

# Importance of pre-operative dialogue in pelvic surgery

By Leslee Thompson, M.Sc.N.

A woman's ability to adjust psychologically and sexually to pelvic surgery depends in part on the type of information she is given prior to going into surgery, the way it is given and the frequency with which it is reinforced.

The experience of undergoing pelvic surgery gives rise to a variety of physical, psychological and sexual challenges with which the patients must cope. It is important for us as health professionals to understand more completely the nature of this experience so that we are able to address the concerns women have before and after pelvic surgery.

## Information reinforced

At an address given to the Society of Pelvic Surgeons meeting in Toronto recently, this author told delegates that the patient's adjustment following pelvic surgery depended on the way in which these various concerns were addressed

We may be giving patients information, but because of the anxiety associated with undergoing (pelvic) surgery, a lot of the information is not retained. Because this information is not always retained, a lot of patients have unrealistic or distorted expectations about the outcome of the surgery.

## Primary concern

For most women, it is not the type of surgery that is of primary concern, but rather the changes that will be imposed, be they real or imagined. A woman's confidence in her ability to deal with these changes, as well as her partner's ability to cope, has a great influence on her degree of adjustment - or distress postoperatively.

Some women who undergo pelvic surgery exper-

ience feelings of grief related to the loss of fertility and changes in sexual responsiveness. For others, the relief of pelvic pain can have a positive influence on their quality of life.

A number of women who undergo life-saving radical surgery experience a shift in what's important to them. For example, in some cases, sexual activity may no longer be essential to their sense of well-being. However, it is important to find out whether or not a decrease in sexual activity will be distressing.

## Psychological needs

The degree of depression or anxiety a women may feel regarding pelvic surgery will be influenced by what she's learned about her body and her sexuality during the course of her life. The joy of sex for one patient may not be a joy for another. Thus, it's important to be attentive to the individual surgery patient's needs.

Research carried out with female pelvic surgery patients indicates that as many as 70% of them say they have received little or no information from their physician about sexual adjustment related to surgery. An even greater percentage - 85% - will not raise the subject because they don't want to take the time away from physical care. Often, the patient assumes that if the physician is male, he won't understand their feelings.

## The rationalizations of physicians

Some physicians often rationalize not talking about sexual adjustment with their pelvic surgery patients by saying that such discussions are an invasion of the patient's right to privacy; or they'll

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say they don't have the time, or they'll think that sex is no longer a concern to the patient because of her age. Some physicians feel that by speaking about sexual adjustment to the surgery patient will "open up a can of worms," and that they won't have the resources to deal with it.

Better ways are needed to let pelvic surgery patients know that they are not the cervix or the vagina that was removed or reconstructed. It is imperative to remember that women undergoing pelvic surgery are sexual beings who have an identity beyond their sexual disease.

## Critical factor

It needs to be pointed out that one of the most critical factors in the psychosexual rehabilitation of the pelvic surgery patient is the presence of an interested and educated sexual partner. Working with the patient and her partner to help them learn about the changes in their sexual function goes a long way toward their resumption of sexual activity.

## Guidelines

We need to focus on developing programs so nurses and physicians can better educate their patients. We also have to make better use of our resources; and if they don't exist, then they must be developed. The following guidelines are recommended in order to help the female pelvic surgery patient prepare for surgery:

1. People experience events through their senses: by touch, smell, sight and sound. It is important that the information the pelvic surgery patient is given describes how she will feel before and after surgery. Don't make the mistake of only giving her a detailed outline of the surgery itself.
2. Allow opportunity for questions, and reinforce information on a regular basis.
3. Let the patient know that it's OK to talk about psychosexual concerns, and do so at a time when she has been afforded sufficient privacy to respond.
4. Clarify any misconceptions the patient may have about body functions and anatomy using simple, clear diagrams.

5. Describe the impact of the disease and treatment on normal functioning as well as on sexuality and sexual functioning.

6. Consider preoperative counselling so the patient can anticipate some of the effects of disease and treatment. After surgery, sexual counselling services can help deal with the more specific sexual dysfunctions that may become apparent after surgery, chemotherapy or radiation treatment.

7. Use a team approach to plan the psychological and sexual rehabilitation of the patient.

8. Talk to colleagues and other nurses and health professionals about the patient's prognosis. A better understanding of a patient's situation will help everyone deliver better quality care.

## Conclusion

It is important to remember that men and women are sexual beings and that sexual response is developed through an entire history of psychological and sexual experiences that they have come to know throughout a lifetime. The more we learn about sexuality, the more we learn about human nature; and the better we understand that, the better we are able to care for our patients. ■

## About the author

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**"No one can live forever! However, we have every right in the world not to be interfered with when the attempt is made."**