



Understanding Men's Sexuality and Intimacy After Bladder Cancer Webinar

Tuesday December 8, 2015

Part III: Treatments for Improvement

Section A:

Medical and behavioral treatments to improve sexual function and intimacy in men after bladder cancer treatment

Presented by



Dr. Akanksha Mehta is an Assistant Professor of Urology at Emory University School of Medicine. She graduated magna cum laude from Brown University in Providence, Rhode Island, with double Bachelor degrees; Science (Biology) and International Relations. Dr. Mehta attended Alpert Medical School at Brown University/Rhode Island Hospital, Providence, RI, where she also did her General Surgery internship and Urology residency.

She currently serves as the Director of Male Reproductive Health at Emory Urology, and is a Guest Researcher in the Division of Reproductive Health at the Centers for Disease Control and Prevention.

In terms of what can be done immediately after surgery or immediately after intravesical therapies like BCG, if intercourse with penetration is something that's not immediately on the table because you're recovering from surgery or recovering from a treatment, it's important to remember that patients and partners can still be intimate without intercourse, and that's certainly something that I would recommend to patients in my practice. Patients are also able to achieve orgasm without having a firm, rigid erection. This is something that patients often don't appreciate

What Can be Done?

- Intimacy even without intercourse
- Ability to achieve orgasm even without an erection
- Ability to achieve an erection using erectile aids
- Preservation of erectile tissue with erectile aids and penile rehabilitation



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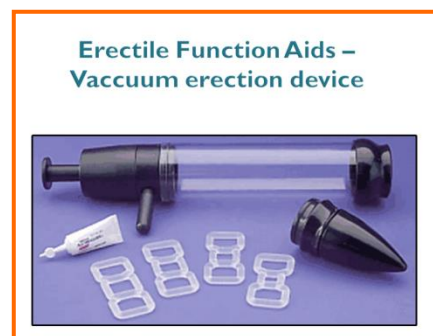


because erection, ejaculation, orgasm usually happen in close continuity with each other, but they are controlled through completely different systems and they can occur completely without the other component occurring. There's also the ability of achieving an erection using erectile aids, and I'll discuss some of these, and then certainly there's the need for preserving erectile tissue using erectile aids and penile rehabilitation in the post Cystectomy period.

There are a whole host of erectile function aids that are available. Starting with the least invasive option, which is usually pills, this is Viagra, Cialis, Levitra, here are representative images of the pills that are out there...Viagra, Cialis, Levitra, and Stendra is the most recent medication. All of these work essentially the same way. They do require intact nerve function to work, in order to give patients an erection. Their utility is in restoring penile blood flow, so even if they're not giving a firm, rigid erection in the post-surgical period, they still have use in increasing blood flow to the penis, so they can still be used as a penile rehabilitative aid.

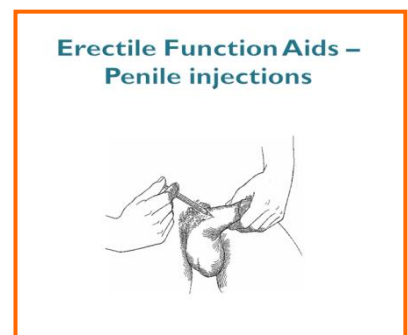


The other medication that can be used is something called an intraurethral suppository. The trade name here is Muse. As you can see, a small suppository is inserted into the urethra using this applicator, which is another less invasive option for our patients. The biggest adverse effect here is sometimes patients complain of penile pain, but otherwise this is quite effective.



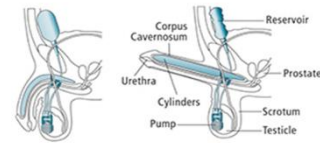
The next device on here is a vacuum erection device. This is the device that patients wear outside the penis. It can be a mechanical device or an electric device, and when activated creates a vacuum around the penis, pulls blood into the penis so patients achieve an erection. There is a ring that can be slid down around the penis to maintain blood flow in the penis and maintain the rigidity of the penis for intercourse.

