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# Improving Sexual Function Using a Multidisciplinary Approach for a Breast Cancer Survivor: A Case Report

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## Background and Purpose

Sixty five to 77.4 percent of pre-menopausal women report sexual dysfunction after breast cancer treatment. Changes in genital function and libido interruption create the sexual complaint. Superior outcomes result when a multidisciplinary approach addresses these problems simultaneously. This poster describes the outcomes for one patient treated with this approach.



## Case Description

The patient is a 39 year old female with right breast cancer, mastectomy, tram-flap reconstruction, anykalating chemotherapy, and Tamoxifen. Chemical ablation of her ovaries resulted in premature menopause, vaginal dryness and dyspareunia. She became disinterested in and avoided sex, causing marital discord.

## Diagnoses

### • Hypoactive sexual desire disorder

- The patient reported never thinking about sex, a complete absence of sexual fantasies and attempted to avoid her partner's overtures.
- Distress associated with guilt and a sense of loss of normalcy of sexual function given her young age pervaded her thoughts.

### • Dyspareunia

- The patient reported severe pain with attempts at vaginal penetration, even after lubrication issues were addressed.



## Goals

Psychotherapy	Physical Therapy
1. Re-establish the positive feedback loop that maintains libido	1. Reduce vaginal pain with penetration
2. Transition from preference for the old body image to preference for the new body image	2. Reduce back pain
3. Renegotiate relational dynamic to improve motivation and interrupt sexual avoidance	3. Obtain independence in self-care strategies

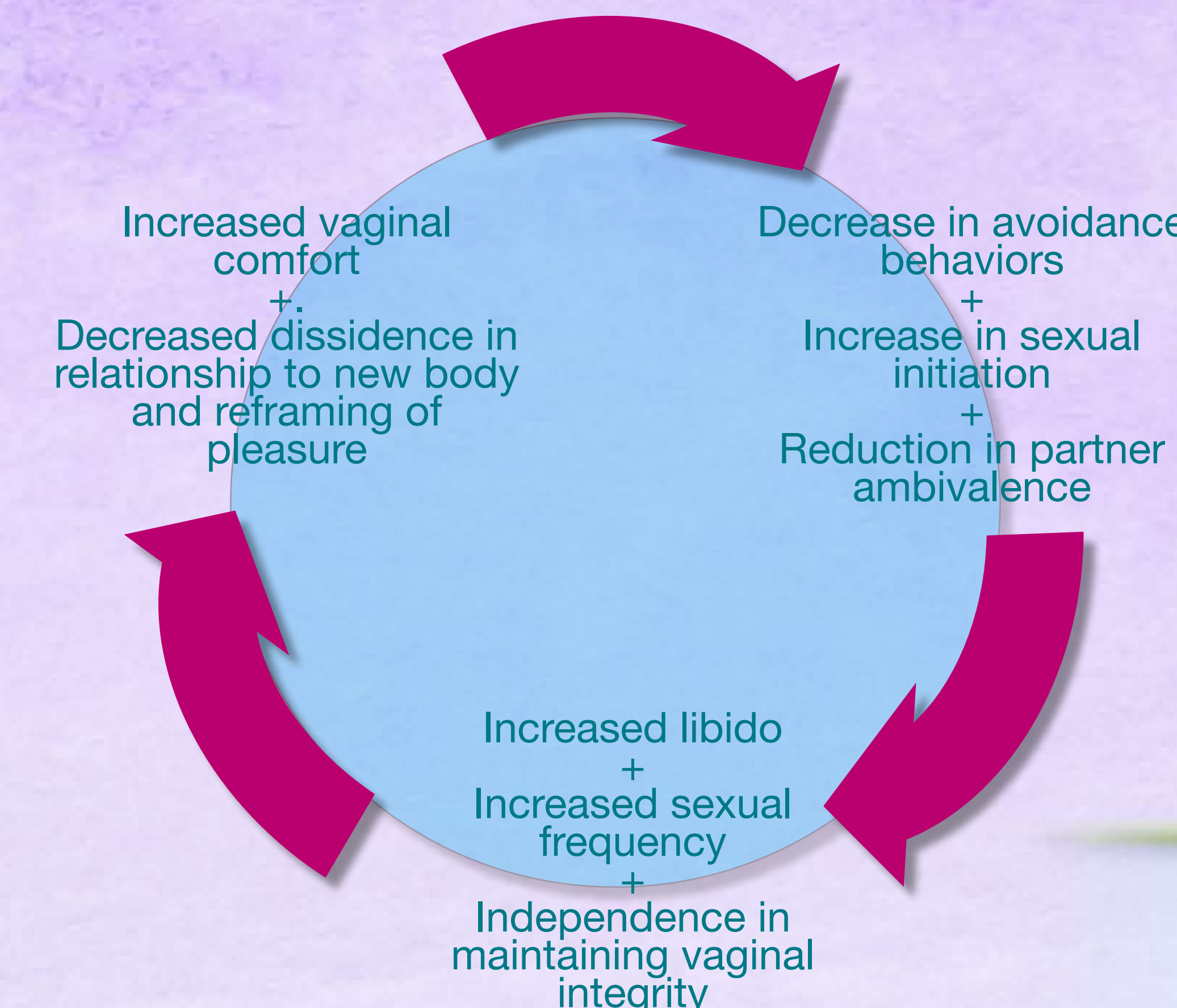
## Treatment

Psychotherapy	Physical Therapy
1. Cognitive restructuring combined with progressive exposure to novelty and step-wise behavioral training to re-establish libido, improve motivation and interrupt avoidance.	1. Pelvic floor manual therapy
2. Art, movement and touch interventions designed to revise felt experience of the body.	2. Relaxation training
	3. Home exercise program for lumbar stretching
	4. Self care education in use of vaginal dilators

## Outcomes

Patient attended 10 psychotherapy and 9 physical therapy sessions in 6 months.

- 50% greater comfort with her new body
- Improved desire
- Initiated approximately 30% of her sexual encounters
- Gained effective coping strategies for managing feelings of resentment, for improved sexual interest
- Independent in pelvic floor muscle stretching manually and with use of dilators, with and without spouse assist
- Reduced back pain and pain-free intercourse



## Discussion

- Women with sexual dysfunction following breast cancer treatment benefit from a multidisciplinary approach
- Concurrently addressing somatic pain generators and psychological avoidance behaviors enhanced recovery for this patient
- Intermittent physical therapy treatment throughout several months empowers a patient to actively participate in her recovery
- Treatment of low back pain may be necessary when promoting pelvic floor and total body relaxation for pain-free sexual intercourse
- Given the volume of breast cancer patients, a small minority receive sexual counseling or pelvic physical therapy services
- Many patients following cancer treatment may be reluctant to discuss or ask for professional care in recovering their sexual health

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