

DURING AND AFTER TREATMENT

Sexual Dysfunction: Common Side Effect

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For sexual dysfunction, standards of care are based on emerging evidence-based practice.

Definition

- Sexuality is an integral part of quality of life that can be radically altered by the adverse effects of cancer therapies. Following treatment, sexual dysfunction can arise from physical and psychological changes in body image and self-concept, altered sense of attractiveness, physical discomfort, and emotional distress, diminishing overall quality of life (Carter et al., 2018; Sears et al., 2018). Therefore, identification and management of sexual dysfunction are vital components of survivorship care.

Risk Factors

- A variety of surgical, radiation therapy, hormonal therapy, and systemic cancer therapies can cause loss of function, chronic pain, disfigurement, leakage and odors, infertility, and hormonal changes, and can increase the risk of lasting sexual dysfunction in patients treated for cancer.
- These therapies include the following:
 - Surgeries that remove body parts (e.g., hysterectomy, oophorectomy, mastectomy, prostatectomy, colostomy, urostomy, tracheostomy, laryngectomy)
 - Radiation therapy to treat cancers in the pelvis or the head and neck (e.g., bladder, cervix, ovaries, vagina, uterus, prostate, colon, oral cavity)
 - Hormonal therapies to treat prostate cancer or hormone receptor-positive breast cancer
 - Chemotherapy agents that cause premature ovarian failure
 - Hematopoietic stem cell transplantation (Sears et al., 2018; Syrjala et al., 2021)

Incidence

- Estimates of overall prevalence rates of sexual difficulties associated with cancer and its treatment range from 40% to 100% (Carter et al., 2018).

Pathophysiology in Women

- Gynecologic surgeries, colorectal surgery, and pelvic radiation therapy can result in vaginal stenosis (narrowing and shortening of the vagina), vaginal atrophy, pelvic nerve damage, and changes in blood supply to the area, causing pain and

discomfort during sex (Albaugh et al., 2017; García-Rodríguez et al., 2021; National Cancer Institute, 2020).

- Chemotherapy agents can damage the ovaries by destroying ovarian follicles or the blood supply to the ovary, resulting in vaginal changes and temporary or permanent cessation of menses and infertility (Kaplan, 2018).
- Estrogen-depleting hormonal therapies for breast cancer, such as tamoxifen and aromatase inhibitors, lead to changes

PROVIDER RESOURCES

Oncofertility Consortium

Information for healthcare professionals

- <https://oncofertility.msu.edu/for-health-care-professionals>

Research Articles

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