

Intimacy After Stroke

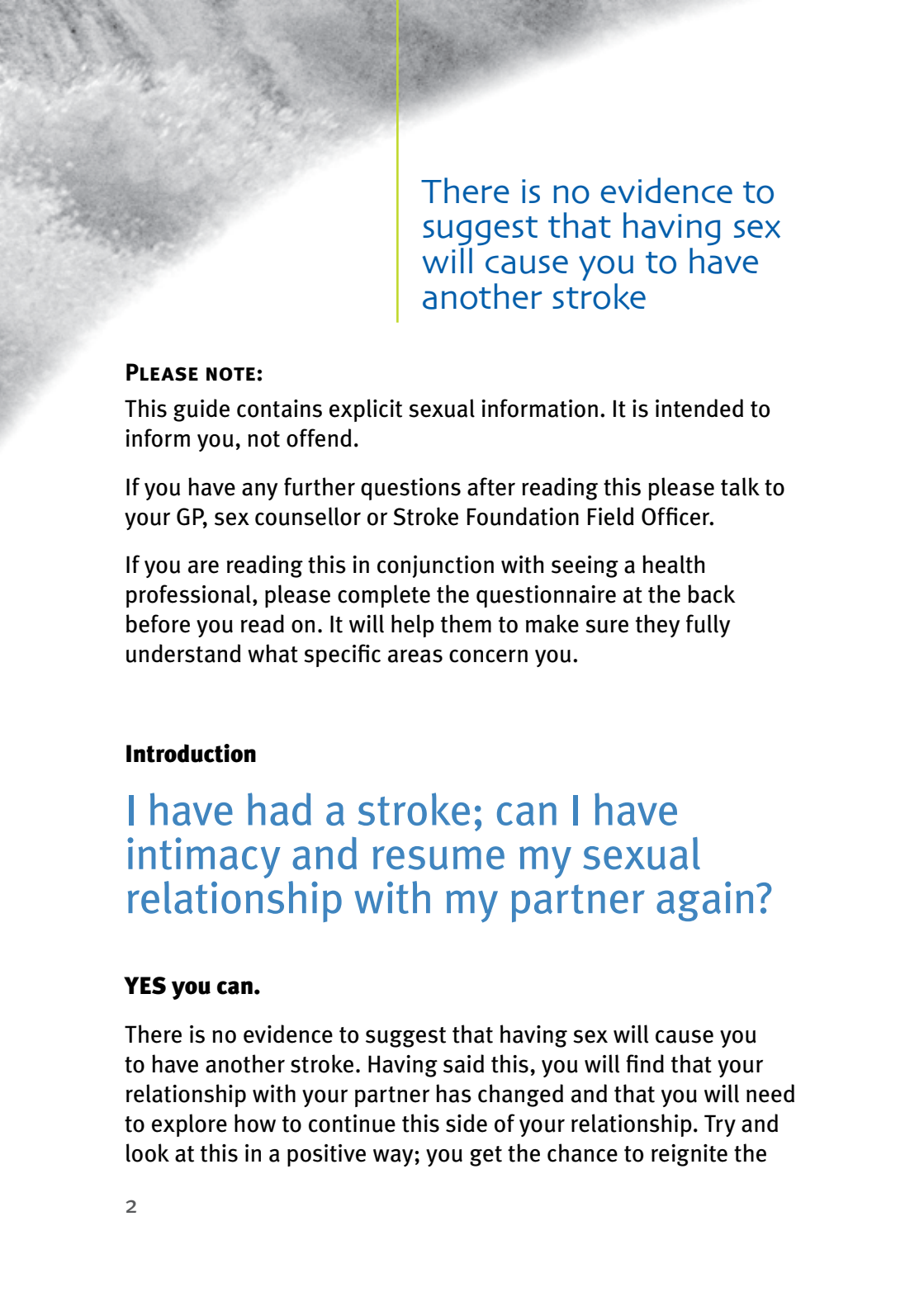


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There is no evidence to suggest that having sex will cause you to have another stroke

PLEASE NOTE:

This guide contains explicit sexual information. It is intended to inform you, not offend.

If you have any further questions after reading this please talk to your GP, sex counsellor or Stroke Foundation Field Officer.

If you are reading this in conjunction with seeing a health professional, please complete the questionnaire at the back before you read on. It will help them to make sure they fully understand what specific areas concern you.

