways to compensate for changes or losses that may occur due to treatment. This content may not be suitable for everyone. With this in mind, we have included this article as a separate, removable section.*

# Sexuality and Cancer

By Vickie Yattaw, RN, OCN®, CBCN and Paul Miller, RN, OCN

Your relationship with your partner can be one of the more complicated yet wonderful experiences a person can have. As the popular book on relationships suggests, you and your partner may not even be from the same planet. Men and women are different and there lies the joy and frustration that human intimacy presents. If you or your partner is diagnosed with cancer, your intimate relationship may require even more understanding, communication and a willingness to modify in order to maintain a healthy state. What follows is a discussion on female and male sexuality. We will discuss some of the basic psychosocial aspects of intimacy as well as some of the practical things that can be tried in order to help normalize the changes (or losses) that may occur due to cancer or its treatment.

It has been said that “for a woman to have sex she needs to feel loved and for a man to feel loved he needs to have sex”. Men have a tendency to objectify or notice the physical aspects of intimacy and sexuality first while women may attend to the emotional and spiritual aspects of a relationship first. When a cancer diagnosis changes the physical aspects of male sexuality, it may be helpful for a man to focus on emotions, feelings and touching for him to express his intimacy. A man who is attentive and present to his partner emotionally and views holding and cuddling as a reward in itself, is more likely to cope with a physical sexual loss. Women’s sexuality persists even when faced with challenges. It’s not based solely in physical attributes, but in the heart, mind and soul. Women feel pleasure physically, but it is also felt in the head and heart. Part of our sexuality, for men and women, consists of how we seek out pleasure, intimacy, and connectedness with our partners.

The brain is the primary sex organ because of its role in the thoughts, fantasies, desires and the interpretation of physical sensations. There are structures within our brain that help control the secretion of sex hormones. The cerebral cortex is activated when people experience sexual thoughts or fantasies. Signals are sent to the sexual organs causing blood flow and arousal. Thoughts can help stimulate the libido (desire) by remembering or fantasizing about your partner during the day. Thinking of times that your partner made you smile, excited and even sexually aroused can help stimulate the libido. Sending your partner a quick message or two while you are apart, just to let them know you are thinking of them, can help ‘lubricate’ your brain for when you are together.

There are many benefits of sexual relationships. Some of these are weight loss, (sex can burn up to 200 calories) better sleep, pain relief, stress reduction and migraine

relief. The release of oxytocin– the ‘happy hormone’ increases well-being. Great memories and a heightening all of your senses are just some of the benefits of sex.

It’s common to experience changes in sexual desire or libido when you’re confronted with any type of stress including illness. Many people experience a loss of sexual desire during and after cancer treatment. Mental and physical fatigue associated with treatment can reduce the libido. Some medications that are used to help combat depression may lower the libido (talk with your physician if this is a concern). New studies show that acupuncture can help stimulate the libido and reduce side effects. Remember that when one partner experiences a loss of libido, the other partner is affected as well. Open communication and including your partner in trying to figure out the how’s, when’s and why’s of your sexual self is an important step in regaining your sexual functioning.

Communicating with your partner will help both of you know what each other is thinking and feeling. Letting your partner know what feels good and what doesn’t will ensure that the touching and arousal is positive for both of you. Try not to place any blame or suggest what the other person is thinking or feeling. Your partner should give you time to express yourself. If necessary seek the help of a couples counselor or sex therapist to help get back on track. Once you are both on the same page, you can work toward your shared intimacy. The gradual resumption of touching is often helpful to couples and allows them to once again establish a physical closeness that may or may not include sexual intercourse.

## Female Concerns

Some cancers require women to undergo surgery as treatment. These changes can have a large impact on how we view ourselves as sexual beings. The removal of a sexual organ or structure can affect how we respond to sexual activity. Knowing what organs or structures were removed or altered during surgery can help you understand any changes in your ability to become aroused. Pain during intercourse is a common concern. It may be possible to change sexual habits and positions in order to make the angle of penetration as comfortable as possible. The fear of pain during intercourse may make women tense. Incorporating relaxation techniques, self hypnosis or inspirational music will allow you to relax prior to sexual activity. Taking some anti-inflammatory or non-narcotic pain relievers will help with other body aches that you may have

and help relieve some tension in the muscles of your vagina allowing for easier penetration. Kegel exercises can help relieve pain and restore some blood flow to the tissues. A Kegel exercise is done by contracting your pelvic floor muscles like you are trying to stop your stream of urine mid-flow then relaxing. This exercise can be done anywhere, anytime, without anyone knowing that you are doing it. One suggestion is to practice ten Kegel exercises at each red light, stop sign or during the commercial breaks on television.