We then have penile injection therapy, and this is a penile injection that the patients give to themselves. The medication dose here is very small, the needle is very small, and once the patients get over the actual phobia of the needle, often this therapy is very effective. Unlike the pills, this therapy does not require intact nerve function, so it can be used really any time after surgery in the post-surgical period to achieve an erection that's rigid enough for penetration and intercourse.



And then the most advanced or most invasive option is a surgical option, which is implantation of a penile prosthesis. Here we see what's called a three-piece penile prosthesis, but there are one-piece and two-piece prostheses also available. Urologists are happy to provide more information about that to their patients.

Erectile Function Aids – Penile prosthesis



Section B:

The Tasks of Grief and Mourning

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.

One of the things that men who are treated for bladder cancer, really anybody who's treated with any kind of cancer that affects their sexual function, is that they begin to potentially feel some feelings of grief. It's like any other loss. If you lose a person, if you lose a job, if you lose a pet, if you lose a body part, you know in different intensities, but if you remember that obviously our sexual function is a part of who we are, it's a significant loss, especially if there's uncertainty about how much sexual recovery can take place.

The Tasks of Grief and Mourning

1. Accept the reality of the loss
2. Experience the pain or emotional aspects of the loss
3. Adjust to an environment in which the old sexuality is missing
4. Relocate the old sexuality within one's life and find ways to memorialize it

Worden, 1996



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People have written about what the tasks of grief and mourning are, and the following: First or all, it's important to recognize that a change has happened, and it's also important to allow oneself to experience the feelings of loss such as anger, frustration, sadness, fear, and also hope that things will get better. It's important to recognize that sex will now be different, and that doesn't mean that all sexuality and all sexual memories have to be repressed or forgotten, because I think if you had a good sexual relationship or if you've been a good lover, you can still be that regardless of what

happens to your function as long as you can receive and give pleasure. And so it's better to keep continuity with who you were as a sexual person into the present, than to pretend that that was the past and you no longer have to have any contact with it. Sometimes people are fearful of grief because the feelings can be so intense. But grief is very different from depression because it comes and goes, and over time it gets better. When a person is feeling sad and kind of desperate and down all the time and cannot motivate themselves to do anything over a period of one or two or three weeks, then maybe a depression is developing. But very intense feelings that come and go are quite normal and get better.

Here we have a website:

www.stomaatje.com/clothing.html

Sometimes people say "I don't know how to be sexual and have my ostomy be visible. Is there something that I can do about it?" There is a website that has a lot of suggestions and products. We just selected a couple products for women too that can help when being sexually intimate. So I hope you can see these belts that can hide a stoma and can look actually pretty sexy in themselves.



What's very important in sexual recovery after bladder cancer treatment is being able to *communicate*, because now nothing happens so spontaneously. There's a need for preparation, sometimes there's a need to use aids, and so communication becomes very important, and for some people it's a new skill to learn. We talked about the grief reaction and mourning, it's important to *accept* that things are going to be different but they can still be *pleasurable and connected*.

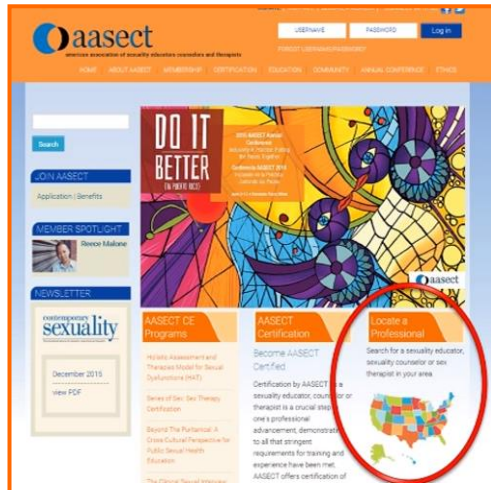
New Sexuality

- Learning new sensual interactions
- Learning techniques for pleasuring
- Development of faith in LEARNING new things
- Desensitization to the use of sexual aids

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We can think of it as developing a new version of sexuality where one can learn new sensual and sexual interactions, new ways of pleasuring, and even though one is in one's 50s, 60s, and 70s, we can still learn things, including how to be sexually intimate in a new way, and the very first part of it is coming to terms with using sexual aids if that becomes a necessity.



