



GÖTEBORGS UNIVERSITET

Sexuality and cancer

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WHO – Sexuality

” ...is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.”

WHO – Sexuality, continued

“Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.”

WHO – Sexual health

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.”

Believe me, it is hard to be a woman,
when you - like me - by operation, have removed
something dear, and then changes come,
because being a woman and being loved and to love
is the most beautiful thing in life.

But when my feelings and longings spill out with tears
and bitterness against what has happened to me
it is so hard to continue being a woman.

When my feelings and longings are the same as before
for embraces and hungry hands,
I often wonder where he is,
who will take me as I am.

Anonymous cancer survivor

"Sexuality"??

Physical act, satisfaction, drive

Closeness, tenderness

Confirmation

Sensuality, pleasure, love, happiness...

"Skin hunger"

Wordless communication

Life affirming

Numer är stunderna få då jag inte tänker på döden. Då jag inte är belägrad av det som väntar.

När jag älskar är ett sådant tillfälle. Då upphör allt annat att existera. Då försvinner vi i ett trassel av kroppar. Då blir vi höga av varandra.

Kristian Gidlund

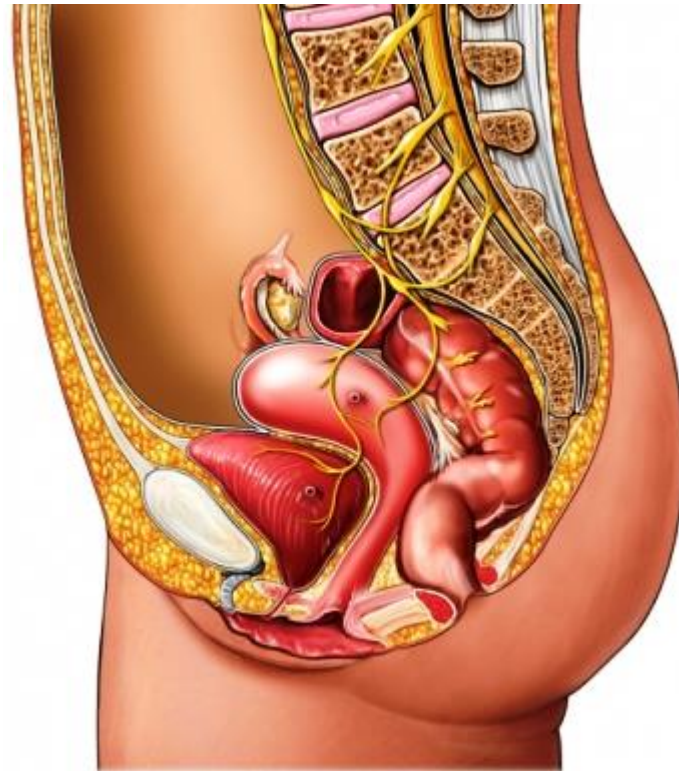
2012-12-13 <http://ikroppenmin.blogspot.se>

Prevalence female sexual dysfunction?

