

NZNO STOMA THERAPY NURSES
CONFERENCE
CHRISTCHURCH OCTOBER 2016
SELF IMAGE & SEXUALITY

Presented By: Jan Burns

Sexual Therapist

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PRESENTATION OVERVIEW

- Role of Sexual Therapist
 - The impact of Ostomy surgery on your patient – physically & psychologically
 - Create a Toolbox
 - ED Therapies - briefly
 - Questions
-
- I am NOT a Stoma nurse – please feel free to correct me or accept my errors

SEXUAL THERAPIST

- Practice “Solution Focused Therapy”
- A cross between a physical therapist & a Sexual Therapist
- Full assessment – medical, surgical, sexual and psychological history if indicated
- Screen labs
- Implement treatment plan – ED therapies, counselling...
- Re-assess and tweak treatment plans - ongoing
- Phone consultations
- Nurse information/support is always free – just email
- jan@urobop.co.nz or phone 0212450766

INITIAL REACTIONS.....

- 1. Everyone will look at me differently, they can see my pouch through my clothing....
- 2. My partner will no longer find me attractive, in fact, he/she will look at me with horror..... no one will ever desire me again...
- Even if I were intimate, what if my bag bursts, or there is an odour...

PSYCHOSOCIAL ISSUES


- A patient's reaction to diversion surgery varies from one to another
- To some it's a major problem, to others, a challenge
- Where one finds it devastating, another considers the surgery life-saving
- Fear of loss/facing any loss is difficult – prior to surgery, patients wonder:
 1. What am I giving up by having this surgery?
 2. Is there any gain?
 3. How changed will I be?

RELATIONSHIP CONCERNS

- Patients fear their social role will change & others may not accept them as in the past
- One of the early concerns is always, how to tell others, who to tell & when to tell others
- Patients should be taught to explain their surgery with a few brief statements such as – “an ostomy is a surgical procedure for bowel (or bladder) diversion”
- They should understand that they do not have to tell everyone, can be selective about who & how much to tell and when
- Returning to work may present challenges around restrooms, feelings of being ‘watched”
- Employability & insurability are issues for some patients

SEXUAL DYSFUNCTION

- Female ostomates suffer varying levels of SD. Any women treated with radiation or chemotherapy will experience intense fatigue, radiation burn, nausea, vomiting, loss of body hair & often flicked into early menopause which brings its own set of problems
- Often recovering from surgery, they then have to deal with symptoms of significant loss or no desire, lack of libido, dry vagina, scaring, bloating from steroids, persistent overwhelming fatigue, adapting to applying appliances

- 
- Male ostomates deal with the same symptoms of radiation and chemotherapy, radiation burn, loss of libido, extreme fatigue along with erectile dysfunction
 - For a male, this is often the final blow and affects their confidence, self esteem and they feel like they will never be “manly” again. Social withdrawal is seen more often in men than women and they can spend years “just dealing with it”

FEMALE SD THAT MAY OCCUR FOLLOWING SURGERY

- Vaginal dryness – increased infection rates
- Altered vaginal sensation – often feels too small or too tight
- Difficulty in achieving orgasm
- Loss of desire or libido - sometimes
- Vaginal pain with removal of the rectum – nerve pathway
- Altered body perception
- Social avoidance – couple avoidance
- Emotional distress – guilt, sadness, depression,

MALE SD THAT MAY OCCUR FOLLOWING SURGERY

- Erectile dysfunction – unable to achieve or sustain an erection
- Orgasmic dysfunction – inability to have an orgasm, or lessening of quality and intensity
- Ejaculatory incompetence – unable to ejaculate
- Sterility – Inability to produce sperm or impregnate a female
- Altered body perception
- Social avoidance – loss of intimacy
- Emotional distress, feelings of guilt, feelings of being “weak”, loss of income earning power is significant

TOOLBOX

- **COMMUNICATION**

- Enhance communication through developing good communication skills that are effective & proactive – giving patients these tools
- Patients may fail to mention concerns if they feel nothing can be done – look for the indicators
- Be proactive in broaching the subject of SD – remember patients **WANT** you to ask
- Use open ended questions.....
- Adapt PLISSIT Model....

PLISSIT

- **P** – Permission – Make clear to the patient you are prepared to listen & are open to discussion
- **L I** – Limited Information – cant always provide ALL information immediately, sometimes a certain amount is enough for now rather than overwhelming
- **SS** – Specific Suggestion – After providing limited information, now is the opportunity to specific presenting problems
- **IT** – Intensive Therapy – Refer on to specific support services

PLISSIT

PLISSIT Model of Addressing Sexual Functioning (Annon, 1974)



COMMUNICATION...

- ▶ Developing good communication skills are critical to be effective and proactive – ethical component
- ▶ Personalities and your own sexual beliefs can be inhibiting, but the use of simple techniques can assist communication
- ▶ Some patients will want to be fully informed, whilst others are content to let life happen (Benidorm syndrome)
- ▶ Care is required with this latter group to strike the right balance of information and advice without assuming responsibility for decisions that the patient should be making
- ▶ Patients may fail to mention concerns or problems if they feel nothing can be done

EXAMPLES OF QUESTIONS BROACHING THE SUBJECT OF SEXUAL DYSFUNCTION

Routine Questioning

“I always ask whether patients are having any sexual concerns or relationship problems around your type of surgery. Your sexual health is an important part of your life, and sometimes your type of surgery can affect your sexuality. Have you any concerns you would like to discuss? How has your relationship been lately?”