Some people feel it's helpful to have support for their sexual recovery and they come to sex therapy. Your physician can refer you, or your primary care doctor can refer you, and there's also a website that can help you find a sex therapist in your area. Sex therapists are people who undergo an education program and they become certified by the American Association of Sexuality Educators, Counselors, and Therapists. The American Association for Sexuality Educator, Counselor, and Therapists has a website, www.AASECT.org with a map of the United States. If you click on your state, it will tell you all the certified sex therapists in your state and many can find one closer to you. Mostly sex therapy's done best in the office obviously, so you'll want to be in the office.

Some providers will do at least a consultation on Skype, and you might be able to get at least some information just from a consultation, but you may just be able to find a therapist right near you.

So when you come to sex therapy, first of all your sexual concerns will be assessed, your sexual function will be assessed, and if you're with a partner, your partner's as well. And there will be attention paid to all the biopsychosocial aspects of sexuality, so the function, psychology, the relationship, and it's often helpful to get each person's individual history if there's a couple, at least the person's individual history if it's an individual, to learn about how this person's coped with adversity in the past and what other things might affect their feelings about a changed sexual function. Treatment often includes a lot of education about sex, couples' therapy also to address more than just sexual interactions but communication and other types of

Sex Therapy

- ❖ Assessment
 - Sexual concerns
 - Sexual function of the individual and couple
 - Relationships factors and relationship history
 - Individual histories' impact on current concerns
- ❖ Treatment
 - Psychoeducation
 - Couples' therapy to address relationship as well as sexual issues



Sex Therapy Outcomes

- Improved sexual function – may include competency in the use of aids to sexual functioning
- Improved communication
- Improved sexual interactions, including expansion of sexual repertoire
- Improved self-esteem
- Alleviation of symptoms of depression or anxiety

interactions that sometimes can be helpful, sometimes can be impeding the sexual relationship.

What we look for when a person comes to sex therapy; are made possible by a grant from

we obviously want the person to feel like their sexual function is as good as it can be, and that may include feeling competent using sexual aids, feeling competent to do sex differently from the way one had done it before, improve communication because communication becomes quite important, improved sexual interactions including expansion of sexual repertoire, so one of the things that Dr. Mehta mentioned before is the importance of blood flow. And blood flow becomes important for us as we age anyway in every way. We want to have good blood flow to our heart, to our brain, but also into our sexual organs. Sometimes there are ways of stimulating blood flow that not only lead to better and healthier tissue, but also to increased sexual pleasure. Improved self-esteem is important, feeling able to be a good lover regardless of what current sexual function is, and certainly alleviation of symptoms of depression and anxiety if one has been feeling worried or discouraged.

So there are some take home points from our talk today. One is that bladder cancer brings about changes that actually all face as we age. Loss of spontaneity and loss of some sensitivity that comes with aging, with acquiring health conditions that influence sexual function. At the same time, men and women can be sexual into their 90s if they wish to do that, it's just that sexual interactions change. With bladder cancer, even if there is erectile dysfunction and loss of ejaculation, there are still many things that a person can do—assess the relationship and emotional intimacy, sensuality and physical intimacy and orgasmic capacity protected for most people.

Take Home Points

- ❖ Bladder cancer brings about changes similar to changes brought about by aging— loss of spontaneity and some sensitivity

BUT!