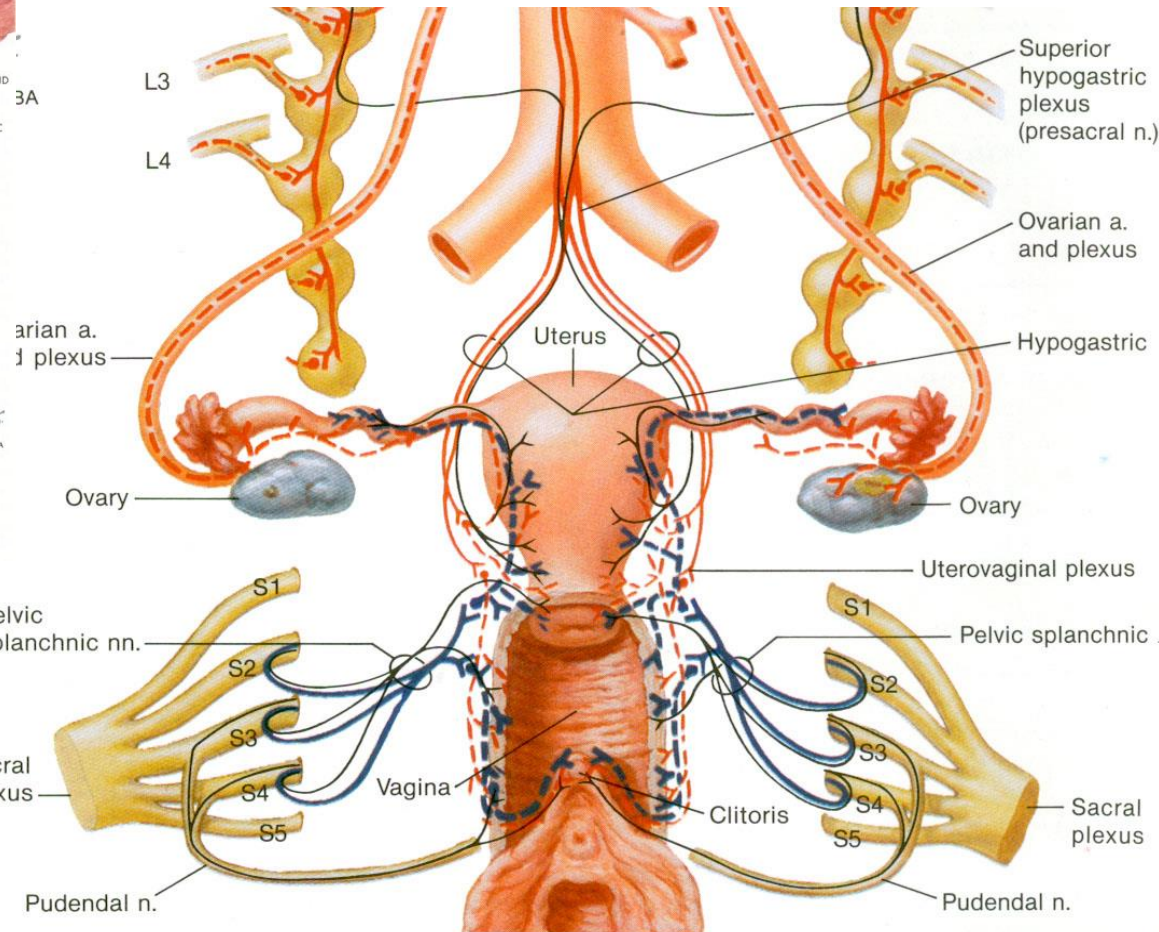
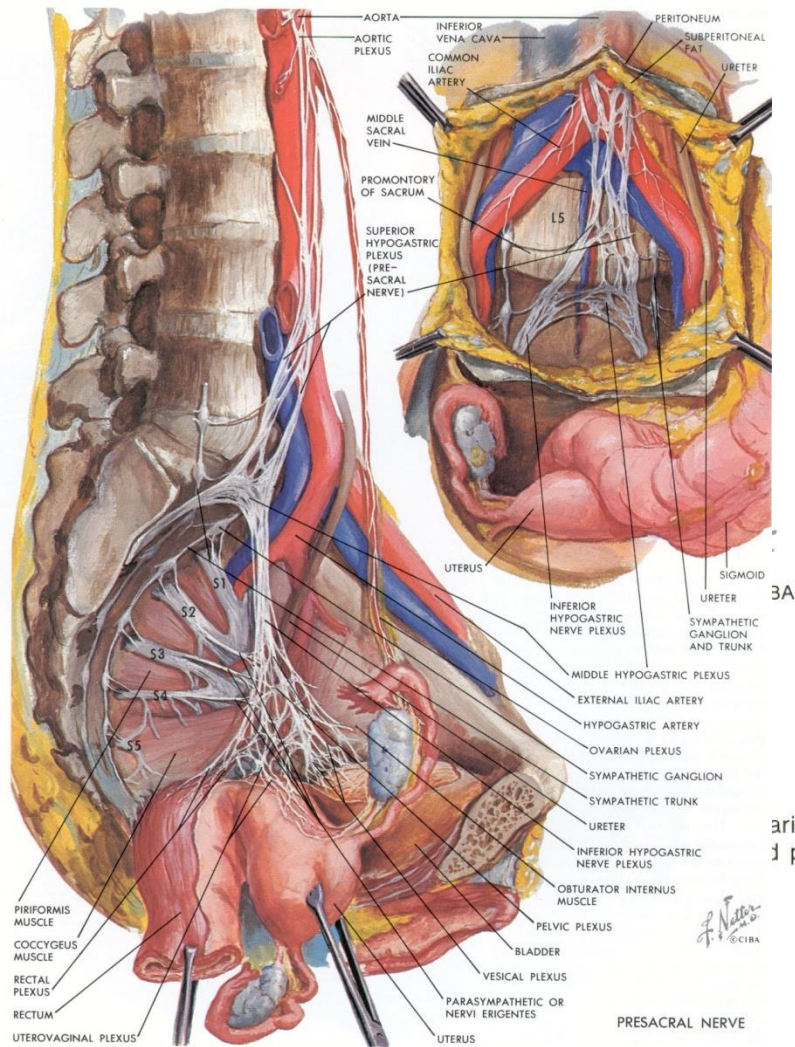
- NCI: 50% after breast cancer
- NCI: 50% after gynaecological cancer

but I think that is an underestimation...

