Sexual Healing

Noa Benjamini was upbeat when facing uterine cancer. But the day after she was released from the hospital, she had her first hot flash. That’s when she cried. At 45, Noa thought she’d been propelled into old age. Intercourse became painful. Her doctor sent her to Dr. Elena Ratner and Dr. Mary Jane Minkin at Smilow Cancer Hospital who put her on conventional medicines, herbal remedies, and a strong program of exercise, as Noa says, “Drs. Ratner and Minkin gave me my youth back.”

She’s living proof that you do not have to surrender your sex life to be a survivor. For men and women, sexual dysfunction after cancer is common. The newly formed Smilow Cancer Hospital Sexuality and Intimacy Program, the only clinic of its kind in the country, is designed to help them.

Both doctors and patients tend to dismiss sexual side effects – because, after all, defeating the cancer is the main focus. But there is no need to suffer silently, clinic doctors said, especially with such a treatable problem.

Survivors with sexual dysfunction would come to Dr. Elena Ratner, a surgical oncologist and co-director of the program, and say: “My cancer was years ago and I never addressed this because I was told by my provider that nothing could be done.” Dr. Ratner refuses to accept that. “Nothing can never be an option,” she said.

Dr. Stanton Honig, a urologist, director of Men’s Health, and co-director of the program, said that the same holds true for male patients. “There’s pretty much a solution for everybody, and it really depends on how bad the problem is and how aggressive they want to be with treatment,” he said, adding that even when medication does not work, relatively simple treatments can still help the vast majority of men.

New collaboration between physicians treating men and women is allowing the practice to help couples as well as individuals, with an emphasis on the relationship. Collaboration will also make research and teaching easier in a field in dire need of expansion.

Sex and intimacy after cancer is largely unstudied. Dr. Ratner is in the midst of a research project to learn how treatment for sexual function affects quality of life for patients and their partners – and even to explore whether it improves survival.

Dr. Ratner started the original clinic (SIMS) focused on dealing with sexuality, intimacy and menopause for women along with Dr. Mary Jane Minkin, a gynecologist who specializes in menopause. They are now partnering with Dr. Honig to form the newly combined program, serving both women and men.

Psychologist Dwain Felton was a key team member in the SIMS clinic and will play the same role in the new Sexuality and Intimacy Program. In fact, the program will have more mental health clinicians, a recognition that care must be interdisciplinary.

Fertility is also an issue for cancer survivors. But egg or sperm banking can allow survivors to have biological children. "Even if a patient is really sick, it’s something that we can act on very quickly," said Dr. Honig. "Later, patients are so grateful their concerns were addressed early on."

There are an estimated 14.5 million cancer survivors in the United States. The need for programs such as this is even greater than that number implies, because of a growing number of "previvors," healthy young women who have their breasts or ovaries removed because of their genetic risk of developing cancer.

"It completely destroyed my life," women have told Dr. Ratner. Still in their thirties, oophorectomy had plunged them into menopause overnight. The goal is to intervene with women before surgery, discuss fertility options and begin treatment for menopausal symptoms promptly. Estrogen, commonly prescribed as a remedy for menopausal discomfort, is sometimes presumed to be off-limits for cancer survivors. For many survivors, however, it is safe, said Dr. Ratner.

In men, prostate and bladder cancer treatment are most likely to affect sexuality. But Dr. Honig said that many other cancer treatments can interfere with intimacy and sexuality. It is critical that physicians throughout Smilow ask their patients about sexuality and refer them to the clinic if they need help. "We need to try to address these issues sooner rather than later," he said. He added that steps taken during cancer treatment can preserve function. For example, some prostate removal procedures can affect the nerves to the penis, he explained. But encouraging men to remain sexually active during recovery can maintain blood flow to the penis and help restore intimacy.

Helping patients reclaim their sex lives can have broad implications for relationships disrupted by cancer. “There’s a certain level of depression that sets in, and it separates couples,” said Dr. Honig. “This is a way to bring intimacy back at a time when it is needed the most.”

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