Introduction

I have had a stroke; can I have intimacy and resume my sexual relationship with my partner again?

YES you can.

There is no evidence to suggest that having sex will cause you to have another stroke. Having said this, you will find that your relationship with your partner has changed and that you will need to explore how to continue this side of your relationship. Try and look at this in a positive way; you get the chance to reignite the

spark between the two of you. Don't forget to have some fun. Most of all—try and be creative.


Most stroke survivors have a strenuous rehabilitation schedule. This will sap your energy levels and you may not feel like resuming your sexual relationship until you have achieved some of your other goals. It takes eight times more energy for a stroke survivor to learn how to walk, talk and dress themselves again compared with energy use pre-stroke. Your exercise and rest will need to be carefully balance and monitored. You have got the rest of your lives in front of you, take it one day at a time. There is no need to rush anything.

Sexuality and body image

It is important to remember that sexuality is not just the act of sexual intercourse. It is about feeling close to someone, feeling loved and special.

The changes that have happened to your body and mind will affect your sexual function to a certain degree. Your feelings about yourself may have changed as a result of your stroke. The feeling on your paralysed side may be different. Your speech may be garbled and your emotions may be difficult to control.

Coping with these changes in your body and how you feel about them can affect how you feel about your sexuality. Accepting these changes takes time and effort. You may experience anger, grief, depression and denial. Dealing with the way you feel will take you a long way towards accepting who you are now.



A stroke need not be a barrier to an active and fulfilling sexual relationship

It is important to discuss with your partner how you feel about yourself and the way your body has changed. Open communication is the key to every loving relationship.

A stroke need not be a barrier to an active and fulfilling sexual relationship.

Attitudes and barriers

FEARS ABOUT RESUMING SEX

It is highly unlikely that you will have another stroke during lovemaking. It is normal for your heart to beat faster and for you to breathe faster during lovemaking. If you have any medical concerns before resuming your sexual relationship consult your doctor.

You and your partner may have unspoken fears and may avoid intimate encounters as a result of your fears. Delaying intimacy will only increase the anxiety surrounding sexual intercourse; you will need to find a way to communicate with each other in order to overcome these unspoken fears.

FEAR ABOUT PARTNER REJECTION

You may wonder if your partner is turned off by your appearance since your stroke. Maybe your partner is afraid that sexual intercourse will cause you physical pain. Both you and your partner will need time to adjust to all of the changes caused by the stroke. Encourage your partner to talk openly about his or her feelings and fears. If this is difficult, consider seeking marital counselling.

