

## **Sexual Function After Transplantation**

Talking about sex with your health care provider can be stressful and sometimes awkward. The topic is intimate and personal. How do you start the conversation? How much information do you want to share? Should you be concerned about your decreased sex drive? When will you be physically ready to resume sexual relations? These are great questions that deserve thoughtful consideration and guidance. Transplantation takes a physical and mental toll on the patient and their loved ones. Your health can affect your sex life. Interestingly, the incidence of sexual dysfunction for the general population is as high as 63%, for both men and women. You can see, sex is a common problem.

Your health care provider may be uncomfortable talking with you about your sex life. We sent a simple questionnaire to our transplant nurse coordinators, and asked if they ever discussed sexual functioning with their patients. Our data suggests that the transplant nurse coordinators are not asking their patients about sexual functioning. We are in the process of developing educational programs for nurses.

By definition, erectile dysfunction is defined as the chronic inability to attain or maintain penile erection sufficient for satisfactory sexual performance. Female sexual dysfunction is multifactorial and can include: difficulty having orgasms; inability to get "excited" about intercourse; painful intercourse; and/or a low level of sexual interest.

Sexual dysfunction is common in the following chronic disease conditions: high blood pressure, elevated lipid levels, diabetes, heart disease and depression. Patients who take some blood pressure medicines have an increased risk for sexual dysfunction. If the patient has had surgery on their pelvis or has vein disease this can cause problems with nerves and sensation. Additionally, stress, alcohol abuse, smoking, obesity, a sedentary life style, recreational drugs and relationship issues can lead to sexual dysfunction.

You may be experiencing some of the above mentioned risk factors already. Adding a transplant surgery increases the risk of sexual problems because of the many hormonal changes that can occur. Some of those changes include: low arousal/desire, low testosterone, vaginal dryness, painful intercourse, testicular atrophy, or lack of pubic hair. Postoperative body image changes, and psychological factors further complicate the picture. As health care providers we can help with quite a few of these symptoms, but we need to know how you are doing.

Ideally, we need to know what was normal before you got sick and what is the new norm. It is important for us to know what you need. But how do you start the conversation? There are two surveys attached to this article, one for women and one for men. Women fill out the PISQ-12 survey and men fill out the SHIM/IEFF survey. These are great tools for you to fill out before each appointment. Then share the results with your health care provider. It is a great way to get discussion going. Once the health care provider identifies the problem areas, we can refer you to the appropriate providers. Remember, it is a team effort.