BCAN Patient WEBINAR SERIES

Understanding Men's Sexuality and Intimacy After Bladder Cancer Webinar

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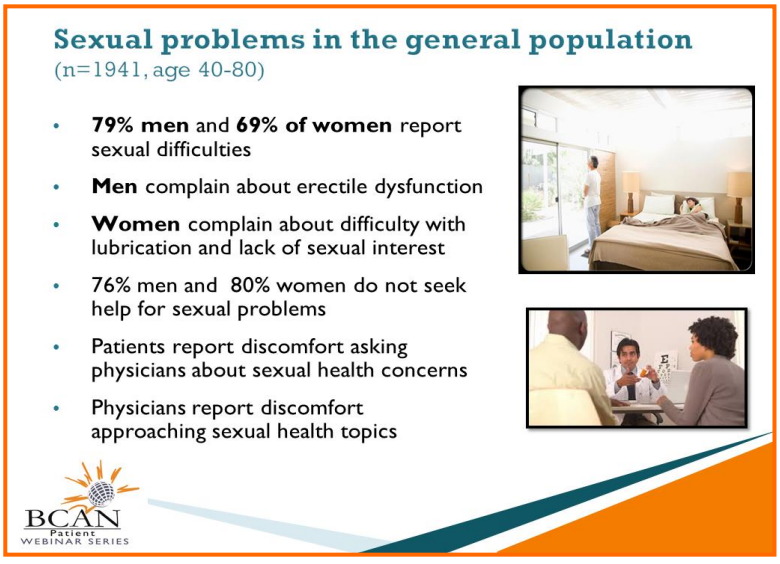
Part II: The Emotional Impact

Presented by

Dr. Daniela Wittmann is Clinical Assistant Professor of Urology at the University of Michigan. She is a certified sex therapist and a leading member of the Jan and Dave Brandon Prostate Cancer Survivorship Program at the University of Michigan. She graduated from the University of Keele in the United Kingdom with a degree in psychology and Russian studies and earned her Master of Social Work from Simmons College School of Social Work in Boston. She received her doctoral degree in Social Work from Michigan State University. Dr. Wittman's clinical work and research focus on couples' sexual recovery after pelvic cancer treatment.



It's a tremendous pleasure to be here as a part of this group, with how much medical offices hear conversations about sexuality. A group of researchers at the University of Chicago studied human sexuality and sexual behavior and also sexual conversation, and they reported that men and women over 40, about 80% of the men and 70% of the women reported that they have sexual difficulties. For men, this is typically erectile dysfunction, for women it's typically difficulty with vaginal lubrication and lack of sexual interest. While quite a large proportion of men and women have these kinds of concerns, as many as 76% of men and 80% of women do not seek help for sexual problems. There is more research literature that shows that both patients and physicians are very uncomfortable discussing sexual health concerns. I'm only speaking about physicians because they are the ones that are studied the most. It is also true of nurses; it is also true of social workers and psychologists, that they do not approach sexual health problems often enough in medical offices.

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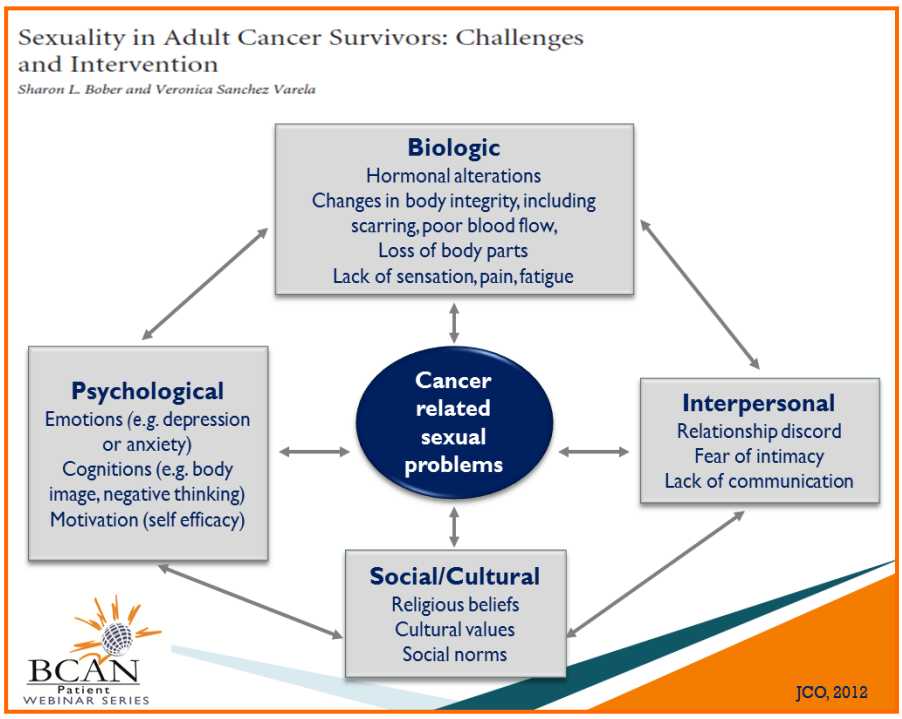
When we think about sexuality we often talk about sexual function—the physiologic function that I'm going to talk about in more detail in just a second. That is what becomes affected by cancer treatment. In this figure, under the biologic rubric, that cancer treatment can produce many changes in the body. It can alter the way hormones work in the body, it can change blood flow, some people lose body parts as a result of cancer treatment, people lose sensation, and sometimes they're very fatigued and even feel pain. You can imagine that when a person has these kinds of symptoms, they're going to start feeling very worried about their sexuality because suddenly they don't have the energy, they don't feel the same, nothing works the same way, and so for some people that leads to anxiety, to depression, to concerns that they're not going to have control over their body. If that person is in a partnership or anticipating being in a partnership, but especially if they're in a partnership, the partner will of course notice the change and will be affected by the changes as well. Because in cancer people often worry about burdening each other, people often don't talk about this problem, and when they stop talking about this, then they start withdrawing from one another. It becomes a gap between a patient and the partner, and people begin to lose emotional intimacy as well. Very big changes can happen as a result of cancer treatment when it comes to sexuality. It's not just the body; it's the person's emotional health and also the relationship.



