The Psychosexual Care of Women affected by Gynaecological Cancers:

A learning resource for health-care professionals

Module 4: Understanding psychosexual sequelae

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Learning outcomes

- Explain the pathophysiological, psychological and sociocultural basis of the psychosexual effects of diagnosis and treatment for gynaecological cancer.
- Identify women and their partners who are at risk of developing sexual dysfunction following diagnosis and treatment of gynaecological cancers.

Rationale

Sexuality has multiple dimensions - physical, psychological and social.

- **At the time of diagnosis**, women should be fully informed of the potential physiological, hormonal and psychosocial effects of gynaecological cancer - diagnosis, treatment and management - on sexuality.
- **During treatment and recovery:** it's important to discuss with a woman and her partner if appropriate any physical and psychosocial changes she may expect and sexual activity that's possible for her and her partner.

- **During survivorship:** it's essential to discuss the longer term effects of gynaecological cancer and its treatment on sexuality and sexual function and the strategies the couple can use to minimise these effects.

Activities & examples

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4.1. Common changes & effects on sexuality

Gynaecological cancers and their treatments can significantly affect a woman's physical, psychological, and social health.

This can influence various dimensions of a woman's sexuality, including her sexual function.

Objectives

- Describe the common physiological changes from gynaecological cancer and its treatment that may affect a woman's sexuality.
- Discuss the effects of gynaecological cancers and their treatments on a woman's sexual function.

4.1.1. Dyspareunia

Pain from intercourse - dyspareunia - is the most common cause of sexual difficulties in gynaecological cancer survivors. It appears to play a significant role in decreased sexual desire. [1] The causes for dyspareunia, include the following:

- Oestrogen deprivation, causing a dry vagina.
- Vaginal atrophy and stenosis from radiotherapy. This happens because the denuding of the vaginal epithelium leads to thinning, atrophy and inflammation of the vaginal mucosa, which causes discharge, irritation and itch. As the vagina begins to heal, fine adhesions begin to form.
- Fear of pain from vaginal penetration causing tension in pelvic floor muscles.
- A hysterectomy leading to reduced cushioning by the uterus within the pelvis. [2]
- Mucositis (inflammation and / or ulceration of the vagina) associated with chemotherapy, such as pegylated liposomal doxorubicin. [2]
- Some women who have received radiotherapy report an unpleasant burning sensation when semen comes into contact with irradiated vaginal tissues. [2]

Preventing & relieving dyspareunia

A range of interventions can be implemented to prevent and / or relieve dyspareunia.

These interventions include the following 2 main interventions:

1. Regular sexual intercourse.
2. Vaginal dilators.

These interventions can help to break down the adhesions. These adhesions can cause contractions and shortening and narrowing of the vagina, which over time can progress to circumferential fibrosis. [3]

These interventions may therefore help future sexual function.

They may also help to reduce the pain associated with vaginal examinations that are a necessary part of follow up care. Vaginal dilators should therefore be considered for all women regardless of sexual activity.

However, evidence to support the use of vaginal dilators is equivocal. It is important for health professionals to consider the advantages and possible risks highlighted in the recent evidence reviews.

Where a decision to use dilators is recommended, some of the common recommendations of experts in the field are included in Module 6.

Section 6.3.6 Managing vaginal stenosis

For more information: Vaginal dilators

References

1 Premature Ovarian Failure and Its Consequences: Vasomotor Symptoms, Sexuality, and Fertility Author: Schover, LR (2008).

In: Journal of Clinical Oncology, 26(5): 753-758.

2 Sexuality and body image

Editors: Lancaster, T & Nattress, K.

Author: Robertson, R (2005).

In: Gynaecological cancer care: A guide to practice.

From: Ausmed Publications, Melbourne. 3 Radiotherapy

Editors: Lancaster, T & Nattress, K.

Author: Velji K (2005).

In: Gynaecological cancer care: A guide to practice.

From: Ausmed Publications, Melbourne.

Activities & examples

Activity 1: Reviewing the causes behind dyspareunia

1. What factors contribute to dyspareunia in a woman with gynaecological cancer?
2. What causes vaginal atrophy or stenosis in women who have been treated for gynaecological cancer?

