



Understanding Women's Sexuality after Bladder Cancer webinar

Tuesday, December 1, 2015

Part III: Treatments for Improvement

Section A:

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

Presented by



LaShon Day received her Masters of Science as a Physician's Assistant at the Wayne State University School of Medicine in 2008. She has been a practicing PA-C (certified physician's assistant) for almost eight years. Specializing in urology in Ann Arbor, Michigan, Day currently works at the University of Michigan Health System's Pre-Operative Clinic.

We also need to discuss other aspects of vaginal health; I know I had mentioned several times additional lubrication and other things that can be done to help maintain that environment. The first thing that can be done is just regular stimulation—there's many ways that can be completed. I know that Daniela mentioned that some folks are a little adverse to masturbation or self-stimulation, but there are also things out there that can help folks get that daily stimulation like vibrators or things like that.

So definitely regular stimulation, even your partner can help participate, and find good pleasurable sports for touching and stimulation. It doesn't actually have to be penetrative sex, basically just looking for any intimacy, arousal, and areas that feel good to touch and stimulate. For vaginal health, if you're considering penetrative sex, and you've had a vaginal reconstruction after a cystectomy, before moving to something like that there might be need for different dilators, or sometimes even having the female be in a more dominant position so

*The **Understanding Sexuality and Intimacy after Bladder Cancer** webinars are made possible by a grant from Endo International plc.*



Maintenance of Vaginal Health

- ❖ Regular sexual stimulation
 - Masturbation
 - Consider vibrators
- ❖ Maintain vaginal health
 - Regular penetration and stretching
 - Regular moisturizing (Replens, KY Liquibeads)
 - **Topical lubricants (water or silicon based)**
 - **Glycerin based lubricants are not recommended** because of danger to men and women who are diabetic
 - Local estrogen (with gynecologist's approval)
 - **Kegels/physical therapy** (stretching, scar tissue massage, strengthening pelvic floor)




that they can control the amount of penetration and depth. We also probably need to use moisturizer, so KY, different types of lubrication like Replens. Usually water or silicone-based will be recommended. Glycerin is not recommended because of danger to men and women who are diabetic. The other thing that can be done to help maintain the vaginal environment, if it's feasible with gynecology approval, would be local

or topical estrogen, which we'll talk about again in a second. Lastly, Kegel exercises or pelvic floor physical therapy—this can help strengthen the pelvic floor muscles which can tighten up the vaginal canal, perhaps making stretching a little more pleasurable. They can also help to deal with some of the scar tissue, stretch that area, and just condition that pelvic floor area that's seen so much trauma when we're talking about vaginal reconstruction and cystectomy.

So that topical estrogen, one of the ways to do this is Vagifem, similar to a tampon usage. There's an applicator where this medication is instilled inside the vaginal canal, but we would not do this for folks with an estrogen-receptive cancer, like uterine cancer and cervical cancer, that has estrogen receptors—that could be dangerous for those patients. That's why we always say *with gynecology approval* but this type of topical estrogen can help vaginal wall thickening, blood flow, lubrication—it can definitely help with some of the side effects that you see in the vaginal area after having all these surgeries.

Local estrogen

- **Vagifem-** estrogen for post-menopausal women (with exception for women who have estrogen related cancer)





Pictured here are some of the other devices that can be used; we have things like dilators that can help stretch that vaginal area to make that area more receptive to penetrative intercourse—so stretching that area out first. Vibrators can be used just for stimulation and that can be done regularly, sometimes with regular stimulation and touching that area, you can be more receptive and have greater and more pleasurable stimulation over time. Lastly, there are pelvic floor exercisers and different devices you can use to have a more definitive Kegel exercise, or to strengthen the pelvic floor in different ways.

Dilators, vibrators, pelvic floor exerciser




The *Understanding Sexuality and Intimacy after Bladder Cancer* webinars are made possible by a grant from Endo International plc.



For some folks that have the ostomy site on the side of the body and don't have the neobladder on the inside, one of the barriers to thinking about sex is just that 'ugly' stoma, if you will, on the outside of the body. I've seen enough of these to know that they really aren't 'ugly', they're just different. Sometimes you wonder "How can I conceal this?" Well the internet's a beautiful thing and there are many different agencies. This is the link to some ostomy clothing:



www.stomaatje.com/clothing.html.

They have different things out there that will help conceal the bag while looking sexy and feeling desirable...just helping one feel a little bit more normal and covering that area up to make intimacy seem a bit more possible. They have different underwear, undergarments, negligée—lots of different things out there and available for patients. Also including things like bathing suit, because I know folks still want to be functional and that includes going to the beach. So they have a lot of options out there for patients nowadays.

So part of the therapy can be vaginal reconstruction after removing all of these organs, so there's different ways this could be completed. I know I discussed using the remaining portions of the vaginal canal to help reconstruct, but you can also have skin flaps (skin grafts) from different areas (chest, abdomen) but these would still need that vaginal lubrication and possible flushing of that area to keep it cleaned and maintained. Orgasms can occur, but like Daniela said, that sometimes this just takes more stimulation, work, and commitment to make that happen. It is possible; it's just a little different.

Vaginal Reconstruction after Total Exenteration

- Flaps of muscle and skin from the lower chest and belly (abdomen)
- Need for lubrication
- Need for regular flushing
- Orgasms

BCAN
PATIENT
WEBINAR SERIES

The *Understanding Sexuality and Intimacy after Bladder Cancer* webinars are made possible by a grant from Endo International plc.



Section B:

Behavioral treatments to improve sexual function and intimacy in women after bladder cancer treatment

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.