In this figure [above] you also see the social and cultural aspect of sexuality and I think this is particularly good for the United States because we are an increasingly multicultural society and we have to consider, when we talk to people about their sexual concerns, that they may have a perspective on this based on either their culture or their religion and we have to be respectful of that.

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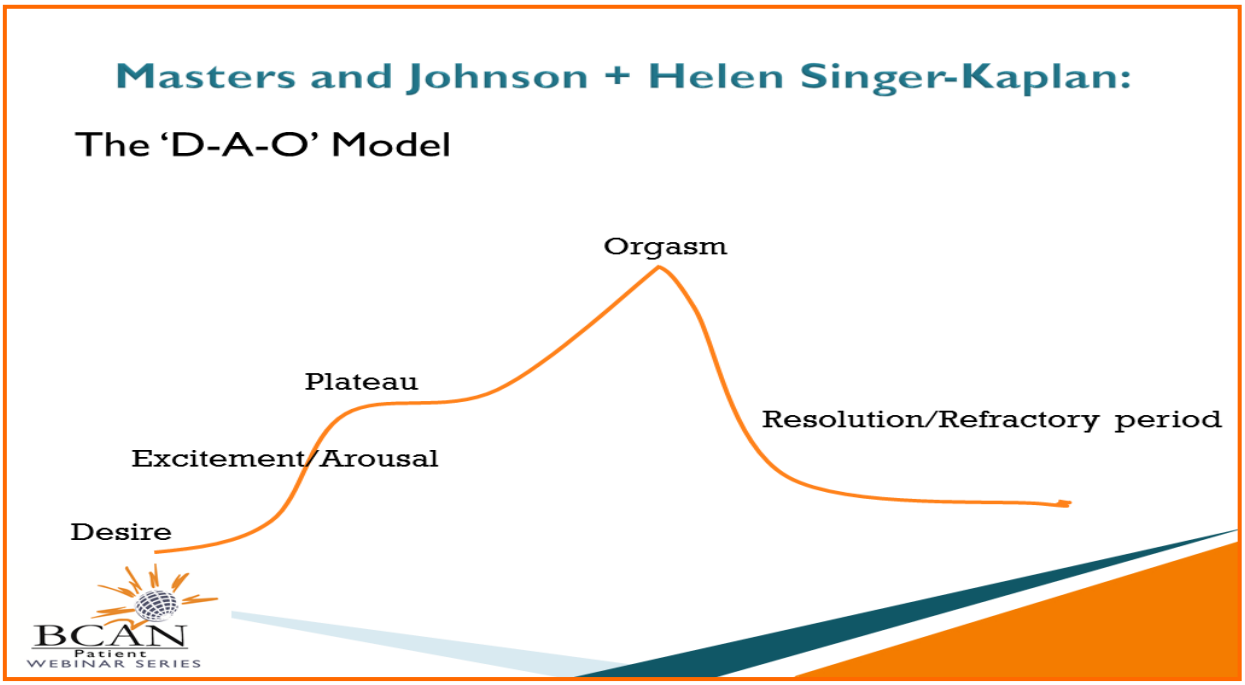
So just a quick review of the human sexual response. Desire is largely a mental process. We begin to think about sex, we begin to cue to sexual stimuli, we begin to have sexual fantasies, and when that happens there is a neurochemical in the brain that becomes released in an increased quantity, and that's dopamine, and dopamine helps us focus on pleasurable outcomes. Dopamine potentiates testosterone, and we begin to have physiologic response. And there is also the neuro messages that go to different parts of our bodies. Blood flow begins to increase, so there's an increased blood flow, we begin to breathe more heavily and faster, heart rate increases. If stimulation is going on, there's also an increase in pleasurable feelings and fantasies.



