

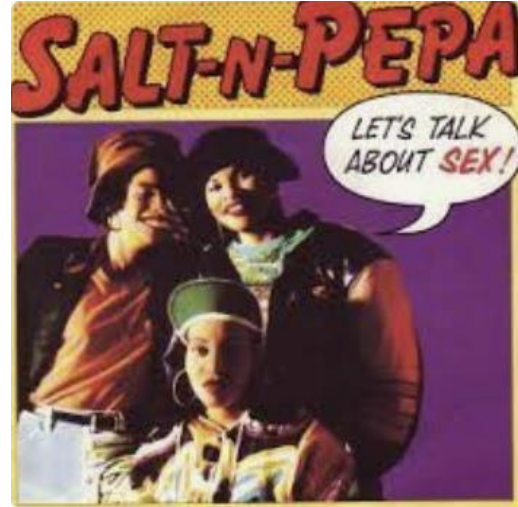
Making Cancer History®

Sexual well-being and Pelvic floor health

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lets talk about sex, baby

- the problem
- the conversation
- the solutions

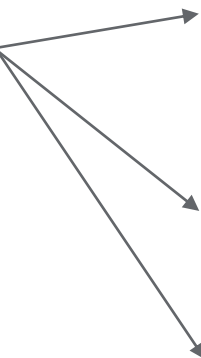


the problem(s)-

**how does rectal cancer
treatment cause sexual
problems?**



RT to the vagina



vaginal narrowing/
shortening

vaginal dryness

painful intercourse

decreased desire

erectile dysfunction

ejaculatory problems



Difficulty
with
orgasm &
sexual
satisfaction





RT to the vagina

RT to the penile
nerves/blood vessels

RT to the prostate



vaginal narrowing/
shortening

vaginal dryness

painful intercourse

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erectile dysfunction

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Difficulty
with
orgasm &
sexual
satisfaction



RT to the vagina

RT to the penile
nerves/blood vessels

RT to the prostate

RT to the pelvis

↓
estrogen

↓
testosterone

vaginal narrowing/
shortening

vaginal dryness

painful intercourse

decreased desire

erectile dysfunction

ejaculatory problems



Difficulty
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RT to the vagina

RT to the penile
nerves/blood vessels

RT to the prostate

RT to the pelvis



**surgical damage to
nerves/ blood vessels**



vaginal narrowing/
shortening

vaginal dryness

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RT to the vagina

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RT to the pelvis



surgical damage to
nerves/ blood vessels



**chemo-induced
neuropathy**

vaginal narrowing/
shortening

vaginal dryness

painful intercourse

decreased desire

erectile dysfunction

ejaculatory problems



Difficulty
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RT to the vagina

RT to the penile
nerves/blood vessels

RT to the prostate

RT to the pelvis



surgical damage to
nerves/ blood vessels

chemo-induced
neuropathy



vaginal narrowing/
shortening

vaginal dryness

painful intercourse

decreased desire

erectile dysfunction

ejaculatory problems

damage to the
pelvic floor

bowel &
bladder
incontinence

Difficulty
with
orgasm &
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RT to the vagina