FEAR OF FAILURE TO PERFORM

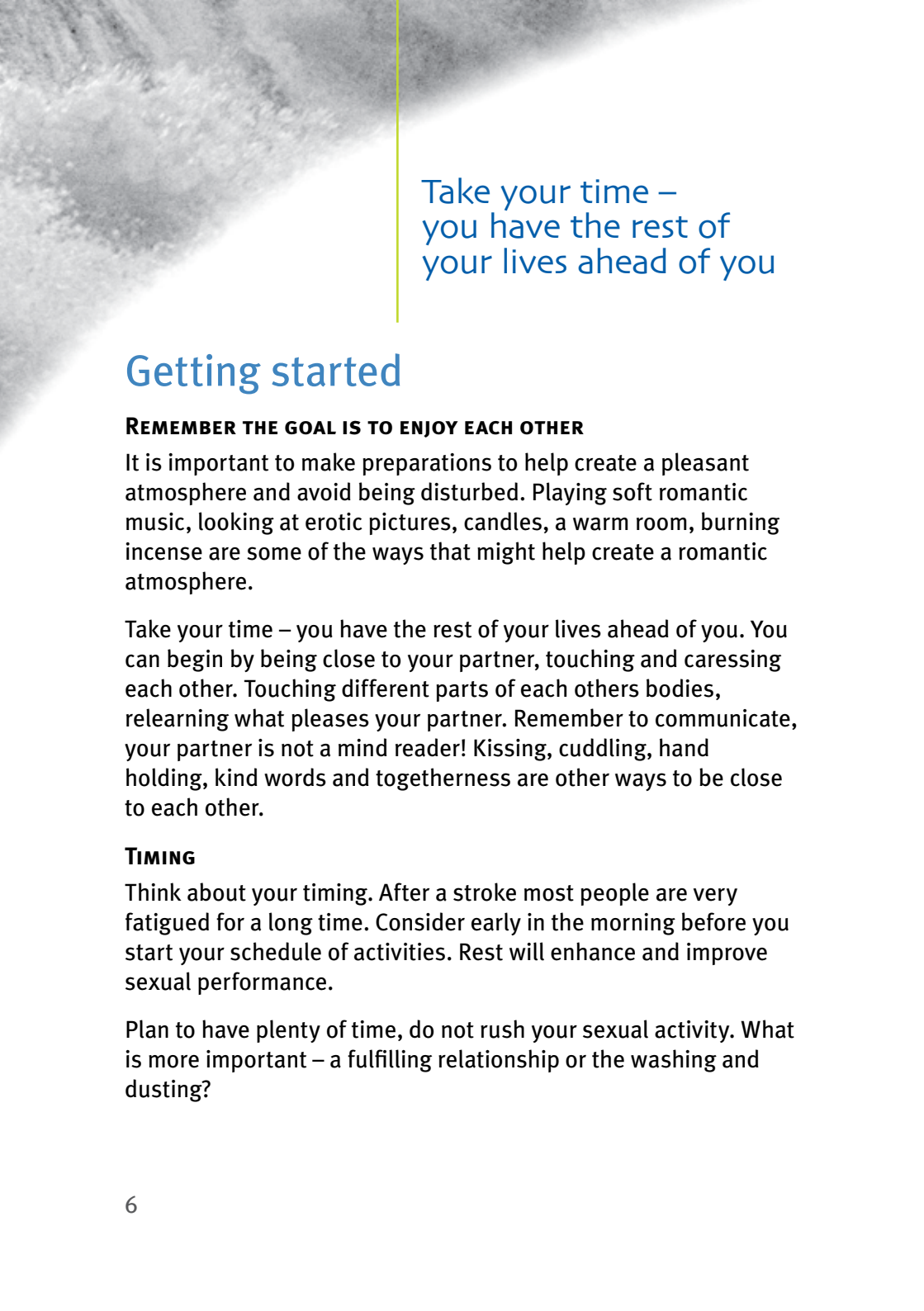
For a man you may find it hard to get a good erection. For a woman you may find it hard to get aroused at first. You can also be experiencing a lack of interest in sex after your stroke. The reasons will be varied, some of the more common reasons are depression, concern about your physical appearance, or your medications.

Depression is common after a stroke; your doctor can easily treat this. There is nothing to be embarrassed about the fact that you have depression; you have had to make many changes in a very short time in your life. It will take time to totally adjust to your new life.

Make an effort to look attractive and carefully groom yourself, this will enhance the way you feel about yourself. It will also make you feel better and regain your confidence in how you see your new self.

MEDICATIONS

Some medications can reduce your libido, erectile function or vaginal lubrication. You need to think carefully before you take any medication like Viagra to help – talk to your doctor first! Lubricants are readily available from your pharmacy.



Take your time –
you have the rest of
your lives ahead of you

Getting started

REMEMBER THE GOAL IS TO ENJOY EACH OTHER

It is important to make preparations to help create a pleasant atmosphere and avoid being disturbed. Playing soft romantic music, looking at erotic pictures, candles, a warm room, burning incense are some of the ways that might help create a romantic atmosphere.

Take your time – you have the rest of your lives ahead of you. You can begin by being close to your partner, touching and caressing each other. Touching different parts of each others bodies, relearning what pleases your partner. Remember to communicate, your partner is not a mind reader! Kissing, cuddling, hand holding, kind words and togetherness are other ways to be close to each other.

TIMING

Think about your timing. After a stroke most people are very fatigued for a long time. Consider early in the morning before you start your schedule of activities. Rest will enhance and improve sexual performance.

Plan to have plenty of time, do not rush your sexual activity. What is more important – a fulfilling relationship or the washing and dusting?

Avoid taking sleeping pills if at all possible. If you are on anti-hypertension medication, scheduling your sexual activity just before taking your medication may overcome impotence. Talk to your doctor if you have any concerns about the medication you are on. NEVER STOP taking your medication without talking to your doctor first!

HYGIENE

Showering or washing before sexual activity is important. Being clean will enhance your appeal to your partner.