4.1.2. Alteration in physical sensation or response

The various treatments for gynaecological cancer can change a woman's physical sexual response.

Modern surgical techniques aim to prevent damage. Despite this, women may still find the sensations they experience during sexual activity and orgasm are different after surgery for gynaecological cancer.

- Possible damage to the autonomic nervous system from radical surgery is linked to reduced sexual arousal. [1]
- For women treated for vulval cancer, vulval numbness can hinder sexual arousal.
- Some women experience difficulties during intercourse, because they can't ascertain whether penetration has happened. Other women describe allodynia as a result of nerve damage. [2]

Peripheral neuropathy is a painful side-effect of some chemotherapy drugs, such as paclitaxel and cisplatin. These drugs are commonly used to manage gynaecological cancers. [3]

References

1 Sexual issues in early and late stage cancer: a review Authors: Mercadante, S, Vitrano, V & Catania, V (2010). In: Support Care Cancer, 18:659-655.

2 The prevention and management of treatment related morbidity in vulval cancer (review) Author: Barton, DP (2003). In: Best Practice & Research Clinical Obstetrics and Gynaecology, 17: 683-701.

3 Chemotherapy-induced peripheral neuropathy Authors: Armstrong, T, Almadrones, L & Gilbert, MR (2005). In: Oncology Nursing Forum, 32(2): 305-311.

Activities & examples

Activity 2: Treatment & changes to a woman's sexual responses

1. What treatments for gynaecological cancers can increase a woman's risk of changes happening to her physical sexual sensations or response?

4.1.3. Altered sexual desire

Low sexual desire may be the result of a variety of causes, including:

- dyspareunia and fear of pain from sexual activity
- hormonal changes linked to treatment-induced menopause, such as changes to mood or energy levels
- reduced arousal from changes to physical sensations
- side-effects of medications, leading to fatigue, or other physical or emotional changes
- fatigue
- uncontrolled symptoms, such as nausea and pain
- mood changes, depression or anxiety
- fears or distracting thoughts about cancer during sexual activity
- altered body image
- changes to roles and relationship with partner as well as pre-existing relationship problems changes to a partner's sexual desire.

Activities & examples

Activity 3: Changes in a woman's and her partner's sexual desire

How can the diagnosis of gynaecological cancer and its treatment change sexual desire for:

- a woman
- her partner

4.1.4. Changes in ability to reach orgasm

Women with gynaecological cancer can experience a decrease in how often they orgasm. [1] Cancer

treatment can mean the physiological processes needed to orgasm are slower.

For example:

- Reduced orgasm may result from depression, stress, fatigue and medications. [2]
- Women may find that when they orgasm following a hysterectomy, their orgasm feels different, because they don't experience rhythmic contractions of their uterus. [3]
- Dyspareunia associated with vaginal atrophy and stenosis, thinning of vulval and vaginal tissues, loss of tissue elasticity and decreased vaginal lubrication can change a woman's ability to reach orgasm.
- Sexual excitement can be affected by treatment-related hormonal changes, because the lack of oestrogen can cause a loss of desire and slow a woman's sexual response.
- Pain from sexual intercourse can leave residual discomfort during the resolution phase. [1]
- Disruption of pelvic blood drainage from treatment can affect resolution, leaving an unpleasant sensation of genital engorgement following intercourse. [1]

References 1

Sexuality and body image

Editors: Lancaster, T & Nattress, K.

Author: Robertson, R (2005).

In: Gynaecological cancer care: A guide to practice.

From: Ausmed Publications, Melbourne. 2 Premature Ovarian Failure and Its Consequences:

Vasomotor Symptoms, Sexuality, and Fertility

Author: Schover, LR (2008)

In: Journal of Clinical Oncology, 26(5): 753-758.

3 'Alterations of sexual function in women with cancer'

Author:Hughes, M.K. (2008)

In: Seminars in Oncology Nursing, 24(2): 91-101

Activities & examples

Activity 4: Factors leading to sexual response changes

Identify factors that may contribute to changes in the ability of a woman with gynaecological cancer to achieve orgasm.

4.2. Physical factors contributing to the experience of psychosexual sequelae

A woman's experience of psychosexual sequelae of gynaecological cancer and its treatment varies depending on a range of disease- and treatment-related factors.

