Sexual Health & Survivorship: Effects of Breast Cancer on the Pelvic Floor

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I have no actual or potential conflicts of interest in relation to this presentation.

Disclosures:

- Bachelor of Science in Bio-Psychology from UCLA
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- Taught at Santa Monica Community College and California State University at Northridge
- Physical Therapist for Providence Health Services
- Clinical Specialties: Oncology, Lymphedema, Pelvic Health
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Landlords

Looking at a treat
Looking at the dogs

Objectives:

- Identify possible side effects of breast cancer treatments as they relate to the pelvic floor.
- Discuss options available for addressing these side effects, including changing bowel / bladder habits, pelvic floor relaxation training, vaginal moisturizers, topical vaginal estrogen, lubricant recommendations, and more.
- Describe the effects and most current evidence regarding the use of topical vaginal estrogen.
- Provide an open forum for questions and discussion about breast cancer and sexual health.

Non-Objectives

- To relay the idea that penetrative vaginal intercourse should always be a goal
- To relay the idea that sex is only for survivors
- To put forth the idea that there is a timeline for returning to sexual intercourse
  - While the incidence of sexual symptoms during and after breast cancer treatments is high, not everything has to be treated, or treated immediately
Why is this subject important?
(Why am I here? Why are you here?)

- Anticipated 20.6 million survivors by 2026 (ACS Survivorship Facts and Figures 2016)
- >60% experience 1 or more functional impairments
- Rehabilitation referral rates are as low as 2% (Cheville 2017)
- Physical problems are outpacing emotional problems (Weaver et al 2012)
- Functional impairments are drivers of distress and anxiety
- Functional screenings, assessment and intervention are essentially absent in cancer care (Stout 2018)

Traditional Human Sex Response Model

- Traditional human sex response cycle of Masters, Johnson and Kaplan (Reprinted with permission from the American College of Obstetricians and Gynecologists (Obstetrics and Gynecology, 2001, Vol. 98, pp. 350–353)).
The treatment of pain with sex must be multifaceted and include a team of specialists including, but not limited to, oncologists, partners, Integrative Medicine practitioners, behavioral health therapists, physical therapists, primary care physicians, couples counselors etc.
To Medical Providers:

Possible Verbiage

- “Many of the people that I talk to have changes to their sex lives throughout this process... is that something that you are dealing with and would like to address?”
- “I know this may seem unrelated to your cancer diagnosis, but it’s common for people to have changes to their bladder and bowel function. Have you noticed this?”
- Less than 50% of women affected by urinary incontinence (UI) and 30% of women affected by fecal incontinence (FI) seek care. (Brown, 2016)

**Trauma-Informed Care Throughout the Breast Cancer Journey**

- Medically necessary, well-intended, and seemingly sterile clinical procedures potentially serve as emotional triggers or reminders of abuse (Schnur 2011)
  - Darkness (Radiotherapy, Radiology)
  - Exposure of sexual organs (breast, gynecological, anal)
  - Being silenced, immobilized, or powerless (patients are often told not to move or speak during procedures)
  - Infliction of pain
  - Penetration (by needles, hands, fingers, surgery)

(Schnur, JB., Goldsmith, RE. Journal of Clinical Psychology (2011) 29: 4054-4056)

- Such information is rarely volunteered (currently <1/3 of clinicians usually screen for trauma, Weinreb 2010)
- Although medical professionals may be trying to be sensitive and may worry about opening old wounds, published stories indicate that most patients with abuse histories who have not voluntarily disclosed to health professionals would like to be asked about abuse (McGregor, et al 2010)


- 24% of transgender persons report unequal treatment in health care environments
- 19% report they were refused care altogether
- 33% do not seek preventative services
- How can we help?
  - Establish a safe and welcoming environment
  - “Although I have limited experience caring for gender-diverse persons, it is important to me that you feel safe in my practice, and I will work hard to give you the best care possible.”
  - Gender neutral intake forms

Even clinicians who have a special interest in sexual medicine may be hesitant to broach the subject.
- Only 50% routinely ask patients directly (Saheb 2018).
- Over 40% of those who do not ask said that sexual orientation is irrelevant to patient’s care. (Saheb 2018)

ASK
- Patient’s may feel uncomfortable correcting the medical professional (Reese, 2018).

The Heterosexual Assumption

To Patients, Survivors, Forever Fighters, and Support Persons

KEEP CALM AND SPEAK UP

The Pelvic Floor
Pelvic floor muscles (PFM) are integral for:

- Continence
- Support
- Stability of the pelvic girdle
- Stability of the spine

Female Pelvic Floor Video
Male Pelvic Floor Video
Pelvic floor disorders (PFD) are multifactorial. Symptoms include:
- Urinary incontinence
- Fecal incontinence
- Pelvic organ prolapse
- Pelvic pain syndromes
- Constipation
- Dysfunction occurs when the pelvic floor muscles are unable to function correctly

It is about more than Kegals!