It is also a good idea to empty your bladder before sexual activity. Limit your fluid intake one to two hours before intercourse, this will decrease the chance of having an 'accident'.

CATHETERS

Ask your doctor if these can be removed and then reinserted after intercourse. If it cannot be removed, the following information may be helpful. If in doubt discuss it with your doctor.

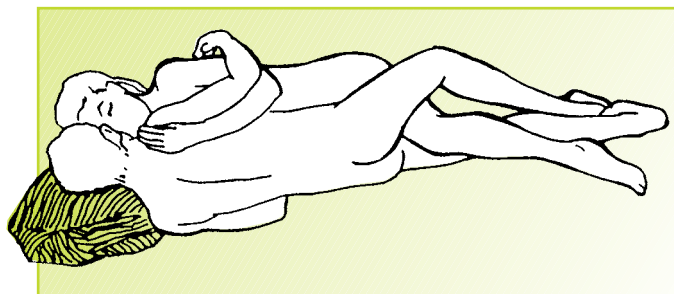
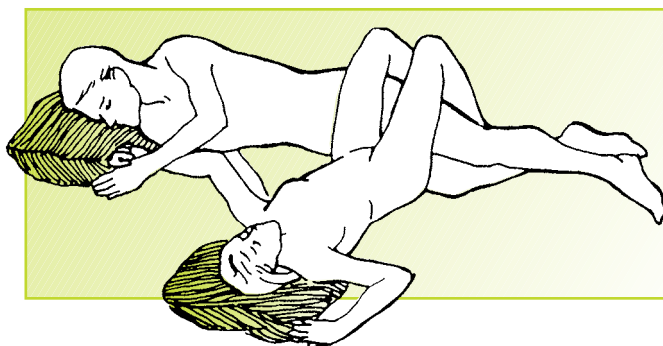
The male can fold the catheter back over the erect penis and cover it with a condom. The use of pre-lubricated condoms by the male can decrease the irritation between the catheter and penis.

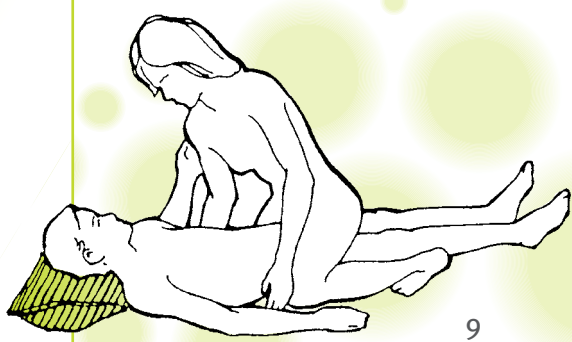
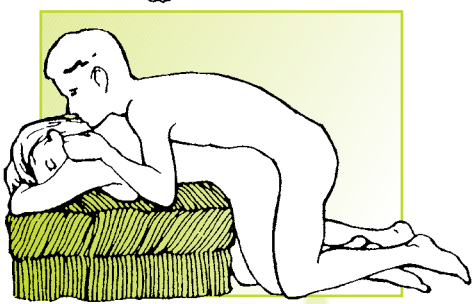
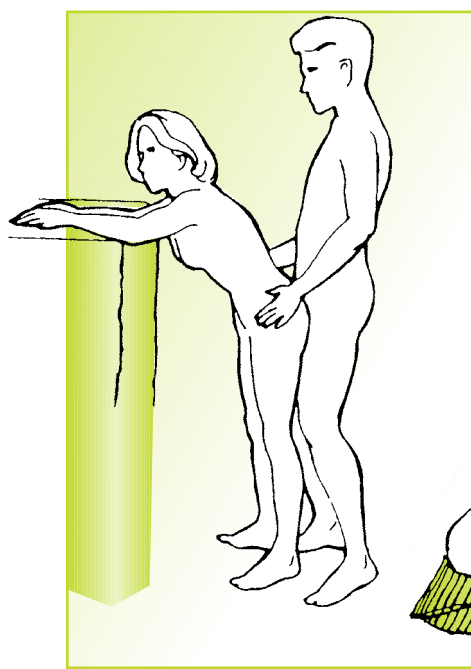
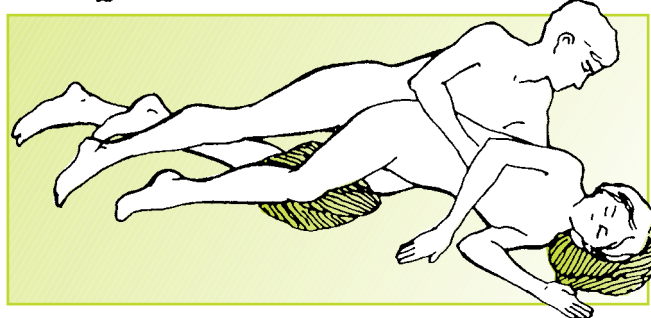
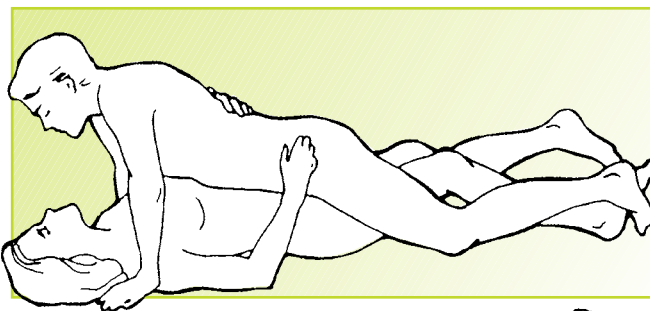
Females can temporarily tape the catheter to the abdomen or thigh so the catheter will not be accidentally pulled out or be in the way. The female can use a water-soluble lubricant such as KY jelly to prevent tugging on the catheter.