Understanding these factors can help identify those women and their partners who may be at risk of adverse psychosexual sequelae.

This can lead to early intervention, which can reduce these effects.

Objectives

- Describe disease- and treatment-related factors contributing to psychosexual sequelae associated with gynaecological cancer.
- Identify factors that may increase a woman’s risk of adverse psychosexual sequelae.

4.2.1. Disease & treatment related symptoms

The various treatments for gynaecological cancer have a range of effects with psychosexual sequelae:

- **Surgery:** Resulting in scars, reduced vascular supply, altered nerve function, removal of pelvic organs, shortened vagina, loss of external genitalia, urinary dysfunction, lymphoedema.
- **Chemotherapy:** Associated with nausea, vomiting, fatigue, weight gain, mucositis, autonomic neuropathy, premature ovarian failure, cognitive changes, alopecia, skin or nail changes.
- **Radiotherapy:** Resulting in vaginal stenosis and atrophy, vaginal telangiectasia, perineal soreness, lymphoedema, bladder and bowel dysfunction, ovarian failure, fatigue.
- **Hormonal changes:** Surgical- or medication-induced menopause may produce atrophic vaginitis, while changes in androgens may alter desire and orgasm. They may also lead to changes in mood, sleep, energy levels, hot flushes.

Activities & examples

Activity 5: How procedures & therapies can have a psychosexual effect Review

the following readings. Then complete the activity.

National Cancer Institute: Factors Affecting Sexual Function in People With Cancer

Psychosexual Function and impact of gynaecological cancer

Authors: Stead ML, Fallowfield L, Selby P & Brown J

In: Best Practice and Research in Clinical Obstetrics and Gynaecology (2007) 21(2): 309-320.

Chemotherapy-induced dyspareunia: a case study of vaginal mucositis and pegylated liposomal doxorubicin injection in advanced stage ovarian carcinoma
Authors: Krychman ML, Carter J, Aghajanian CA, Dizon DS & Castiel M In:
Gynecologic Oncology, (2004) 93(2): 561-3.

Psychosexual implications of gynaecological cancer
Authors: Crowther M E, Corney R H, Shepherd J H
In: BMJ (1994) 308 : 869

1. Detail how each of the following surgical procedures may have psychosexual effects for a woman: total abdominal hysterectomy and bilateral salpingo-oopherectomy radical trachelectomy.

2. Detail how each of the following cytotoxic therapies may have psychosexual effects for a woman:
    - paclitaxel
    - pegylated liposomal doxorubicin.
3. Detail how radiotherapy to the cervix may have psychosexual effects for a woman.

4.2.2. Hormonal changes

When menopause occurs abruptly because of cancer treatment, certain symptoms are more frequent and severe than after natural menopause symptoms, including:

- hot flushes
- night sweats
- disturbed sleep
- vaginal dryness
- dyspareunia
- loss of libido including sexual drive (desire) and general drive (motivation)

Hormonal changes may also be associated with changes in mood.

Hot flushes and night sweats disturb sleep and contribute to fatigue.

Women with early stage ovarian cancer, germ cell tumours or gestational trophoblastic disease whose ovarian function is preserved, but who require chemotherapy, are at increased risk of premature ovarian failure (menopause before 40 years of age).

The risk of ovarian failure increases with alkylating drugs, additional taxanes and higher cumulative doses.

Because drug combinations are always evolving, it's difficult to predict the degree of ovarian damage from a particular chemotherapy regimen. One estimate is that each month of chemotherapy equals 1.5 years of lost reproductive life. [1]

References

1 Premature Ovarian Failure and Its Consequences: Vasomotor Symptoms, Sexuality, and Fertility Author: Schover, LR (2008).

In: Journal of Clinical Oncology, 26(5): 753-758.

Activities & examples

Activity 6: Identifying women at risk

1. Which women with gynaecological cancers are at risk of hormonal changes?

2. What are the effects of hormonal changes associated with gynaecological cancer and its treatment on a woman's sexuality?

4.2.3. Stoma

Women with a stoma face significant challenges to sexual function and body image.