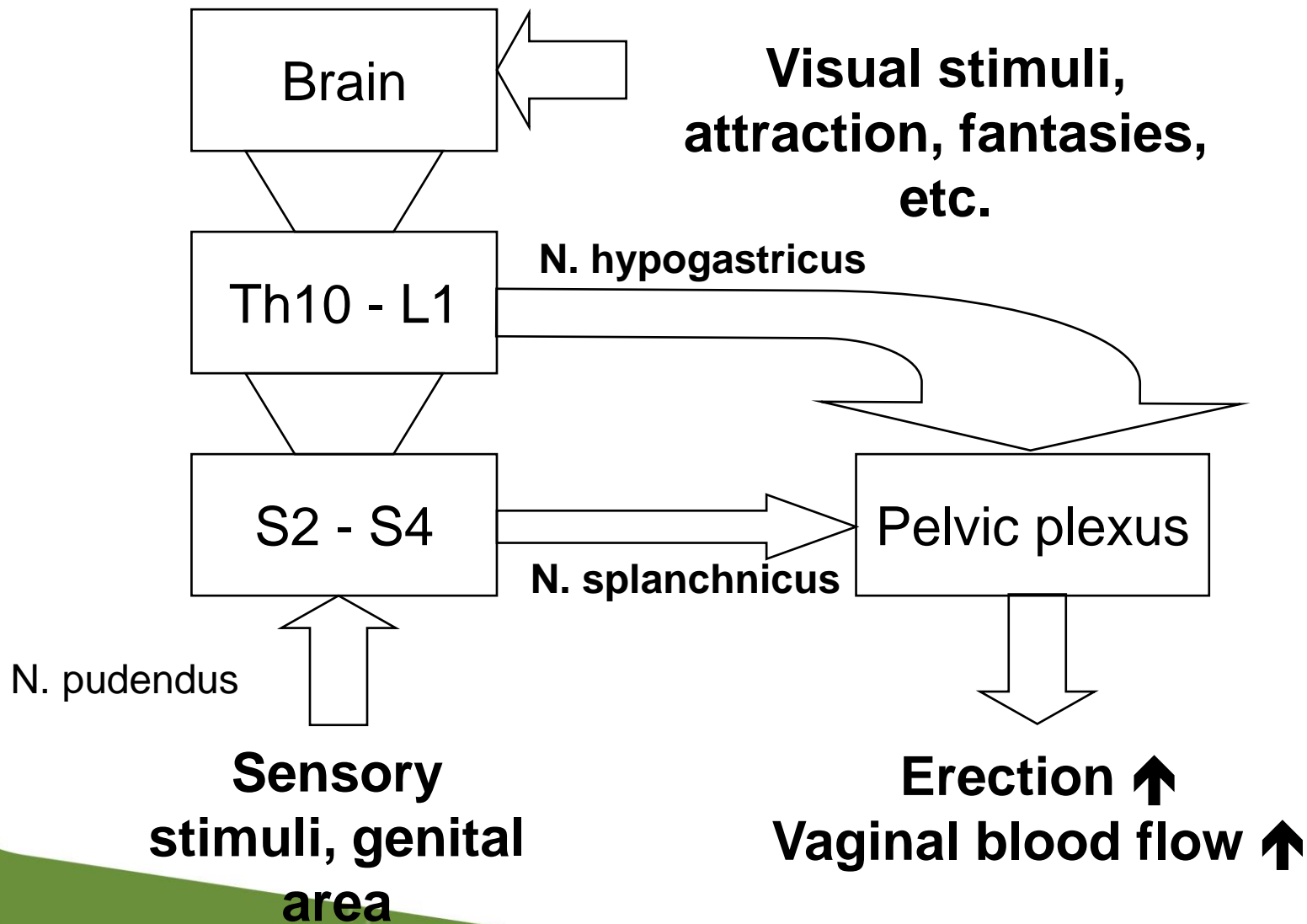
Normal anatomy

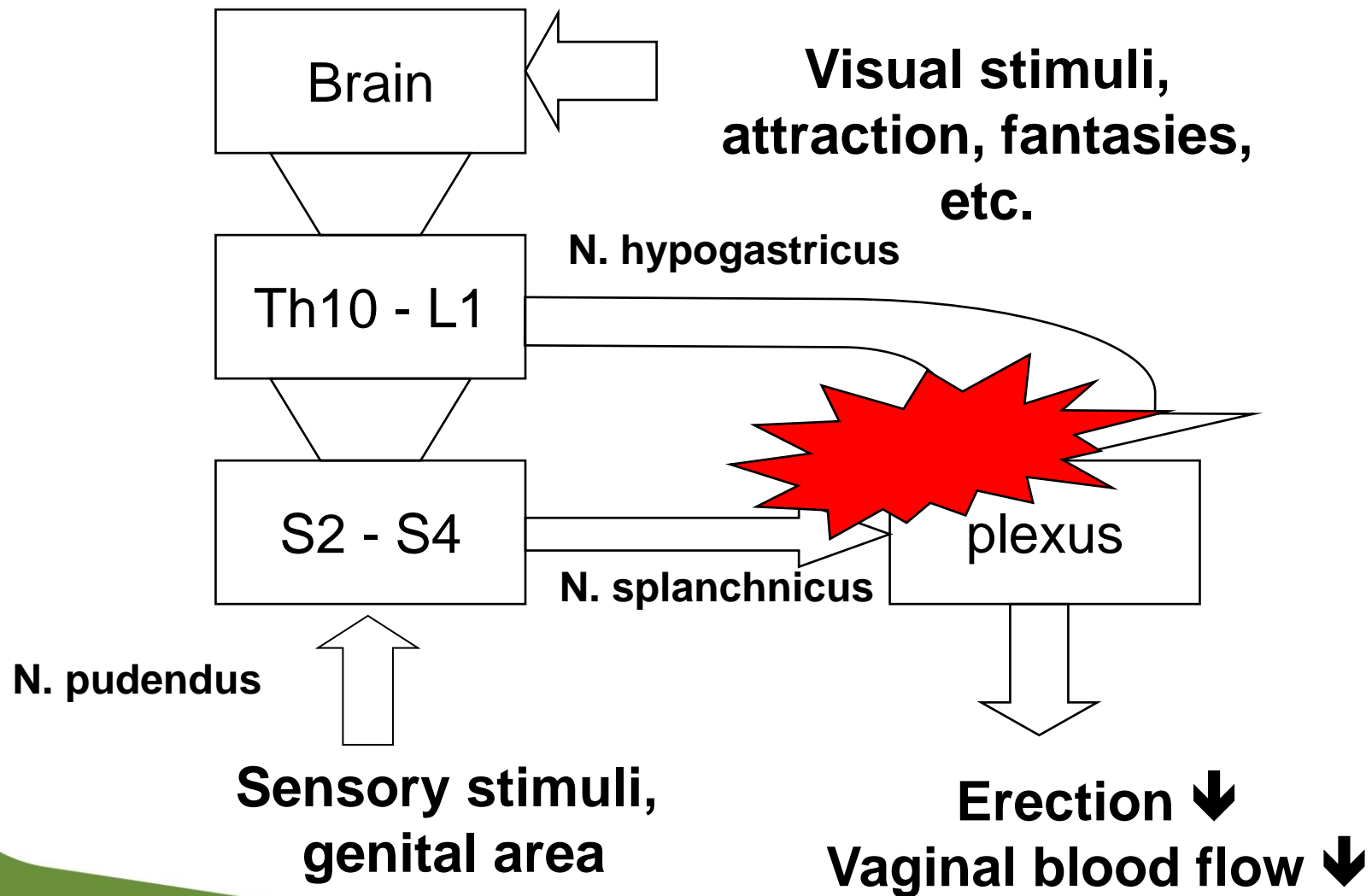


Neurological effects: Reduced blood flow (erection) clitoris, labiae & vagina comparable to penis



Reduced lubrication, sensation and feed back





Nerve-sparing radical hysterectomy

Q Pieterse *et al* , IJGC 2008;18:576-583

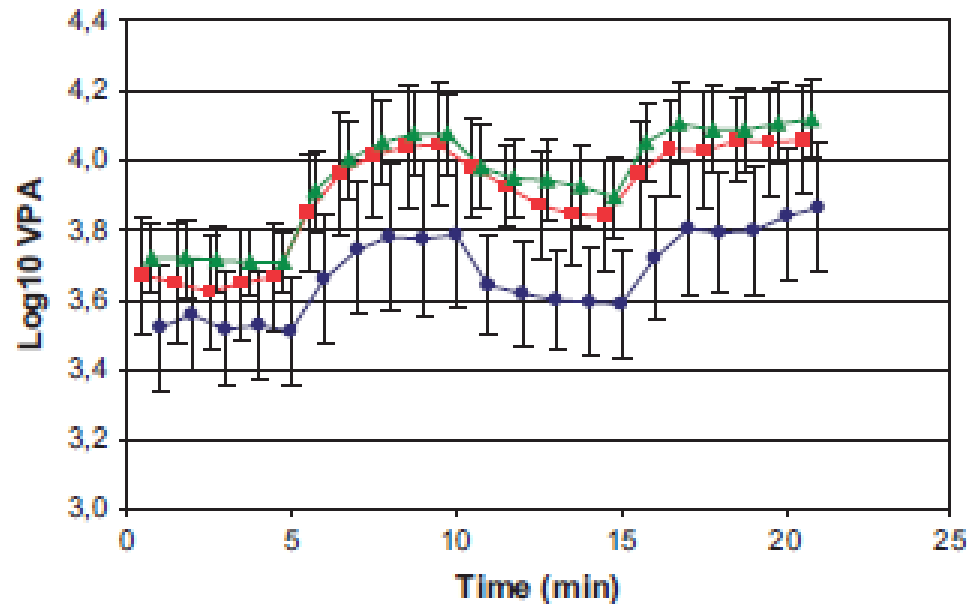


Figure 1. Change in logarithmically transformed mean VPA (log₁₀ VPA) during experimental session: neutral stimulus 1 (baseline assessment) (1–5 min), erotic stimulus 1 (6–10 min), neutral stimulus 2 (11–15 min), and erotic stimulus 2 (16–21 min). —●—, conventional RHL (*n* = 13); —■—, nerve-sparing RHL (*n* = 10); and —▲—, controls (*n* = 14).

