



***Hot Topics In
Oncology Care
Conference:
Sexuality and Cancer
June 2, 2018***

***By
Bryna Barsky, Ph.D.***



Dr. Bryna Barsky
****Private Practice: Fremont**
Day, evening and weekend hours available

(510) 913-4588

E-mail: brynabx@yahoo.com

**CAN ALSO LOOK ME UP ON PSYCHOLOGY TODAY.COM
UNDER “FIND A THERAPIST”**

HOW DOES CANCER AND ITS TREATMENT AFFECT SEXUALITY

**PSYCHOLOGICALLY/PHYSICALLY
(*SURGERY, CHEMOTHERAPY, RADIATION*)**

- **Sex Dysfunction**

- **ED due to nerve damage, pain, numbness, anti-androgens**
- **Anorgasmia**
- **Pain: due to decreased lubrication/genital swelling, reduction vaginal length/elasticity, scar tissue in urethra/pelvis causing pain with ejaculation/erection, curve/bend in erection**
- **Low Desire: nausea/vomiting, fatigue, pain, bleeding**



RADIATION THERAPY, CRYOSURGERY, AND RADICAL PROSTATECTOMY

- **Radiation Therapy**
 - may cause problems slowly and over time
 - ED due to damage to blood vessels providing blood to the penis
- **Radical prostatectomy**
 - ED caused by injuring/removing nerve bundles (either side of the prostate) that send messages to penis to initiate erections. Even if not injured can still have ED.
 - veins in penis may suffer trauma during surgery, unable to keep blood trapped inside
- **Cryosurgery**
 - when prostate gland is frozen, nerve bundles can be permanently damaged



DURATION OF ED AND ORGASMIC DYSFUNCTION FOLLOWING SURGERY

- **Erections**
 - **body takes time to recover**
 - **ability to have erection will improve over time**
 - **3-12 months after surgery**
 - **most will not be able to get a spontaneous erection**
 - **will need to use medications or other treatments**
- **Orgasms: dry orgasms (no ejaculation)**
 - **2 structures responsible for most fluid in semen – prostate/seminal vesicles – have been removed**
 - **lack of ejaculation: doesn't have to interfere w/desire, arousal, orgasm**



LACK OF ESTROGEN/TESTOSTERONE CHANGES SEXUALITY

- **Longer time to get aroused, decrease in desire**
- **Fewer orgasmic contractions, aren't as intense**
- **Painful intercourse due to vaginal dryness, thinning of vaginal walls, vaginal shrinkage, reduction in tissue elasticity**
- **The clitoris can become too sensitive/numb**
- **Uterine contractions during orgasm/arousal can be painful**
- **Lack of Testosterone can impair desire, arousal and orgasm in men/women**
- **Ask NP/MD: Is supplementation with topical estrogen/testosterone safe? Pros and cons discussed**

SEX THERAPY

Purpose


- **Resolve sexual dysfunction**
- **Increase sexual repertoire**
- **Enhance the sexual relationship**
- **Increase comfort with giving and receiving pleasure**
- **Increase emotional, physical and sexual intimacy**
- **Work around medication and medically induced limitations**

How it is accomplished?

- **Identify & examine feelings and cognitions**
- **Skill building: problem solving, communication**
- **Homework**
- **Sexual Script modification**
- **Build individual/couple's strengths**
- **Sex education**

PLISSIT MODEL

- **P = permission: give clients permission to discuss their sexual issues and normalize thoughts, feelings and behaviors**
- **LI= limited information: involves psycho-education i.e., impact of medical or medications on sexual functioning etc.**
- **SS= specific suggestions: homework assignments**
- **IT = Intensive Therapy: used if the first three levels don't work**



HOW DOES CANCER AND ITS TREATMENT AFFECT SEXUALITY: PSYCHOLOGICALLY

- **Individual Issues:** Anxiety, depression, fear of rejection, concerns about: disease recurrence, resuming sex, body image, finances, insurance
- **Partnered Issues:** Miscommunication, abandonment/sexual rejection, role changes, concern about partner's response to new appearance
- **Non-Partnered Concerns:** Dating/new relationship, disclosure of sensitive medical info, reproductive concerns
- **Loss/Alteration of a Body Part:** Meaning varies, can affect general/sexual self-esteem. May be self-conscious around partners



WHAT DO CLIENTS NEED?