- ❖ Men and women are sexual and can enjoy sexual intimacy into their 90's – definition of how one has sex will change
- Much of sexuality remains available:
 - Relationship and emotional intimacy
 - Sensuality and physical intimacy
 - Orgasmic capacity (for most)

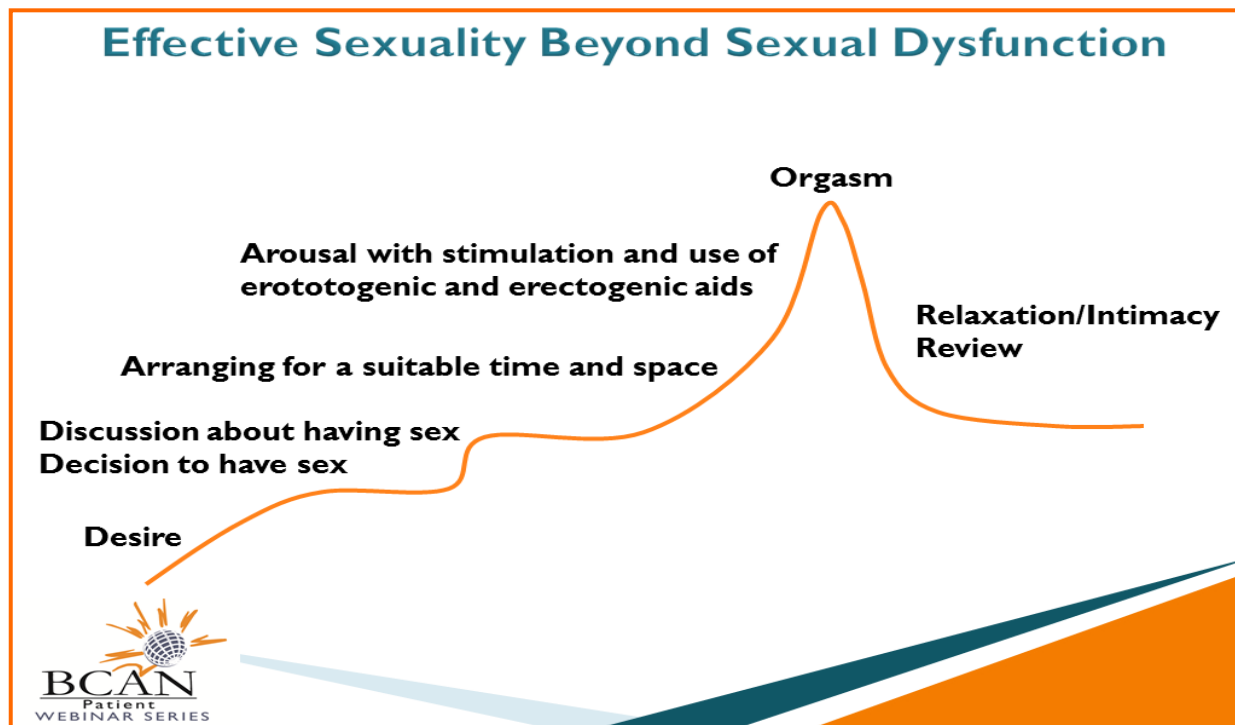


Take Home Points: What has to be learned

- ✓ Sexuality in middle and older age becomes more work because both men and women require more stimulation and sex – but it is great work!
- ✓ After bladder cancer, sexual activities are more intentional, less spontaneous
- ✓ There is a greater need to communicate about sexual needs

It becomes more work because sexual energy requires being more intentional and more stimulation, but if you think about what the outcome is, it's not bad. As I said before, activities become more intentional, and so less spontaneous, and communication really, really improves sex greatly at that stage.

And this is what effective sexuality looks like when one may not have perfect sexual function but still one can be very, very successful sexually. So when they feel desire to have sex, and then there's a discussion with a partner, they respond to have sex, and, securing time and space, making sure it is going to be uninterrupted, there can be arousal with stimulation and use of erotogenic and erectogenic aids. So, erotogenic being maybe vibrators or certainly using a lubricant, and then erectogenic aids that Dr. Mehta mentioned, and that is negotiated reasonably successfully at least to orgasm for both the man and the partner and the rest is the same as it was in the past.



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