Physical changes (1) Surgery

Short, inelastic, narrow vagina

Erectile dysfunction

Neurological effect: Reduced blood flow

♀ reduced erection, engorgment, lubrication (wetness)
equivalent to

♂ erectile dysfunction, impotence

Reduced sensibility erogenous zones

Pain, painful scars

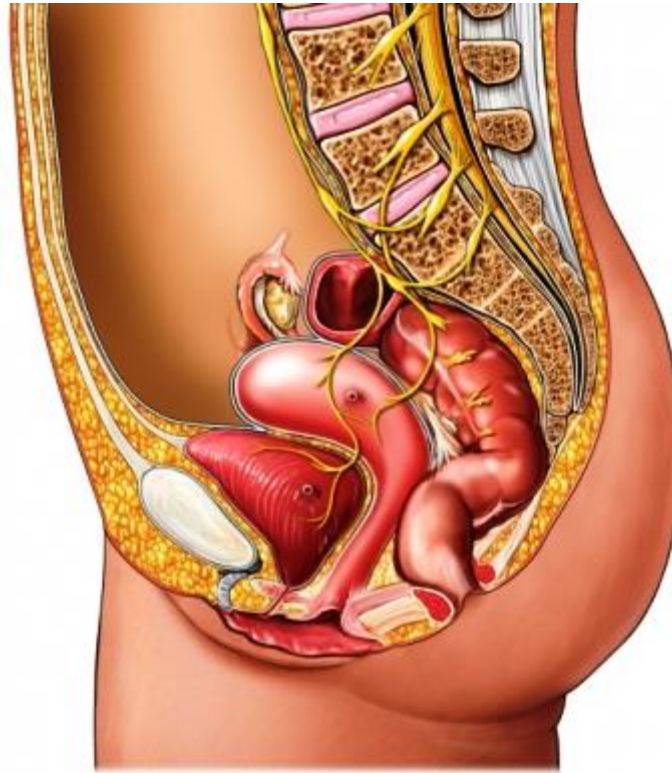
Emotional loss – ovaries, uterus – symbol for femininity /
fertility

Lymphoedema

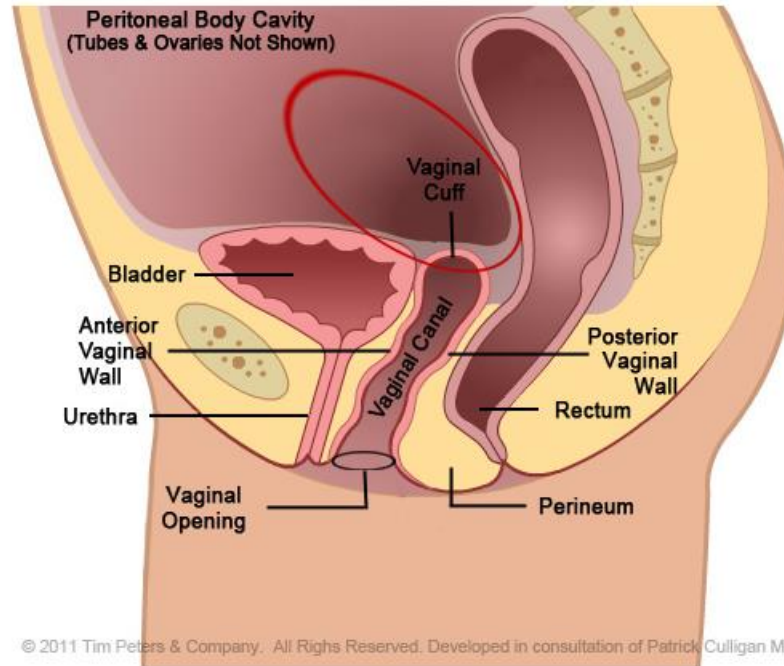
Lymph blisters in the vulva



Normal anatomy



Anatomy after hysterectomy



Physical changes (2) Chemotherapy

Neurological and vascular changes?

Reduced velocity afferent and efferent nerves

Reduced blood flow (erection) →

♀ reduced lubrication equivalent to
♂ impotence

Alopecia – also genital

Pain? Reduced touch?

Hormones??

Physical changes (3) Radiotherapy

Short, inelastic, narrow vagina. Bleedings.

Reduced blood flow (erection, lubrication)

Limited mobility, reduced elasticity – vagina, pelvis, hips, pelvic floor

Pelvic pain – micro fractures, oedema

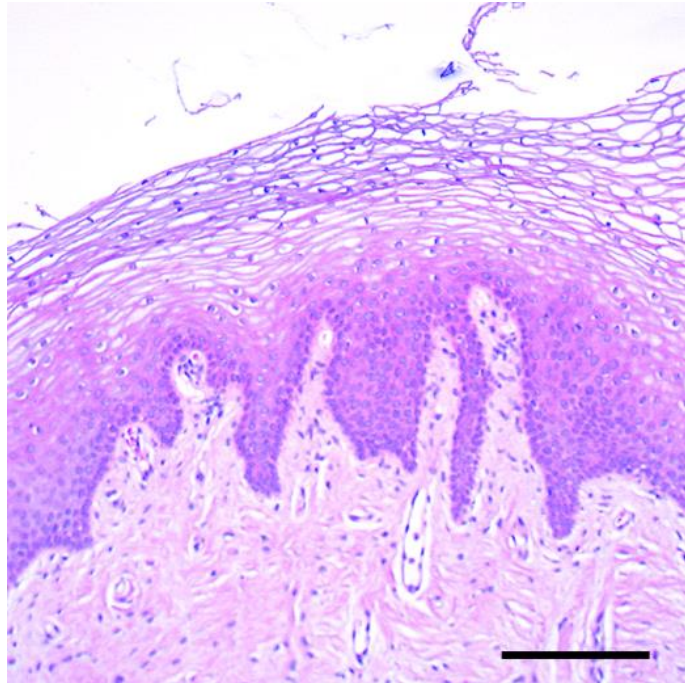
Skin changes – pigmentation, "orange peel", touch

