MANAGEMENT OF MENOPAUSE

REFERRAL TO THE NURSE LED SEXUAL WELLNESS CLINIC
(NR233 CENTENARY CLINIC: TUESDAYS 12:30- 15:30)

PURPOSE

To provide a clinical sexology & counseling service for women and their partners, who experience changes in sexuality and sexual functioning / intimacy related to their medical intervention and treatment.

- Primary AIM: To give women permission to discuss their sexual wellbeing and to encourage them to talk about any sexual changes they may be experiencing and to enhance their sexual self esteem and intimacy during and following their treatment.

To assist women to feel empowered by looking at new or different possibilities and ways of reducing the impact of surgical interventions and or cancer-related treatment/s on their sexual self-esteem, enhance intimacy within relationship/s, and manage changes they experience in their self confidence (body image), relationships with self and others. To assess sexual issues or concerns and help reduce treatment - related changes to enhance intimate and sexual expression.

BACKGROUND

Sexuality is a core component of being human. There are many factors which influence how a person perceives and experiences their sexuality, including social, cultural and familial issues. Changes to sexuality or sexuality intimacy are very common following treatment for cancer; research suggests that overall quality of life and general wellbeing are often lower for those women (and men) who do experience sexual difficulties. Such issues may include vaginal dryness, painful intercourse for women or erectile difficulties for men, and/or low sexual self-esteem.

Effective management of psychosexual sequelae requires a comprehensive understanding of the multiple factors contributing to the problem and its effects on women and their partners and a framework for intervention. Achieving optimal outcomes requires treatment approaches which are based on best available evidence, and which are tailored to individual circumstances and evaluation outcomes.

The Psychosexual Guidelines for Health Care Professionals (Cancer Australia) provides information on common physical and psychological consequences from gynaecological and breast cancer, potential interventions, and importance of assessment and communication regarding sexual concerns.

KEY POINTS

- Changes in ones sexuality or sexual intimacy may be of concern to them as an individual or impacting on their relationship in a negative way.
- Sexual problems/changes are very common following treatment for cancer; research suggests that overall quality of life and general wellbeing are often lower for women who do experience sexual difficulties.
- Such issues may include vaginal dryness, painful intercourse for women, menopausal symptoms and/or low sexual self-esteem
- Its everyone's duty of care to ask how your patient is going and if they have any concerns or specific questions in regard to their sexuality or sexual intimacy
PLISSIT MODEL: (EX) PLISSIT MODEL FOR SEXUAL ASSESSMENT:

P: Permission Giving:

This allows the person to talk (or not talk) about the issues in terms of her own feelings. To be open and available to talk about and discuss their concerns in a safe and comfortable environment. It’s saying (and meaning) to your patient, ‘I’ve got some time to talk.’ Or ‘Do you need or want to talk with someone about it?’

LI: Limited Information:

Limited information can include providing some information about how their situation is perceived (if that is useful to them), that their feelings/responses are common or normal, or it may be an opportunity to provide some basic information.

SS: Specific Suggestions:

This is the time to check out what they know and have already tried and perhaps to make specific suggestions for dealing with their concerns or issue/s. In some situations however, you may not feel comfortable or it may not be appropriate doing this in your role. In these cases feel OK with staying with ‘Permission giving’ and ‘limited information’

IT: Intensive Therapy:

This is when you feel/acknowledge that your patient would benefit from a specialist intervention (see referral resources).

When making a referral, remember the following:
- Ask what they have done/tried already
- Ask if they want/would be open to see someone else?
- State clearly what you can and can’t do
- Know what the primary issue is
- Know or find out where to refer to and what their procedures are
- Identify any difficulties (for example financial, transport, language)
- Confidentiality
- If they are not sure now or decline, they can always change their mind or ask again for assistance (the opportunity for assistance is always available)
- Affirm them for having sought support

TOOL FOR ASSESSMENT

This can be used for your initial assessment and process of referral to Nurse Led Sexual Wellness Clinic or to other appropriate services such as women’s health physiotherapy:
PLISSIT Model & Referral Options for Sexual Wellness Post Cancer

Permission
Give permission for the patient to have sexual feelings/relationships & normalize this.

Limited Information
Offer limited information about side effects of cancer and treatment on sexuality. Correct misconceptions & dispel myths.

Specific Suggestions
Provide specific suggestions to manage sexual side-effects.

Intensive Therapy
Identify further support for issues you've discussed.

- "Women undergoing cancer treatment often have concerns about sexuality. Is it OK if we discuss this?"
- "Treatment side-effects can have a big impact on sexual activities. You mentioned that sex has been painful since your treatment stopped. How is this affecting you sex life?"
- "Some women find a vaginal lubricant helpful in this situation."

Intervention: Biomedical or psychological
REFER ON?

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REFER ON?

Referral pathway:
Bio-medical interventions:
- Menopause symptoms After Cancer Clinic
- Pelvic Pain Clinic
- Women's Health physio
- Women's Health GP
- Clinical psychologist
- Sex therapist / sexologist

Psychological interventions:
- Clinical psychologist
- Sex therapist / sexologist
- Counsellor

"Would you like to see a counsellor who's experienced in this area?"
REFERENCES (STANDARDS)


Model adapted from:

National Standards – 1 Clinical Care is Guided By Current Best Practice
Legislation - Nil
Related Policies - Nil
Other related documents – Nil

RESPONSIBILITY

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<th>Policy Sponsor</th>
<th>Nursing &amp; Midwifery Director OGCCU</th>
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