

# Female sexual dysfunction

Randi Gjessing, specialist in sexological counselling NACS, oncology nurse  
Department of Urology and The Pelvic Floor Centre



## Why pay attention?

- Sexuality and intimacy are important for quality of life for many women and many couples
- We are responsible for all the late effects after cancer treatment, including the sexual late effects
- Sexual expression has health benefits in the recovery

## Why do we have sex?

- Love
- Relationship
- Intimacy
- Recreation (fun, adventure, forget the cancer)
- Procreation
- Habit



## Physical benefits

After sexual excitement and orgasm:

- Muscular relaxation
- Increase oxytocin levels, better sleep
- Pain relief by endorphines
- Increase testosterone levels

(Gianotten W et al Sexual health, Vol 1 Praeger 2007: 28-42)

## SEXUALITY, Langfeldt and Porter, 1986 WHO

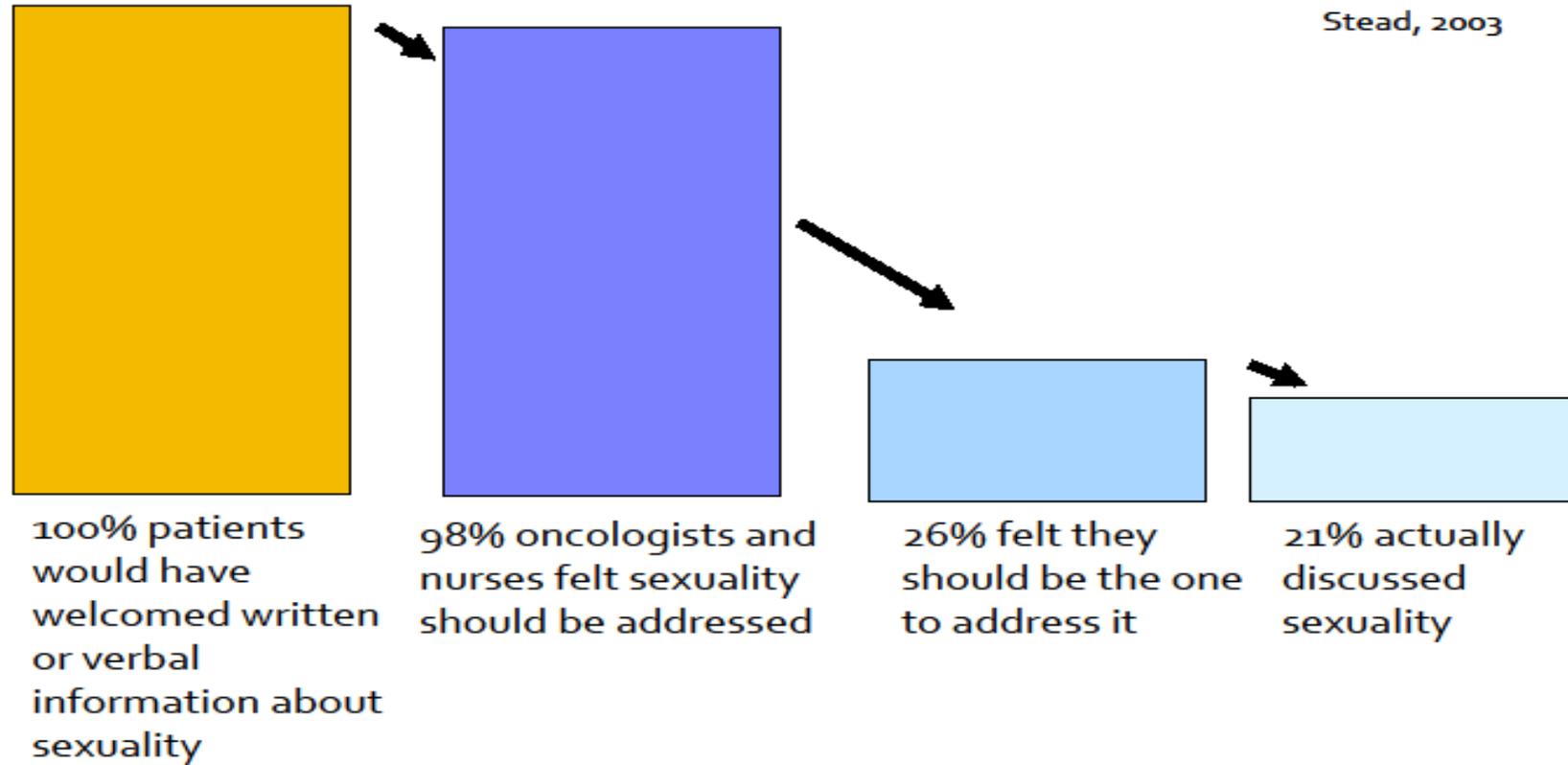
Sexuality is an integral part of every person's personality. It is a basic need and an aspect of being human that cannot be separated from other aspects of life.

