

SURVIVE AND THRIVE SEXUALITY AFTER CANCER

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Okay, we took
off our clothes,
I got on top
of you... How
long 'til it starts
feeling good?

I don't know
but I've got
a headache
already!

World Health Organization (WHO) Definition of Sexual Rights

The right of all persons, free of coercion, discrimination and violence to have:

- The highest attainable standard of sexual health, including access to sexual and reproductive health services
- Seek, receive and impart information related to sexuality
- Sexuality education
- Respect for bodily integrity
- Choose their partner
- Decide to be sexually active or not
- Consensual sexual relations
- Consensual marriage
- Decide whether or not, and when, to have children
- Pursue satisfying, safe, and pleasurable sexual life

Why Humans Have Sex?



Arch Sex Behav (2007) 36:477–507
DOI 10.1007/s10508-007-9175-2

ORIGINAL PAPER

Why Humans Have Sex

Cindy M. Meston · David M. Buss

237 reasons for having sex.
4 large factors
and 13 sub-factors.

Physical Reasons

- Stress Reduction -
- Pleasure -
- Physical Desirability -
- Experience Seeking -

Goal Attainment

- Resources
- Social Status
- Revenge
- Utilitarian

Emotional

- Love & Commitment -
- Expression –

Insecurity

- Self-Esteem Boost
- Duty/Pressure
- Mate Guarding

How

Resolution



Orgasm



Plateau



Excitement

**Masters, W.H.; Johnson, V.E. (1996)
Human Sexual Response.
Toronto; New York: Bantam Books.
ISBN 978-0-553-20429-2.**

How

- **Resolution**
- **Orgasm**
- **Excitement**
- **Desire**

H. Kaplan, Disorders of Sexual Desire.
Brunner/Maze, I New York, 1979

Potential Barriers to Discussing Sexual Health With Your HealthCare Provider

❖ **Doctor**

➤ Discomfort/Embarrassment

➤ Time – Lack of Time

➤ Lack of Confidence
(No specific training)

➤ Doctor's Age
(Is patient too old)

Other problems, relationship
and social circumstances

Patient

Discomfort/Shame/Embarrassment

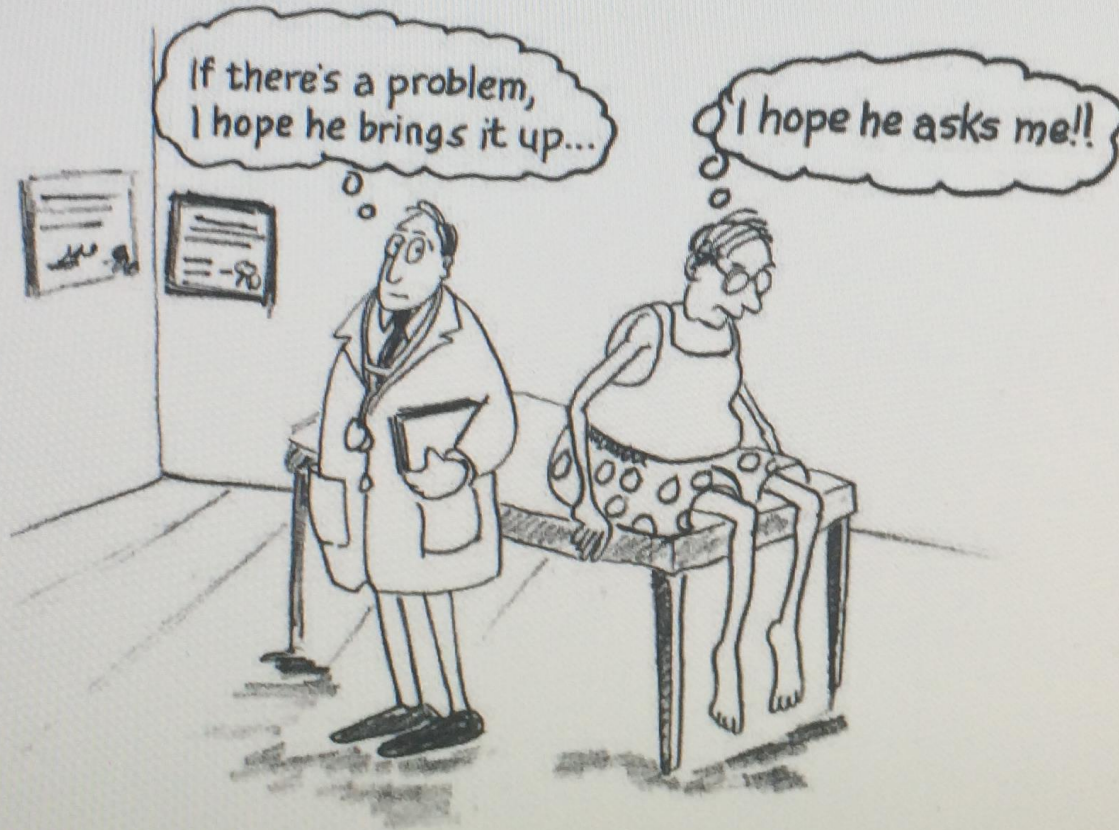
Time (Doctor might be too busy)

Lack of Confidence
(How to ask, Have I permission)

Patient's Age
(Am I too old)

Does he know my social circumstances

The Interpersonal Dilemma



Accept

- **Accept there will be change**

- **Accept sex will be different, you will not have the same sex life as you had before your surgery.**

.Surgery, Radiotherapy particularly to the lower part of the body can have an impact on your ability to be sexual. Treatment of other cancers may not affect the ability to perform but may reduce desire directly or indirectly.