- **Time to get used to the changes:** Increase comfort w/new body by looking/touching/exploring. Talk to partner re: feelings about new body.
- **Increasing comfort level w/sex:** May feel anxious about undressing in front of partner, sleeping naked. Attractive bedroom attire
- **Take the pressure off intercourse:** Express sexuality using other ways, e.g.: oral sex, kissing, fondling (without culminating in intercourse/orgasm)
- **Coping w/side effects:** Take into account energy/pain/sensitivity. Plan sex for when feeling energized
- **Decisions about breast reconstruction:** Reconstructed breast – little/no sensation. Positive feelings about appearance, increased self-esteem



COMMUNICATING WITH PARTNER

- **How to talk about sex:** Tell partner when/how to touch, kind of touch that feels good, positions/activities that provide most pleasure/minimize discomfort. May need extra lube, strap on dildos, vibrators
- **Survivor brings up the topic of sex:** Partners may not know what to say/fear talking will be painful for survivor. Need to discuss feelings and what's important to survivor
- **Partner may be concerned about pain/how should touch survivor:** Survivor should commit to telling partner when/if activity is uncomfortable so can proceed w/ confidence. Include partner in discussions w/practitioner
- **Although survivor may view themselves as “damaged, unattractive, unlovable”, partner may not:** Partner may see the loss/alteration of body, changes/loss in sexual functioning, as less important in comparison w/survival of their partner

INFORMATION CLIENTS NEED TO KNOW

- **Quantity, quality, variability and flexibility**
- **Communicate conditions for sex: emotional, psychological, sexual, environmental, behavioral, cognitive, preferences, types of stimulation desired**
- **Most treatment leaves desire/skin sensation/orgasm intact**
- **Television sex isn't real sex: Sexual V-8 moments- up to 1/4**
- **Willingness (interest) → Arousal → Desire → Arousal → Orgasm**
- **Sex=connection, shared pleasure, reinforcing intimacy, tension reducer --NOT performance, orgasm or intercourse**



HEALTHY COUPLE SEXUALITY (MCCARTHY, 2008)

- **Partner as intimate/erotic friend, both responsible for change**
- **Individuals responsible for own desire/arousal/orgasm, teaching partner**
- **Mutual, synchronous sex isn't the norm- asynchronous**
- **Intimacy and eroticism equally important and necessary**
- **Touching occurs inside/outside the bedroom and is valued for itself**
- **Both partners feel comfortable initiating**
- **Touching shouldn't always lead to intercourse**
- **Both partners feel free to say no and to suggest alternatives**

INFORMATION CLIENTS NEED TO KNOW

- **Variety of ways to orgasm**
- **Orgasm: movement, external/internal talk, tensing/relaxing muscles, fantasy, multiple stimulation, oral/manual/rubbing/vibrator**
- **Men overvalue the importance intercourse has for the female partner**
- **Men don't need an erection or ejaculation to orgasm**
- **Orgasm stats for Women:**
 - **90% of women don't orgasm through intercourse alone**
 - **45 minutes from start to finish**
 - **2/3 orgasm through multiple stimulation- 3 ring circus**
 - **less than 20% orgasm 100% of the time in couple encounters**
 - **average: 70% of the time in couple encounters**



WHAT TO REMEMBER

- **Participant vs. observer during a sexual exchange**
- **Transitions and rituals**
- **What's in your sex basket?**
- **Your Arousal Scale will dictate which gear you will go to**
- **Order:**
 - **where are you on the arousal/desire scale**
 - **what activities would you like to engage in from your sex basket that match where you on that scale**
 - **communicate to partner information on arousal/desire scale and sex basket choices**
 - **negotiate sexual differences**

THE FIVE GEARS

BY BARRY MCCARTHY PH.D

- **1st: clothes on, affectionate touch**
- **2nd : non-genital, sensual touch, clothed, semi-clothed, or nude**
- **3rd: playful touch, intermixes genital/non-genital touching, clothed or unclothed**
- **4th: erotic touch (manual/oral/rubbing) to arousal, orgasm**
- **5th: integrates pleasurable, erotic touch, flows into intercourse**