This leads to arousal. For men, blood rushes into the penis and creates an erection, but there are other parts of the body that can also become erect (for example, nipples). With increased stimulation, the pleasure leads to orgasm, which is characterized by muscular contractions of the pelvic floor muscles, and those come at about .8 second intervals, and it leads to the release of the ejaculate, and a man experiences ejaculation. After orgasm, there is a period of time that is called resolution or refractory period during which it is difficult to obtain another erection, but it also is a period of time when men, if they are with a partner, can experience very pleasurable relaxation and connection, a feeling of bonding which is very pleasant.

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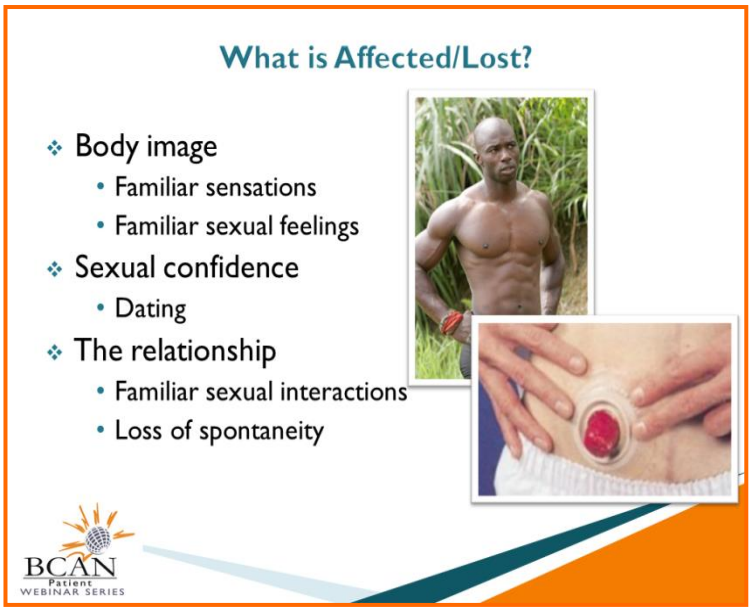
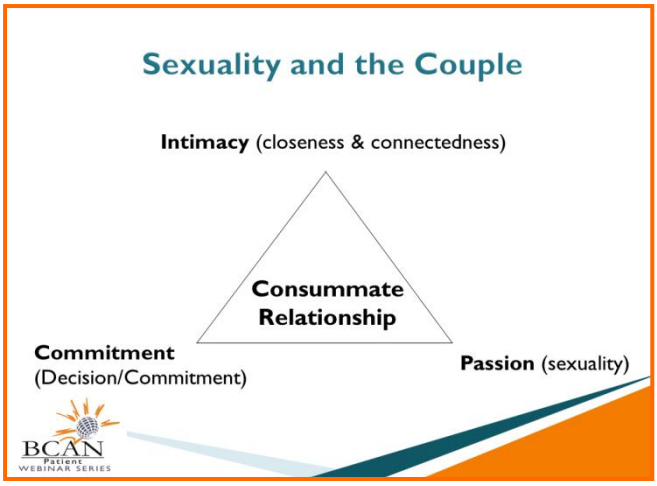


Now, when the natural ability to have an erection and be sexually active becomes compromised, men begin to feel uncomfortable, low confidence, they feel that their bodies are not the same. And in addition to that, for some men with bladder cancer, if they get a urinary diversion their body image really has to be adjusted. All of a sudden, from a body that was basically intact, there are these changes that have to be faced. So there's a kind of an affront to one's body image. And, in sexual confidence, we're not just talking about a coupled man, we're talking also about the men who might not be coupled and who may be considering dating, so this man also has to consider how he's going to approach a partner with erectile dysfunction, and also with a potential stoma on the side of the belly.

So much changes and one of the things that people complain about the most is the loss of spontaneity. Sex becomes very intentional, it has to be decided on, and if there are aids that need to be used, all that has to be figured out beforehand, and that is something that is very different. So it's an experience of loss with the sexual changes.



I just want, in this slide, to point out the fact that in any relationship, people come together, make a commitment to each other and then over time become close and get to know each other very well and become emotionally intimate. Passionate sexuality is a third part of what holds our relationships together. The challenge after sexual changes after bladder cancer treatment is that when passion's kind of out of the picture, at least for a while, and people are uncomfortable talking about it, it can erode emotional intimacy, and then people start feeling kind of empty in their relationships, and that is sometimes where people need help. I do want to mention that in our research at the University of Michigan when we assess at what point men and women who were treated with a Cystectomy were interested in sex, it was not immediately after surgery. It was about 6 months after surgery, because they were coping with adapting to, first of all, recovering from the surgery, and then adapting to the urinary diversion, but interest in sex definitely came back.

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