

Sexuality and Urological Malignancies

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Overview

- **Focus**

- Sexuality in the context of **urological cancers**

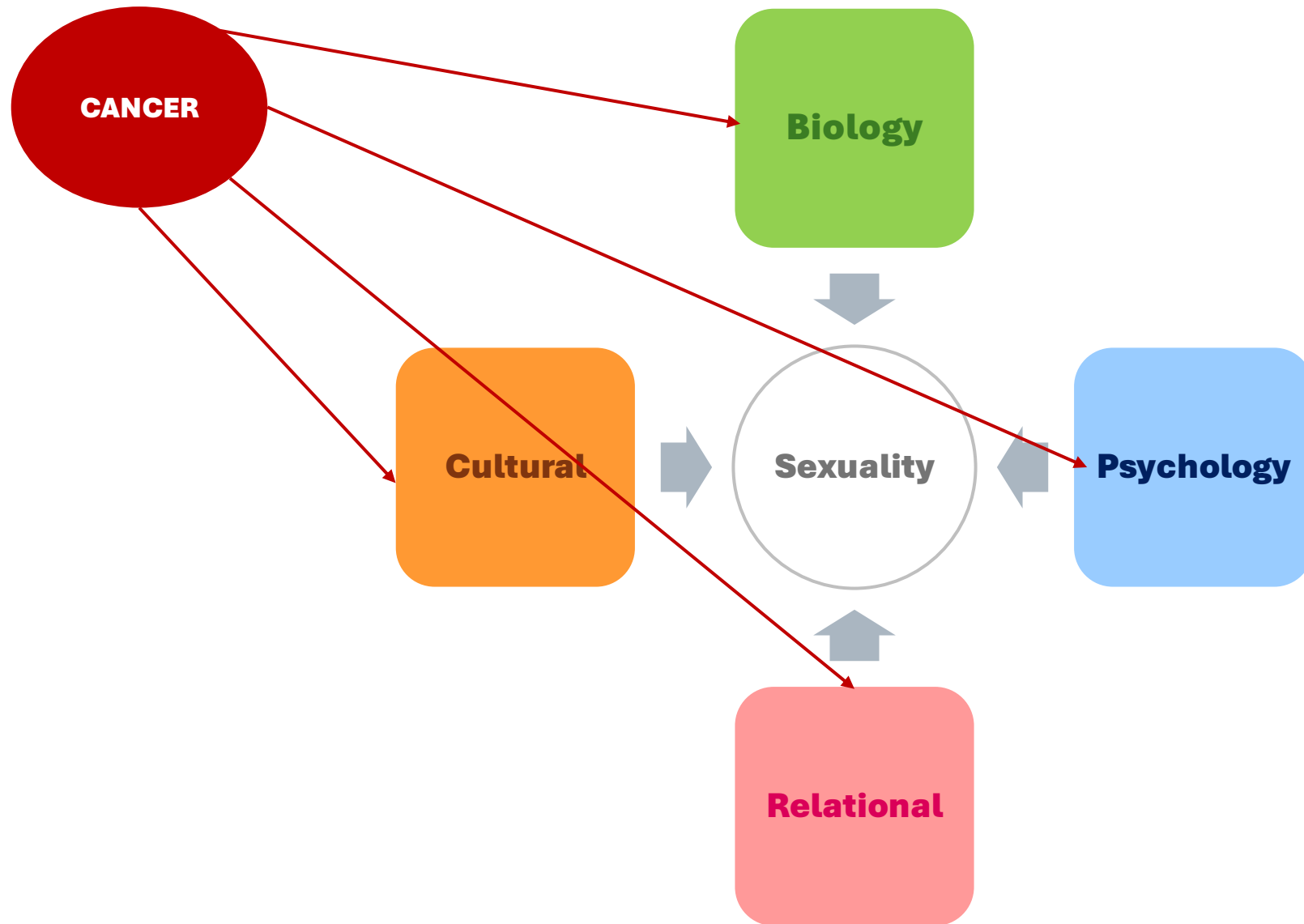
- **Topics**

- Impact of cancer on:
 - **Biological** aspects of sexuality
 - **Psychological** well-being
 - **Relational** dynamics
 - **Social** context
 - **Role of Healthcare Providers**
 - Why we need to talk about sexuality
 - How to start the conversation
 - **Practical tips** for clinical communication