Women who have had internal radiation to the vagina may experience atrophy and require the use of a vaginal dilator. This is recommended to keep the vagina open both for sexual activity and for future pelvic examinations. Most women need to use a dilator three times a week for ten minutes at a time. Start with a smaller dilator and gradually work up to the larger size. Most radiation oncology practices have dilators in varying sizes for you to use. The use of lubricants will help with insertion and comfort during dilator use. Once you resume sexual activity you may limit your dilator use, as long as you meet the minimum of three times a week of vaginal stretching.

There may be many reasons that you may not be able to, or have difficulty achieving orgasm. One common reason could be related to anxiety or nervousness about achieving an orgasm (this is the brain getting in the way). Although tempting, you do not want to fake your pleasure. This just makes your partner think that he or she is actually pleasing you and will encourage them to continue with the same pattern. Talking openly and honestly will help you find a way to obtain an orgasm. The use of a personal massager or vibrator to help you find the 'right spot' may help. Vibrators vary in shape and size and have varying speeds and motions. Some women may need more stimulation especially if there is nerve damage, impaired circulation or scar tissue. Using one alone for the first time takes away your performance anxiety. You have no one to please but yourself. Once you know that you can, it's time to bring your partner back into the picture. Have your partner use the 'toy' on you and show them where it feels best. Your partner will feel better knowing that they were able to give you pleasure. Vibrators can be purchased online at many different sites. If you are unsure about buying a vibrator – you can purchase a personal hand held massager with varying speeds sold in most pharmacy and personal aid sections of stores. This can work just as well.

Chemotherapy treatments vary in intensity and their side effects can affect your libido. These side effects may

include: hot flashes, vaginal dryness, increased pain during intercourse, decreased libido and poor quality of sleep impacting your mood.

Some precautions you should take while undergoing chemotherapy include:

- For 48 hours after your chemotherapy infusion— have your partner wear a condom during intercourse and avoid receiving oral sex. You may give oral sex as long as you do not have any mouth sores.
- Avoid intercourse if your white blood cell count is low at any time during your chemo treatments.
- Check with your doctor for any other precautions that you should follow.

Vaginal dryness is the most common issue for women after treatment for a diagnosis of cancer. Vaginal dryness can cause pain with urination and itching. A vaginal moisturizer can help hydrate the vaginal tissue and restore some of the moisture that chemotherapy and menopause may have taken away. Vaginal moisturizers come in the form of vaginal suppositories that you can use up to 3 times per week. Some examples are non-hormonal Replens or vaginal rejuvenation oils. Vaginal moisturizers are not lubricants. Having the right lubricant for sex can make all the difference. There are many different kinds of lubrication so make sure you pick the right one for your needs. Water based lubricants such as over the counter KY Jelly or Astroglide are safe for daily use. Stay away from petroleum based products as they may seal the vaginal walls and increase the risk of yeast infections. For those who have persistent pain try using a silicone based lubricant such as KY X-Treme. This will help line the vaginal wall and keep moisture where it belongs.

## Male Concerns

Despite a man's ability to appreciate the more subtle, complicated and enriching aspects of an intimate relationship, men will typically find it desirable to be able to achieve and maintain an erection suitable for intercourse. What follows is a discussion on ways to help achieve this.

Erectile function is a neurovascular event. Neurological conditions affect the brain and nerves while vascular conditions affect the blood vessels. Neurological changes after a diagnosis and treatment of cancer include surgical procedures such as a radical prostatectomy. Vascular changes after diagnosis and treatment of cancer include pelvic trauma and radiation therapy. Psychogenic causes

are those originating from the mind or psyche such as performance anxiety, depression, marital problems or dysfunctional attitudes toward sex.