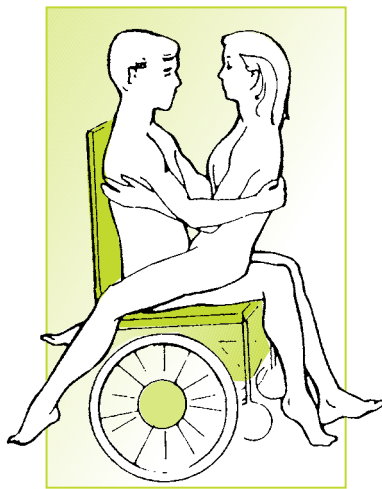
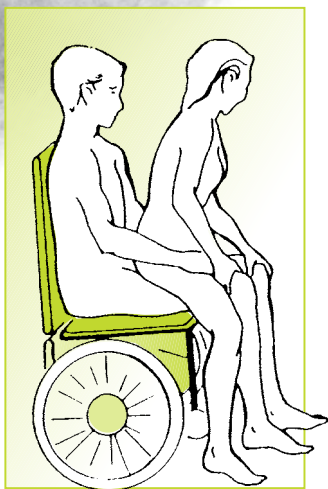
PARALYSIS

If one side of your body is weak or paralysed, you will probably need to change your usual position for intercourse. The use of pillows to support the stroke survivor might also be helpful. Lying on the spastic limb and bending it slightly can usually control spastic movements of the arms and legs. Make sure you are well supported at all times.

Here are some sexual positions, which you may find helpful







Adapting to changes in your life

SENSORY AND PERCEPTUAL CHANGES

Your sense of touch may be partially or totally affected after a stroke. Ask your partner to approach you from the non-paralysed side so that you can respond to his or her touching.

COMMUNICATION

You may experience aphasia, (loss of speech). The sense of touch can be used as a communication tool. Through touch you can convey warmth, caring and desire, without the need to speak.

‘THOUSANDS OF SEDUCTIONS HAVE BEEN ACCOMPLISHED WITHOUT WORDS’

Just think of all those movie plots that you have watched over the years, with the smouldering looks, sun kissed bodies...

COGNITIVE CHANGES

You may have problems with your memory, behaviour, thought processing and concentration as a result of your stroke. These problems can be extremely frustrating for your partner and you will need to talk about them. You might need to seek some counselling to help you rebuild this part of your relationship.

ROLE CHANGES

This is an important change that can take place in your relationship after you have had a stroke. Remember that this change will be hard to get used to for both of you – talking about the role changes will go a long way to sorting out issues that come along the way.