Generalising

“Patients with stoma devices often experience sexual difficulties such as loss of desire, fear of stoma injury, fear of body odour or problems regaining an intimate relationship. How have you been affected?” or...

Tell me how this has affected you?

or

Has this been a concern for you?

or

Would you like to talk about any concerns?

Normalising

“When a man receives a diagnosis of bowel cancer resulting in surgery requiring a stoma, it’s very normal for him to have concerns about how this surgery or the use of a stoma appliance will affect his sex life. What concerns or worries do you have?”

“Many of my patients have concerns about their sex life following surgery, its not uncommon, what are your concerns?”



Use Open Ended Questions

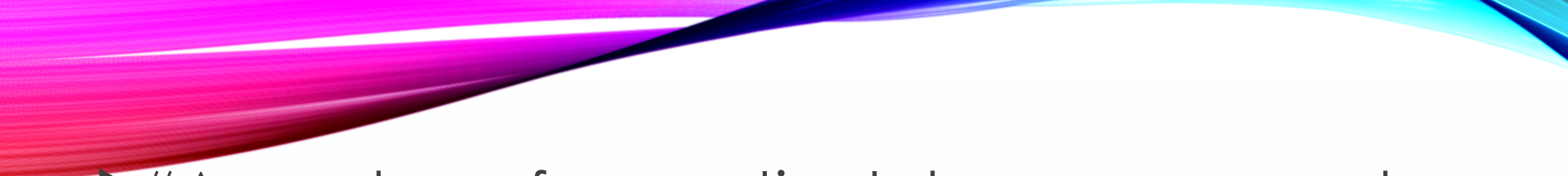
“Since your surgery, what kinds of sexual problems or concerns have you had?”

“What happens when you and your partner try to make love?”

“How is your new lifestyle with your stoma affecting your relationship?”

“Do you know how to access help for any sexual difficulties you may experience?”

“Have you thought about talking with your GP about trying oral medications that may be useful?”

- 
- ▶ “A number of my patients have expressed concern about..... is this a concern for you?...or does this worry you?”
 - ▶ This serves the purpose of providing an invitation or opening for patient comment without actually implying that there is actually a problem
 - ▶ It also indicates that should the patient have such a problem, that they are not alone nor unique

PROMOTING GOOD COMMUNICATION

- ▶ Respect confidentiality – maintain your own
- ▶ Introduce yourself to the patient & define your role – establishes confidence
- ▶ Use words the patient will understand
- ▶ Ensure patients can actually hear what you are saying – be aware of deaf or dysphasic patients
- ▶ Help patients focus on their current concerns – you want them to summarise their main concerns
- ▶ Try to assess how problems are affecting patients
- ▶ Try to see problems from the patients point of view

CONTINUATION MESSAGES....

Once you have a patient engaged in discussing their concerns, learn to use continuation messages such as.....

- “How did this change affect you...?”
- “How did your partner react/cope”?
- “This must be very worrying, lets talk about....”
- “Tell me more about these concerns...”
- “Please tell me more...”
- “I can see this is important, can we talk about this....”

IMPORTANT...

- ▶ Do not dominate
- ▶ Admit not knowing & offer to find out
- ▶ Communicate slowly – interrupt with care
- ▶ Encourage the patient from time to time using the continuation messages
- ▶ Accentuate the positive
- ▶ Use direct or leading questions
- ▶ Explain potentially offensive questions
- ▶ Pick up on verbal clues – be realistic with information
- ▶ Use of body language – facial expressions can convey attitudes – gay community
- ▶ Try to confirm the patients understanding
- ▶ Invite feedback at the time or suggest writing notes

REGAINING INTIMACY

- Encourage sharing of thoughts & concerns with partners – keep sleeping arrangements the same, bedtime routines the same
- Teach ostomy cares to both partners, helps to eliminate fears & promotes “normalizing”
- Deal with the symptoms of chemo/radiation – use of lubricants, vaginal dilators etc.
- Introduce intimate apparel – men and women
- Teaching preparation – use of caps, diet, anticipating.
- Treat sexual dysfunction & low libido
- Positioning for intimacy – “spooning” is great
- Promote kissing, cuddling, sniffing, licking, holding, skin on skin....

INTIMATE APPAREL

Listed below are some of our most popular styles for men and women. Please visit our website, www.ostomysecrets.com to view our full line of undergarments and apparel.