Definition WHO

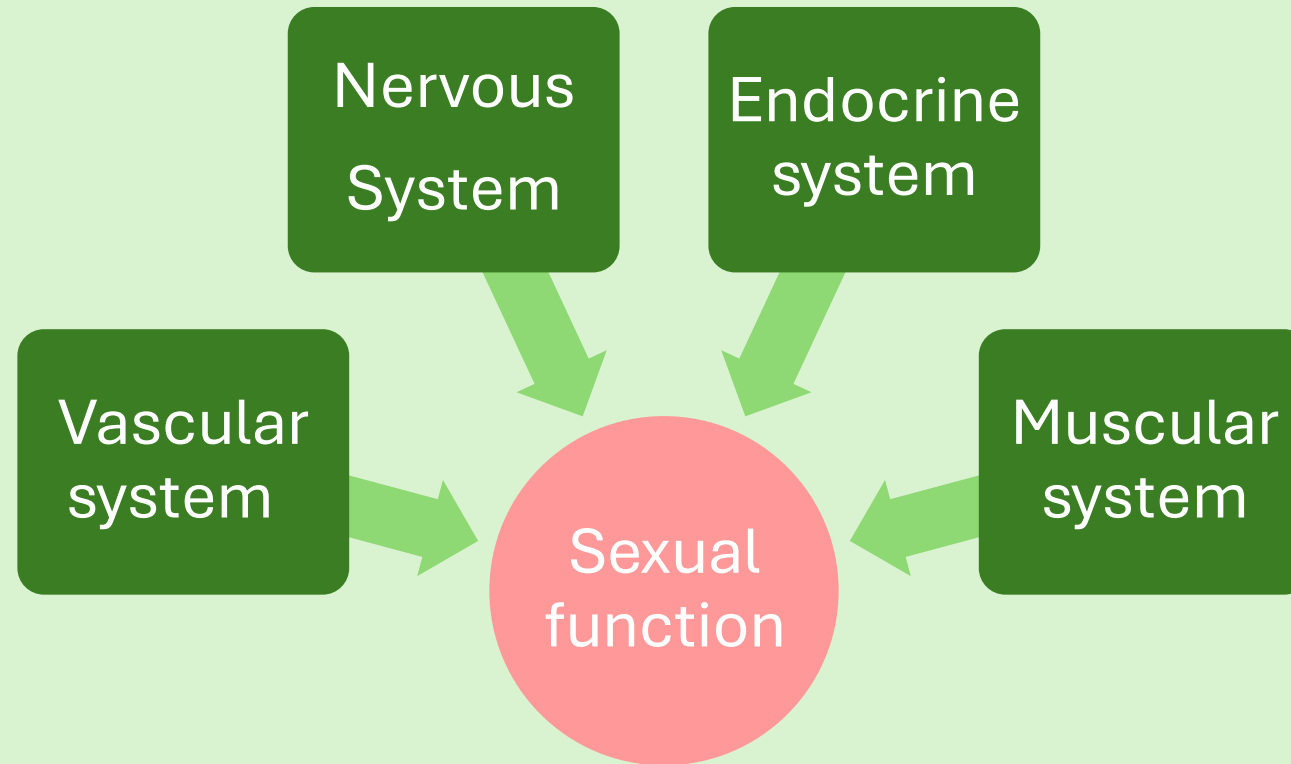
***"Sexuality** is a central aspect of being human throughout life. It encompasses sex, gender identity and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships."*
(WHO)

***Sexual health** is "...a state of physical, emotional, mental and social well-being in relation to sexuality" (WHO, 2006)*



Biology

Biological Aspects



Biological Aspects

Side effects

- Fatigue
- Incontinence (faecal/urinary)
- Infertility
- Difference in Sensation (Pain, Numbness to sexual stimuli)
- Anatomic changes → Shrinkage of penis or vagina, Loss of a testicle
- Impact sexual function
 - Desire,
 - Arousal (ED, Lubrification)
 - orgasm
 - Ejaculation (Dry orgasm, retrograde ejaculation)

Psychology

Psychological Aspects

- Cancer= shocking experience → Survival response
- Distress during cancer care
 - unpredictability
 - Fear of recurrence
 - Fear of physical/mental decline
- Cognitive effects (loss of concentration or focus)
- Some cases of psychiatric disorders: depression, anxiety, ...

Psychological Aspects

- Low sexual desire due to psychological impact
- Impaired self-image and body image
 - Worries about attractiveness
 - Feeling less masculine or feminine
 - Feelings of shame
- Performance anxiety and the self-fulfilling prophecy
- Difficulty to relax or to be present

Relational

Relational Aspects

- Single
 - Worries about dating
 - Fears about being Rejected
- Couple
 - Strain on relationship
 - Shifting roles (Caregiver role vs. Romantic role)
 - Differences in
 - Coping
 - Processing time
 - Priorities
 - Impact on partner
 - Psychological wellbeing
 - Quality of life

Relational Aspects

- Risk of
 - Neglecting sexual intimacy
 - Losing sight one another
- Misconceptions
 - “sexuality should come naturally”
 - Reading each others mind
- Importance of communication