Sexuality is not synonymous with sexual intercourse. It's not about whether or not we have orgasm, and finally it's not the sum of our erotic life. This may be part of our sexuality, but need not be. Sexuality is so much more. That's what drives us to search for love, warmth, and intimacy.

## Sexual health, WHO

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (WHO, 2006a)

## Communication between health care professionals and cancer patients



## Women and cancer

- Bladder
- Vulva
- Cervix
- Endometrial
- Ovarian
- Breast
- Colo-rectal
- Anal
- Lymph and blood
- Sarcomas

**More important to focus on «what kind of treatment» than the «diagnosis»**

«All cancers deeply affect our sense of self-awareness and personality and will inevitably have an impact on our sexual health and well-being.»

Berthold Grünfeld, Norwegian psychiatrist



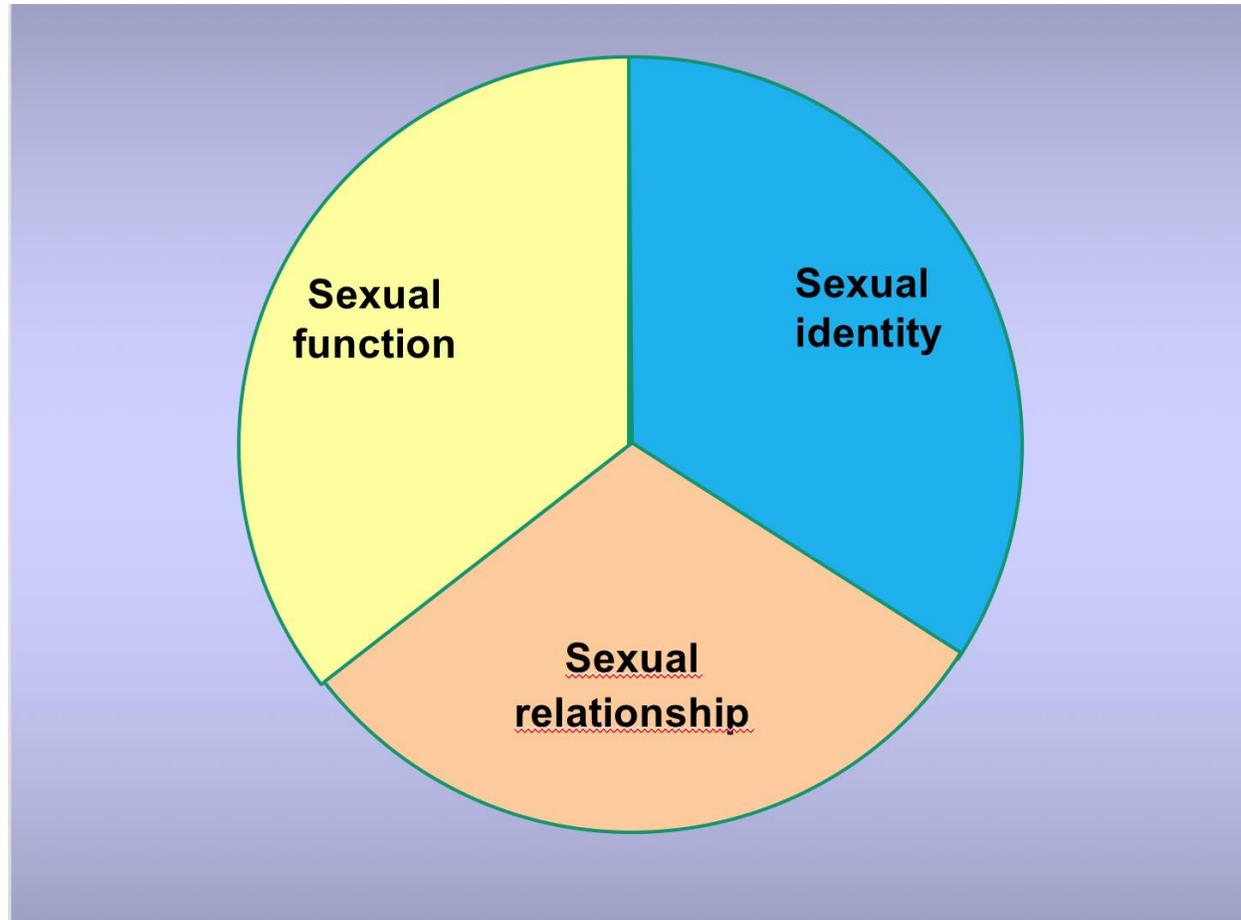
**Boys/Men:  
Function oriented**



**Girls/Women:  
Relation oriented**



## Sexuality



## Sexuality and intimacy, challenges

### The cancer itself

- Anxiety
- Fatigue
- Pain
- Bleeding (in gyn cancer)