Reduced control bladder / bowel, "irritable functions", incontinence

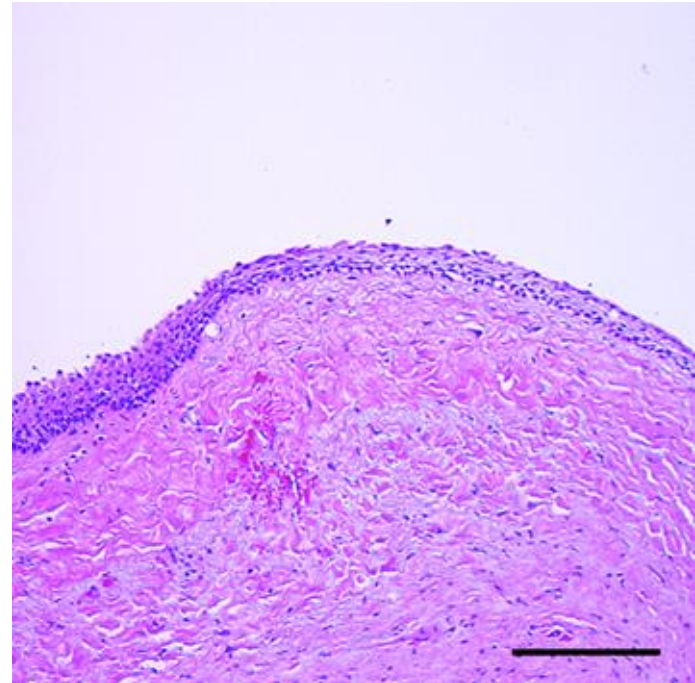
Lymphoedema

Hormones??

Morphology



Controll

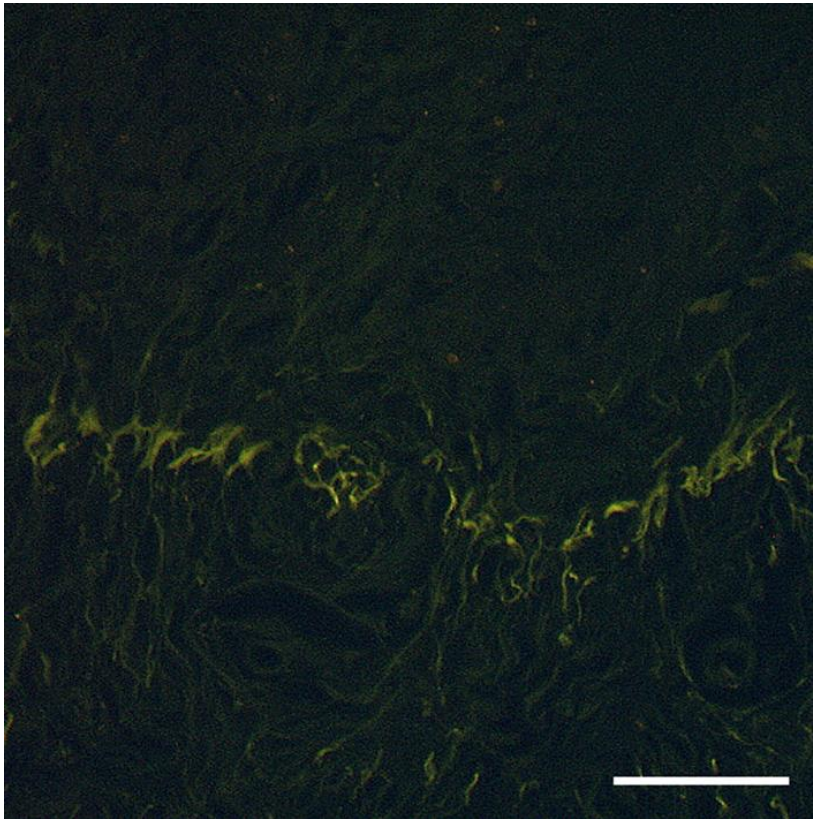


Cervial cancer

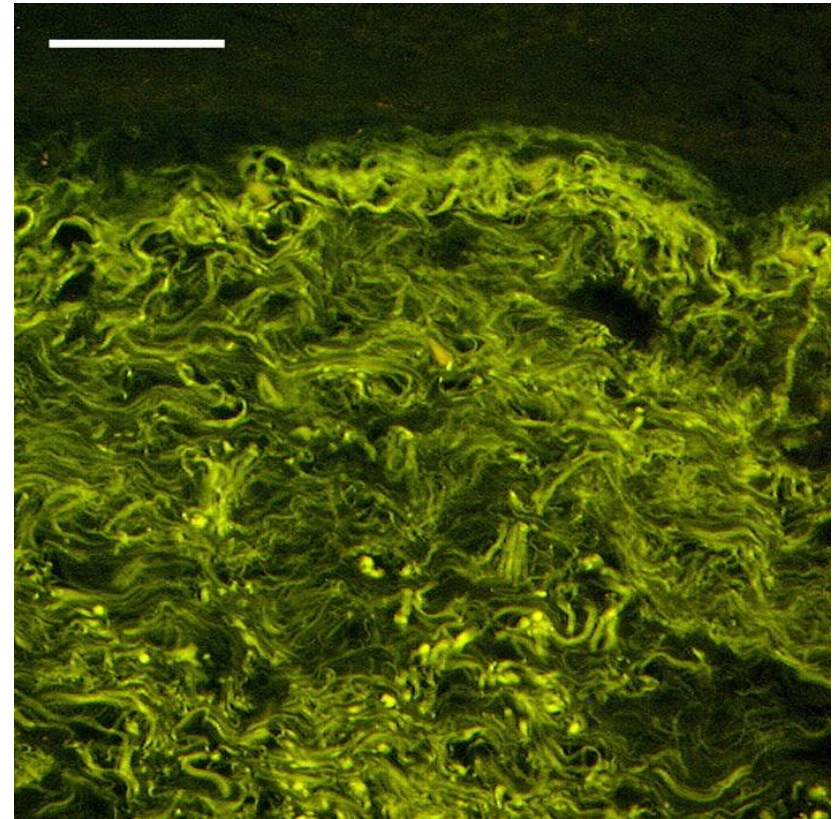
Alexandra Hofsjö, Nina Bohm-Starke, Bo Blomgren, Helen Jahren,
Gunnar Steineck, Karin Bergmark. Acta Oncologica 2017