Women's Styles



ALLURE PANTY
\$29.99

Minimizer with
Leak-Proof™
Seam. Sizes XS - 3XL.
Colors:



CLASSIC PANTY
\$24.99

Available in Cotton or
Microfiber.
Sizes XS - 3XL.
Colors:



WOMEN'S SWIM BOTTOM
\$49.99

Perfect for the pool or beach.
Sizes XS - 3XL.
Colors:

Men's Styles



MEN'S BOXER BRIEF
\$24.99

Customized you blend.
Sizes XS - 3XL.
Colors:



MEN'S CLASSIC BRIEF
\$24.99

Customized you blend.
Sizes XS - 3XL.
Colors:



MEN'S SWIM TRUNK
\$49.99

Perfect for the pool or beach.
Sizes XS - 3XL.
Colors:

Wraps



CLASSIC WRAP
\$29.99

Great for everyday or special
occasions. Sizes XS - 3XL.
Colors:



SWIM WRAP
\$34.99

Perfect for the pool or beach.
Sizes XS - 3XL.
Colors:



INTIMACY WRAP
\$39.99

Great for intimate moments.
Sizes XS - 3XL.
Colors:

Live Life Sting Free!

Our SensiCare™ Sting Free™ line is designed to protect you from the irritation of adhesives, stoma waste and friction. Plus, for those with an itchy or irritated skin, our DiaperCare™ Gel Cream Soak and Skin Soak Creams reduce itching and soothe your skin. Free with your first order.



Product	Size	Price
SensiCare™ Sting Free Adhesive Barrier Spray	50ml	\$14.95
SensiCare™ Sting Free Adhesive Barrier Wipes	30ct	\$16.95
SensiCare™ Sting Free Skin Barrier Wipes	30ct	\$19.95
SensiCare™ Sting Free Skin Barrier Cream	50ml	\$14.95
DiaperCare™ Gel Cream Soak / AfterCare™ Cream Cream	120ml	\$49.95

OSTO *mysecrets*
Flatter me.



Discover ostomy underwear as
beautiful as it is powerful, concealing
and supporting your ostomy pouch.
Only revealing the real you.

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A full line of stylish and functional underwear, swimwear and accessories designed to support your ostomy system. Available for men and women, in a range of fresh colors, fantastic fabrics and endless style to meet your every day, intimate and athletic needs.

"I'm a wife. I'm a mother.
And I have an ostomy."



Underwear designer rugay after suffering with Crohn's Disease for 10 years. The desire to regain control of my life and help others do the same, inspired me to design and develop Ostomysecrets. What was the last time you forget you had an ostomy? For me, it's every time I wear Ostomysecrets. These undergarments give me a new sense of confidence and freedom. Join me in feeling confident and free!

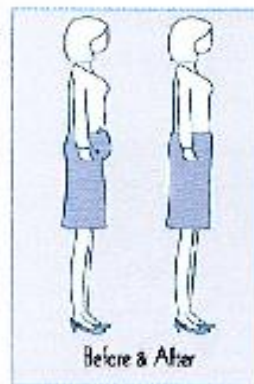
Sincerely,

Lisa Becker

Founder of Ostomysecrets

OUR SECRET? OUR SECURE INNER POCKET.

Experience a new sense of freedom!



- Keeps ostomy pouch supported & flat
- Reduces friction between the pouch & your skin
- Supports the weight of the pouch as it fills
- Prevents pouch from 'swinging'

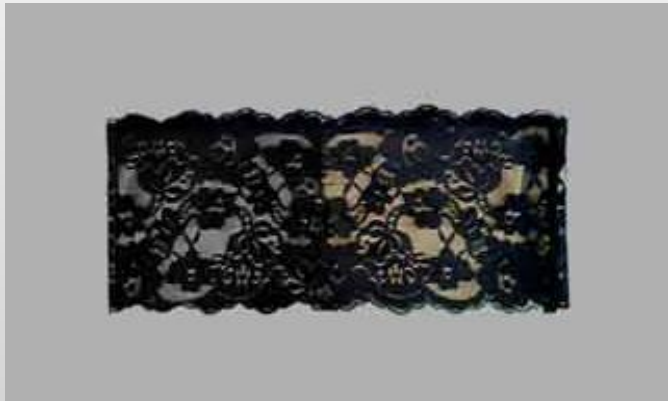
Fit Guide

Size	XXS	XS	S	M	L	XL	2XL	3XL	
Women's Brief	25-27"	26-28"	28-30"	30-34"	34-38"	40-44"	44-48"	48-50"	Use for Swim, Sleep, Classic Wrap, & Laser Wrap
Women's Briefs	29-32"	32-35"	36-38"	39-41"	42-44"	45-47"	48-50"	51-53"	Use for Swim, Sleep, Classic Wrap, Bottoms & Laser Wraps
Men's Brief	33-35"	36-38"	39-40"	41-44"	45-48"	49-49"	44-46"	48-50"	Use for Men's Underwear, Swim Bottoms, Classic Wrap & Laser Wraps

Look good on the
outside, feel good
on the inside.



