

# Women's Sexual Health after Transplant

Celebrating a Second Chance at Life  
Survivorship Symposium

July 11-17, 2020



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# Women's Sexual Health after Transplant

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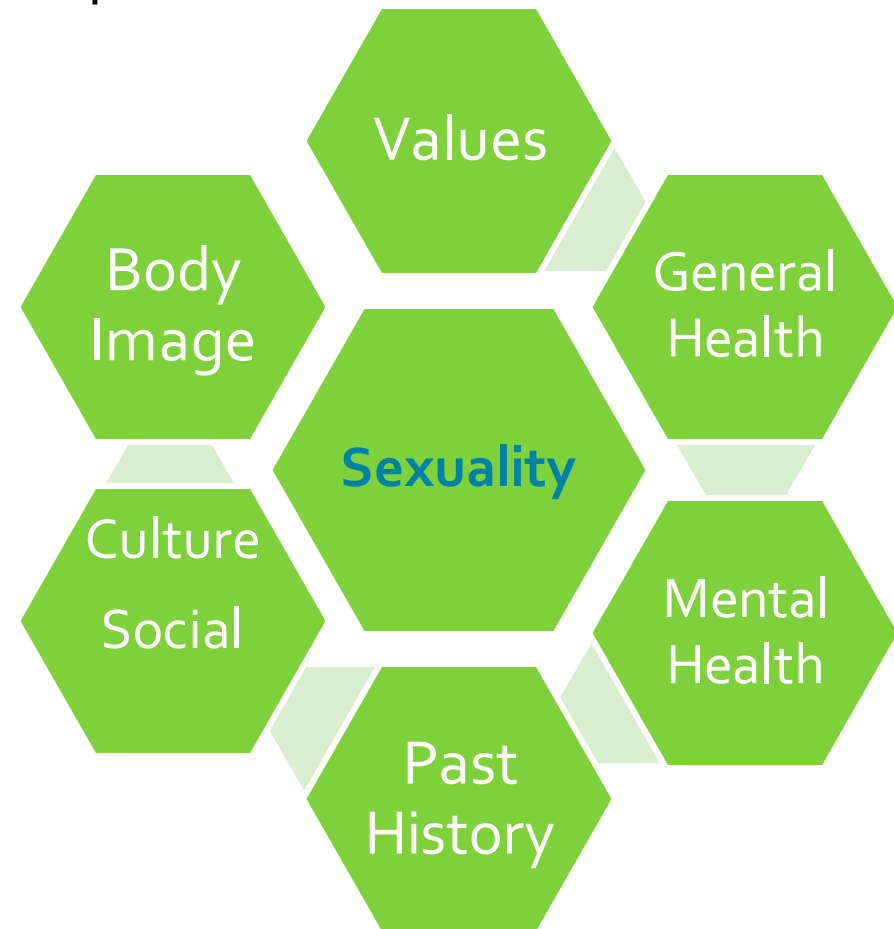
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# Overview

- What is sexual health and how is it related to quality of life
- Common sexual health side effects that effect women after BMT
- How to think about sexual rehabilitation using biopsychosocial model
- Strategies for sexual rehabilitation after BMT: resources and support

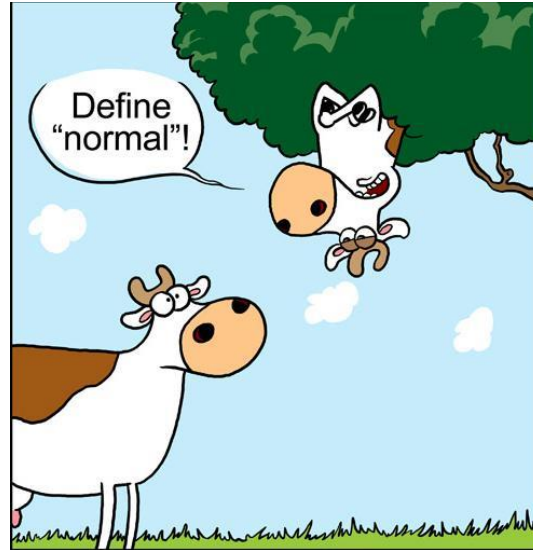
# Sexuality/Sexual Health

- A fundamental / life-affirming element of human experience across the lifespan
- A multi-dimensional experience: physiology, behavior, emotion, cognition, identity  
NOT just sexual intercourse



# Chasing Normal...

- Wide and varied range of “normal” sexual function
- Different meanings and levels of importance to each individual



Key Point: If changes with sexual health are **distressing** or **bothersome to you**, then this aspect of care deserves attention!

