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SEXUALITY AFTER CANCER

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Summary

While in the "normal population", sexual dysfunction is reported by approximately 40%, this percentage is in patients with cancer of course still much higher. With oncological consultation not only the cancer should be in the foreground, but also sexual counselling must be included. For many patients, it is difficult to recover attractiveness and self-esteem after cancer. However, usually, it is only a communication problem between the partners. It would be important to address sexual issues with both the patient as well as with the partners directly during the treatment and to try to find a common solution.

Key words

Sexuality, sexual problems, cancer.

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СЕКСУАЛЬНОСТЬ ПОСЛЕ РАКА

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Резюме

В то время как сексуальная дисфункция в «нормальной популяции» составляет приблизительно 40%, среди больных онкологическими заболеваниями эта цифра значительно выше. Онкологическая консультация должна в себя включать не только обсуждение вопросов по поводу рака, но и консультирование по вопросам сексуальной жизни. Для многих пациентов очень трудно вернуть привлекательность и поднять самооценку после рака. Чаще всего речь идет только о коммуникационных проблемах между партнерами. Очень важно обсуждать проблемы сексуального характера не только с пациентом, но и с его партнером непосредственно во время терапии, и найти решение, приемлемое для всех.

Ключевые слова

Сексуальность, сексуальные проблемы, рак.

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Once a cancer diagnosis is provided, for most people the world falls apart. Even if one suspects it, the words of the doctor or physician always come as a shock and thoughts of endless suffering overcome one. After this diagnosis, naturally, any thoughts of sex and other pleasures disappear at first. But cancer is not a disease of the later part of life but affects younger people as well. Once the therapy is initiated, and it turns out after some time that one can withstand it relatively well, then it is quite possible for sexual feelings and intimacy wish to resurface. However, in doing so, numerous problems can emerge, of both organ-specific and treatment specific nature (surgery, radiotherapy, chemotherapy and anti hormonal therapy).

Furthermore, the partner is often overwhelmed and cannot deal with his initially repressed feelings and therefore distances himself very often both mentally and physically from the partner. Additionally, medical specialists are sometimes overwhelmed, leading to many patients complaining that they cannot or do not want to speak with their doctor. Here, sexually medical and therapeutic assistance applicable.

The diagnosis of cancer represents a dramatic experience in every woman's life. But also her environment, particularly the closest family members (partner and children) are very affected by this diagnosis. A typical reaction pattern takes place then. In the first phase one doesn't want to admit it and cannot handle it well and in the second phase the patients are faced with anger that this has affected them. The third phase is characterized by trying to change the way of life. One adjusts oneself to the therapy and tries all possible additional therapy methods (complementary medicine, diets or so-called healthy lifestyle). The fourth phase brings with it depressive moods and severe depression. Later on, in the fifth phase, the acceptance of the illness and the treatment take place. These phases can be shorter or longer and particularly affect the family life and especially the partnership.

After half a year or year, when the therapy usually comes to an end and one can see light at the end of the tunnel and positive feelings reappear, it is quite possible

that feelings for sexual pleasure resurface. It can be difficult to communicate these feelings to the partner. The partners have evolved from the various feelings in the role of a helper or caregiver and therefore, they sometimes have difficulty switching back to partnership and particularly to sexual partnership.

In this period, the partner's own health problems could occur that may also affect the sex life (such as diabetes mellitus, hypertension, neurological disorders, rheumatic diseases, etc.).

Therefore, they're both in a situation where on one side there is an improvement of the disease and on the other side there is a possibility of an emerging disease of the partner. For both sides, it is often difficult to talk about these concerns and problems and to find closeness again.

According to a study, it is often very difficult for the doctors to talk to oncological patients about their sexuality and to address their wishes. But it would be very important for the patient that the doctor also addresses this issue and it gives some normality. For this, the doctor needs a specific education. But those with such additional knowledge will notice that they have a much easier and more efficient approach to the patient. With the lack of communication, mental problems can occur in patients such as depression, anxiety disorders, and subsequently also alcohol abuse, psychotropic drug abuse, drug abuse and suicidal thoughts.

In principle, there are two therapies for sexual problems, where the boundaries between the two are fluent. One is the sexual medicine and psychotherapy is the other option. While the focus in sexual medicine is only on the treatment of the sexual disorder, the psychotherapy mainly treats the psychological conflict and anxiety, which affects sexuality.

In the area of oncology, sexual medicine attempts to resolve the drawbacks of the disease or the disturbances that occur during the treatment. In the gynecology these are mainly problems that can interfere with sexual intercourse by chemotherapy and/or anti hormonal therapy that occur in the vagina and are due to atrophy. The ideal local treatment would be the application of oestrogen

creams or oestrogen suppositories. However, hormones are contraindicated in some types of cancer. When hormones are contraindicated, other preparations such as hyaluronic acid, aloe vera, calendula extract, tea tree oil, lactic acid in creams and suppositories can be recommended. They must be applied regularly. In addition, lubricant should be used for the acute needs. There are in the trade, water based lubricants and silicon-based.