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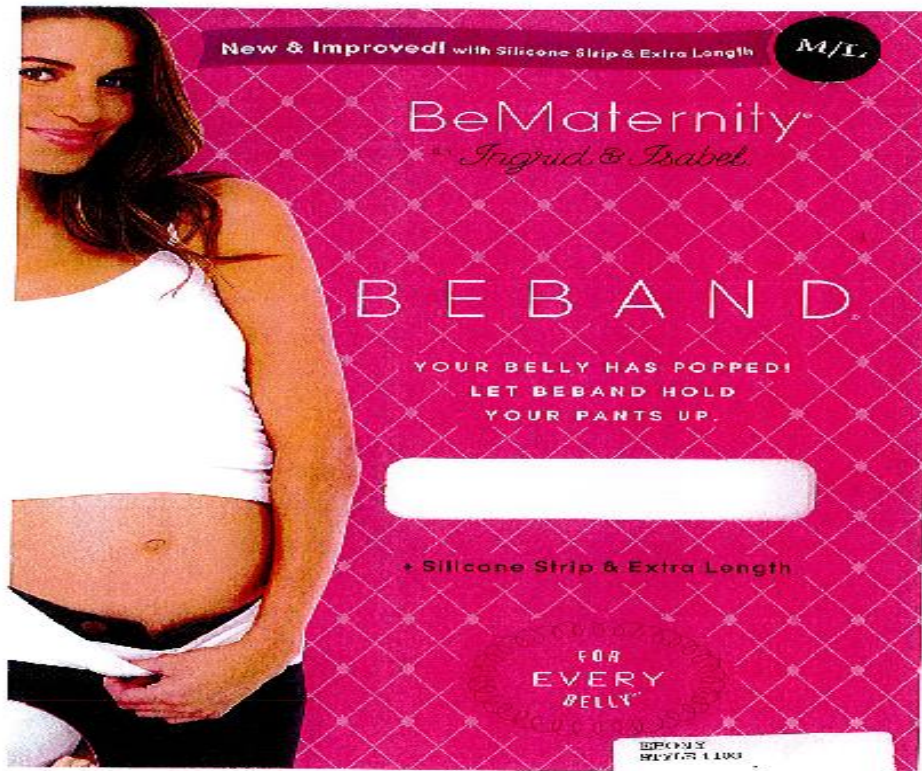


SPLIT PANTIES





B BAND – MAKE YOUR OWN

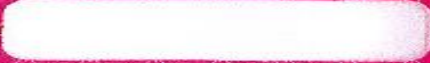


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YOUR PANTS UP.



+ Silicone Strip & Extra Length

FOR
EVERY
BELLY™

BECKY
SWEET LINE

OSTOMY CAPS



OSTOMY COVERS



SEXUAL DYSFUNCTION TREATMENTS

- Oral mediations – Viagra/ Cialis/Levitra – male and female
- Testosterone for loss of libido – male & female
- Vaginal lubricants – ovestin/oestrogen cream
- Hormone replacement therapy - females
- Penile injections
- Vacuum device
- Penile implants
- Natural therapies – ignite/excite/horny goat weed

ORAL MEDICATIONS



CORRECT EDUCATION FOR USE..

- Food and alcohol considerations – empty stomach always best – 2 hours after eating
- Cannot be taken with nitrates
- Erotic thoughts required
- Manual stimulation
- Can be expensive - \$15/4 tabs to \$115/4tabs
- Need to find the right one – best outcome, less drug
- Patient to do medication trial



HORMONE THERAPY FOR LOW LIBIDO

- Basic bloods and hormone screen required
- Men – PSA and Testosterone level monitoring required
- Women – check for history of breast cancer – regular check of hormone status – specialist clearance
- Various products – creams, gels, patches, tablets, injections, implants
- DHEA and Testosterone Gel
- Price range varies - \$90 - \$130 from 1 to 3 months