Breast Cancer Treatment & Their Effects on the Pelvic Floor
- Surgery
- Chemotherapy
- Radiation
- Hormonal Therapies
How does surgery on the breast affect the pelvic floor?

- Constipation can be related to pain medications, decrease in activity, diet
- Decreased function of one or both arms, either temporary or long term can decrease overall activity, affects the ability to get into positions for sex
- Risk reducing surgical removal of the uterus and/or ovaries throws the body into a menopausal state causing vaginal dryness

Effects of chemotherapy on the pelvic floor:

- Diarrhea
- Fatigue (the pelvic floor is a group of skeletal muscles)
- Vaginal dryness
  - Chemotherapy attacks rapidly dividing cells, including the cells in the lining of the vagina
  - Losing hair “not just on the head”

How does radiation therapy on the chest wall affect the pelvic floor?

- Decrease function in one or both arms can make it difficult to get into postures that are ideal for the functions of the pelvic floor (voiding, defecation, intercourse)
- Fatigue
Hormonal Therapies and their potential effects on the pelvic floor:

- Weight gain – increases the potential for urinary incontinence and pelvic prolapse, decreased activity
- Fatigue
- Constipation
- Vaginal dryness
- Loss of libido
- Vaginal discharge / bleeding

Now after that we may feel...

But hopefully we can end up like this!
Bowel / Bladder Habits

- Water soluble fiber
  - NOT Miralax
  - Examples: Heather's Tummy, Metamucil, Citrucil, Benefiber
  - Powder is more effective than pills, or gummies
- Not as important how often we go:
  - What does the stool look like
  - Painless, NO STRAINING

- Water Soluble Fiber:
  - 1 scoop in evening around dinner
  - Drink a warm beverage when you wake
  - Exercise
  - Train your body to have a bowel movement after meals
  - Avoid bearing down / straining
  - Drink plenty of water
  - Proper Potty Posture

- Do not hover!
Proper Potty Posture

- High Tone Pelvic Dysfunction
- The pelvic floor needs to be able to do BOTH contracting and relaxing
- Exercise: Pelvic Floor As An Elevator

Pelvic Pain

- Biofeedback (in clinic)
- Vaginal dilators (at home)
- Internal manual techniques (either in clinic by therapist, at home with partner or self)
Pelvic Floor Relaxation Training

- Other medical treatments:
  - Botox injections
  - Vaginal Valium
  - Muscles AND the tissues have to be addressed:

Return to Activities of Daily Living

- Addressing constipation
- Addressing pelvic prolapse
- Addressing urinary incontinence
- Addressing fecal incontinence

  These also affect return to exercise, return to work, return to family life

Vaginal Health 101

- No over-cleaning – avoid using soaps, avoid using washcloths and loofahs, avoid scrubbing
- Using water and a clean hand, gently flush front to back
- Always wipe front to back
- Avoid shaving or waxing inside the labial folds
- No thongs
Lubricants

- For during intercourse only
- To decrease friction and decrease pain
- Look at the ingredients
- Ask your PCP, oncologist for recommendations
- Examples: Yes Lube, Slippery Stuff, coconut oil

Vaginal Moisturizers

- Apply at night and wear a pad when you sleep, keep on overnight then gently wash with water in the morning
- 4-5x/week
- 1 hour prior to intercourse
- Not a lubricant
- Moisturizer → vaginal health
- Lubricant → intercourse

Vaginal Moisturizers

- Always look at the ingredients
- Ask your PCP, oncologist, physical therapist for recommendations
- The less ingredients, the better
- Examples: Yes VM, Hyalo Gyn
- This is a NON hormonal option for patient
Vaginal Moisturizers: The Evidence.

- Limited research shows no long term vaginal changes, only temporary / “transient” benefit (Biglia, 2010)
- Non-hormonal intra vaginal moisturizer is a safe and efficient therapeutic option for the improvement of vaginal dryness for postmenopausal women (Vale, 2019)

Vaginal Moisturizers: The Evidence.

- Low-dose vaginal estrogens or vaginal moisturizer in breast cancer survivors with urogenital atrophy: a preliminary study, Gynecological Endocrinology, 26:6, 404-412.

Vaginal Lidocaine

- To be applied by soaking a cotton ball in the lidocaine
- Place cotton ball at entrance to the vagina
- Leave for 10 minutes so the tissues become numb
- Proceed with vaginal intercourse or dilator program

Vaginal Lidocaine: The Evidence.

