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

Karen Snowden PT, DPT, WCS
Lehigh Valley Health Network, Karen.Snowden@lvhn.org

Carole Moretz PsyD, MSN
Lehigh Valley Health Network, Carole.Moretz@lvhn.org

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

Karen Snowden, PT, DPT, WCS; Carole Moretz, PsyD, MSN  
Lehigh Valley Health Network, Allentown, Pennsylvania

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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.

**Treatment**

<table>
<thead>
<tr>
<th>Psytherapy</th>
<th>Physical Therapy</th>
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<tbody>
<tr>
<td>1. Cognitive restructuring combined with progressive exposure to novelty and stop- step behavioral training to re-establish libido, improve motivation and interrupt avoidance.</td>
<td>1. Pelvic floor manual therapy Training</td>
</tr>
<tr>
<td>2. Art, movement and touch interventions designed to evoke feelings of the body.</td>
<td>2. Relaxation training</td>
</tr>
<tr>
<td>3. Renegotiate relational dynamic to improve motivation and interrupt sexual avoidance</td>
<td>3. Home exercise program for lumbar stretching</td>
</tr>
<tr>
<td>4. Self care education in use of vaginal dilators</td>
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</tr>
</tbody>
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**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 reinstatement, 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

**Goals**

- Re-establish the positive feedback loop that translates libido
- Transition to preference for the old body image to preference for the new body image
- Renegotiate relational dynamic to improve motivation and interrupt sexual avoidance
- Obtain independence in self-care strategies

**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

**References:**