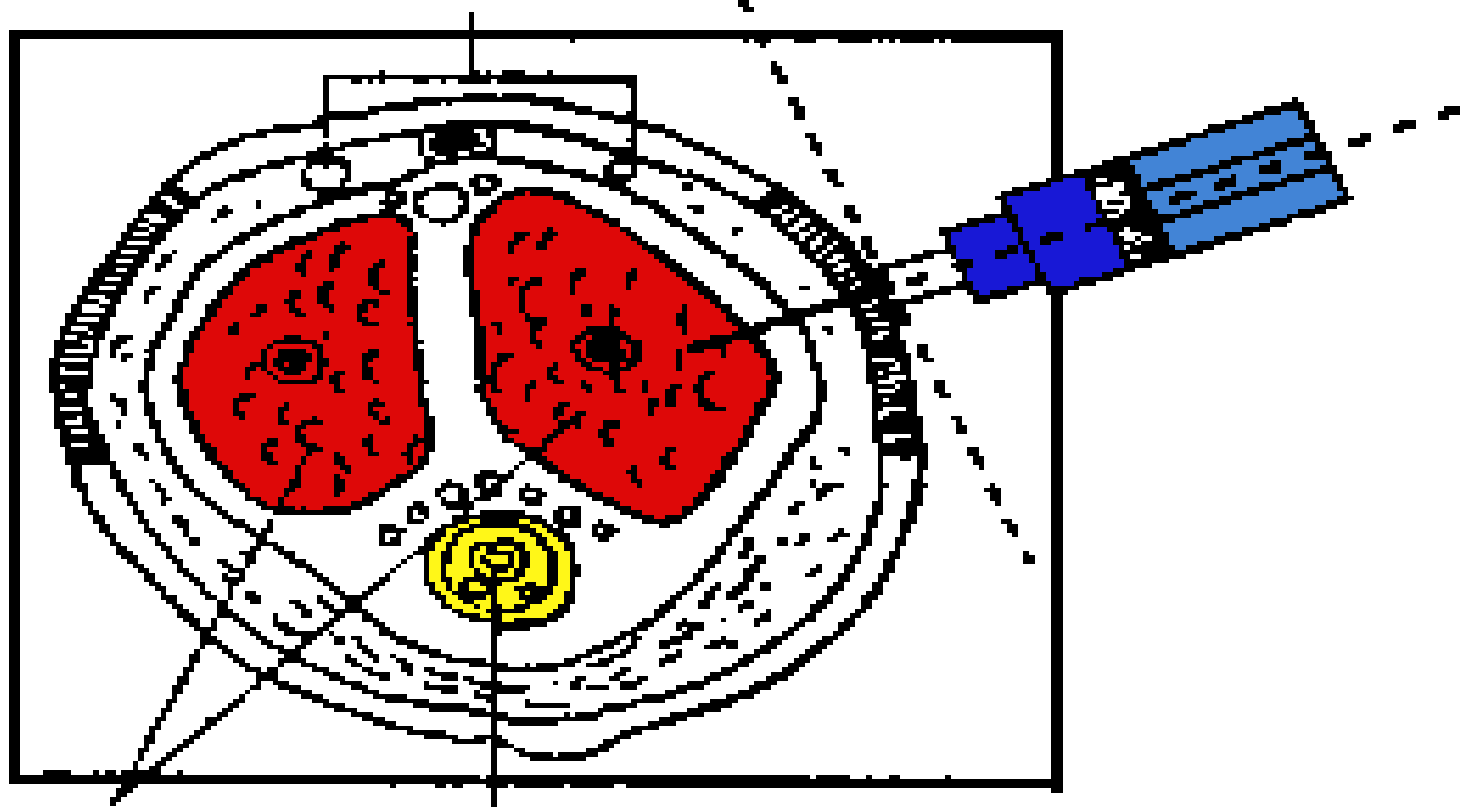
PENILE INJECTIONS

- Safe – organ confined
- Relatively inexpensive – \$130/10mls – 30 shots
- Custom made mixes
- Manual dexterity required
- Good eyesight helps!
- Visual impact for a male to overcome
- Partners can be taught to inject males
- Side effect of priapism if used incorrectly