Cultural

Cultural aspects

- Cancer = not sexy
 - Older/sick people don't have sex
 - Sexuality = penetration
 - Sexuality is private: **embarrassment among healthcare providers**
- Patients also feel this taboo
- Responsibility of HC provider

**Why should we talk
about it?**

Sex survey of 'kom op tegen kanker' (2022)

88% experienced sexual problems

8,7% didn't have problems but worries/questions

72% wanted to talk about it

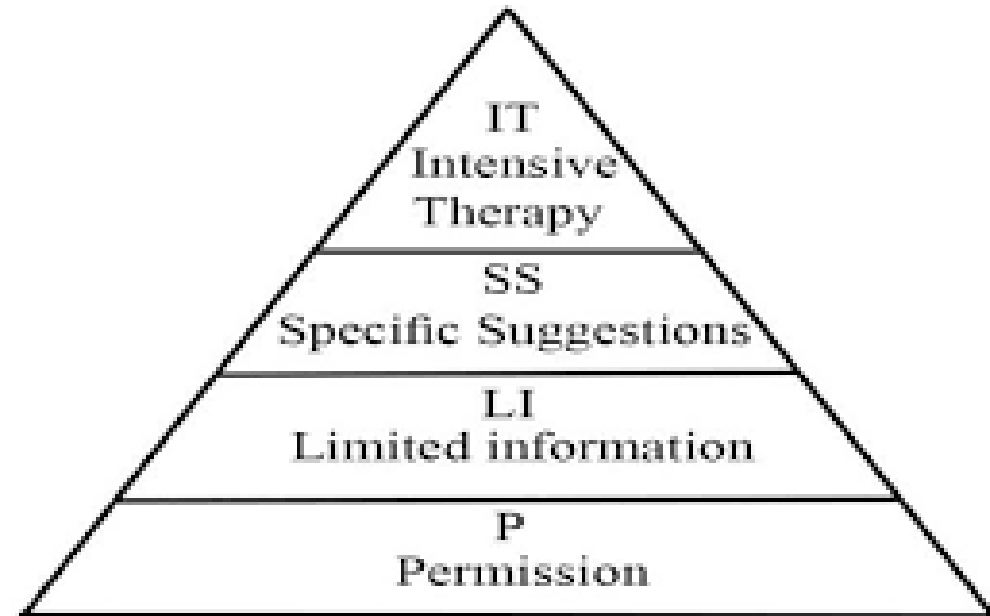
52% never had a conversation about sexual problems/questions/worries

70.5% of patients / partners **expect healthcare provider(s) to start** the conversation about cancer and sexuality

When should
a conversation
about sexuality
happen?

When?	%
With diagnosis	22,54
Before treatment starts	47,48
During treatment	47,72
End of treatment	40,05
After treatment	50,12

Who should
talk about it?



When to refer to a specialist?

- Refer when patients ask sexuality-related questions beyond your scope
- Consider specialists: urologist, oncology psychologist, oncology sexologist
- Don't assume the topic has been addressed by others
- It's okay—and often helpful—to bring up sexuality more than once
- Give patients explicit permission to talk about sexual concerns

Referrals

- Check if a sexologist is available at your hospital for referral
- **If not**

Referral	Website	
Oncohulp	https://www.oncohulp.be/	Dutch
Vlaamse Vereniging voor Seksuologen (VVS)	https://www.seksuologen-vlaanderen.be/	
Soci�t� des Sexologues Universitaires de Belgique (SSUB)	https://ssub.be/	French

**How to start the
conversation?**

TIPS - Approaches

Approaches that **DO NOT** work

- Too difficult ('Coitus/ Genitalia') or concealing (' it ') language use
- Direct approach: e.g. do you have questions for our sexologist?
- Beat around the bush
- Waiting for the right time

TIPS - Approaches

Approach of strong probability

e.g. Many people who have been treated for prostate cancer notice changes in their sexual function, like difficulties with erections or feeling less interested in sex. Is this something you've noticed or had questions about?

TIPS - Approaches

Approach of strong probability

e.g. Men who've gone through treatment for penile cancer often experience changes in how they feel about their body or in their sexual relationships. It's very common to have concerns or questions around this. Is that something you've been dealing with or wondering about?

TIPS - Approaches

Appoint Taboo Approach

e.g. Many people find it difficult to talk about sexuality, while it is an important part of our lives. May I ask you a few questions about this?

TIPS - Approaches

Policy approach

e.g. In our hospital we think it is important to include attention to sexuality in the treatment. That is why I would like to ask you a number of questions about this...

**Thank you for your
attention!**

If you have any questions:

Email: Brecht.decoen@uzleuven.be