# Sexual Health & Quality of Life

- As recognized by World Health Organization: Sexual health is a fundamental human right
- Sexual health is directly related to quality of life (QOL)
- Unaddressed sexual problems are associated with increased anxiety, depression, and relationship stress



# Sexual health after BMT

- Sexual health often one of the first aspects of “normal” life to be disrupted after diagnosis and treatment.
- Changes in intimacy/sexual function are among most common, distressing long-term consequences of BMT
- Women report being “**not fully prepared**” for dealing with changes in sexual function



# “When it came to sex, I didn’t hear much about it...”

- Culture saturated with graphic images but lack of frank conversation about real sex in most medical settings
- Misinformation/ Unrealistic Assumptions / Taboos
- Providers often aren’t sure what to say if patients asks about/acknowledges a problem about sexual health





# Most Common Changes in Sexual Health post-BMT

## *Changes regarding sexual response*

- Arousal
- Changes in vaginal health (e.g., loss of lubrication)
- Orgasmic dysfunction
- Chronic sexual discomfort/pain

## *Changes in sexual desire and sexual motivation*

- Low sexual desire / Reduced sexual motivation
- Decreased body image, loss of sexual self-esteem

*Vaginal GVHD*

# Women at Increased Risk ?

- Women with previous sexual problems
- Younger women (premenopausal before treatment)
- Women with history of depression or anxiety
- Women with relationship difficulties/stress previously
- Women who are **not partnered** during time of diagnosis/treatment



# Changes Related to Disrupted Ovarian Function

- Chemotherapy-induced
- Radiation-induced

Vaginal Changes: ↓ Blood Supply, Glycogen, changes in pH

↓ vaginal length and diameter

↓ lubrication

↓ elasticity

• sexual pain

↑ inflammation, infection



Vulvar Changes: ↓ Collagen, Adipose tissue

↓ Testosterone (50% of T made produced by ovaries)

# Vaginal Health: What Women Need to Know

- Moisture



- Stretch



- Bloodflow



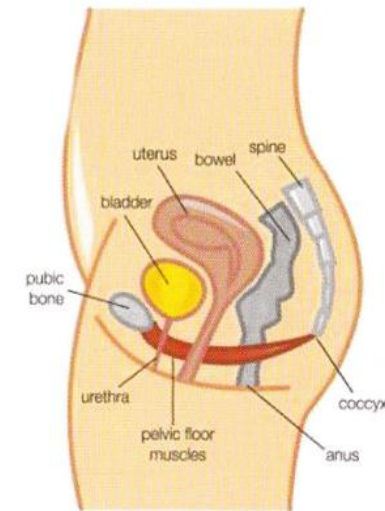
# Moisture



- First line: Vaginal moisturizers & lubricants
  - Learn about vaginal moisturizers (3-5x week as needed)- also need to balance pH
  - Lubricants: Water-based/Silicone, Glycerin-free, perfume-free
  - Coconut oil for perineum/ perineal massage
- Second Line: Possible use of vaginal estrogen / local hormonal tx
  - Estrin – vaginal ring stays intact up to 3 months
  - Vagifem/ Imvexxy - vaginal inserts that deliver local estrogen
  - Estrace – vaginal cream
  - Intrarosa – plant-derived form of DHEA (vaginal insert)

# Stretch

- Learning about **pelvic floor/ pf rehabilitation**
  - Pelvic Floor Relaxation Therapy
  - Muscle Toning (when appropriate)
  - Pelvic floor innervated by limbic system
- Strategies such as vaginal dilator therapy
- Myofascial trigger point release
- Pelvic floor PT



**The Female Pelvic Floor**

# Bloodflow

- Enhancing vaginal health by increasing blood flow to genital tissue
- Small Clitoral vacuum pump designed to increased genital blood flow –approved by FDA
- RCT to show EROS had positive effect on desire, arousal, orgasmic satisfaction and sexual distress