Many women experience shock, anger, fear shame and disgust at the prospect of a stoma and describe feeling embarrassed at being seen naked.

In general, sexual intercourse isn't harmful to the stoma, although a stoma can make some positions uncomfortable. The woman's partner may also be affected by the appearance of and have fears about the stoma.

Activities & examples

Activity 7: Reviewing the effect of a stoma

1. How does having a stoma affect a woman's sexuality?
2. What effect can a stoma have on a woman's partner?

4.2.4. Lymphoedema

Gynaecological cancer survivors with diagnosed lymphoedema experience higher unmet psychological, physical and sexual needs than gynaecological survivors with no lower limb swelling. [1]

Lower limb lymphoedema is one of the most disabling side-effects of treatment for gynaecological cancer.

The incidence of lower limb lymphoedema in women with gynaecological cancer ranges from 18 to 41%. Those most at risk are women who have undergone lymph node dissection and radiotherapy for vulval cancer. [2]

The limb feels different and causes the woman to feel different about herself, often having a detrimental effect on how a woman sees herself.

Women will often make major changes to their wardrobes to disguise the appearance of swollen legs or unflattering compression garments. They may feel self conscious at no longer being able to wear the style of clothes or shoes they used to.

Women may exclude themselves from activities they used to enjoy and avoid meeting new people. Their work and career can also be significantly compromised.

Intimate relationships are affected as the woman feels unattractive and withdraws from her partner.

References

1 Lymphedema after gynecological cancer treatment: prevalence, correlates, and supportive care needs Authors: Beesley, V, Janda, M, Eakin, E, Obermair, A & Battistutta, D (2007).

In: Cancer, 109: 2607-2614.

2 The experience of lower limb lymphedema for women after treatment for gynecologic cancer
Authors: Ryan, M, Stainton, MC, Jaconelli, C, Watts, S, Mackenzie, P, Mansberg, T, et al. (2003).

In: Oncology Nursing Forum, 30, 417–423.

Activities & examples

Activity 8: Reviewing the effect of lymphoedema

1. What effect can having lymphoedema have on a woman's sexuality?
2. How might lymphoedema affect a woman's partner?

4.2.5. Bladder & bowel dysfunction

Women with gynaecological cancer are at a greater risk of bladder and bowel dysfunction resulting from surgery, radiotherapy and chemotherapy.[1][2][3][4]

This dysfunction can be associated with dysfunctions including incontinence and urgency, and can be associated with significant pain and discomfort. It can affect many aspects of a woman's daily activities, self-esteem, self image, sexuality and relationships.

Incontinence can represent a loss of control and dignity and can lead to a woman avoiding recreational and social activities.

Women who have undergone surgery for vulval cancer involving the urethra may experience an altered, uncontrollable urinary stream. This can result in them urinating onto their inner thighs, the toilet seat and the floor.

Urine or faecal loss during intercourse can cause some women to avoid intimate relationships altogether.

References

1 The Challenges of Colorectal Cancer Survivorship.

Author: Delinger, C.S. & Barsevick, A.M.

Commissioned by: NACC - The National Association for Colitis and Crohn's Disease. March 2006

In: Journal of the National Comprehensive Cancer Network : JNCCN, Volume 7, Issue 8, (June 2009), pages 883–894.

2 Gastrointestinal symptoms after pelvic radiotherapy: a new understanding to improve management of symptomatic patients.

Author: Andreyev. J.

In: The Lancet Oncology - Volume 8, Issue 11 (November 2007) - Copyright © 2007 Elsevier

3 Gastrointestinal Problems after Pelvic Radiotherapy: the Past, the Present and the Future

Author: Andreyev. H.J.N., Department of Medicine, Royal Marsden Hospital, Fulham Road, London, UK.

In: Clinical Oncology Volume 19, Issue 10, December 2007, Pages 790-799

4 Fecal Incontinence in Women: Causes and Treatment: Impact of Fecal Incontinence on Quality of Life Authors: Makol. A., Madhusudan. G., Whitehead. W.E.

In: Women's Health. 2008;4(5):517-528. © 2008 Future Medicine Ltd.