- Breast cancer survivors with menopausal dyspareunia (pain with intercourse) can have comfortable intercourse after applying liquid lidocaine compresses to the vulvar vestibule before penetration (Goetsch, 2015)
- In breast cancer survivors with dyspareunia, exquisite sensitivity was vestibular and reversible with aqueous lidocaine. Vaginal tenderness was rare despite severe atrophy (Goetsch, 2014)

Vaginal Lidocaine: The Evidence.

Very different than Hormone Replacement Therapy (HRT)
Low dose, the effect is local
Low risk for systemic absorption (evidence is later in presentation)
Should be part of the conversation with health care providers

Bring up symptoms with oncologist
Ask specifically about vaginal estrogen / topical hormone treatment
This is a 2-way discussion between the patient and their oncologist.
Vaginal estrogen / topical hormones are prescription only
Can be expensive and may not be covered with insurance
Consider “pharmacy shopping” especially with compounded or online pharmacies.

Do not use on the same nights as vaginal moisturizer
Frequency of application can vary
Usually every night for 2 weeks, then 2-3x/week
Applied by applicator or with fingers
Keep topical estrogen on overnight, then gently wash in the morning
Aromatase inhibitors (AI) are associated with significant urogenital atrophy, affecting quality of life and drug compliance.

Objective: To evaluate safety of intravaginal testosterone cream (IVT) or an estradiol-releasing vaginal ring in patient with early-stage breast cancer receiving an AI.

Conclusion: Treatment with a vaginal ring or IVT over 12 weeks met the safety standards. Vaginal atrophy, sexual interest, and sexual dysfunction were improved.


Hormone replacement therapies such as the intravaginal ring with a sustained-release estradiol-loaded core (Estring) have proven effective in improving patient compliance for symptomatic relief of atrophic vaginitis and in restoring normal vaginal pH and cytology without side effects of endometrial proliferation or a significant rise in systemic estradiol levels.

Recommended alternatives are estradiol tablets (Vagifem) and low doses of cream (Premarin).

Long term data is lacking

Must look at each patient as individuals and other non-hormonal treatments must be considered.


Pain and vaginal dryness in women without a history of breast cancer can usually be safely treated with vaginal estrogens, in the form of a cream, pessary or ring, and simple lubricants or vaginal moisturizers. Safe usage of vaginal estrogen replacement therapy in breast cancer patients has not been studied within randomized clinical trials of long duration.

Vaginal Hormones: Evidence & Discussion


Objective: To determine the association between use of vaginal estrogen and risk of a global index event (GIE), defined as time to first occurrence of coronary heart disease (CHD), invasive breast cancer, stroke, pulmonary embolism, hip fracture, colorectal cancer, endometrial cancer, or death from any cause.

Conclusion: The risks of cardiovascular disease and cancer were not elevated among postmenopausal women using vaginal estrogens, providing reassurance about the safety of treatment.


The important thing is not to stop questioning. Curiosity has its own reason for existing.
The Line of Communication...

As more women continue to survive diagnosis and treatment of breast cancer, sexual dysfunction disorders have become an evident challenge for patients among this population. Addressing sexual concerns is in turn becoming an apparent necessity in managing the care of patients with breast malignancies. Among the major challenges existing in clinical practice is the barrier to communication regarding such issues involving both the physician and patient. Identifying and developing treatment plans are essential in improving the quality of life in patients suffering from sexual dysfunction. (Boswell 2014)


Online Resources

- Will2Love.com
- Lbbc.org (living beyond breast cancer)
- Young Survivor Coalition
- Sexual Medicine Society of North America
- www.menopause.org - Has a fantastic “sexual health” module
- www.youtube.com: Sexuality and Breast Cancer (John Hopkins University)

Case Study #1

- 59 year old female
- Underwent bilateral mastectomy with left sided LND 5 years ago followed by radiation to the left chest wall
- No reconstruction
- Underwent a complete hysterectomy with bladder reconstruction 2 years ago secondary to pelvic prolapse and incontinence
- Widowed
- Goal: No current partner, but is hopeful to meet someone in the future and “wants to be ready.”
- Has dated both men and women in her past
Case Study #2

- 28 year old female
- Metastatic breast cancer patient
- Palliative care
- Childless
- Goal: To continue to participate in sexual intercourse with husband

Case Study #3

- 55 year old female
- Underwent chemotherapy, surgery, and radiation ~1 year ago
- Is now on Tamoxifen, planning on staying on it for 10 years
- Married to a male
- Husband has undergone a prostatectomy recently, is no longer able to get an erection
- Goal: To maintain intimacy and achieve orgasm

References