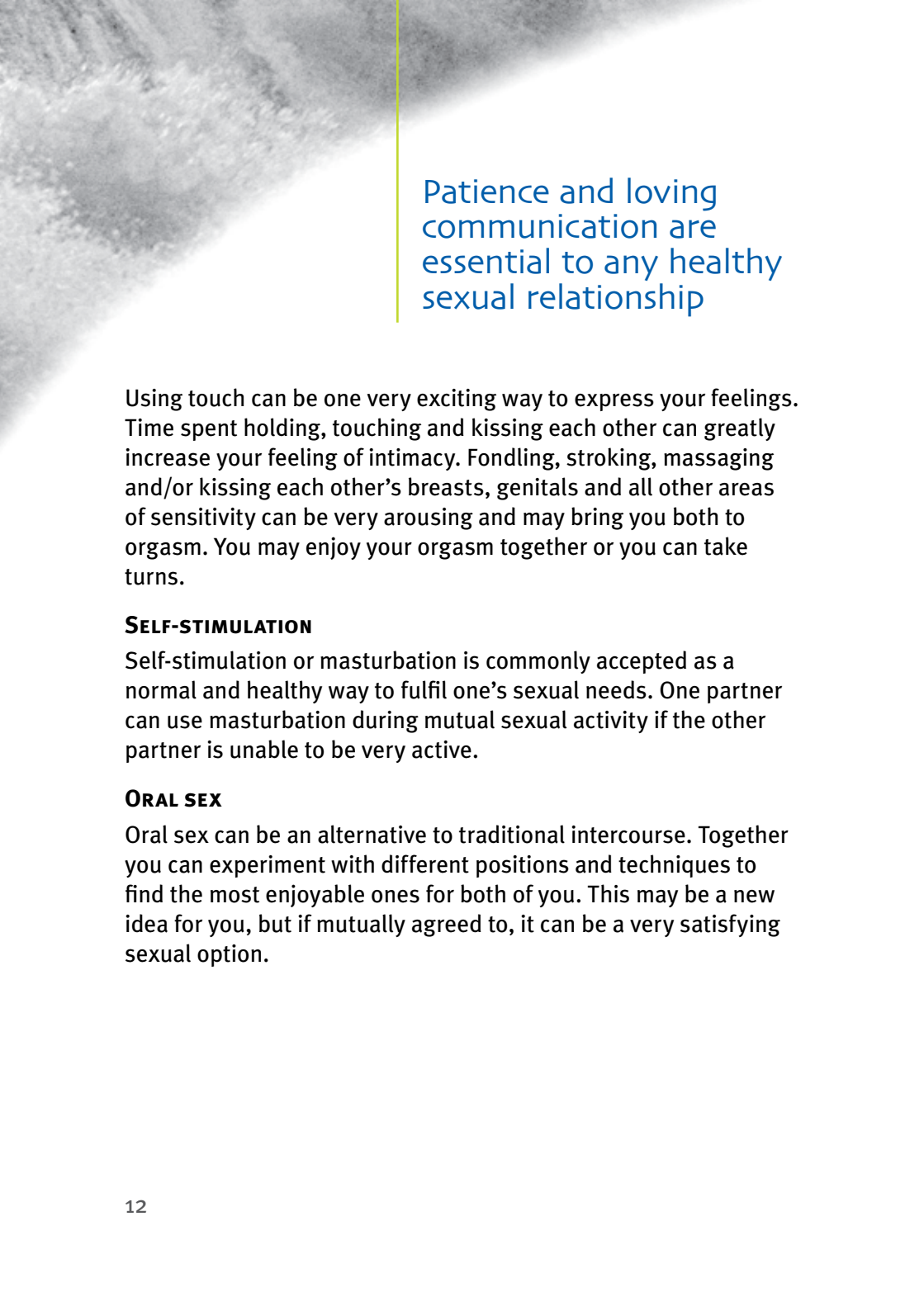
BIRTH CONTROL

If you are a woman of childbearing age, you may want to ask your doctor about family planning. Some birth control pills cause cardiovascular side effects, so it will pay for you to discuss your options with your doctor or a Family Planning Clinic.

On the other hand if you want to get pregnant, you should also talk to your doctor about the effect of a pregnancy on you.

OTHER WAYS TO MAKE LOVE

It is important to make preparations to help create a pleasant atmosphere and avoid being disturbed. Playing soft romantic music, looking at erotic pictures, candles, a warm room, burning incense can be some of the ways to help create a romantic atmosphere.