The problems of individual cancer diseases

Cervical cancer

Patients complain of scar pain but also of postoperative urinary incontinence problems after cervical cancer often sensory loss. This is particularly the case if radiotherapy was performed additionally to the operation; it often results in the narrowing the vaginal entrance and extreme shortening of the vagina.

Here, it is important to tell the patients that oestrogen creams can have no negative influence on the disease and that these need to be applied regularly. Furthermore it could prove helpful, if dilators are used to extend, as well as to the extension of the vagina, and with this a lubricant is necessary to be applied.

Endometrial cancer

The endometrial cancer mostly in older women occurs, that have mostly other morbidities, such as diabetes mellitus and hypertension. Usually a lack exists here on sexual area has long and often only intimacy with your partner you might want, which is mostly even older with chronic diseases. In younger couples, sexuality in the form of sexual intercourse is often desired, this is usually no problem, because there are hardly any local problems. If there should be local problems, the use of lubricant is also possible.

Vulvar carcinoma

Vulvar cancer is an HPV-associated cancer, concern about contamination of the partners certainly plays a role. There's the opportunity to discourage some of the dangers of infection through vaccination at least however. In addition also the condom transport possibility, even if this does not provide complete protection.

Surgery and radiotherapy in the foreground are the Carcinoma of the vulva. It can get away in order to vaginal narrowing or sensory disturbances, but also flapping vulva. Here a gynaecologist should give first advise – a narrow vagina entrance can be gradually expanded either initially with glass dildos or similar instruments. If this approach does not lead to success, a sculpture of cloth is recommended. When flapping vulva with circumstances of front woman and / or posterior vaginal wall, pelvic floor exercises can help. Also "Smart ball" or vaginal cones can be useful to train the pelvic floor muscles. Vaginal cones there in various sizes and weight classes. The patient

must try to wear Conus, without losing him vaginally in the vagina and to gradually increase the weight of the CONUS to further train the pelvic floor.

Ovarian cancer

Here, it comes as a result of very extensive operations with often then necessary chemotherapy to mainly local issues of vaginal dryness, loss of libido and fatigue syndrome. The formation of scars cause pain during sexual intercourse, and if a stoma proves necessary, it comes in addition to loads of the outer body image. The Colostomie can be hidden by wearing lingerie or Camisole. The Colostomiesäckchen must be drained of course before the intimate encounter. Also, the urinary bladder before sexual intercourse should be emptied as often involuntary urination may affect the love life.

Breast carcinoma

The operations on the breast have an own legality, but also for many because the loss is not only the own identity into question the breast for women, the loss of their femininity means. The breast for women means not only sexual potency, but also food for the infant and thus maternal. Even if the woman knows that she is not alone on the breast defines operations on the breast are a particularly dramatic experience in mental ways for they represent. There are also of course the impact of chemotherapy, radiation and anti hormonal therapy, often a long time need to be added. Since it can cause quite locally problems in the vagina (atrophy). These are the best hyaluronic acid preparations to treat. After breast surgery feel Women often shame and looking at in the mirror is a great emotional burden for many women.

The impact on the partnership and sexuality

A fulfilling sex life is just part of a good quality of life and thus also of great importance for the self-esteem. Cancer and its treatment often lead to temporary or even permanent changes of the body image. This acceptance of the physical change is an ending to a life section, which was filled with feelings of vitality, love and sexuality for many patients. To get those feelings to counteract with one another it would be important for women to speak with trained psychologists/therapists. This will bring the courage to admit their sexual desires, and to be able to discuss these feelings with her partner and find a new way to deal with the situation. This can lead to a discovery of a new lifestyle and sexuality for the couple. For patients, it is also important to recognize that many other women also face this problem, and the effects are very relaxing for you.

Sexuality in critically ill patients is unfortunately still all too often taboo. But talking about it and being able to address the issue would bring relief for many people. Often, patients due to their bodies marked by disease and operations must find new ways to live their sexuality. But

we must not forget that the importance of sexuality and intimacy not so much by age, depends not only on gender and the stage of the disease, but rather on the way the sexuality was prior to the disease.

Experience showed me the kind of sexuality changes in the course of relationships and also in the stages of the disease. Sexual intercourse becomes less important, however, being together, familiarity and physical proximity are gaining more importance and so one can enjoy this intimacy also with incurable diseases.

Sexuality in the palliative situation

In palliative facilities, offering to speak to someone about this topic can be very helpful and can provide relief. But one should not wait that the patient takes the first step to do this, because the threshold for those affected is still very high. Sexuality it is still a very shameful topic, more-

over due to the concept of many patients, that, given the risk of death associated with the disease, sexuality is a subordinated problem. However, talking openly about the situation might make it easier to endure.

Palliative care is an interdisciplinary medical special situation, which aims to support the patient and to offer her the best possible quality of life. Here, not only medicine is challenged, but she should also receive psychosocial, spiritual and practical help. This includes also the addressing of sexuality. Sexuality must on the one hand take the disease into consideration, but on the other side also the woman's sexuality and the orientation of the past. Often it requires only a certain intimacy that one should allow and support rather than hinder. To do this, it would be of course necessary in palliative stations to ask for sexual wishes of the affected persons and to allow and encourage these.

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