Female sexual dysfunction following colorectal surgery

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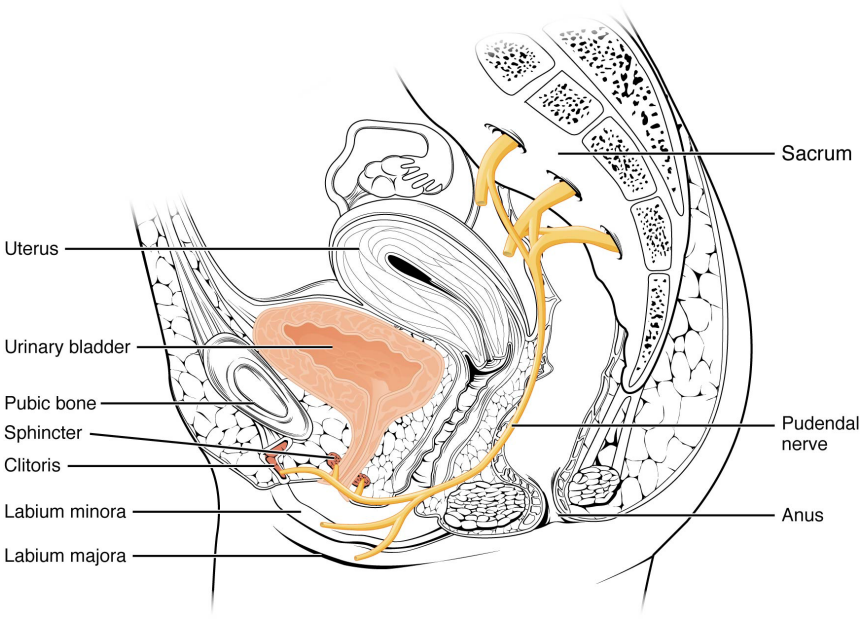
How often do we discuss possible female sexual dysfunction (FSD) following colorectal surgery routinely with our female patients during pre-operative counselling? Male patients it seems are offered this information due to the risk of impotence and informed of the possible treatments if this occurs.
Pre-operatively all patients are given a wealth of information on disease processes, treatments and surgery and even if offered sexual dysfunction information may not feel this is important at this time, often wanting their disease removed as soon as possible. However colorectal surgery and in some cases adjuvant treatment can have a huge impact on a woman's desire and ability to have sex.



- **Pelvic Nerve injury such as colorectal surgery can affect the pudendal nerve which carries sensation from the external genitalia of both sexes, the skin around the anus and perineum as well as the motor supply to various pelvic muscles (Pudendal originates from the word pudendum or parts to be ashamed of!).**

- **Major risk factors of colorectal surgery are a permanent stoma associated with sexual inactivity and overall sexual dysfunction, and radiotherapy increases overall sexual dysfunction and dyspareunia (painful intercourse) as well as the surgery itself (Thyo et al 2019).**

- **Towe et al (2014) suggests 50%-70% of patients can be affected and with this high incidence it is essential that this forms part of the pre-operative counselling, while obtaining consent for the procedure.**

- **Rectum acts as a shock absorber for the vagina against penetration during sex, following surgery bands of scar tissue may form around the vagina decreasing diameter and length, this may be heightened in the partial removal of the vagina. Dyspareunia, loss of libido, damage to autonomic nerves causing vaginal dryness, fertility and pregnancy can also be implicated in colorectal surgery.**

Working in the Community when patients are recovering from surgery and resuming their place in society and within the family, I offer patients the opportunity to discuss any concerns they have and give permission to discuss sexual implications using the PLISSIT model (Davis and Taylor).

P — **Permission to allow individuals to express their thoughts and concerns.**

LI — **Limited information directly related to their problems.**

SS — **Specific suggestions given once specific problems have been discussed.**

IT — **Intensive therapy referring to Specialist eg Psychologist, Sexual Counsellor, Urologist.**

Treatments

Sexual Counselling

Lubrication to aid dry vagina and Dyspareunia

Vaginal Dilation training

Whilst treatment isn't as varied as for men, ladies should be given the information to allow informed consent. Pre-operative counselling should include possible implications of surgery on sexual function as it is with men. Introducing the subject at this stage not only allows informed consent but also gives permission for the subject to be discussed at any time during the patients journey. Referral to the appropriate specialist can then be made and importantly women are being given the same information relevant to their surgery and sex as men are.

References

Davis S, Taylor B. From PLISSIT to Ex-PLISSIT. In White M, Perrin A. editors. Stoma Care Specialist Nursing: A Guide for Clinical Practice. Switzerland. Springer. P293-294.

Thyo.A, Elfeki.H, Laurberg.S, Emmertson. K.J. (2019) Female sexual problems after treatment for colorectal cancer – a population based study. Colorectal Disease. Volume 21. Number 10. October 2019.

Towe. M, My Huynh. L, El-Khatib. F, Gonzalez. J, Jenkins. L, Yafi. F. (2019) A Review of Male and Female sexual function following Colorectal Surgery . Sexual Medicine Reviews. Volume 7. Issue 3. July 2019 pages 422-429. Available at www.academic.oup.com Accessed June 2023.

Author is employed by Eakin Healthcare

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