Patience and loving communication are essential to any healthy sexual relationship

Using touch can be one very exciting way to express your feelings. Time spent holding, touching and kissing each other can greatly increase your feeling of intimacy. Fondling, stroking, massaging and/or kissing each other's breasts, genitals and all other areas of sensitivity can be very arousing and may bring you both to orgasm. You may enjoy your orgasm together or you can take turns.

SELF-STIMULATION

Self-stimulation or masturbation is commonly accepted as a normal and healthy way to fulfil one's sexual needs. One partner can use masturbation during mutual sexual activity if the other partner is unable to be very active.

ORAL SEX

Oral sex can be an alternative to traditional intercourse. Together you can experiment with different positions and techniques to find the most enjoyable ones for both of you. This may be a new idea for you, but if mutually agreed to, it can be a very satisfying sexual option.

VIBRATORS

If the stroke survivor does not have the physical strength to stimulate his or her partner through touch, a vibrator is another means of adding to sexual pleasure.

The underside end of the penis, the clitoris and the opening to the vagina are frequently very sensitive. If the vibrator is used frequently it may cause irritation. To decrease this possibility, consider using KY jelly as a lubricant on the genital area.

Summary

Hopefully, this booklet has answered some of your questions and helped you along the way to resuming a loving intimate relationship with your partner again. It was never our intention to deal with all the potential issues that you and your partner are facing, but we do hope this booklet has helped.

Patience and loving communication are essential to any healthy sexual relationship. As a couple, sex is most satisfying when you can discuss your thoughts, feelings and concerns openly with each other without fear of rejection or embarrassment. Enjoy the time you take to find out what pleases each other.

If you would like other ideas for lovemaking, there are many good books available in bookstores and libraries. The more you learn about yourself and each other, the more gratifying and pleasurable the entire sexual experience will be, and the more confidence you will have with your new self.

Questionnaire on sexual functioning following a stroke

Name or NHI#: _____

Age: _____

Date: _____

Following your stroke, changes may have occurred to your body (eg. paralysis, mouth droop, drooling, speech), or your emotions (eg. anger, grief, depression, denial, resentment, blame, guilt). Other changes may also occur (eg. ability to complete personal hygiene and grooming, your feelings of being masculine or feminine, feelings of attractiveness).

These changes impact on how the stroke survivor now perceives himself or herself as a person. This includes feelings of sexuality, desirability and desires. **Please take a few moments to complete this questionnaire as it will enable your health professionals and carers to gain a better understanding of your needs.** Some of the questions are aimed at finding out what your beliefs and attitudes are. Circle your level of agreement or disagreement for each statement according to the scale below.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree

1. Now that I have had a stroke I will never be able to have an active sex life again.	1 2 3 4 5
2. Since my stroke I am much less interested in sex than I was previously.	1 2 3 4 5
3. Since my stroke I am more interested in sex than I was previously.	1 2 3 4 5
4. I enjoyed an active sex life before my stroke.	1 2 3 4 5
5. Having sex could cause me to have another stroke.	1 2 3 4 5
6. To have satisfying sex, intercourse must occur.	1 2 3 4 5
7. Self stimulation (masturbation) is a safe option for sexual release.	1 2 3 4 5
8. Physical changes following my stroke prevent me from having a fulfilling sex life.	1 2 3 4 5
9. I have a catheter that would stop me from having sex.	1 2 3 4 5
10. If I initiated sex with my partner/spouse I feel I may be rejected.	1 2 3 4 5
11. I feel I am too old for sex now.	1 2 3 4 5
12. Since my stroke I am less attractive and my partner/spouse would not be interested in me now.	1 2 3 4 5
13. My partner/spouse and I can discuss our thoughts, feelings, and concerns about sex openly without fear of rejection or embarrassment.	1 2 3 4 5

14. Do you have anyone else that you can discuss your thoughts, feelings, and concerns about sex with eg. a trusted friend, GP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
15. Would you like to talk to someone about resuming sex after your stroke or improving the quality of sex you are having?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
16. Would your partner/spouse like to talk to someone about your sexual relationship?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
17. I'm not currently in a relationship.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
18. If you or your partner/spouse would like to talk to someone would you prefer a ...	Female <input type="checkbox"/>	Male <input type="checkbox"/>	

Thank you for completing this questionnaire.

*This questionnaire was designed and written by Ron Dick
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