Simple Strategies to Improve Vaginal Health and Survivorship

Jeanne Carter, Ph.D.
Department of Psychiatry/Gynecology Service
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

I don't care what clinical trials say - hot flashes are NOT a minor side effect!!
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)
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 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

Trach Post-op t/u

Date: 

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

Use DAILY - not 60- Use MORPHINE - not 60- Use UNITS - not 6-

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<th>Yes</th>
<th>No</th>
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<tr>
<td><strong>Cervical Appearance Normal:</strong></td>
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<td><em>If no, comment:</em></td>
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<td>Cervical stenosis</td>
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<td>Vaginal Scarring</td>
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<td>Granulation Tissue</td>
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<td><strong>Regular Menses:</strong></td>
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<td>Last Period</td>
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<td>Hematometra</td>
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<td>Did patient require cervical dilation?</td>
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<td>If yes, was the dilation procedure in the office?</td>
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<td>If yes, was the dilation procedure in the OR?</td>
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<td>Is patient trying to conceive?</td>
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<td>Has the patient had a pregnancy?</td>
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<td>Miscarriage or Pregnancy Loss</td>
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<td><strong>Other:</strong></td>
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<td>Lymphedema</td>
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<td>Abnormal vaginal discharge</td>
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<td>Dyspareunia</td>
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<td>Lack of vaginal sensation/ numbness</td>
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<tr>
<td>Currently sexually active</td>
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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:

- **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](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)