Activities & examples

Activity 9: Reviewing the effect of bowel and bladder dysfunction

1. What effects can bowel and bladder dysfunction have on a woman's sexuality?

4.2.6. Loss of fertility

Loss of fertility can affect a woman's body image, self-esteem and sense of femininity.

Women in this situation express feelings of depression, distress and grief, with almost half reporting clinically significant levels of depression. [1]

Infertility can entail multiple losses and unresolved grief:

- loss of the chance of having a child
- loss of identity as a mother
- loss of important aspects of femininity and sexual identity.

The effect on an established relationship can be overwhelming. Intimacy or plans for marriage may also be affected by the inability to conceive. [2]

References

1 Gynecologic cancer treatment and the impact of

cancer-related infertility

Authors: Carter, J, Rowland, K, Chi, D, Brown, C, Abu-Rustum, N, Castile, M & Barakat, R (2005)

In: Gynecologic Oncology, 97: 90-95

2 The experience of infertility: a review of recent literature
Authors: Greil, AL, Slauson-Blevins, K & McQuillan, J (2010).

In: Sociology of Health & Illness, 32(1): 140-162.

Activities & examples

Activity 10: Reviewing the effect of a loss of fertility

1. What effects can a loss of fertility have on a woman's sexuality?
2. How can such changes affect a woman's partner?

4.3. Psychological factors contributing to the experience of the experience of psychosexual sequelae

A woman's experience of psychosexual sequelae of gynaecological cancer and its treatment varies depending on a range of psychological factors.

Understanding these factors can help identify those women and their partners who may be at risk of adverse psychosexual sequelae.

This can lead to early intervention, which can reduce these effects.

Objectives

- Describe psychological factors contributing to psychosexual sequelae associated with gynaecological cancer.
- Identify factors that may increase a woman's risk of adverse psychosexual sequelae.

4.3.1. Knowledge & beliefs

Misconceptions and misinformation about what causes cancer, the effects of treatment and the impact of reduced sexual activity can play a significant role in exacerbating sexual difficulties.

Psychosexual difficulties can be the result of certain misconceptions about gynaecological cancer including:

- a fear of making the cancer worse through any kind of sexual contact
- a fear of sexual activity causing harm or pain
- a fear of cancer being contagious
- for those women with HPV-associated cancer - a fear of transmitting the virus to their partner or being reinfected.

If a woman had positive feelings about her sexuality and body image before diagnosis, she's more likely to make a positive adjustment, regardless of the extent of treatment. [1]

While positive feelings about sexuality and body image may be age-related, it's important to avoid making assumptions about sexuality relating to age.

Younger women and their partners may more likely have a wider sexual repertoire and be more open to exploring alternative forms of sexual expression. However, older women can learn to adapt their sexual behaviour to compensate for the physical / health consequences of aging.

References

1 Sexual self-schema and sexual morbidity among gynaecologic cancer survivors Authors: Andersen, BL, Woods, XA & Copeland, LJ (1997).

In: Journal of Consulting and Clinical Psychology, 65(2): 221-9.

Activities & examples

Activity 11: A woman's & her partner's beliefs about gynaecological cancer & sexuality

1. How would you assess a woman’s and her partner’s beliefs about gynaecological cancer and sexuality?

4.3.2. Stigma

Women with cervical cancer frequently feel stigmatised or guilty.

Anger, confusion and blame are common emotional responses. And women describe feeling a loss of a positive body image and ashamed, embarrassed or 'dirty'.

Although HPV can remain latent for years or even decades, women often find it affects their relationships. They can question whether transmission of the virus suggests their partner has been unfaithful. [1]

References

1 Providing high quality information about human papillomavirus for women after treatment for high-grade cervical dysplasia

Authors: Dyson, S, Pitts, M, Lyons, A & Mullins, R (2010).
In: Sexual Health, 7: 49-54.

Activities & examples

Activity 12: Reviewing stigma associated with cancer

1. What are some of the reasons a woman may feel stigma associated with their cancer?
2. How can feelings of stigma affect a woman's sexuality?

4.3.3. Fear

Fear of death and recurrence of cancer can affect a woman's desire and her ability to enjoy sex. Fear of pain or changes to physical or social functioning can also lead to concerns about sexual activity.

