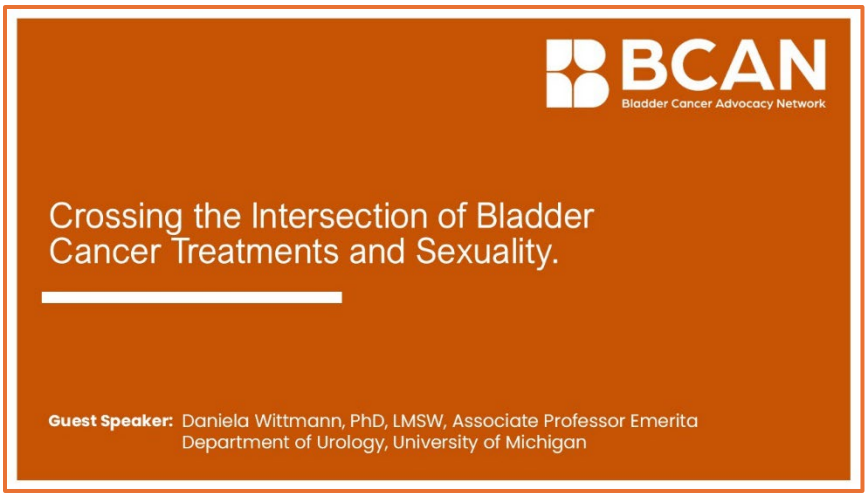
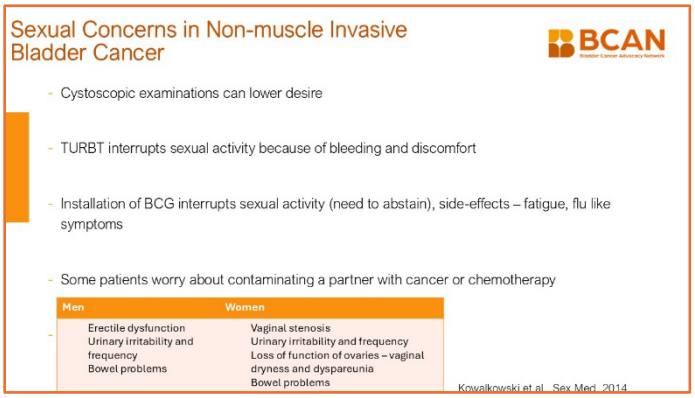


PART 2 of 4

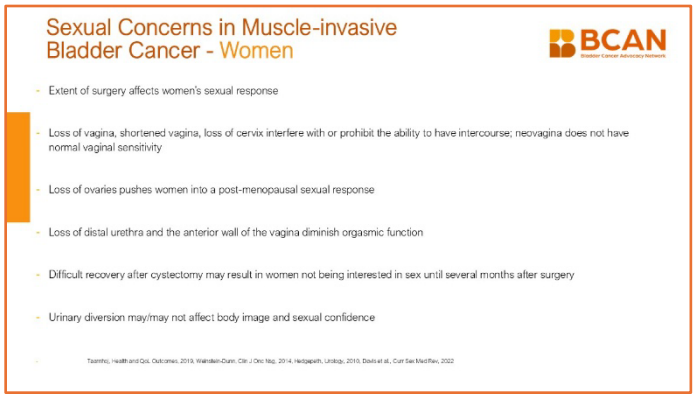
Dr. Daniela Wittmann:



Now, we have a little bit of research about what kind of impact treatment for non-invasive bladder cancer can have on sexual function on sexuality. So interventions such as cystoscopic examination can lower desire because, one, is uncomfortable in the genital area after that because the urethra is irritated. The TURBT can interrupt sexual activity because of bleeding and discomfort. And again, there can be lower sexual function. The installation of BCG can interrupt sexual activity first of all because there's a need to abstain from sex for a period of time, but a person may also feel fatigued and have flu-like symptoms. And some patients have worried that they might contaminate a partner either with a cancer or chemotherapy. So those are the kinds of things that any clinician who is treating a patient for non-invasive bladder cancer should be discussing with the patient.

And I have listed here some of the problems that men might have and women may have in this context, men erectile dysfunction and irritated urethra, going to the bathroom all the time and bowel problems. For women, it can be vaginal stenosis, urinary irritability and frequency, loss of function of the ovaries, vaginal dryness and dyspareunia and bowel problems as well.

