Sexuality Resources for Oncology Nurses
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FSFI (Female Sexual Function Index) http://www.fsfiquestionnaire.com/

Websites and Literature (alphabetical)


Graham C, Everything nobody tells you about cancer treatment and your sex life: from A to Z. http://kanwa.org/sexual-health/a-z-guide


Institute for Sexual Medicine, Irwin Goldstein, MD, President and Director, provides training for professionals in basic science research and clinical care www.theinstituteforsexualmedicine.com

International Society for the Study of Women’s Sexual Health offers a special interest group and provider trainings focused on female sexual health and cancer www.isswsh.org

Kaplan & Pacelli, The sexuality discussion: tools for the oncology nurse. Clin J Oncol Nurs 2011;15(1):15-17, also available to subscribers at the Oncology Nursing Society website (see below)

Katz A, Breaking the silence on cancer and sexuality: a handbook for healthcare providers, published by Oncology Nursing Society, 1st ed. 2007

Katz A, Woman, Cancer, Sex. A book by Canadian doctor of nursing who has dedicated her career to education, Pittsburgh, PA: Hygeia Media, 2009

Kayser & Scott, Helping couples cope with women’s cancer: an evidence-based approach for practitioners, written by a social worker and psychologist, 1st ed. 2008

Lindau ST et al, A manifesto on the preservation of sexual function in women and girls with cancer. AJOG 2015;213(2):166-174. DOI: 10.1016/j.ajog.2015.03.039

**National Cancer Institute** Physician Data Query (PDQ), Sexuality & Reproductive Issues, Treatment of sexual problems in people with cancer

**Oncology Nursing Society** website has an educator resource center where subscribers can access a demonstration of a sexuality interview, articles about sexuality and reproductive issues, case scenarios, and a PowerPoint presentation
[http://erc.ons.org/resources?search_api_views_fulltext=sexuality](http://erc.ons.org/resources?search_api_views_fulltext=sexuality)


**Schover LR**, Sexuality and Fertility After Cancer, Hematology 2005;523-7
[http://asheducationbook.hematologylibrary.org/content/2005/1/523.full.pdf+html](http://asheducationbook.hematologylibrary.org/content/2005/1/523.full.pdf+html)

**Scientific Network on Female Sexual Health and Cancer** offers membership to professionals with interest in evidence-based approaches to the prevention and management of female sexual problems
[www.cancersexnetwork.org](http://www.cancersexnetwork.org)

**Society for Sex Therapy and Research** offers member benefits including access to resources in the field and continuing education credits at SSTAR meeting
[www.sstarnet.org](http://www.sstarnet.org)

**University of Chicago’s Program in Integrative Sexual Medicine** (PRISM), Stacy Tessler Lindau, MD, MAPP, Director, offers on-site consultation, education, and clinical site visits for professionals who seek to create a regional clinical and research program, including multisite research registry
[www.uchospital.edu/specialties/obgyn/prism.html](http://www.uchospital.edu/specialties/obgyn/prism.html), (contact slindau@uchicago.edu)

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**Talking to clients about sex:**

**Validate and normalize the experience of sexual problems**

- “Most survivors who have been through this kind of treatment find themselves facing changes in sexual function.”
- “Can you tell me about the impact that cancer has had on sexuality or intimacy for you?”
- “Sometimes talking can help. Is there anything else about your sexual health that has been bothering you?”

PLISSIT model
- Permission
  - Invites patient to enter into a discussion about sexual health
  - “I’d like to review how you are doing as it relates to both sexuality and intimacy. Would that be okay?”
  - “Are you (and your partner) having problems being intimate?”
- Limited Information
  - Normalizes that issues related to sexual health are common
  - “Some women complain that sex and intimacy are different now. In fact, it is pretty common. How has your experience been?”
  - “A common complaint is pain during intercourse. Is this something that is happening with you?”
- Specific Suggestions
  - Offer advice that can be actionable and easy to incorporate if possible
  - “If you have some trouble with vaginal dryness, it may help to use a lubricant before and during sex.”
- Intensive Therapy
  - If one is not comfortable with issues brought up or does not know what to advise, offer expert consultation locally (if possible) or refer to educational resources.
  - “It sounds like you might benefit from seeing an expert in sexual health. Can I suggest a referral?”


