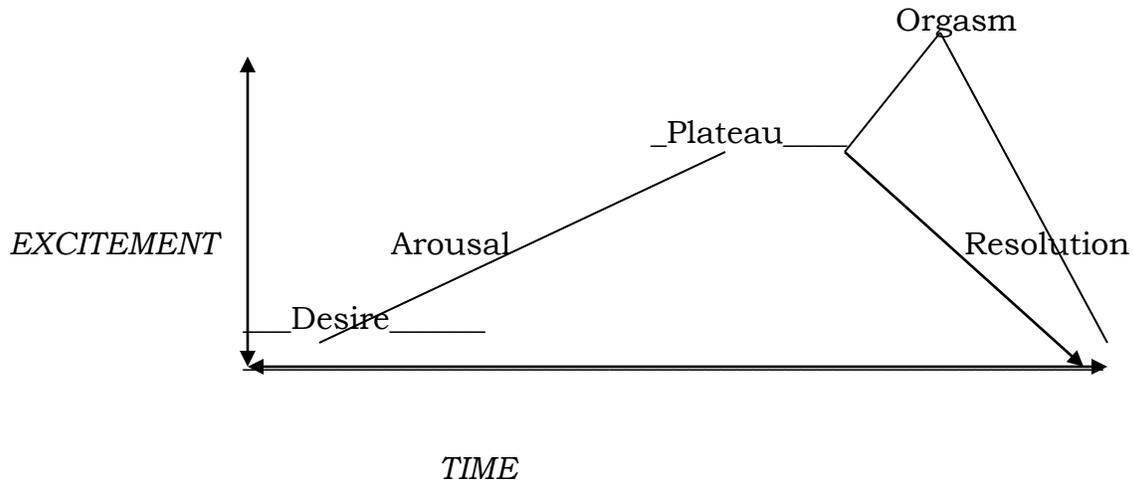


Sexual Function with Chronic Illness

Four most common sexual health concerns for patients: vaginal dryness, dyspareunia (pain during intercourse), loss of desire and erectile dysfunction.

The Sexual Response:

Master and Johnson Theory



Vaginal Dryness:

- Sexual response cycle- increasing time in arousal phase. Try the Sensate Focus Exercise- sit facing your partner, both undressed; touch each other in sensual ways, not focusing on the genitals or breasts.
- Erotica, role playing and sharing sexual fantasies
- Battery-operated vacuum device
- Vaginal lubricants (KY Jelly, Aquaglide, Yes) and moisturizers (Replens), which is put on daily to help stimulate the natural production of vaginal lubrication.
- Localized forms of estrogen replacement therapy (creams, pessary, or E-Ring)
- Counseling to address psychosocial aspects of sexual dysfunction

Dyspareunia

- Radiation effects post cancer treatment can take up to 2-5 years to manifest themselves
- Sexual positioning: often easier for the woman to be on top to control the depth of penile thrusting.

- Spending more time in the arousal stages to increase vaginal lubrication and dilation
- Referrals to explore physical and/or psychological causes

Loss of Desire

- Loss of libido is normal.
- Put intercourse on hold- try the Sensate Focus Exercise
- Communicate about sexual needs- sexual positions, foreplay activities, sensual touching.
- Counseling to address self-esteem, body image and other psychosocial issues affecting desire.
- Scheduled sexual encounters
- Hormone replacement therapy

Erectile Dysfunction

- Know that this is a normal occurrence
- Try an erectile aid such as a vacuum erection device or medications (Cialis, Levitra, Viagra) soon after losing erectile function to improve the chances of recovering erectile function.
- Success with these medications increases with continued use, and some men may have to take up to 8 successive doses to achieve an erection sufficient for penetration
- It is possible to have an orgasm even without an erect penis
- If no success is found with medications there is a vacuum constriction device (pump), intracavernosal injections, penile implant: Ask your Family Doctor about these options.
- Counseling to deal with psychosocial aspects of Erectile dysfunction

Facts on Sexual Function

- Sexual function is but one aspect of sexuality- other aspects include the need for intimacy and touch, emotional and physical closeness and self-image as a male or female
- Some partners and patients distance themselves as illnesses worsen, and end of life approaches
- Changes in roles, changes in the body and poor self-image, depression, anxiety, and poor communication
- Side effects of treatments including fatigue, nausea, pain, scarring, hormonal manipulation and effects of other medications
- Fear of pain or causing pain
- Partner sometimes feels selfish and demanding if he/she expresses a need for physical contact

Tip: Try the Stag Shop in Barrie (Bayfield Street) if you are interested in any lubricants, toys, etc as the staff is knowledgeable and respectful of the issue at hand.

Reference:

Masters WH, Johnson VE. *Human Sexual Response*. Boston: Little, Brown; 1996

Voorn, M, Carvin, T. *Let's Talk About Sex! Sexual Health and Cancer*; Royal Victoria Health Centre, 2012.