Reduced self-esteem, a sense of vulnerability and altered body image can make a woman:

- feel unattractive
- fear rejection and negative reactions from her partner.

Activities & examples

Activity 13: Fears affecting sexuality for a woman & her partner

1. What fears can a woman with gynaecological cancer experience that may affect her sexuality?
2. What fears can a partner of a woman with gynaecological cancer experience that may affect the couple's sexual relationship?

4.3.4. Depression & anxiety

Many women with gynaecological cancer experience depression, anxiety and adjustment disorders.

Some gynaecological cancers can be socially isolating, leaving women unable to discuss their concerns with significant others.

Loss of sexual desire and reduced sexual pleasure are common symptoms of psychosocial distress.

Medications commonly used to treat depression, such as the Selective Serotonin Reuptake Inhibitors (SSRIs) including sertraline or fluoxetine can have side-effects altering sexual function.

Activities & examples

Activity 14: Reviewing depression & anxiety

1. What factors might contribute to depression and anxiety in a woman with gynaecological cancer?
2. How can depression and anxiety affect a woman's sexuality?
3. Review the effects of commonly used antidepressants on sexual function?

4.3.5. Altered body image

Altered body image is related to and exacerbated by the general challenges a woman with gynaecological cancer faces. It can lead to:

- a feeling of being less of a woman
- diminished self concept
- decreased self confidence
- reduced self-esteem fear.

Negative perceptions of body image can be triggered by:

- loss of health
- loss of fertility
- loss of personal control and depersonalisation
- loss of role and lifestyle
- fear of the disease and its impact
- fear of the body being 'out of control'
- changes to bodily functions and appearance
- weight gain or loss psychological changes relationship changes.

Activities & examples

Activity 15: Reviewing negative perceptions of body image

1. List gynaecological treatment-related changes to bodily function and appearance that can have a negative effect on body image.

4.4. Social factors contributing to the experience of psychosexual sequelae

A woman's experience of psychosexual sequelae of gynaecological cancer and its treatment varies depending on a range of social factors.

Understanding these contributing factors can help identify those women and their partners who may be at risk of adverse psychosexual sequelae.

This can lead to early intervention, which can reduce these effects.

Objectives

- Describe social factors contributing to psychosexual sequelae associated with gynaecological cancer.
- Identify factors that may increase a woman's risk of adverse psychosexual sequelae.

4.4.1. Social relationships & functions

Social relationships and functions are a critical component of sexuality. Gynaecological cancer can affect these dimensions of sexuality in several ways, explained below.

Loss of intimacy

Intimacy is a significant aspect of sexuality, but it's not restricted to sexual intercourse. When sexual activity stops, touching and kissing often decrease dramatically, because such gestures are perceived as intimacy leading to sexual intercourse.

Changes to the quality of relationships

Women who, before diagnosis, enjoy a good relationship, in terms of having a caring and supportive partner and a satisfying sexual relationship, are much more likely to experience healthy sexual adjustment.

Pre-existing sexual health problems in the woman's partner will negatively affect adjustment. [1]

Communication challenges

Communicating about sexuality may be difficult for a woman and her partner. This lack of discussion may be mistaken as a lack of interest in sexual activity.

Partner’s concerns

The partners of a woman with gynaecological cancer may also be struggling with anxiety, depression and uncertainty about the future. Additionally, the partner may experience fatigue related to taking on additional roles and responsibilities during a woman's treatment and recovery.

A woman's partner may see her as someone who's sick and dependent rather than as a sexual being, due to:

- changes in the appearance of a woman with gynaecological cancer
- her partner being involved in her physical care.

A partner may have similar misconceptions to a woman with gynaecological cancer - they may fear that cancer is contagious or that radiotherapy treatment leaves the woman 'radioactive'. A single woman may face unique issues associated with support, or with establishing new relationships.

Social isolation

If a woman lives in an isolated rural area, she may feel a lack of support. Also, resources may not be available for her to address her sexual concerns.

Such women frequently receive care at a treatment centre that's far removed from their normal support systems. This means they have to leave family and friends to have treatment.

Financial issues & changes in work roles

Gynaecological cancer treatments may force a woman to stop work or change her work role.