INTRACAVERNOSAL INJECTIONS

Veins
arteries
nerves



Corpora
cavernosa

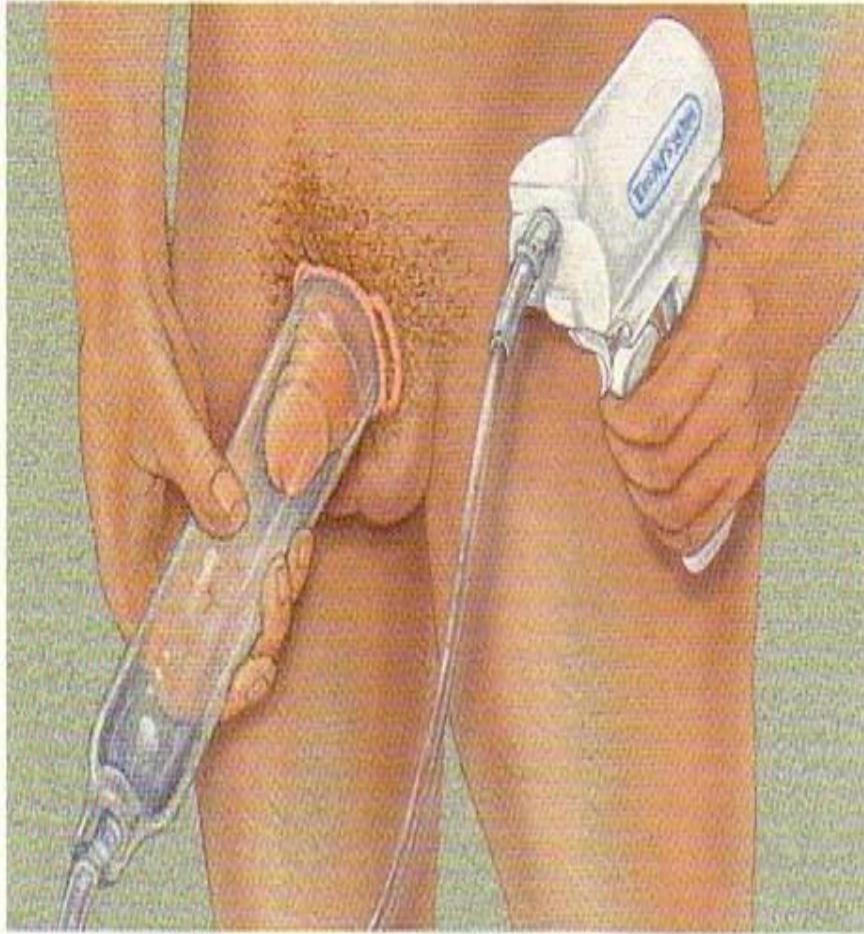
Urethra



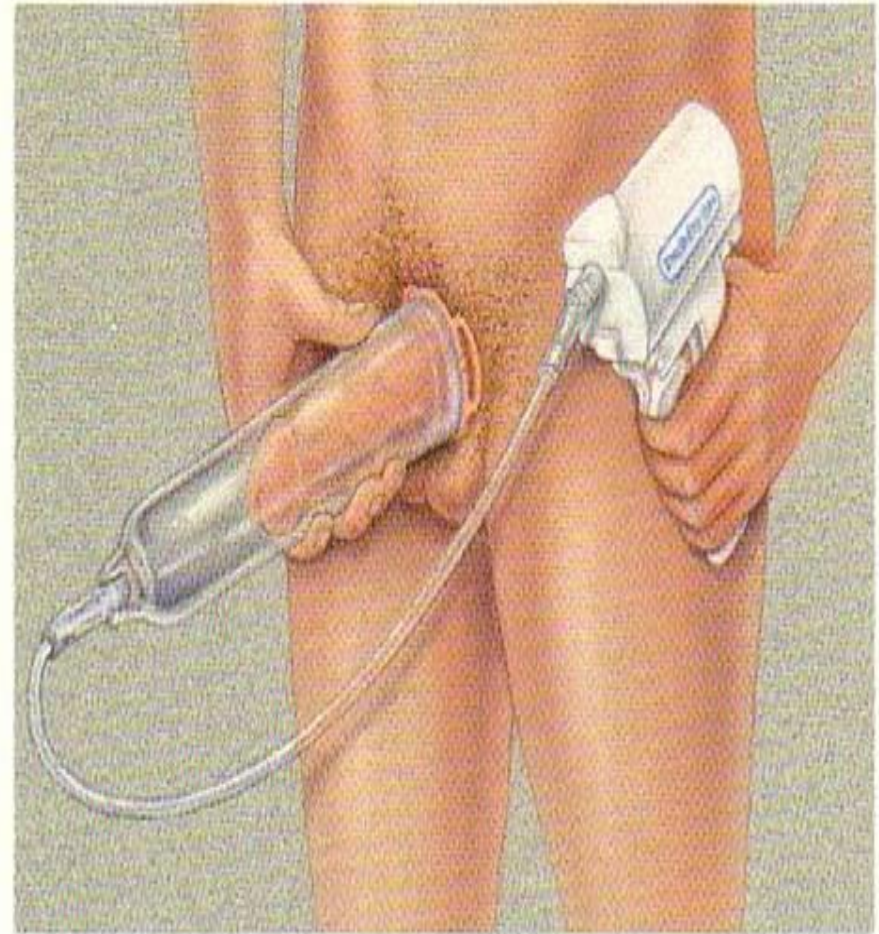
VACUUM DEVICE

- Price ranges from cheap to expensive
- No ongoing costs
- Manual dexterity required
- Good eyesight helps
- Need to find right size tension ring
- Not on a first date!
- Ring not on for more than an hour