### Treatment

- Sexual function
- Sexual identity
- Fatigue

## Sexual dysfunction after cancer treatment in women

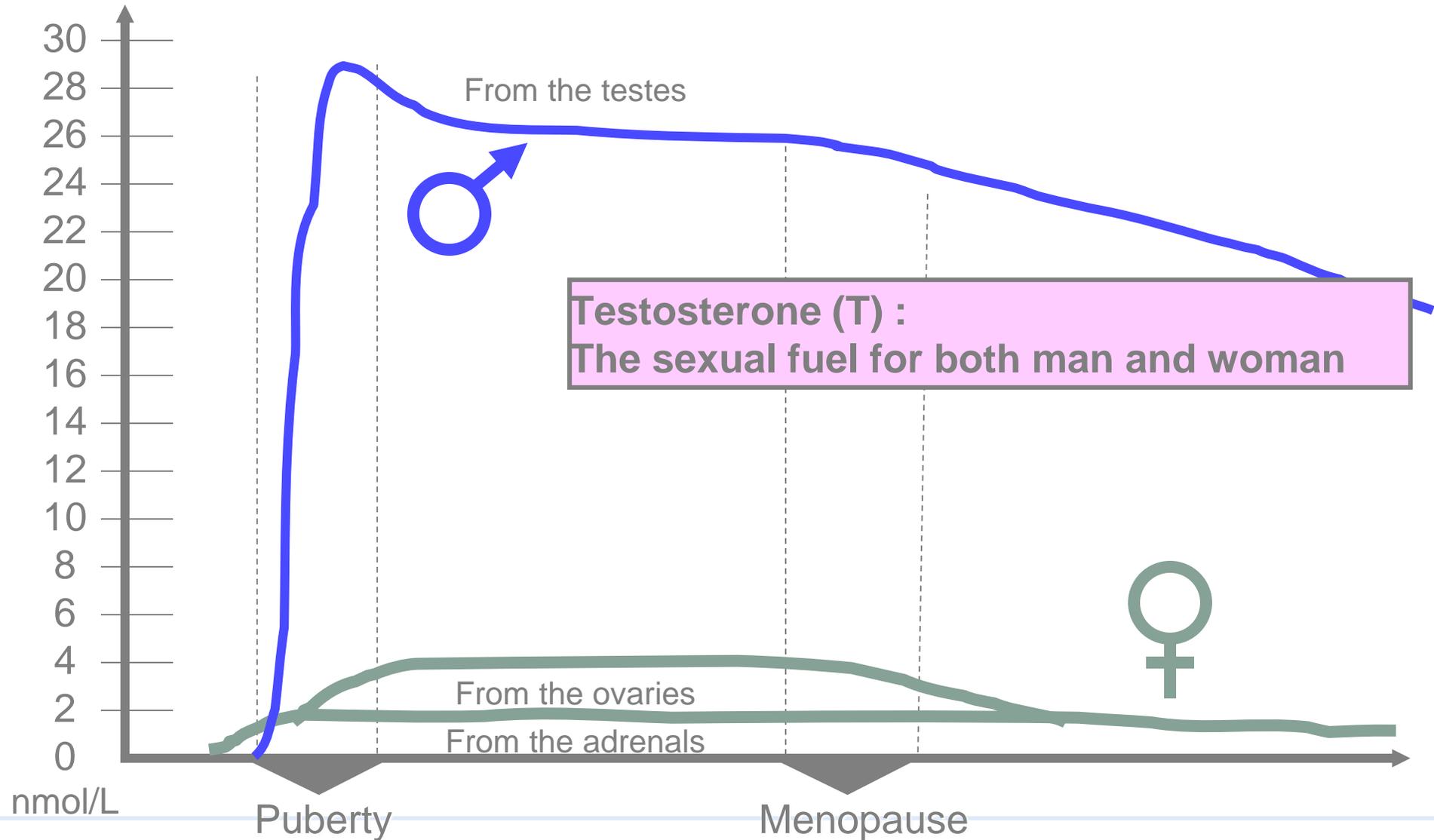


## Lack of sexual desire is the most common sexual dysfunction in women



## Low testosterone

- Ovariectomi
- Chemotherapy
- Pelvic radiation therapy
- Hormone therapy (Tamoxifen, aromatase inhibitors)



## Testosterone in women is necessary for:

- Mood and well being
- Cognition and memory
- Skin
- Bone
- Muscles
- Physical and mental energy
- **Sexual desire**
- **Genital arousal**
- **Erotic dreams**
- **Voluntary and spontaneous sexual fantasies**

A. Graziottin, A. Serafini, Gynaecological endocrinology

## Damage to sexual identity, low self esteem



## Other factors

- Fatigue
- Dyspareunia
- Lack of femininity
- Fear of vaginal bleeding
- Feeling of guilt
- Fear of recurrence
- Relationship issues

## Dyspareunia, painful intercourse

- Vaginal dryness (low estrogen)
- Vaginal shortening/narrowing (after surgery and RT)
- Vaginal fibrosis (after radiation therapy)
- Low sexual desire

## Case, woman, 42 years, married. Bladder cancer.

- Surgery: nerves and blood supply to the genitals were damaged.
  - Orgasm difficulties
  - Reduced genital feeling
  - Impaired lubrication
- The hormone balance, bilat. oophorectomy
  - Pre-menopausal women: lost fertility, low androgens, menopause
  - Low sexual desire
  - FATIGUE, Sex is rarely the priority when tired
  - Difficulty to obtain orgasm
  - Vaginal disturbances
  - Dyspareunia

## Medications and tools



## Hormonal treatments

- Premenopausal women: Estrogen (not for breastcancer, endometrial cancer)
- Testosterone, cream (Tostran, Testogel, 5 mg/day)

## Dilators, Vagiwell

To prevent vaginal narrowing and shortening due to radiotherapy

Women compliance is increased with good instructions



## Silicone based lubricants



## Non-estrogen vaginal suppository



” No approach in medical care deserves the term holistic as long as sexuality and intimacy have not been adressed.”

Woet Gianotten.