Such changes, as well as out-of-pocket expenses associated with treatments and their effects, can cause additional stress for the woman and her partner.

Cultural issues

Cultural factors can influence sexual beliefs and practices, including communication practices. Women and their partners from culturally and linguistically diverse (CALD) backgrounds and Aboriginal and Torres Strait Islander women may experience social isolation in health systems where beliefs and practices differ to their own. Language barriers and specific cultural beliefs and social roles can lead to difficulties discussing issues associated with sexuality.

CALD and Aboriginal and Torres Strait Islander women may also find it difficult to negotiate a health system that seems unusual, strange and at odds with their own culture and health beliefs.

For more information: Module 1, Section 1.2.4

References

1 Sexuality: a quality-of-life issue for cancer survivors Authors: Tierney, DK (2008).

In: Seminars in Oncology Nursing, 24(2): 71-79.

Activities & examples

Activity 16: Reviewing changes to social roles & responsibilities

1. How do the various changes to social roles and relationships resulting from gynaecological cancer affect a woman's sexuality?
2. How does a diagnosis of gynaecological cancer and its treatment affect a woman's partner?

Activity 17: Review case studies on psychosexual adjustment Review

the case studies below.

In each instance, identify issues affecting the woman's and her partner's psychosexual adjustment.

Janet - 68-year-old

Janet is a 68-year-old woman who was diagnosed with ovarian cancer 2 years ago. She had debulking surgery and 6 cycles of carboplatin and paclitaxel chemotherapy.

She relapsed 3 months ago and is being treated with carboplatin and paclitaxel again (she's already had 2 cycles, with plans to have 4 more).

When she was first diagnosed, she and her husband had already separated, but decided to get back together.

Deborah - 42-year-old

Deborah is a 42-year-old woman who has recently undergone total abdominal hysterectomy, bilateral salpingooopherectomy and pelvic lymphadenectomy for stage 2 endometrial cancer.

As her cancer was stage 2, she needed adjuvant treatment in the form of vault brachytherapy.

She's happily married to Dave and has 2 teenage daughters.

Gillian - 34-year-old

Gillian is a 34-year-old woman who recently underwent a wide local excision and right-sided inguinofemoral lymph node dissection for an early stage, HPV-related vulval cancer.

She's single.

4.6. Supporting learning resources

Sexual self-schema and sexual morbidity among gynaecologic cancer survivors Authors:
Andersen, BL, Woods, XA & Copeland, LJ (1997).
In: Journal of Consulting and Clinical Psychology, 65(2): 221-9.

Chemotherapy-induced peripheral neuropathy
Authors: Armstrong, T, Almadrones, L & Gilbert, MR (2005).
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The prevention and management of treatment related morbidity in vulval cancer (review) Author:
Barton, DP (2003).
In: Best Practice & Research Clinical Obstetrics and Gynaecology, 17: 683-701.

Lymphedema after gynecological cancer treatment: prevalence, correlates, and supportive care needs Authors:
Beesley, V, Janda, M, Eakin, E, Obermair, A & Battistutta, D (2007).
In: Cancer, 109: 2607-2614.

Gynecologic cancer treatment and the impact of cancer-related infertility
Authors: Carter, J, Rowland, K, Chi, D, Brown, C, Abu-Rustum, N, Castile, M & Barakat, R (2005)
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Providing high quality information about human papillomavirus for women after treatment for high-grade cervical dysplasia
Authors: Dyson, S, Pitts, M, Lyons, A & Mullins, R (2010).
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The experience of infertility: a review of recent literature Authors:

Greil, AL, Slauson-Blevins, K & McQuillan, J (2010).

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Sexual issues in early and late stage cancer: a review Authors:

Mercadante, S, Vitrano, V & Catania, V (2010).

In: Support Care Cancer, 18:659-655.

Sexuality and body image Author:

Robertson, R (2005).

Editors: Lancaster, T & Nattress, K.

In: Gynaecological cancer care: A guide to practice.

From: Ausmed Publications, Melbourne.

Premature Ovarian Failure and Its Consequences: Vasomotor Symptoms, Sexuality, and Fertility Author:

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Author: Stead ML, Fallowfield L, Selby P & Brown J

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