- **Remember that pelvic cancers and treatment include prostate cancer, colorectal cancer, testicular cancer, penile cancer and bladder cancer. Also other cancers which require pelvic radiotherapy such as sarcoma or lymphoma can be affected**
- **This advice will also be pertinent for people who have had bowel surgery and temporary or permanent colostomy for other illness' such as inflammatory bowel disease or very bad diverticular disease.**

Don't Despair

- **Don't give in to despair , things will improve**
- **Remember the brain is the largest sexual organ. Desire may be affected not just directly by cancer treatment but by fatigue , depression and many medications. Therefore you should try to stay connected hold hands, hug if you can and use sensual touch and massage if you are able to .**
- **Depression is part of the grief journey after cancer . If it becomes difficult or impossible to bear , ask your GP for help**
- **Regardless of your social circumstances Don't try to go it alone ; talk to your partner, friend , GP or Specialist Nurse**

Adapt

- **Adapt your lifestyle , diet , exercise etc, way of thinking**
- **While sexual repertoire will probably have to change you should stay close, kiss, hug, cuddle and use sensual massage.**
- **Men should be advised that they can orgasm even on a soft penis and they can also bring their partner to orgasm, they don't have to have an erection.**
- **Use tools and toys, vacuum pumps and vibrators can be part of the sexual repertoire as indeed can the Alprostadil injections if they are indicated for the treatment of ED which is only one of the dysfunctions. Men are being trained to self administer the Alprostadil injections as can their partners be trained also and this can form part of their sexual repertoire. Its a case of use it or lose it for both the penis and vagina and it doesn't have to be penetrative sex.**
- **.Stay fit , eat a healthy diet, take whatever exercise you are able to and get enough sleep**

Prepare

- **Prepare.. Sexual rehabilitation should be part of your preparation for cancer treatment- if sex is important to you and your partner**
- **Speak to your surgeon, Radiation Oncologist or Oncologist**
- **Be aware of sexual rehab , for men facing ED after pelvic cancer treatment , a PDE5i , Vacuum pump**
- **For women after chemo for Bca, Surgery or RT for pelvic cancer, menopausal changes, vaginal shortening or narrowing be aware of extra lube, other topical rx and dilators**

Talk

- **Talk - to your HCP and partner**
- **Talk to your partner**
- **Talk to your doctor whether it be your Surgeon, Oncologist, Radiation Oncologist or or your GP**
- **Talk to your specialist nurse**
- **It is very important to seek out and talk with other cancer survivors in your local cancer survival groups**

No Change will be given. You must
bring change yourself

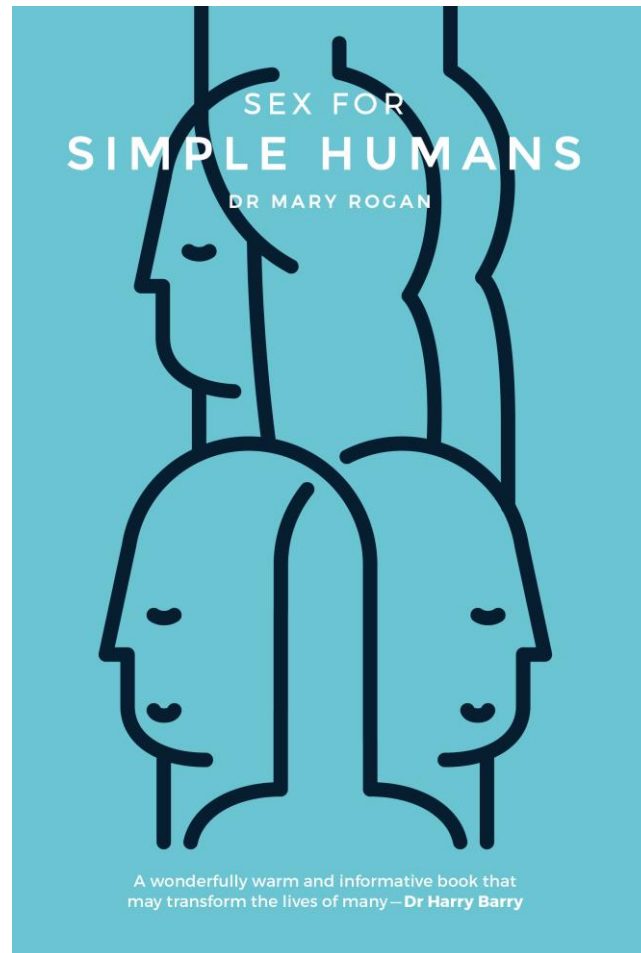


**Though nothing can bring
back the hour
Of splendour in the grass, of
glory in the flower
We will grieve not , rather find
Strength in what remains
behind .**

William Wordsworth



Thanks for Listening and...



THANK YOU!



Thanks for Listening and...