Oral therapy is the use of a medication in pill form to enhance a man's ability to achieve and maintain an erection. This form of therapy is the closest to a normal response since it can be taken before engaging in sexual relations. You have no doubt seen the television commercials and advertisements. Sildenafil (Viagra), Tadalafil (Cialis) and Vardenafil (Levitra) are the most common medications. Men taking nitrates (a form of nitric acid) for control of angina (chest pain) should not take these drugs since a dangerous drop in blood pressure can occur. Oral therapy side effects include: headache, flushing, indigestion, stuffy or runny nose, back pain and muscle aches (with Levitra), temporary vision changes including "blue vision" (with Viagra), hearing loss or vision loss or an erection that doesn't go away on its own - called priapism. Oral therapy is typically the first choice for men as long as any side effects experienced are not too bothersome.

Injection therapy consists of delivering the drug directly to the penis either by an intraurethral suppository (MUSE) or intracavernous injection (Caverject or Edex). The intraurethral suppository consists of a small plastic applicator that is inserted into the urethra at the tip of the penis. The suppository itself is about ½ the size of a grain of rice. It should be done just after urinating so that the small amount of urine that remains in the urethra can act as a lubricant and to help dissolve the medication once it is in place. Side effects include spotting of blood at the urethra, penile pain and stinging of the urethra.

The intracavernous injection consists of a small needle that is used to inject the medication into the side of the penis near the base. This brings the medication directly into the corpus cavernosum or spongy tissue. Side effects include bleeding at the site of injection, pain at the site of injection, painful erection, bruising or clotted blood in the area of the injection. This is usually caused by an incorrect injection or small amount of blood under skin.

There is an unusual, humorous and true story that relates to injection therapy. It shows that what happens in Vegas doesn't always stay in Vegas. In 1983, in Las Vegas, Nevada, a urology conference was held. Giles Brindley, an eccentric but respected British scientist was presenting his research on injection therapy. He presented his slides of pictures of his penis in various stages of tumescence with the corresponding drug and dose as the narrative. (Giles was practicing the time honored method of experimenting on himself). At the end of his lecture, he dropped his trousers to show and tell the audience that a presentation to a

professional group could not in any way be sexually stimulating. However, since he had injected himself just minutes before the talk, he was able to sport a firm erection for the audience. After the urologist's wives were done screaming, the lecture concluded. If you wish to read a first person account of the entire story, type: "How (not) to communicate new scientific information: a memoir of the famous Brindley lecture" into your search engine.

Vacuum constricting devices are used to bring blood flow into the penis and a flexible ring can be used to trap or constrict the blood in the penis for up to 30 minutes. A plastic cylinder is placed over the flaccid penis and a pump is used (either by hand or battery power) to cause negative pressure which pulls blood into the corpus cavernosum or spongy tissue. The proper sized ring is chosen and placed on the cylinder which can then slide down onto the erect penis after the pump has done its job. The ring should be released after no more than 30 minutes so that blood flow can return so that no damage is caused to the penis. The erect penis will feel cool to the touch since circulation has been inhibited by the ring. This can be an effective, minimally invasive method if the couple is able to look past some of the innate weirdness of the process which may best be incorporated into foreplay. The vacuum constricting device, along with low dose oral therapy, is used as rehabilitation after prostate cancer surgery to reduce the likelihood of atrophy and increase the chances for normal erections later in the recovery period.

Surgical therapy is the placement of a permanent prosthesis into the penis. There are two types. Semi-rigid implants can be surgically placed into the shaft of the penis which can then be bent down to conceal the penis for a normal appearance and then straightened out for intimacy. This is the easiest to implant and has the least risk for mechanical malfunction. A two (or three) piece inflatable implant can be placed that uses a reservoir to hold fluid until an erection is desired. Two cylinders are placed in the shaft of the penis and a pump is used to allow the fluid to flow into the chambers in the penis from the reservoir. As the complexity of the implant increases, so does the risk for problems. Surgery is typically a last resort for men for the treatment of erectile dysfunction.

Each individual and each relationship is different. Sexuality is not 'lost' due to one or the other partner's inability to have intercourse. Some couples are able to have a more satisfying relationship in the face of such a loss as their communication and the intimacy of their relationship takes on new forms. As a sightless person may find the acuity of other senses increases, so too may a couple facing a sexual loss find other means to express their bond.