TREATMENT OF ORGASMIC/AROUSAL DISORDERS IN MEN AND WOMEN

- **Self pleasuring: What do I need to be thinking/feeling/doing to have a good time?**
- **Sensate Focus**
- **Lube is your friend (silicone or hybrid)**
- **Vibrators**
- **Visual, audio, written erotica**
- **Sex Ed DVDs**
- **Sexual twister- position of the day playbook**
- **Practice being in your body: ice cream, showering, meditation, progressive relaxation**

TREATMENT FOR SEXUAL PAIN DISORDERS

- **Goal: get rid of pain, preserve ability to accept penetration with comfort**
- **Materials: 4 dildos: small, medium, medium-large, and partner size. Use silicone dildos; hybrid lube; erotica; vibrator. Soul Source Silicone Dildos.**
- **Mini Sensate Focus: ½ hour to 45 minutes**
- **When very aroused, rub lube on fingers and stimulate the vulva**
- **Order: 1 finger, 2 fingers, small, medium, medium-large, partner size dildo**
- **Stimulate body and clitoris. Combine with orgasm if possible**
- **Don't move from one stage to next until comfort and pleasure achieved**

TREATING ED: ORAL MEDICATIONS - PDE5-INHIBITORS

- **Sildenafil (Viagra), Tadalafil (Cialis), Vardenafil (Levitra) = Enhances effects of nitric oxide which relaxes muscles in the penis. Increases blood flow, get an erection in response to sexual stimuli**
- **Medications vary in dosage, how long they work and side effects**
 - **Levitra works a little longer than Viagra.**
 - **Both take effect in about 30 minutes**
 - **Levitra lasts for 5 hours, and Viagra 4**
 - **Cialis works faster, effects last up to 36 hours, daily works best**
 - **No impact on desire**
 - **May make it more difficult to orgasm**
 - **May not work for some clients**
 - **May have a high cost**

TREATING ED: PENIS PUMPS

- **Hollow tube placed over penis → pump sucks out air inside tube → creates vacuum pulls blood into penis → erection → slip tension ring around base of penis to hold in blood, keeps firm → remove vacuum device**
- **Erection lasts long enough for sex**
- **Remove tension ring after intercourse**

Advantages:

- **Works for almost everyone, regardless of nerve damage**
- **Can be used as often as desired, ring removed every 30 minutes**
- **Tends to be affordable**

Disadvantages:

- **Effort to use**
- **If ring is too tight, may cause pain, diminished sensation in penis**
- **Erection begins above the ring, so base of penis may swivel w/erection**
- **Not contraindicated if use blood thinners/blood clotting problems**

MEDICATIONS FOR ED: INJECTION AND SUPPOSITORY

- **Both relax the smooth muscle of the penis and increase blood flow**

Self-injection: fine needle, base/side penis, takes 5-20 min, lasts 1 hr.

- ***Advantages:* easy to prepare/administer, minimally painful, cheap, if can get over injecting themselves, and it works, can achieve most “natural” result**
- ***Disadvantages:* urethral pain, burning, limited to 1-2x week to minimize risks of scars/penile damage, *priapism*, bleeding from injection, fibrous tissue at injection site, use with caution in patients on blood thinners**

Suppository: insert 2” into penis. 5-15 min, lasts 30-60 min.

- ***Advantages:* no needles, easy to prepare/administer, inexpensive**
- ***Disadvantages:* side effects: pain, bleeding in the urethra, dizziness, fibrous tissue inside penis**

TREATING ED: IMPLANTS

- **Try other methods first**
- **Inflatable or semi-rigid rods made from silicone or polyurethane**
- **Semi-rigid rods keep the penis firm but bendable**

- **Inflatable devices:**
 - **Pump placed in scrotum. Squeeze pump → implant fills w/saline → penis erect**
 - **Check with Member Services to see if covered, and if so, how much it will cost**

Advantages:

- **Erection lasts as long as implant is inflated**
- **Control when and how long erection lasts**

Disadvantages:

- **Low rates of satisfaction – sometimes unrealistic expectations**
- **Complications: bleeding, scarring, problems w/anesthesia, expensive**
- **Post-surgical pain, infection, could require removal of implant.**
- **Head of the penis: numbness, remains soft during erection**
- **If you aren't satisfied, or have a complication requiring removal, you close off other options**

LUBRICANTS

Water-Based Lubricants Without Glycerin

- **Pros:**
 - **rinse out of the body easily**
 - **easy to clean up**
 - **condom-compatible**
 - **can be used with virtually any sex toy, even silicone**
 - **don't contribute to health issues like yeast infections**
- **Cons:**
 - **prone to drying up faster than other types of lube**
 - **can feel sticky on the skin**
 - **not as long-lasting as silicone**
 - **not effective for use in water (in the bath, etc.)**
 - **creamy lubes often taste bitter**

LUBRICANTS

Silicone-based lubricants long-lasting, feel more like oil

- **Pros:**

- last longer
- cost-effective
- condom-compatible
- never get sticky
- stay on in water
- can be used for massage since they don't dry out

- **Cons:**

- can compromise integrity of some brands of silicone toys
- can compromise integrity of softskin and cyberskin toys
- are more difficult to rinse off/out (especially out of the vagina)
- tend to cost more for the same amount

TOYS FOR POSITIONING



SEX TOYS

WWW.GOODVIBES.COM – GOOD VIBRATIONS

(RESOURCE FOR DVDS, TOYS, LUBE, BOOKS)





HOW DO YOU GET AN APPOINTMENT WITH ME
NIGHT AND WEEKEND APPOINTMENTS AVAILABLE

- **PRIVATE PRACTICE IN FREMONT**
- **PHONE NUMBER (510) 913-4588**
- **E-mail: brynabx@yahoo.com**
- **CAN ALSO LOOK ME UP ON [PSYCHOLOGY TODAY.COM](http://PsychologyToday.com) UNDER “FIND A THERAPIST”**

REFERENCES

- **Alterowitz, B, Alterowitz, R, and Elders, J. (2011). The Lovin' Ain't Over for Women with Cancer. CIACT, Inc.**
- **Blink, Y., Hall, K., (2014). Principles and Practice of Sex Therapy, Fifth Edition. New York: The Guilford Press.**
- **Foley, S., Kope, S, Sugrue, D. (2011). Sex Matters For Women, Second Edition: A complete guide to taking care of your sexual self. New York, New York: The Guilford Press.**
- **Katz, A. (2009). Men Cancer Sex. Hygeia Media; First Edition**
- **Katz, A. (2011). Surviving After Cancer: Living the New Normal. Maryland: Roman and Littlefield Publishers Inc.**
- **Katz, A. (2009). Women Cancer Sex. Hygeia Media; First Edition**
- **Kaufman, M., Silverberg, C., Odette, E. (2007) The Ultimate Guide to Sex and Disability. 2nd edition. San Francisco: Cleis Press;**
- **Krychman, M., Kellogg Spadt, S, Finestone, S. (2011) 100 Questions & Answers about Breast Cancer, Sensuality, Sexuality and Intimacy. Jones & Bartlett Learning, LLC.**
- **McCarthy, B., McCarthy, E. (2003) Rekindling Desire: A Step-by-Step Program to Help Low-Sex and No-Sex Marriages. New York: Brunner-Routledge**
- **McCarthy, B., Metz, M. (2008) Men's Sexual Health. New York: Routledge: Taylor and Francis Group**
- **McCarthy, B. (2015) Sex Made Simple: Clinical strategies for sexual issues in therapy. Wisconsin: PESI Publishing & Media.**
- **McCarthy, B., Metz, M. (2011) Enduring Desire: Your Guide to Lifelong Intimacy. New York: Routledge: Taylor & Francis Group.**
- **Nerve.Com. (2005). Position of the Day Playbook. San Francisco: Chronical Books LLC.**
- **Perel, Esther. (2006). Mating In Captivity: Unlocking Erotic Intelligence. New York: HarperCollins.**
- **Wincze, I., Weisberg, R. (2015). Sexual Dysfunction, Third Edition: A Guide for Assessment and Treatment. New York: The Guilford Press.**