Sexual well-being and Pelvic floor health

Emma Holliday, MD
Associate Prof GI Radiation Oncology
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

vaginal narrowing/shortening
vaginal dryness
painful intercourse
decreased desire
erectile dysfunction
ejaculatory problems

RT to the penile nerves/blood vessels

RT to the prostate

Difficulty with orgasm & sexual satisfaction

difficulty with orgasm & sexual satisfaction
vaginal narrowing/shortening
vaginal dryness
painful intercourse
decreased desire
erectile dysfunction
ejaculatory problems
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 with orgasm & sexual satisfaction
MD Anderson Cancer Center

- 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

Difficulty with orgasm & sexual satisfaction

- Vaginal narrowing/shortening
- Vaginal dryness
- Painful intercourse
- Decreased desire
- Erectile dysfunction
- Ejaculatory problems
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
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Difficulty with orgasm & sexual satisfaction
RT to the vagina
RT to the penile nerves/blood vessels
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surgical damage to nerves/blood vessels
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vaginal narrowing/shortening
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painful intercourse
decreased desire
erectile dysfunction
ejaculatory problems
damage to the pelvic floor
bowel & bladder incontinence

difficulty with orgasm & sexual satisfaction
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

Difficulty with orgasm & sexual satisfaction
Depression and/or anxiety
Relationship dynamics
Body image issues
Damage to the pelvic floor
Bowel & bladder incontinence
how severe are sexual problems caused by treatment?
not much data - especially for young patients

**Vaginal Sexual Dysfunction**
- “dyspareunia” 25-53%
- “vaginal dryness” 50-72%
- “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<8nmol/L) and lower IIEF score (86% vs 55% IIEF </=16)
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

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“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?”
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 medications 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:

ebholliday@mdanderson.org
@DrEmmaHolliday