Sexual Medicine

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Cancer and its treatment often cause changes in and difficulty with sexual function. A team approach can help prevent or overcome these problems.

What does a sexual medicine program do?

The ideal function is to prevent predictable sexual function problems as a result of cancer and cancer treatment. However, mostly, we care for patients who've developed sexual function problems after treatment.

What are some sexual issues people with cancer face?

Most cancers that people survive directly affect one or more sexual organs. For men, prostate cancer is the most common cancer that they survive.

For women, it's breast cancer and then gynecologic and colorectal cancers. Even head and neck cancers can make it hard to kiss. And chemotherapy, antihormone treatments and radiation can interfere with sexual function.

What issue is most common?

It's pain with sex. Antihormone medicines, for example, deprive a woman of the estrogen that plays an important role in maintaining the functioning of the vagina, the vulva, the urethra, the clitoris. Without estrogen, sex can become very painful. Many women also complain of loss of libido. Many mechanisms can affect libido, but pain and treatments are two common ones.

What care do you provide?

The ideal approach is multidisciplinary. I work with oncologists directly, so if we're talking about local hormone replacement, we do that as a team. I also work with pelvic floor physical therapists, with cancer psychologists trained in sex therapy and couples therapy, and with psychiatrists.

Sometimes specialties like sleep medicine or weight management are important—poor sleep and body image changes from cancer are common and reversible causes of low libido.

Do all cancer centers have sexual health experts?

A growing number do. Both men and women who experience sexual problems should raise their concerns with their cancer team. If you're seeing a psychologist to help manage the stress of cancer, raising your sexual function concerns is appropriate. Physical therapists also know experts who know how to help with sexual function problems.

For men, care to preserve and restore sexual function after cancer actually is more well established than care for women. (The problems of sexual function after cancer were brought to light in 1998 by Senator Bob Dole at the time that Viagra was introduced.) Start with your oncologist or, if your cancer treatment was in the past, with your primary care physician.

For women, if your oncologist doesn't know where you can go, a gynecologist is a reasonable place to start. We've created an online resource to share patient education materials and insights. It's called WomanLab.org.

What keeps you motivated?

What inspires me is how a little validation and education and a minimal amount of medicine can go such a long way, not just in restoring a person's sexual function but in restoring their relationships and their happiness.

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http://beta.docker.cancerhealth.com/article/sexual-medicine-stacy-tessler-lindau