We suggest little cartoons to say that it is important for couples, if a person is partnered, to talk about what is going on. If somebody is dating, eventually there is going to be that conversation. It's important to accept each other and the fact that things are different now. And it's important to learn—to learn what new interactions are like, to learn what feels good, new techniques of pleasuring and accepting it's okay to learn.



New Sexuality

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



People who feel awkward about sexual aids somehow have to learn that it's okay to use them because mostly they improve blood flow, and blood flow is very good for sexual pleasure and lubrication. Vibrators, for example, encourage blood flow and they're very good for healing and for sexual pleasure.

Moderator: Daniela, could a good Harlequin romance book do the same thing for women or a movie?


The **Understanding Sexuality and Intimacy after Bladder Cancer** webinars are made possible by a grant from Endo International plc.



Yes, anything that “turns you on” is going to bring blood flow to the right place. Sometimes people choose to see a sex therapist and so I just wanted to mention to you what happens in sex therapy. First what is assessed is sexual concern, and then sexual function of the person who’s had cancer and the couple, so the partner as well. Any relationship factors or relationship history that might be contributing to any problems people are having, and then usually the individual’s history is taken to make sure you can rule out any impact of that person’s history on current concerns—like if someone had sexual trauma or something like that. Then, it addresses the relationship, not just the sexual relationship, it introduces topics like communication, spending time together—various and sundry things that people sort of overlook as they’re getting older together and taking a lot of things for granted. You have to reassess them and readdress them.

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



The outcomes that we’re looking for in sex therapies—improved sexual function, and that means being confident in using sexual aids; better communication; better interactions; better self-esteem. If people are depressed or anxious, then it would certainly help with that because depression and anxiety have an impact on sexual pleasure.

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

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)



So the take home points are that bladder cancer certainly brings about changes; they are a little bit similar to those brought about by aging like loss of spontaneity and some sensitivity, but research shows that people can be sexually active into their 90s. The definition is changing of how sex is being experienced and done. Much of sexuality remains available, such as if there is a relationship and emotional intimacy, certainly sensuality and the ability to be physically intimate—and for many people the ability to have an orgasm also remains.

*The **Understanding Sexuality and Intimacy after Bladder Cancer** webinars are made possible by a grant from Endo International plc.*

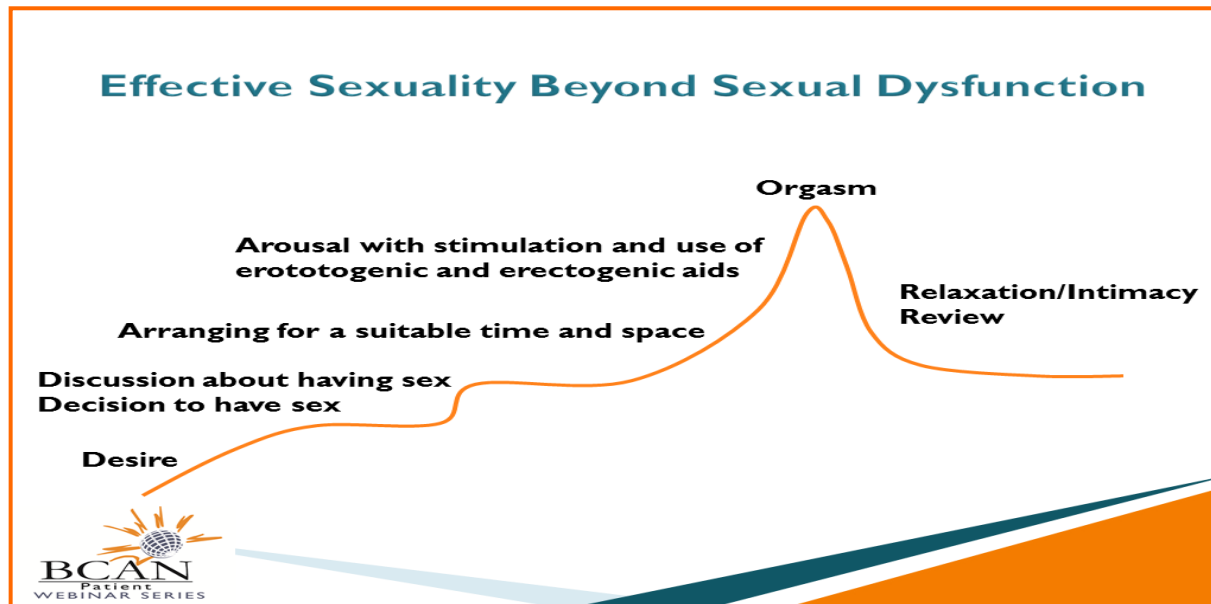


Take Home Points: What has to be learned

- ✓ 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 people need more stimulation at this age or if people have had cancer treatment for bladder cancer, and their activities become more intentional and less spontaneous. The one skill that many couples and individuals have to learn is how to communicate about sexual needs. For many people, the research has been shown that sex can be done very well without ever saying a word. But once people start having these kinds of issues, communication becomes important.

One last figure that I wanted to show you is how people can become very effective after bladder cancer treatment. If you are interested in sex, and that can come from any intention, not necessarily arousal, you can just discuss with your partner about it. You decide to do it and arrange for suitable time and space. At this time, a couple is usually pretty competent with using sexual aids, so they get them ready and then move through the process to orgasm.



Usually when people have an orgasm they're pretty pleased and they can look back on having had to use sexual aids with more perspective and acceptance. And afterwards, usually people feel very good and I will have to say that some couples have actually *improved* their sexual relationship after having been treated for cancer because they've had to work as a team together in an intimate way, and that's made their emotional intimacy, and ultimately sexual intimacy, stronger and more enduring.

The *Understanding Sexuality and Intimacy after Bladder Cancer* webinars are made possible by a grant from Endo International plc.

