

# *Simple Strategies to Improve Vaginal Health and Survivorship*

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# *My Motivation For This Talk*

- *“Why didn’t anyone tell me?”*
- *“So there is hope”*
- *“This makes so much sense”*
- *“It so simple, I can’t believe it worked”*

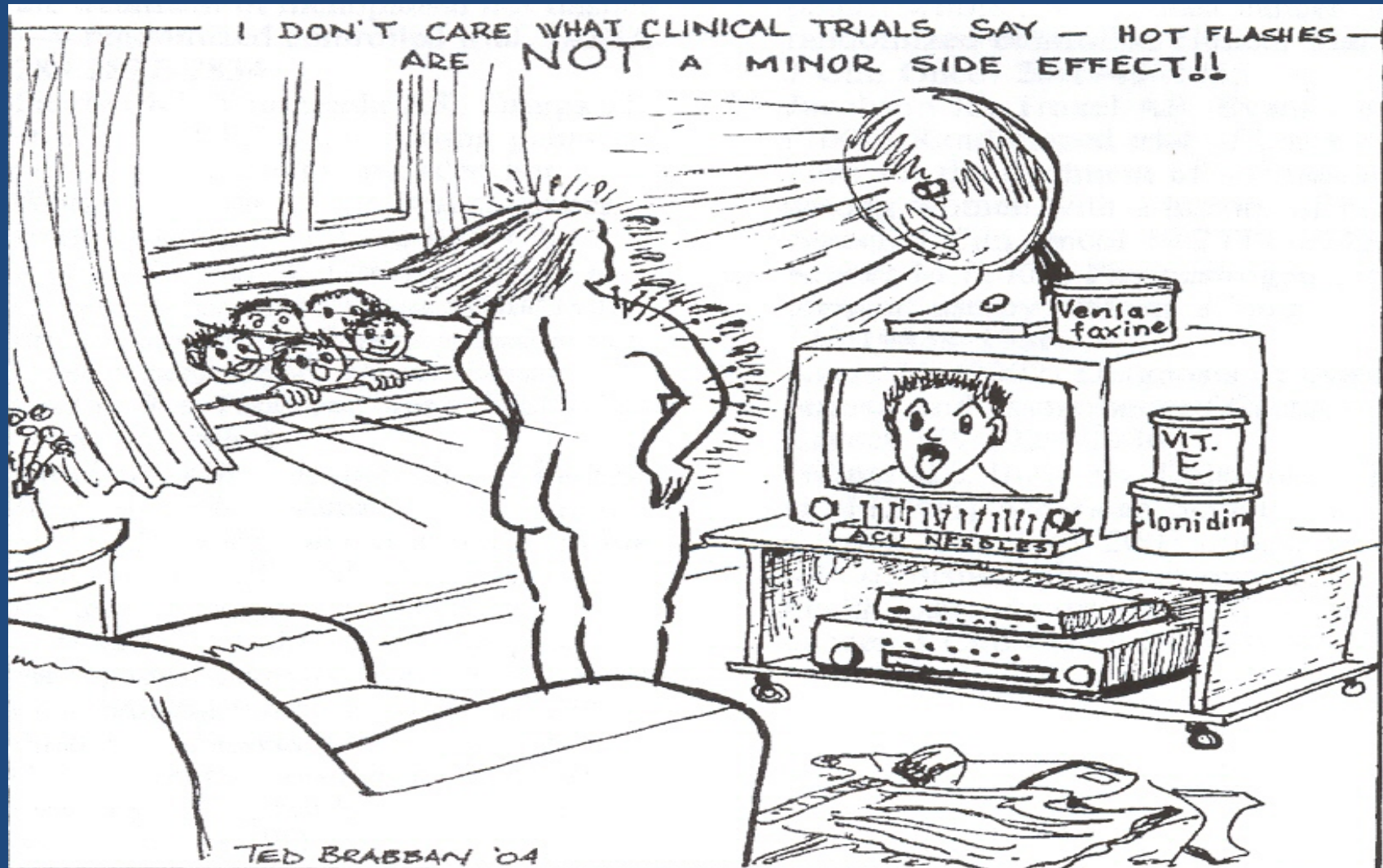
# *Survivorship*

- *The population of cancer survivors is over ten million.*
- *Quality of life and managing issues of long-term and late effects of cancer treatment are a priority.*