Elastin - autofluorescence

Sub-epithelial elastic membrane



Control



Patient

Self-image, body-image, femininity

Defect, "damaged goods"

Reduced (perceived) attractiveness

Alopecia

Scars, port-a-cath, etc.

Changed anatomy, sense of loss

Guilt, shame, punishment



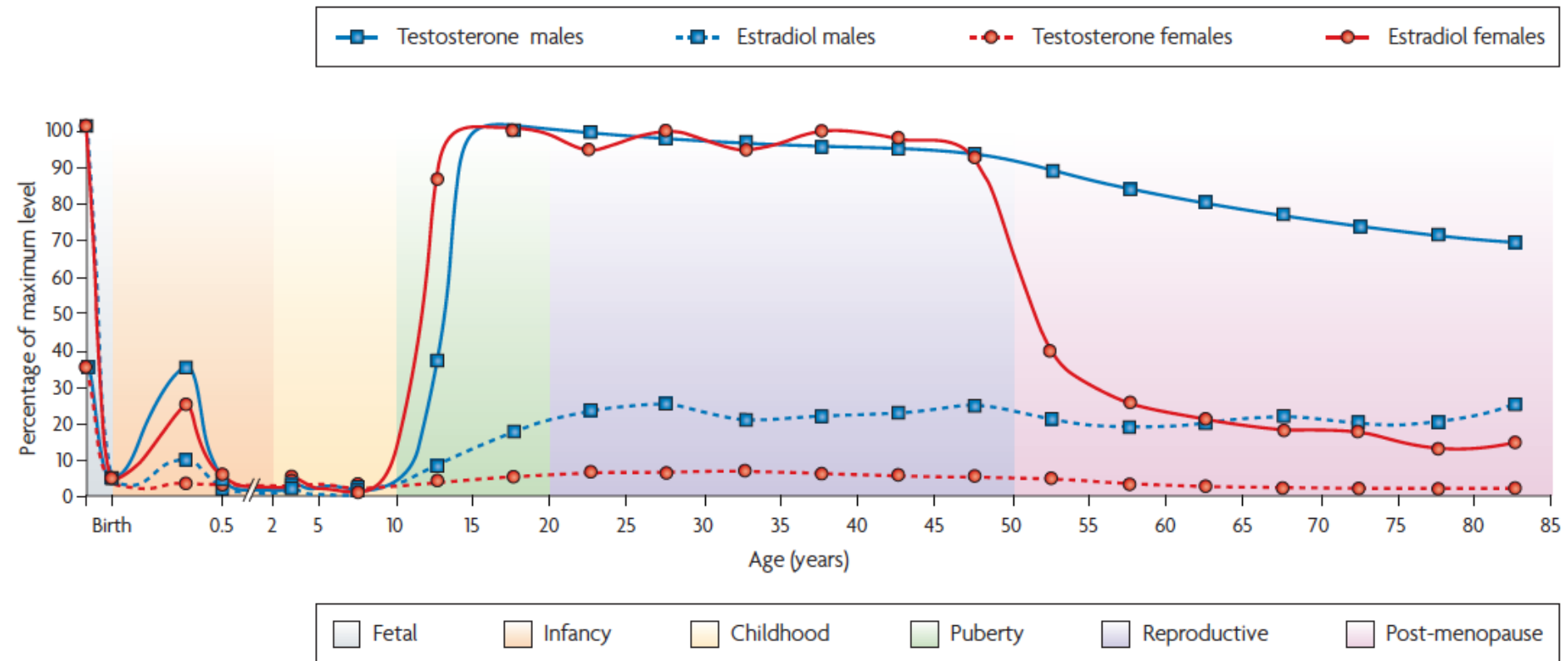
Desire... "Problem?"

Libido

- Hormones?
- Changed focus?
- Depression? Anti-depressants?
- Fatigue?
- Anemia?