5 A’s model
- Ask
  - ‘How has treatment affected your sex life?’
- Advise
  - ‘Many patients with cancer struggle with sexual problems.’
- Assess
  - Eg Brief Sexual Symptom Checklist
- Assist
  - Offer brief counselling, counseling referral, internet resources
- Arrange follow-up
  - Inquire at subsequent visits


BEATTER model
- Bring up the topic.
- Explain you are concerned with quality-of-life issues, including sexuality. Although you may not be able to answer all questions, you want to convey that patients can talk about any concerns they have
- Tell patients that you will find appropriate resources to address their concerns.
- Timing might not seem appropriate now, but acknowledge that they can ask for information at any time.
- Educate patients about the side effects of their cancer treatments.
- Record your assessment and interventions in patients’ medical record.

-Hordren, Cancer Nurs 2008;31(2):E9-E17
Appendix I  Suggested patient handout for vaginal health promotion

Vaginal Health

As a woman ages or if she has a cancer treatment that results in premature menopause (or hormonal deprivation), the vagina can become dry and lose its elasticity. Simple strategies can help to improve the moisturization in the vagina and its ability to move without discomfort.

Vaginal Moisturizers
- Available in gels, tablets, or liquid form
- Administered either in a tampon-shaped applicator or as a vaginal suppository
- Used to hydrate the vaginal tissues and improve vaginal pH
- Decreases vaginal dryness and increases vaginal comfort
- Vaginal moisturizers are non-hormonal, over-the-counter products that need to be used several times a week regularly
- Vaginal moisturizers last for up to 2 to 3 days, then they need to be reapplied
- The best absorption occurs when used prior to bedtime
- Types of moisturizers include polycarbophil-based gel (i.e., Rolpists), vaginal balm suppositories and/or vaginal Vitamin E (capsule needs to be punctured prior to insertion)

Vaginal Lubricants
- Available in liquid or gel form
- Applied in the vagina and around the genitals prior to sexual activity. The lubricants may need to be reapplied during sexual activity. It is important to also apply to a partner’s genital area, especially before penetration
- Used to minimize dryness and pain during sexual activity and gynecologic exams
- Water- and silicone-based lubricants recommended; water-based lubricants wash away more easily
- Avoid petroleum-based lubricants; they do not wash away easily and can increase the risk of infection
- Use caution with perfumed or flavored lubricants; they may irritate or be atrophic to delicate tissues
- Common brand names or types of lubricants can be found in drugstore chains, but online web sites and sexual boutiques can offer greater variety
- Saliva is a natural lubricant

Patients need reassurance that the symptoms is invaluable in treatment. Many women who present with vulvodynia often endure the condition and treatment options. Always introduction of vulvodynia. It is important to fully educate the patient to properly diagnose and identify the pain pattern of specific supportive measures (Box 3).

Vulvodynia often significantly affects a woman's sexual functioning. Although studies find effect in women with vulvodynia was difficulty with sexual arousal is decreased. It is often necessary to perform a psychosexual assessment or to evaluate the degree of comfort during intercourse. Anesthetics may result in significant increase in treatment). In patients' ability to have intercourse was noted in patients with vulvodynia, and a significant increase in the degree of comfort during intercourse. Anesthetics may result in significant increase in side effects. Application of topical anesthetics may result in significant increase in adverse reactions, is also is a common sensitizer that should be avoided.

Validate symptoms, be supportive
Treat any objective abnormalities
Topical estrogens (estradiol vaginal cream [Estro-Gel] can be used intravaginally or topically) (conjugated equine estrogen [Premarin])
Discontinue irritants (eg, excessive washing, irritating lubricants, tight clothing, douching, nonessential medications, sanitary pads, hair dryers)
Apply lubrication during sexual activity (eg, vegetable oil, Astroglide)
Apply lidocaine 2% jelly or 5% ointment for pain 20 minutes before sexual activity
Apply cold compresses (eg, crushed ice, frozen peas, gel pack)
Address and manage depression
Offer education (including written material) for both patient and partner
Refer patient for membership in National Vulvodynia Association
Refer both patient and partner for sex therapy and counseling to help cope with symptoms