# *Important Points to Remember*

- *The SWAN study - (Study of Women's Health Across the Nation)*
    - *Menopausal “transition” found to be more problematic*
    - *Problematic symptoms associated with natural menopause*
      - *Hot flashes*
      - *Vaginal Atrophy*
    - *Common sexual changes associated with natural menopause*
      - *Increased pain during intercourse*
      - *Decreased desire*
- (Avis et al., 2009)*

# *Coping With Menopause*



# *Menopause In the Cancer Setting*

## *Menopause in the Cancer Setting is Different*

- *Premature and/ or abrupt hormonal deprivation*
- *Greater Intensity and duration*  
(Crandall et al., 2004; Harris et al., 2002; Gupta et al., 2006)
- *Negatively impacts QOL* (Ganz et al., 2003; Gupta et al., 2006)
- *Menopausal Symptoms*
  - *Vasomotor Symptoms*
    - *Contribute to poorer quality of sleep and impact mood* (Joffe et al., 2009)
  - *Vaginal Atrophy can worsen over time*
    - *Negatively impacts sexual function*
    - *Interferes with health surveillance ( ie. comfort with gyn exams)*

# *Issues of Sexuality In Cancer Survivorship*

## *Most Common Sexual Changes After Cancer*

- *Loss of Desire/ Libido*
- *Arousal Difficulties*
- *Vaginal Dryness*
- *Pain (Dyspareunia)*

*(Cella & Fallowfield, 2008; Schover, 2008 ; Matulonis et al., 2008; Carter et al., 2005; Ganz et al, 1999)*

# *Communication About Sexuality After Cancer*

- *Mismatched expectations between patients and providers*
  - *Patients would like open communication on topics of intimacy & sexuality after cancer*
  - *Medical professionals prefer to focus on “combating the disease”*

*(Hordern & Street, 2007)*



# *Communication About Sexuality After Cancer*

- *Lancaster, 1993 :*
  - *78% of the women wanted to ask questions about sexual matters, but did not.*

## *Reasons included:*

- *Fear of the reaction of others*
- *Not having an appropriate setting*

- *Stead et al., 2003:*
  - *21% of doctors discussed sexual matters*

## *Reasons included:*

- *Lack of time and resources*
- *Limited experience discussing topic or knowledge*
- *Embarrassment*

# *Vaginal Health Strategies*

## *Vaginal Lubricants*

- *Definition : An oily or slippery substance. A vaginal lubricant provides a liquid or gel to reduce pain with sexual activity due to dryness.*
  - *A lubricant is not a vaginal moisturizer*
    - *Water based lubricants are recommended*
    - *Problems with petroleum-based lubricants:*
      - *can harbor bacteria in the vagina increasing risk for infection*
      - *can cause damage to latex condoms making them ineffective*
- *Mechanism : short-term benefit by decreasing vaginal irritation during sexual activity*
- *Administration*
  - *Both partners*
  - *Intercourse as well as with manual stimulation*
- *Examples*
  - *Over the counter products (ex. KY, Astroglide, Eros for Women)*
  - *Natural Oils (almond oil, vitamin E)*

# Vaginal Health Strategies

## Vaginal Moisturizers

- *Definition: preparation applied to the vagina to assist in hydrating the vaginal tissues suffering from hormonal deprivation*
- *Mechanism: longer lasting benefit by improving the balance of intracellular fluids in the vaginal epithelium and reducing vaginal dryness, itching, and irritation*
- *Administration: vaginal suppository that should be administered at night prior to going to sleep and repeated after several days consistently.*
- *Examples*
  - *Non-hormonal*
    - *Replens (Nachtigall et al., 1994; van der Laak et al., 2002)*
    - *Liquidbeads, Aquabeads – positive clinical feedback*
  - *Vit E vaginally*
    - *(Study with vaginal moisturizer made up of Vit E, Vit A and hyaluronic acid - Costantion & Guaradli., 2008)*

