POST-SURGERY RETURN TO SEXUAL ACTIVITY

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Introduction:
Two common questions of those undergoing life-altering surgery, such as stoma surgery, are whether they can return to normal sexual activities and, if yes, how soon will this happen? Secondary to this is the fear that an intimate partner will not find them sexually attractive or that relationships will end because of stoma issues.

Methods:
Two assessment methods were used to investigate these issues. The first was a quantitative assessment in which a geographically diverse sample of 234 North American adult ostomates (colostomates and ileostomates) were selected from the Ostomy Comprehensive Health and Life Assessment (n = 1507). Study subjects were selected on the basis of being less than 24 months post-surgery. Secondly, a qualitative assessment was performed based upon the response from a panel of 108 ostomates also geographically dispersed throughout North America.

Results:
A timeline for return to sexual activity was established based on the response from the panel of 108 ostomates to the question “How long after your surgery did you wait before becoming sexually active?” While one ostomate reported that this “depends on whether you are in a private room or a ward,” overall, 64 percent of the panel members reported a return to sexual activity within three months (less than one month 22.2%, 1 to 2 months 29.6%, and 2 to 3 months 12.0%). At six months, 73 percent of the panel respondents had returned to sexual activity (See Figure 1).

![Figure 1: Post-surgical return to sexual activity within the first six months.](image-url)
However, the return to sexual activity does not imply sexual satisfaction. The Comprehensive Health and Life Assessment sample indicates that approximately 55 percent of respondents reported dissatisfaction with their sex life within this first six month period. For many, this may be a temporary dissatisfaction as the data indicates that dissatisfaction decreased as the time from surgery increased. Of those that are six to 12 months post-surgery, approximately 22 percent reported dissatisfaction with their sex life. The data also suggests an association between satisfaction with social life, life with a spouse or partner and sexual satisfaction. The correlation between sexual satisfaction, social satisfaction and satisfaction with spouse/life partner indicates that as satisfaction levels increase in social or spouse/life partner satisfaction, there is an increase in sexual satisfaction, and this is time-dependent (see Table 1).

**Discussion:**

The study suggests that healthcare professionals, when counseling new ostomates on the return to post-surgical sexual activity, inform them that while this is not a delayed activity, it is not necessarily an immediately satisfying experience for all. This study does not define what contributes to sexual satisfaction. However, it has been reported by others\(^2\) and confirmed here that there is a positive correlation between sexual satisfaction and satisfaction with social relationships and spouse/partner relationships. But, how this is achieved in a population that also must become comfortable with their new body schema (a schema that leaves them questioning whether they are sexually attractive), is speculative. Many of the ostomates in the panel have voiced the opinion that it is more their discomfort in a sexual encounter than their partner’s. They have faulted themselves for a less than successful encounter. Only seven percent of panel ostomates report an intimate relationship ending because of their stoma. The following is a sample of anecdotes from ostomates regarding sexual activity.

<table>
<thead>
<tr>
<th>Satisfaction with sexual life and</th>
<th>Satisfaction with social life (Spearman’s r)</th>
<th>Satisfaction with spouse/life partner (Spearman’s r)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 6 months</td>
<td>0.39</td>
<td>0.30</td>
</tr>
<tr>
<td>6-12 months</td>
<td>0.54</td>
<td>0.43</td>
</tr>
<tr>
<td>12-18 months</td>
<td>0.42</td>
<td>0.42</td>
</tr>
<tr>
<td>18-24 months</td>
<td>0.62</td>
<td>0.66</td>
</tr>
</tbody>
</table>

*Table 1: Post-surgical correlation of satisfaction with sexual life and satisfaction with social life and life with spouse/life partner.*
a) My drive for romance and sex has consistently overwhelmed my anxieties and moments of shyness. I’ve encountered only one person who was clearly freaked out by the ostomy and quickly backed away from a relationship she had initiated. But my general confidence was sealed at a forum on dating for young ostomates I attended. In a panel of teens to 30s, speaking on the issues, a young man (mid-to-late 20s) in the audience spoke sadly of having so far lacked the confidence to have sex with anyone but a prostitute. As the rest of us in the audience listened to this poor young man, another man, sitting on my left—brown leather sports coat, purple shirt open at the collar, curly blonde hair—leaned over to me and said quietly, “Chicks don’t care.”

b) After I got divorced, I just assumed I’d never have a relationship with another man because I’d be too embarrassed to ever let him know how “different” I was. But, the problem kind of solved itself... because the new love interest in my life had already become a very good friend, and as such, I was able to tell him about having the colostomy and how it made me feel that I’d never be able to become intimate with anyone again. As our feelings for each other grew, and he made it very easy for me, after all... to become physically close with him. He always told me that he loved me with my clothes on before he loved me with them off, but my ostomy had nothing to do with those feelings at all. He told me he admired me for the courage it took to lead a normal life after such a drastic change. He made me feel beautiful, and because of the friendship we’d shared first, it allowed me to become the sensuous woman I’d always dreamed of being.

c) I never had any fear about dating or going out because of my ostomy. The ostomy surgery freed me from terrible sickness and no energy or life, and actually allowed me to start going out more and dating.

Conclusion:
Those counseling new ostomates are reminded that sexual satisfaction is an interactive mechanism, not a mechanism to be treated in isolation. While the return to sexual activity is not seen to be a delayed activity, it is also not seen to be an immediately satisfying experience for all. This study confirms reports that there is a positive correlation between sexual satisfaction and satisfaction with social relationships and spouse/partner relationships. But, the role that other factors, such as body schema, play in this needs to be further investigated.

1) The Hollister Ostomy Comprehensive Health and Life Assessment, 2004
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