RT to the penile
nerves/blood vessels

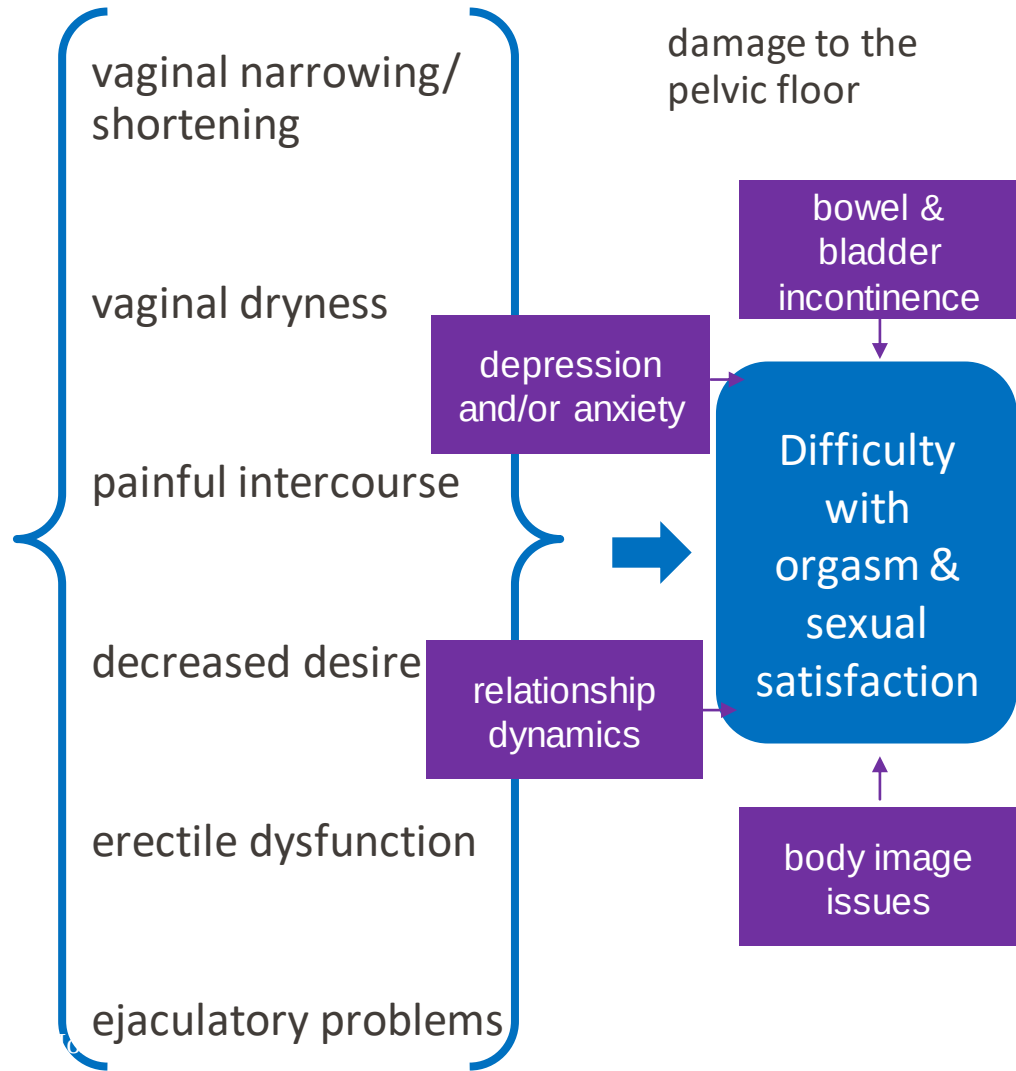
RT to the prostate

RT to the pelvis



surgical damage to
nerves/ blood vessels

chemo-induced
neuropathy



the problem(s)-

**how severe are sexual
problems caused by treatment?**

not much data- especially for young patients

Vaginal Sexual Dysfunction

“vaginal dryness”
50-72%

“dyspareunia”
25-53%

“reduced vaginal dimension”
29-35%

Sex life declined “a lot”:
59% → 39% sexually active
pre vs post-treatment

Penile Sexual Dysfunction

“made my sex life worse”
Mean IIEF score 29/75

42-51%
said sex life declined
“a lot”

Erectile dysfunction worse w/ RT+surg than surg alone
(9.5/125 vs 12.6/25)

RT can reduce T levels (26% vs 8% w/ $T < 8 \text{ nmol/L}$) and lower IIEF score (86% vs 55% IIEF ≤ 16)

the conversation-

**how well are doctors preparing
patients for these issues?
*(hint, we could do a lot better)***

we've got to do better

prior to surgery- only ~**50%** of patients report receiving satisfactory preop counseling and **<10%** of women receive information about postop sexual dysfunction.

prior to radiation- radiation oncologists only mention the possibility of sexual toxicity to ~**40%** of patients

<10% who develop sexual problems post-treatment are referred

most resources are heteronormative in language and content

barriers to productive conversations

A lack of adequate training for doctors

A low comfort level discussing the subject

The assumption that sexuality is only about intercourse

The misconception that treatments are not available

how to self-advocate

informed decision-making

effective communication with health care providers

connected strength



“I’ve heard rectal cancer treatment can impact my sexuality. What are the possible side effects of this treatment and how common are they?”

how to self-advocate

informed decision-making

effective communication with health care providers

connected strength

“These activities are important to my sex life and overall quality of life. Are there ways to be proactive with treatment to keep this in mind?”

how to self-advocate

informed decision-making

effective communication with health care providers

connected strength

“are there professional or peer-support resources for this issue?”

the solutions-

**how can we be proactive in
treating sexual and pelvic floor
problems after treatment?**

Vaginal sexual dysfunction

Prevention:

- Vaginal dilators during radiation can limit damage
- After treatment dilator use at least 3X weekly for at least 2 yrs



Treatment:

- Vaginal moisturizers as part of regular self care
- Prescription Estrogen- improves vaginal blood flow and lubrication
- Clitoral stimulation program also improves vaginal blood flow
- Pelvic Floor PT- can help vaginismus, guided dilator therapy
- Sexual modification devices (“Oh-nut”)



Penile sexual dysfunction

Prevention:

- Prophylactic PDE5-i? Prostate data suggests 50mg sildenafil daily 3 days prior to RT through 6mo after RT was associated w/ lower rates of ED up to 12 mo (but not 18-24).
- Screen for low T and supplement if medically appropriate

Treatment:

- Treatment with PDE5-inhibitors are effective in ~50% of men w/ post-RT ED
- 2nd line treatments include injectable mediations and penile implant.
- Anal dilator therapy for those engaging in receptive anal intercourse

Regardless of anatomy...

- Sexual rehabilitation counseling
- Individual or couples sex therapy
- Body image counseling
- Explore sexual modification devices with or without a partner
- *Sex after cancer treatment may be different, but that doesn't mean it can't be meaningful and satisfying.*

Thank you!

Happy to continue the conversation:
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