# *Vaginal Health Strategies*

## *Pelvic Floor Exercises*

- *Relaxation and control of the pelvic floor muscles can be extremely helpful in treating and preventing pain with intercourse and pelvic exams*
  - *(Kizilkaya et al., 2003)*
- *It has been suggested that drawing blood flow to the pelvic floor may have possible restorative effects*
  - *(Schroder et al., 2005)*
- *Based on clinical experience, it is recommended for pelvic floor exercises to be done in conjunction with dilator therapy*

# *Vaginal Health Strategies*

## *Dilator Therapy*

- *Psychological Benefits: Allows women to gain confidence and decrease anxiety/fear about pain*
- *Physical Benefits: The process of mechanically stretching the tissues of the vagina to treat vaginal stenosis/adhesions*
- *Issues of Non-compliance:*
  - *Support and Information needed for success*
  - *Need to address any aversion (embarrassment) or fear at the beginning*  
*(Jefferies et al., 2004; Decruze, 1999; Robinson, 1995; Pitkin, 1971)*
- *Need to broaden our perspective in the use of dilators*
  - *Radical trachelectomy*
  - *Survivors with dyspareunia (ie Breast cancer and Rectal cancer pts)*
  - *Vaginal reconstruction pts*

# *Vaginal Health Interventions*

- *72 postmenopausal breast cancer survivors*
- *Intervention*
  - *symptom assessment (hot flashes, urinary incontinence and vaginal dryness)*
  - *education*
  - *counseling*
  - *specific pharmacologic and behavioral interventions (as appropriate)*
- *Results*
  - *statistically significant improvement:*
    - *menopausal symptoms*
    - *sexual function*

*(Ganz et al., 2000)*

- *32 women with Cervical or Endometrial cancer*
- *Intervention*
  - *Education (anatomy, cancer & sexuality, lubricants & dilators)*
  - *Behavioral Skills (dilator therapy, lubricants & Kegel exercises)*
  - *Social Support*
- *Results*
  - *Increased compliance with dilators*
  - *Decreased fear about sexuality*
  - *Increased knowledge about sexuality*

*(Robinson et al., 1999)*

# *Lessons Learned About Sexual Rehabilitation*

- *Best Approach is a Combined Approach*
- *Focus Needs to Address:*
  - *Understanding changes to their body*
    - *Normalize the experience*
      - *“Does this happen to other women?”*
      - *Educate about the impact of treatment on their body, vaginal health and sexual function*
  - *Helping women to reconnect and feel in control of their body*
    - *Very important in the treatment of dyspareunia*
  - *Focus on health promotion and improving vaginal health*

# *Lessons Learned About Sexual Rehabilitation*

- *Motivation:*
  - *Compliance occurs when pts:*
    - *Understand the reason for the strategies*
    - *Feel the benefits*
    - *Have the needed support*
    - *Have realistic expectations*
    - *Don't feel pressured, important to be flexible*
- *Success occurs when women:*
  - *Implement and understand strategies/resources*
  - *Learn to trouble shoot or cope with potential problems*
  - *Develop a plan for the long-term (or maintenance)*



# *Points To Remember*

- *Do not assume patients always have the correct information*
  - *Many women and health professionals do not know:*
    - *The difference between a vaginal moisturizers and vaginal lubricant*
    - *The ideal methods to administer a vaginal moisturizers and vaginal lubricant*
  - *Many women are unclear about their own anatomy*
- *Remember sexual activity is more than intercourse*
  - *Women need information regardless of:*
    - *Relationship status, sexual preferences or interest in intercourse*
- *Focus health promotion and vaginal health*
  - *Studies demonstrate the importance of sexual differs for women*

# *Points to Remember*

- *Special Subgroups to Consider:*
  - *Patients treated with pelvic radiation*
    - *Issues of noncompliance with Dilator Therapy*
  - *Breast cancer patients*
    - *Endocrine therapy can worsen symptoms*
      - *AIs found to be associated with greater vaginal dryness than Tamoxifen (Fallowfeild et al., 2004)*
      - *Tamoxifen associated with greater vasomotor symptoms and vaginal discharge (Coates et al., 2007)*
  - *Older women on HRT until diagnosis*
    - *Research shows that abrupt discontinuation causes a resurgence of menopausal symptoms (Haskell et al., 2009)*