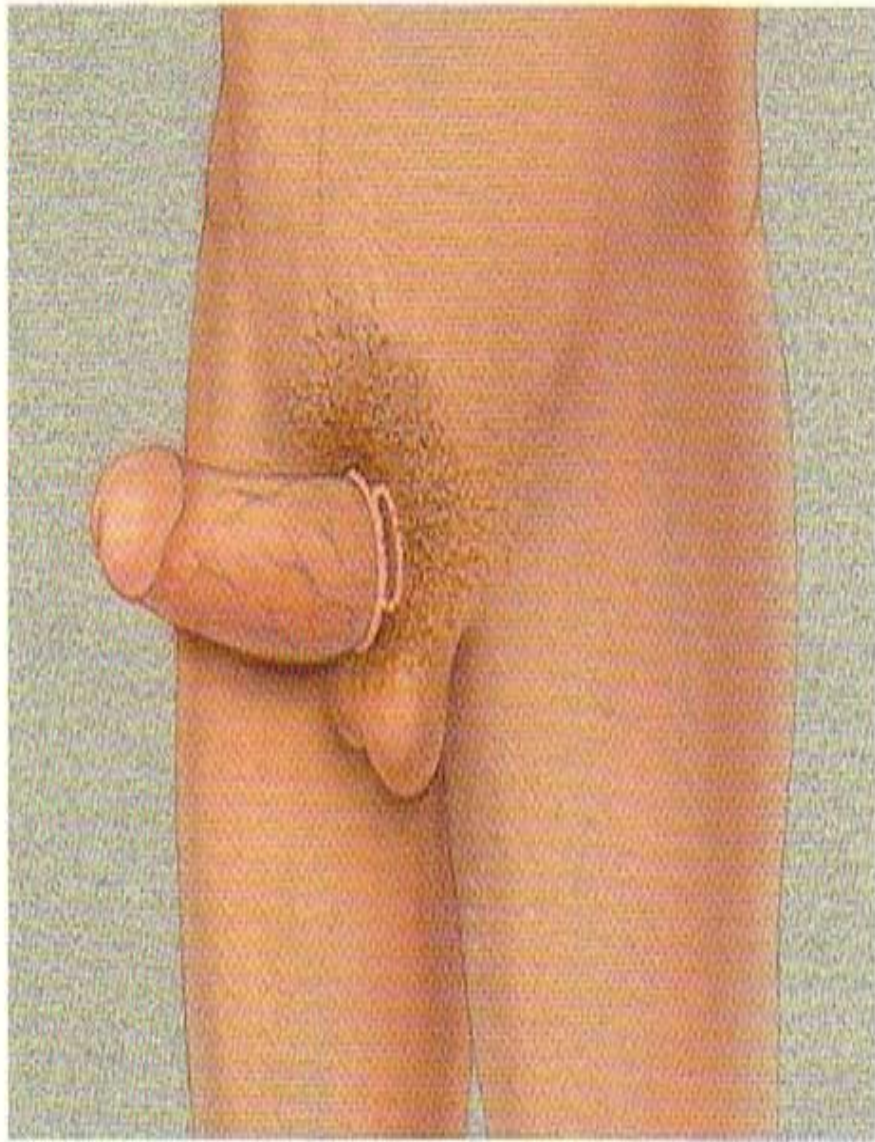
VACUUM DEVICE



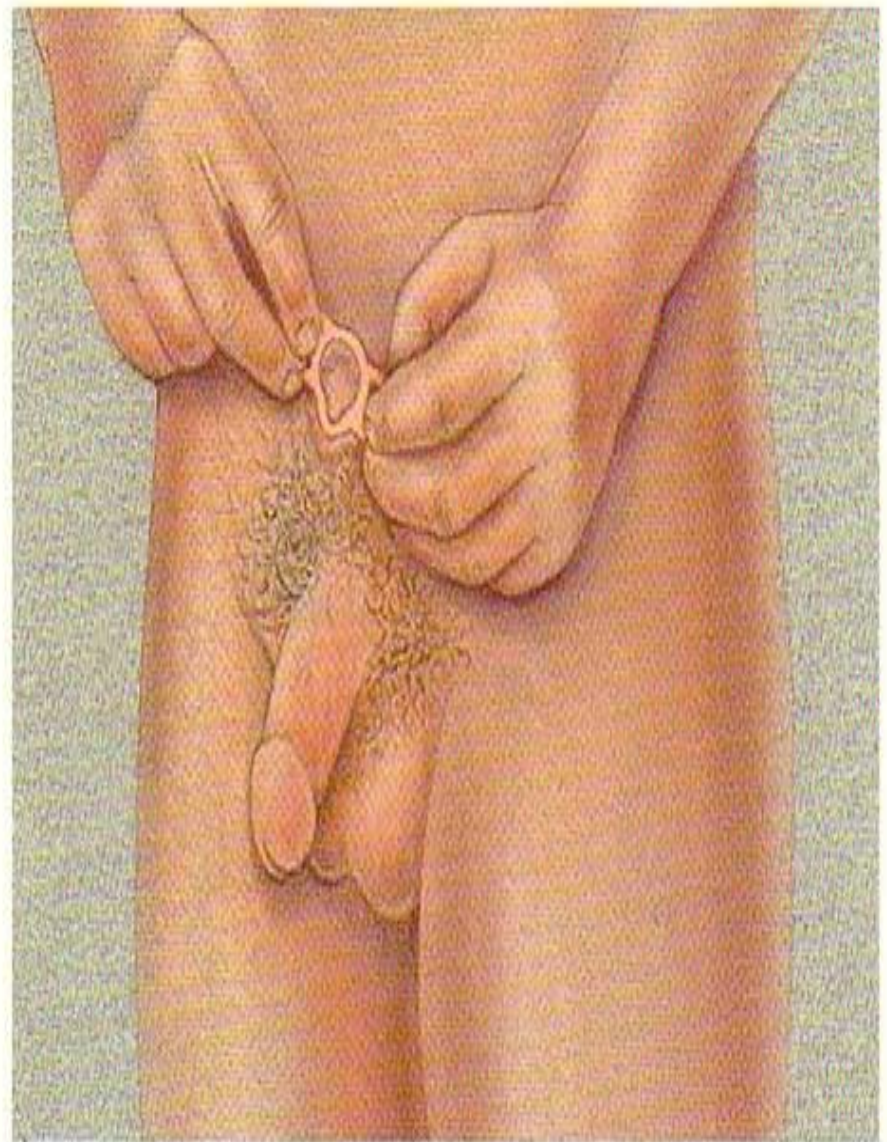
- 1 Cylinder placed over penis.
Tension ring on open end of cylinder.



- 2 Negative pressure (vacuum) created.
Vascular engorgement occurs.



