

Breast-Cancer Treatment Robs Wife Of Sexual Desire

Dear Dr. Scantling: My wife, Jeannette, is an attractive, very young 47-year-old. She had a high interest in sex and was an "enthusiastic" partner before she was



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diagnosed with breast cancer last Thanksgiving. Since then she's had a mastectomy, complete hysterectomy, radiation and chemotherapy. She's also taking medication to block the rest of the estrogen in her body. Our problem is that she has lost

all of her sexual desire and has difficulty having orgasms. She's worried that she won't ever regain her interest. Is there anything we can do? — Robert C.

A: Many people who read your question might be asking, "How can they be thinking about sex at a time like this?" So the first thing I want to say is congratulations for not allowing your intimacy to be overshadowed by Jeannette's breast cancer — and for caring enough about her feelings to write on her behalf.

The short answer to your question is "yes." There are many things you can do to get things back on track.

But before you can improve sexual

desire and response, you need to heal. Not every woman (or partner) attaches the same degree of importance to the breasts (and uterus). For some women, these body parts are synonymous with sexuality and femininity. For others, they're relatively unrelated. There are women who immediately choose breast reconstruction, and those who prefer to go "au natural." Some miss the breast or nipple sensation they once had; others don't. Each person is different, so don't make assumptions.

You say that Jeannette is an "attractive, very young" 47-year-old. In what way has her perception of her own attractiveness changed? Or maybe it hasn't. Have you both talked about this issue? How has her cancer treatment affected you? It's not as obvious as one might think. Does she feel self-conscious when you touch her near or over her scar? How do you feel touching her body now? Do you make love with the lights on? What's her preference — and yours? Is she distracted by unpleasant thoughts that interfere with her pleasure and sexual responsiveness?

The construction of satisfying sexual functioning is complex. Discussion will not only heal, it will deepen intimacy. Sex involves sensory enjoyment, contact and connection, positive thoughts, feelings and pleasurable responses. It can be loving and erotic — physical and emotional. It affects individuals and the

relationship. But just because you've shared momentous passion in the past, doesn't mean you can have it whenever you choose. I know this is puzzling to many couples. Having a history of being "easily orgasmic" is a strength and a limitation. You think you have your sexual "formula" mastered, and then it stops working for some reason. It's as elusive as a butterfly. No wonder we get so frustrated and impatient when our sexual response gets diverted or blocked. And the more frustrated we become, the less likely we are to be turned on.

But let's be realistic — you've both gone through some hellish times in the last eight months.

Your wife has been propelled into surgical menopause overnight. Her estrogen and half of her testosterone has been shut down. She has less blood flowing to her genitals, more vaginal dryness, and less testosterone to fuel her sex drive. But this doesn't spell the end of orgasms; it just means you have to be a little more creative and patient with yourselves.

I know it's easier said than done, but forget the goal of achieving orgasms, and explore each other in new ways. Do whatever you need to do to bring play, fantasy and fun back into your relationship. Once you relax more and stress less, the orgasms will return when you least expect them.

And there's no need to suffer with

vaginal dryness. Because Jeannette no longer has ovaries, she isn't producing estrogen, so her clitoris may be less engorged, and she may feel less genital sensitivity. There are non-hormonal oral medications that have been found to be helpful with desire in some women.

Studies have shown that the anti-depressant, Wellbutrin (bupropion hydrochloride) may have "a pro-sexual effect" by increasing sexual desire. There have also been reports of improved blood flow in some women who take the PDE-5 inhibitors (Viagra, Levitra or Cialis). But these medications must be prescribed by your physician.

There are also several intravaginal estrogen products to help with vaginal dryness and thinning. I suggest you and Jeannette make an appointment to discuss your concerns with her physician or oncologist to determine which options are appropriate.

There are also nonhormonal lubricants (such as Astroglide), botanical oils (such as Zestra) and over-the-counter vaginal moisturizers (like Replens, Lubrin and K-Y "liquibeeds" ovule) available without prescription.

I will sometimes recommend that my patients use Vitamin E gel caps. I tell them to make a tiny hole in the capsule with a clean needle and place the entire capsule into the vagina. Remember that Vitamin E can stain your clothing. You can also put a little vitamin E on the

penis and use this as part of your warm-up time together.

But when all has been said and done, the most important sexual organ is the brain.

What you tell yourself about what it takes to have "great sex" creates your reality and your enthusiasm. Nothing in life stays static. There are ebbs and flows in all sexual relationships. Instead of comparing yourselves to the way it used to be, enjoy your experiences today. Discover new sensitivities, focus on what feels good, take your time and, above all, be patient with yourselves.

"Grow old with me, the best is yet to be ..." — Robert Browning

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