Nature Rev Genetics 2008;9(12):911-922



Carole Ober, Dagan A. Loisel and Yoav Gilad

Mucous membranes

- infections during chemotherapy: candida, herpes, altered flora
- mucositis
- vaginal atrophy
- vulvar atrophy
- lubrication (moistening of vagina at arousal)
- dyspareunia (painful intercourse)



Venus trap

Painful sex



Sex hurts - like broken glass inside - I contract



Other factors

Other health issues

Partner's health issues

Life changes – work, children, grandchildren

Society's views on elderly? On sick people?

Stagnation relationship...?

Hot flashes, sleep disorders

Vaginal atrophy – age-related

Topical oestrogen?

- Estradiol E2 (Vagifem, Oestring)
- Estriol E3 (Ovesterin, Blissel)



Vaginal dilators

To prevent vaginal stenosis
Physiotherapy
Psycho-education



2-3 times /week for 2-3 years

What more can be done?

Oestrogen free alternatives/complements:

Lubricants

Vaginal gels (Replens, Repadina Plus)

Almond oil, etc.



What more can be done?

What was arousing before? Fantasies, sensuality, intimacy

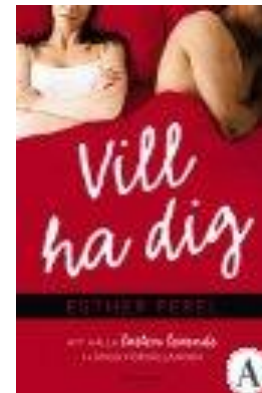
Sex is more than intercourse!

New/alternative ways, "sex training", sensuality training

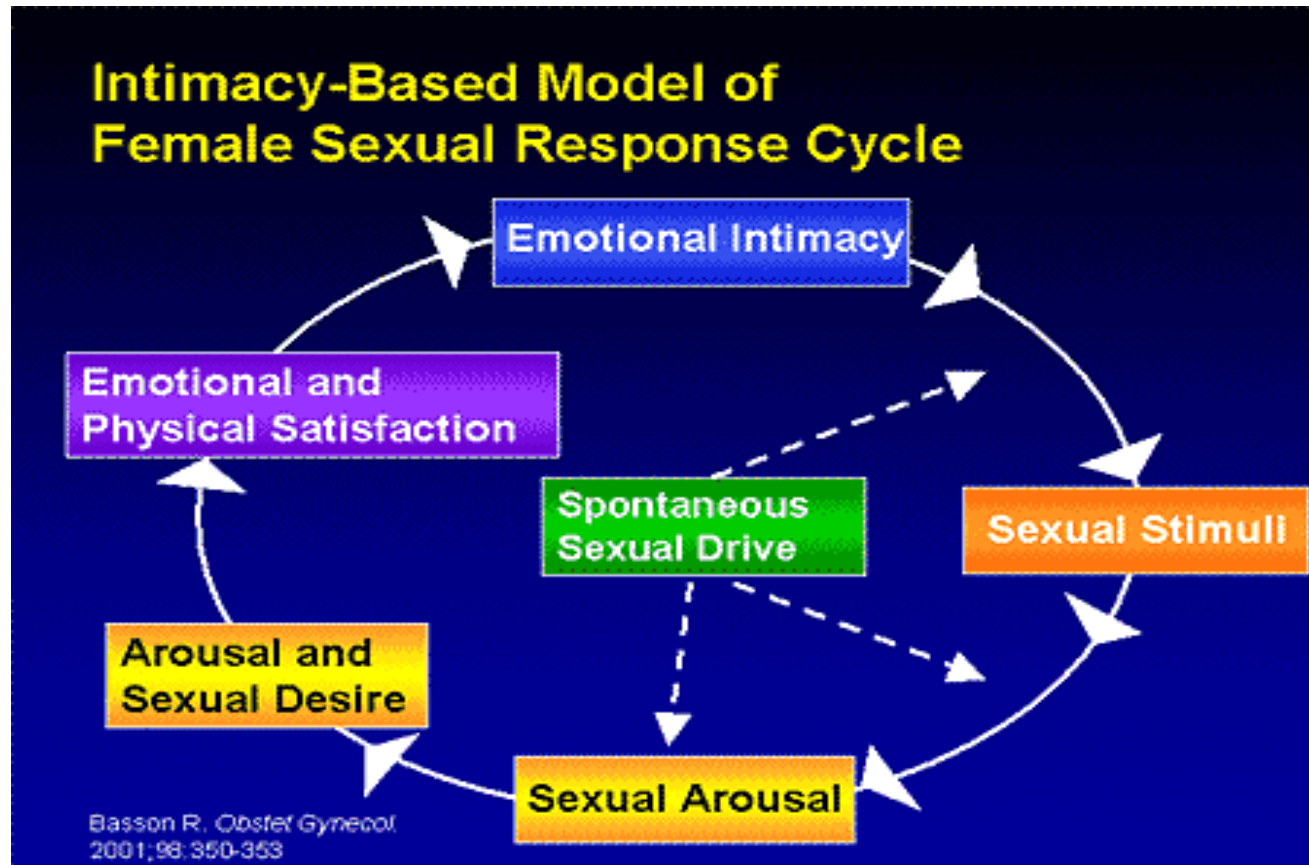
Talk to and touch each other – do what is possible instead of mourn what isn't possible

Information material, self-help-books

Counselling



Intimacy based circular sexuality



WHO – Sexual health

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.”