3 Fully engorged penis.
Tension ring maintains erection.



4 Tension ring removed.
Penis returns to flaccid state.

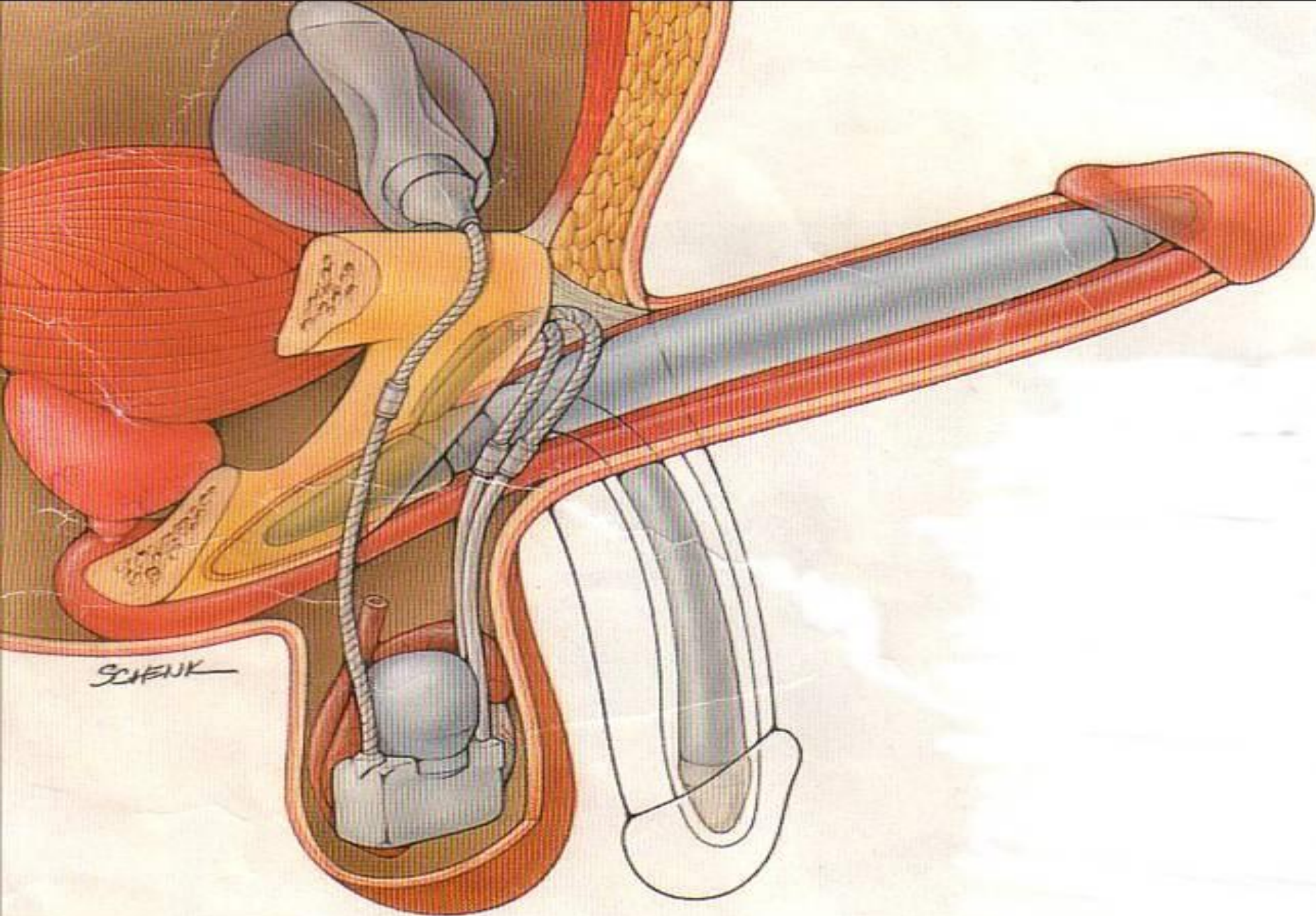
PENILE IMPLANTS

- Expensive unless covered by insurance
- Lifetime guarantee – implant, not user!
- Rolls Royce of ED therapy
- Overnight surgery – usual post op risks
- Final option – if removed no other ED therapy can be used
- Trigger is through cube in scrotum - education

PENILE IMPLANT



Now Preconnected



**AMS 700CX™ Inflatable
Penile Prosthesis**

PATIENT SUPPORT

- Join a local support group, ostomates group, or form one – contact cancer centre for contacts
- Cancer Society has dedicated staff & many resources, contacts & suggestions
- Join on-line support groups or forums, particularly around clothing, foods, problems & solutions
- Look good Feel Good
- 4Meunderwear (AUS)
- www.intimatemomentsapparel.com
- info@betweenyouandme.com.au
- info@ostomysecrets.com
- Prettylittlecurls – stoma caps
- Peaches and Cream – lingerie & products
- PJUR – lubricant – internet based

NURSES

- Collect and maintain resources around stoma therapy for your area, region, NZ - network
- Create a list/folder of local appropriate counsellors, therapists, internet based sites, library books, volunteers (massage/make up/beauticians) drug company resources
- Research – current trends, new products
- Become the nurse with an interest in stoma therapy – not everyone is a stoma therapist
- Regular interest group meetings – case studies, problem solving, peer support...

Q & A