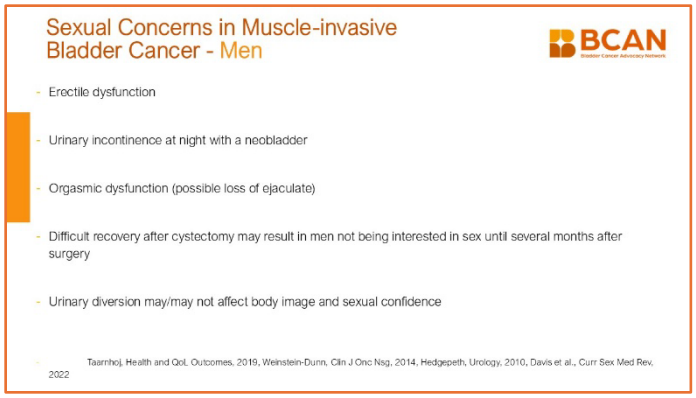
Dr. Daniela Wittmann:



Now, when a person has had a cystectomy, let's start with women. The extent of a surgery will affect the woman's sexual response. So if as a part of the surgery a part of the whole vagina is removed and the cervix is removed, then it's impossible to have intercourse. Sometimes women have a new vagina reconstructed which enables intercourse, but it's important for that woman to know and for her partner to know that that vagina will not have the normal vaginal sensitivity. It'll be like any other part of skin, it just will not have a sexual sensitivity. When women lose ovaries, like the woman in my example, they may have ultimately a postmenopausal sexual response, which is low desire and vaginal dryness, sometimes challenges with orgasm, but often not. The loss of the end part of the urethra closer to the outside of the body and the front wall of the vagina can interfere with the ability of a woman to have an orgasm. So knowing about these things ahead of time, that this is going to happen, it's terribly important because it's something to prepare for.

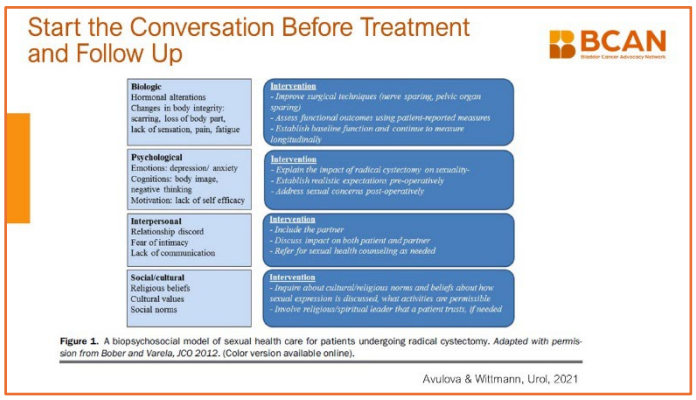
Obviously, cystectomy is a big operation, and so it may not be quickly that a person is interested in sex. We did some research at the University of Michigan and found that people, men and women recovered their interest in sex sometimes maybe not as soon as six months after surgery. And that's fine, which means that you have to discuss this thing periodically during at least the first two years to find out what's going on. The urinary diversion may or may not affect body image and sexual confidence. Now, there has been some research on this and it's not conclusive. In some studies, it did not affect body image, and in some, it did. So perhaps this is just an individual experience.

Dr. Daniela Wittmann:



Now, let's look at men. After a cystectomy, many men have a removal of the prostate right along with the bladder, and that results in erectile dysfunction. There is urinary incontinence at night with the neobladder, which can interfere with sexual activity at night. So people have to move their sexual activity to another time of day. If there's been a prostatectomy as well, there is no ejaculation, although men still can have orgasms. And then, again, the same thing about the difficulty of the recovery. It can take a while to be interested. And it's the same thing about a urinary diversion is applicable to men as it is to women.

Dr. Daniela Wittmann:



Now, there are ways that rehabilitation of sexual function and sexual lives can occur, and that is, first of all, surgically, that should always be a discussion about whether they could be a nerve-sparing with a cystectomy to see whether people can preserve as much of sexual function as possible. It should be discussed what parts of the body are likely to be removed and how that would affect sexual function.

And there should be measurement. There should be some questionnaires for baseline sexual function and go further into survivorship to find out how things are changing and where help is needed. So that's the physical part. Psychologically, people can get upset, people can get depressed, anxious, worried, and that has to be addressed as well. And there's a lot of psychological support that can be helpful. People do so well with education alone and with establishing realistic expectations, but also just support for figuring out what's going to be the new normal, which some people like to say. The sexuality after bladder cancer treatment, that's an important discussion to have in the context of people being unhappy about what's happened to.

And then there needs to be a help for the partner and for the couple because the sexual problems that bladder cancer patients have after treatment affect the partner just as much as they affect the patient, even though not exactly in the same way, but the relationship has changed.

And then we live in a multicultural environment. So it's important to understand how people's culture or religion, certainly sexual orientation will affect what kind of rehabilitation would be valuable, what would be unacceptable. I've had plenty of patients who were Catholic or they may have been Muslim and they, for example, did not want to masturbate as a part of rehabilitation. I've had other patients who, because of sexual norms, there always has to be another family member in the room to discuss. And in some cases, it's been better to have a male sex therapist where it's humiliating culturally for a man to be talking to a woman about their sexual problems and vice versa. So there are many things from a religious, cultural and social point of view to discuss.

And when it comes to sexual orientation, there's been a problem in healthcare of people thinking about sex as being heterosexual only. And that has discouraged some patients, male patients who have sex with men or female patients who are lesbians to discuss their sexual orientation because they fear discrimination. And there's been plenty of stigma and discrimination at least in the past. That doesn't even address what do we do about transgender patients who have to be dealt with in a very practical and sensitive way so that one can really learn what it is that they need sexually after bladder cancer treatment.