# Loss of Desire: A Multiple Factorial Experience



*Alternatively: we can learn to cope with change*

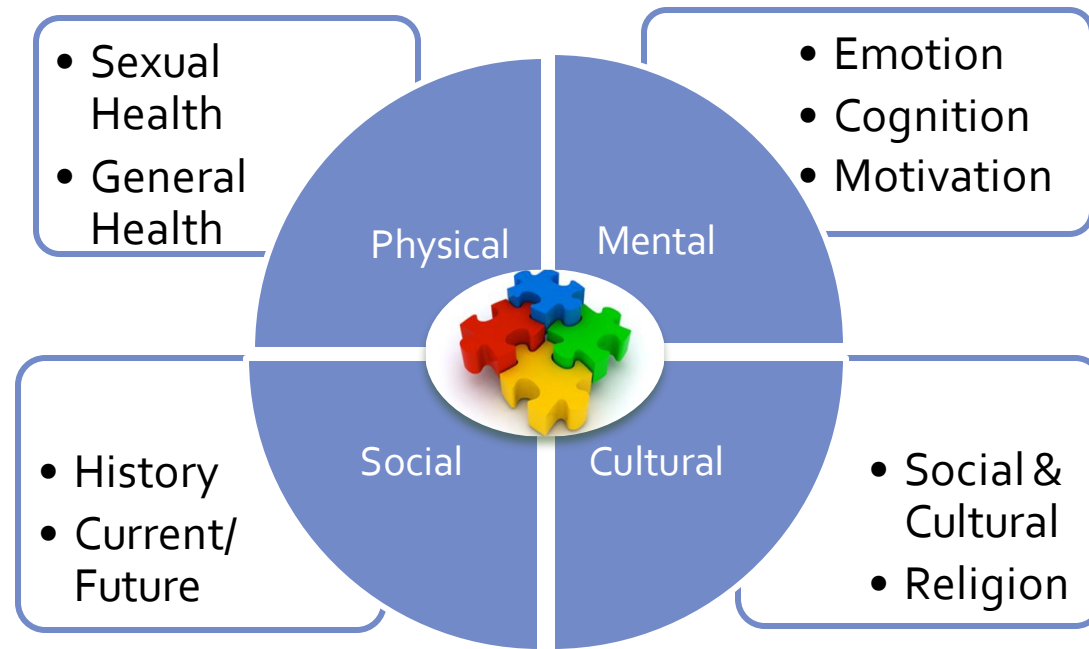


# Vaginal GVH

- GVHD of the vulva and vagina happens when the donor cells attack these tissues. Most commonly happens within a year after transplant.
- Symptoms of vaginal GVHD: dryness, burning, or itching. Pain with tight clothes, urination, sexual activity. Bleeding after sex.
- Symptoms comparable to genito-urinary symptoms of menopause – need to be diagnosed by GYN
- Treatment may include topical steroids and/or topical immunosuppressants

# Next Steps:

## A Framework for Sexual Health & Renewal



# Starting with Physical Health and Body Integrity

Sexual health as part of overall health & well-being

- Identify & address the “mechanics” (e.g., pain, dryness)
- Support lifestyle/ behavior change (e.g. sleep, exercise, diet)
- Address relevant medical factors (e.g., anti-depressants, changes in mobility/anatomy/physical function)



# Being in the Body without Anxiety...

- Acknowledge changes (including accepting potential loss)
- Focus on strength and endurance: Appreciating your body for getting to the present moment
- Getting active also improves body image. (walking, yoga, dance, weight-training...)
- Shift attention to something that you like...
- Commit to keeping an open mind



# Tuning In and Talking Back...

- Notice how avoidance/distraction “protects” from anxiety
  - Practice tuning into one part of your body or physical experience and don’t DO anything.... What happens? What comes to mind?
- Notice when you “tune in”, it may feel like someone hit “play” on the “judgment tape loop” ...
  - But this time: practice talking back to those thoughts, as if you were gently challenging a friend...
  - Intensity of thought... does not make them true
  - Thoughts are just that...



# Relationships

- Dating/Disclosure
- Communicating about expectations/understanding
- Educating partners about what's going on...
- Knowing when you might need more support



# Common Concern: Low Desire

- Desire does not need to be spontaneous
- Attention
- Intention
- Curiosity
- Commitment



# PLEASURE, Not PRESSURE

- Don't have to have a perfect body give/receive pleasure!
- If you have feel self-conscious about something, get creative and work around it!
- Take your time and get to know what feels good for you...
- Think about the process of discovering what feels pleasurable rather than being goal-oriented only



# From Spontaneity to Intention...Cultivating Desire

- Desire shifts from a spontaneous experience to one that is cultivated
- Cultivate desire by focusing on pleasure and sensuality
  - Begin slowly – Make a plan
  - Genital self-exploration/Self-touch
  - Take the pressure off...
- Lifestyle changes
  - Exercise/Physical activity
  - Stress management/Relaxation
  - Mindfulness



# Acknowledging Change, Loss & Opportunity

- Acknowledge change/Get creative
- Embrace opportunity to chart new course
- Appreciate opportunity to expand one's repertoire
- Learn to shift focus to pleasure and sensuality
- Choose to be optimistic and get active!



# Education, Resources & Support

Written materials (hard copy and/or web-based) by ACS (Sexuality and Cancer), NCI, [www.dana-farber.org/adult-survivorship-program/](http://www.dana-farber.org/adult-survivorship-program/)

Biblio-therapy (e.g., L Schover, A Katz, S Kydd,) YouTube

Finding the right team (counseling, PT, GYN etc)

Sexual Rehab Counseling (couple, individual)

Locating personal products and using them



# Questions?



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