# *Points to Remember*

- *Special Subgroups to Consider*
  - *Young women*
    - *Vulnerable group due to reproductive concerns*
      - *Significant reactions to loss of fertility even a year or greater after surgery (Carter et al., 2005)*
      - *Reproductive Concerns associated with poorer QOL (Wenzel et al., 2005)*
      - *Premature menopause/ loss of reproductive function has been associated with poorer emotional functioning*
    - *Greater risk for sexual dysfunction*  
*(Carter et al., 2005; Wenzel et al., 2005; Ganz et al., 2003)*

## *In Summary*

- *It is not uncommon for women to experience changes in sexual function after cancer treatment*
  - *Physical/ Emotional Factors*
  - *Transient and /or Chronic Conditions*
- *Solutions*
  - *Need to Discuss Topic*
  - *Provide Resources*
    - *Information*
    - *Simple strategies*
    - *Referrals*

## *Future Direction*

- *Change the focus from sexual function to promoting vaginal health*
  - *Differences exists re: “importance of sexuality” for each woman*
  - *Recent studies demonstrate low sexual activity rates in ovarian pts*
    - *10% (Matulonis et al., 2008) and 50% (Carmack Taylor et al, 2004)*
  - *Vaginal health is important to all women*
- *Increase education about vaginal health strategies*

## *Future Direction*

- *Devise a plan to:*
  - *Increase communication*
  - *Focus on prevention*
  - *Disseminate information repeatedly throughout continuum of care*
    - *Pre-treatment*
    - *During treatment*
    - *Post-treatment*
  - *Triage patients appropriately*
    - *Provide information when symptoms are very mild*
    - *Provide referrals to sexual health specialists when problems occur or persist that are disruptive to QOL*

# Physician Checklist

## Progress Notes

MRN

ACCT

LAB

Trach Post-op f/u

Date:

VB1: MR

ALL ENTRIES MUST BE SIGNED, DATED, TIMED, AND LEGIBLE. PRINT LAST NAME AND BEEPER OR EXTENSION.

Use DAILY - not QD ♦ Use MORPHINE - not MS, MS04 ♦ Use UNITS - not U

### Post-operative – Physician Checklist

(Please check appropriate response)	Yes	No
<b><u>Cervical Appearance Normal:</u></b> <i>If no, comment:</i>		
Cervical stenosis		
Encroachment		
Vaginal Scarring		
Granulation Tissue		
<b><u>Regular Menses:</u></b> Last Period ____/____/____		
Hematometra		
Did patient require cervical dilation?		
If yes, was the dilation procedure in the office?		
If yes, was the dilation procedure in the OR?		
Is patient trying to conceive?		
Has the patient had a pregnancy?		
Ongoing _____ weeks		
Delivery _____ weeks		
Miscarriage or Pregnancy Loss		
<b><u>Reproductive Assistance:</u></b>		
Consultation with Reproductive Medicine Specialist		
IUI		
IVF		
<b><u>Other:</u></b>		
Lymphedema		
Abnormal vaginal discharge		
Dyspareunia		
Lack of vaginal sensation/ numbness		
Dilators – recommended to patient		
Dilators – patient compliant with using dilators		
Currently sexually active		



# *Sexuality and Survivorship Resources:*

- *Sexuality and Cancer*
  - © American Cancer Society
  - 1-800-ACS-2345   [www.cancer.org](http://www.cancer.org)
- *Sexuality and Fertility After Cancer*
  - By Leslie Schover
- *Cancer Centers*
- *Local Professionals with experience in treating sexual difficulties and /or menopause*
  - Gynecologist
  - Sex Therapist or Counselor
  - Mental Health Professional



## *Additional Survivorship Resources :*

- *NCI Office of Cancer Survivorship - <http://dccps.nci.nih.gov>*
- *American Cancer Society (ACS) – [www.cancer.org](http://www.cancer.org)*
- *Gilda's Club – [www.gildasclub.org](http://www.gildasclub.org)*
- *Cancer Care – <http://cancercare.org>*
- *Lance Armstrong Foundation – [www.laf.org](http://www.laf.org)*
- *American Association of Sex Educators, Counselors and Therapists (AASECT) – [www.aasect.org](http://www.aasect.org)*
- *North American Menopause Society (NAMS) – [www.menopause.org](http://www.menopause.org)*