Treat abnormal visible conditions such as infections, dermatoses, and both malignant and premalignant conditions
Vulvar care measures; avoidance of irritants
Topical medications
Lidocaine 5% jelly at introitus at bedtime
Nitroglycerine
Amitriptyline 2%, baclofen 2%
(± ketofen 2%)
Capsaicin
Oral medications:
Antidepressant class
Tricyclic medications (≤ 150 mg/d)
Venlafaxine extended release (150 mg/d)
Duloxetine (60 mg twice a day)
Anticonvulsant class
Gabapentin (≤3600 mg/d)
Pregabalin (≤300 twice a day)
Injections
Triamcinolone 10 mg/mL, 0.2–0.4 mL into trigger point
Botulinum toxin A injections
Intralvesional interferon (IFN)-α (no longer used)
Pelvic floor physical therapy
Pelvic floor surface electromyography and biofeedback
Low-oxalate diet with calcium citrate supplementation (controversial)
Cognitive-behavioral therapy (CBT), sexual counseling
Surgery (for vestibulodynia only) localized excision/vestibulectomy/perineoplasty

VULVODYNIA

Groysman. Dermatol Clin 2010;28:681-96 (Note: these guidelines are not cancer-specific).
COLOSTOMY: The 4 ‘P’s

Prepare

Adjust diet in preparation for intimacy, including avoidance of foods which increase risk of gastrointestinal problems:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Foods associated with increased risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstruction/Ileus</td>
<td>Celery, coconut, corn, coleslaw, dried fruits, grapefruit, nuts, peas, popcorn, rice</td>
</tr>
<tr>
<td>Gas production/Odors</td>
<td>Legumes, cabbage, brussel sprouts, avocados, artichokes, asparagus, broccoli, spinach, melons, apples, prunes, cheese, fish, eggs, carbonated drinks</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Cabbage, green beans, buttermilk, applesauce, tapioca, boiled rice, milk, yogurt</td>
</tr>
</tbody>
</table>

Pouch

Pouch covers which fit over the stoma can be used to make the stoma less intimidating during an intimate encounter. These are available for purchase in multiple fabric types, including silk, satin, or lace.

Position

Avoid positions that cause pressure on the ostomy site, in order to avoid compression and risk of spillage.

Pleasure

Communicate with your partner and agree that the goal should not be completion of a sexual act. The goal should be pleasure for you and your partner. This can increase intimacy, even if performance is otherwise limited due to anatomic or physical constraints. This also calls for an open minded approach to sex, including the consideration of alternative forms of sexual activity, such as intra-thigh, intramammary, or anal intercourse.

DeSimone et al. AJCO 2014;37(1):101-6
### Table 1. Selected Online Sources of Information About Cancer and Sexuality

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>TOPIC</th>
<th>WEB SITE</th>
</tr>
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| American Cancer Society                          | Chemotherapy side effects on sexuality in women and men | http://nccn.cancer.org/docroot/MIT/MIT_7_1x_ChemotherapySideEffectsOnSexuality.asp?starea=&level=  
|                                                  | Sexual side effects in women               | www.cancer.org/treatment/TreatmentsandSideEffects/PhysicalSideEffects/SexualSideEffectsinWomen/index |
| American Society of Clinical Oncology            | Sexual and reproductive health             | www.cancer.net/patient/All+About+Cancer/Treating+Cancer/Sexual+and+Reproductive+Health |
| BreastCancer.org                                 | Sex and intimacy                           | www.breastcancer.org/tips/intimacy                                      |
| Fertile Hope                                     | Reproductive information and support       | www.fertilehope.org                                                     |
| Gynecologic Cancer Foundation                    | Sexuality issues                           | www.wcn.org/articles/quality_of_life/sexuality/overview                 |
| LIVESTRONG™                                      | Female sexual dysfunction                  | www.livestrong.org/Get-Help/Learn-About-Cancer/Cancer-Support-Topics/Physical-Effects-of-Cancer/Female-Sexual-Dysfunction  
| National Cancer Institute                        | Sexuality and reproductive issues          | www.cancer.gov/cancertopics/pdq/supportive-care/sexuality/Patient       |
| Network of Strength                              | Intimacy and sexuality issues               | www.networkofstrength.org/support/relationships/intimacy.php            |
| OncoLink                                         | Sexuality and fertility issues             | www.oncolink.org/copingsubsection.cfm?c=48&s=42&s=90                    |
| Prostate Cancer Foundation                       | Erectile dysfunction                        | www.pcl.org/site/iesRIR0tEpH1b-5836625/k.75D7/Erectile_Dysfunction.htm |
| Sexuality Information and Education Council of the United States | –                                          | www.seicus.org                                                         |