

19. Provision of Sexual

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Provision of Sexual Medicine Services During the Coronavirus Disease-2019 Pandemic: An Asia Pacific Society of Sexual Medicine Position Statement



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ABSTRACT

The coronavirus disease-2019 (COVID-19) pandemic has caused an unprecedented healthcare crisis with various governmental healthcare policies enforced to redirect medical prioritization and minimize the spread of COVID-19 infection. Recognizing that the COVID-19 crisis will be protracted, it is important that clinicians and the healthcare industry continue to adapt existing resources and review contingency plan amidst this uncertain and difficult times. The Asia Pacific Society of Sexual Medicine supports ongoing precautionary healthcare measures implemented by various institutions and governmental policies to contain and eliminate COVID-19 infection. Clinicians are encouraged to modify and adapt various strategies that will continue to provide, support, and treat sexual health-related conditions in a safe and efficient manner. **Chung E, Jiann BP, Nagao L, et al. Provision of Sexual Medicine Services During the Coronavirus Disease-2019 Pandemic: An Asia Pacific Society of Sexual Medicine Position Statement. J Sex Med 2020;8:325–326.**

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Key Words: Sexual Medicine; COVID-19; Safety; Telehealth; Webinar

The coronavirus disease-2019 (COVID-19) pandemic has caused an unprecedented crisis to the world and places considerable stress on global healthcare systems in modern medical history. Various governmental policies such as strict measures of social distancing, the lockdown of non-essential services, and redirection of healthcare prioritization aim to minimise the spread of COVID-19 infection and hopefully, flatten the curve.

Sexual medicine, a specialty that deals with human sexuality and relevant areas of sexual health-related conditions, is traditionally viewed as elective in nature and has experienced a significant reduction in clinical services during this pandemic. Valued healthcare resources have been diverted to frontline services such as emergency and intensive care services, with suspension and cancellation of non-critical elective surgeries continue to pose

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significant challenges to maintain relatively non-acute sexual medicine services. Nonetheless, these so-called “non-urgent” sexual health-related conditions can have significant adverse impacts on various quality of life domains, mental state, and economic burden. With social restriction, increased barriers to access the healthcare system, and loss of income, this can exacerbate the stressors faced by many patients. Recognizing that the COVID-19 crisis will be protracted, it is important that clinicians and the healthcare industry continue to adapt existing resources and review contingency plan amidst this uncertain and difficult times.

In times of great uncertainty, patients with multiple medical comorbidities and the elderly are more likely to be affected by COVID-19 infection and faced with the prospect of higher mortality. Presently, the coronavirus spreads primarily through respiratory droplets although detection of viral RNA in faeces, urine, semen or vaginal fluids has been reported. Patients should be encouraged to seek early help to avoid any missed diagnosis, minimise disease progression, and further delay in treatment. Active communication with patients remains essential to update them on the changes in their outpatient visits, surgeries, and medications. Patients' fears require even more allaying, reassuring them that their care remains utmost importance. During this rapidly evolving situation, the implementation of various healthcare measures may vary between institutions, cities, and countries, and it remains pivotal to modify and adapt these changes as required. It is important to maintain effective healthcare service access while minimising the exposure and spread of COVID-19 disease.

Various guidelines have largely recommended regarding postponement of the vast majority of sexual medicine services. Alternative strategies may be put in place as temporary treatment, and those with urgent surgery remain eligible and can continue to be performed by adhering to local institution guideline. It is important that clinicians continue to review each case based on its merits and for patients to contact clinicians if they are concerned. The treatment plan should be individualized, and this clinical care planning process involves shared discussion and decision-making between the clinician and patient (and family/carer) based on clinical evidence that balances risks, expected outcomes, and available resources with patient preferences and expectations.

Key action recommendations include the following:

1. Telehealth services in countries where telemedicine services are legally applicable—telephone or video call when appropriate for consultations between clinicians and patients
2. Online educational webinar and other social media platforms to inform and educate patients
3. Recategorization of surgical cases to prioritize more urgent andrology cases and classify certain procedures into low or high risk based on intensive care unit capabilities

4. Adopt a pragmatic approach and optimize medical therapy to avoid the need for surgery
5. Regular discussion with colleagues regarding how long treatments can be deferred and how to redefine treatment options and timing
6. Maintain strict personal protective equipment coverage and adherence to local infectious disease guideline when dealing with potential patients with COVID-19

The Asia Pacific Society of Sexual Medicine supports ongoing precautionary measures implemented by various institutions and governmental policies to contain and eliminate COVID-19 infection. Clinicians are encouraged to modify and adapt various strategies that will continue to provide, support, and treat sexual health-related conditions in a safe and efficient manner.

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