AGL 2022

51st GLOBAL CONGRESS ON MIGS

December 1–4, 2022 | Gaylord Rockies Resort and Convention Center | Aurora, Colorado

SYLLABUS

Surgical Tutorial 5: How to Provide Optimal Sexually Outcome for Your MIGS Patients, Starting Even Before Surgery

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Shaida Molloy, MD*
Jamal Mourad, DO*
Debra Wickman, MD*

Surgical Tutorial 5: How to Provide Optimal Sexuality Outcomes for your MIGS Patients, Starting Eve Before Surgery

Chair: *Jamal Mourad, DO*

Faculty: *Shaida Molly, MD, Debra Wickman, MD*

Course Description

Quality-of-life metrics have become increasingly important, as women are becoming more knowledgeable and even more empowered to expect improvement in aspects of their quality-of-life after surgery. This expectation goes beyond the goal of functional improvement, or physiologic symptom relief likely to be achieved by a surgical procedure. Conversely, patients certainly do not want to face a postoperative decline. Sexual satisfaction is integral to quality-of-life and there are core principles and steps to take to protect and optimize this precious commodity all along the way. A well-rounded surgeon not only attains excellence in operative skills, but also masters the integrative nature of patient care weaving that knowledge into pre- and post-surgical patient care. This course will impart practical knowledge around these crucial principles.

Learning Objectives

At the conclusion of this course, the participants will be able to: 1) Describe the four-pronged approach to vaginal health: structural, hormones, blood flow/brain-mind, how each of these elements can be supported and, if ignored, how they can derail a good surgical plan; as well as the importance of vaginal integrity, how it can be impaired and why this matters for planning surgery (meds, toxins, endocrine disruptors, bad lubes, allergens, etc.); 2) Integrate strategies for how to nourish the vaginal epithelium and make it a healthier substrate to operate on; how to reduce dyspareunia using procedures/products/concepts; how to optimize blood flow for genital tissues (nitric oxide, red LED light); anatomic considerations for the female prostate and related surgery; and addressing sexual implications for nerve networks at the cervix/ vaginal cuff; and 3) Discuss sexuality expectations with patients preoperatively to guide post-operative results; and encourage mind-body connection with the vagina to promote healing, reduce all manner of trauma, and empower your patients to be consistent with their self-care.

Course Outline

2:00 pm	Welcome, Introduction and Course Overview	J. Mourad
2:05 pm	How to Provide Optimal Sexually Outcomes for Your MIGS Patients, Starting Even Before Surgery	D. Wickman/ S. Molly/J. Mourad
2:50 pm	Questions & Answers	All Faculty
3:05 pm	Adjourn	

How to Provide Optimal Sexuality Outcomes for Your MIGS Patients, Starting Even Before Surgery

Debra Wickman, MD, FACOG, Banner University Medical Center – Phoenix, Women's Institute, Director of Female Sexual Medicine
Shaida Molloy, MD, Banner University Medical Center – Phoenix, Women's Institute
Jamal Mourad, DO, FACOG, Banner University Medical Center – Phoenix, Women's Institute, Director of Minimally Invasive Gynecologic Surgery

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Disclosure

"**We have no financial relationships to disclose**"

Objectives

- Explore sexuality status and expectations with patients pre-operatively to guide post-operative results.
- Describe the "four-pillar" approach to vaginal health, how each can be supported and, if ignored, can derail a good surgical plan.
- Recognize anatomic considerations for the female prostate relating to surgical outcomes.
- Encourage mind-body connection in patients to induce healing, restore function and promote consistency in ongoing self-care.

Why is sexuality important?

Quality of Life Metrics

- High importance of sexual health to quality of life
- Excellent health correlates with higher sexual satisfaction
- Fair or poor health correlates with lower sexual satisfaction
- Sexual satisfaction is a Q-of-L metric throughout the lifespan
- If you are committed to improving a patient's health, you must address sexual concerns

Flynn KE, et al, 2016

WAS

Declare that:

- The possibility of having pleasurable and safe sexual experiences free of discrimination, coercion, and violence is a fundamental part of sexual health and well-being for all;
- Access to sources of sexual pleasure is part of human experience and subjective well-being;
- Sexual pleasure is a fundamental part of sexual rights as a matter of human rights;
- Sexual pleasure includes the possibility of diverse sexual experiences;
- Sexual pleasure shall be integrated into education, health promotion and service delivery, research and advocacy in all parts of the world;
- The programmatic inclusion of sexual pleasure to meet individuals' needs, aspirations, and realities ultimately contributes to global health and sustainable development and it should require comprehensive, immediate and sustainable action.

WAS 2021, Capetown SA

Sexual Health

"…a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."

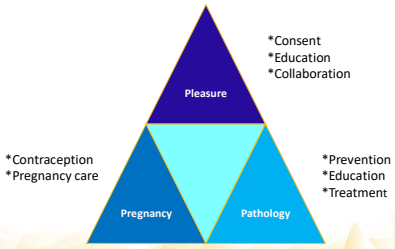
WHO, 2006a

Sex and Surgery

- Many women will not initiate this discussion
- Sometimes quest for improved sex overlaps with need for surgery
- Women want to know whether surgery will help or harm their sex life
- Surgeons want optimal outcomes



Women's Health Pyramid



Sexual Concerns are Common in Women

PRESIDE Study (Prevalence of Female Sexual Problems Associated with Distress and Determination of Treatment Seeking)

Sexual Complaint	Problem	Distress
Desire	38.7%	27.5%
Arousal	26.1%	5.4%
Orgasm	20.5%	4.7%
Combo/Any	43.1%	22.0%

Shifren J, et al, 2008

PRESIDE Study

- Prevalence increased by age group

18-44 yo	27.2%
45-64 yo	44.6% ** most distress
65 plus	80.1%

- 40% have concurrent depression

Shifren J, et al, 2008

Maryland Women's Health Study

Assessed effectiveness of hysterectomy for benign disease – 1100 women (TAH 65%, TVH 35%)

- Complications
- Psychological functioning
- Sexual functioning
- Quality of life

Rhodes JC, et al, 1999

Maryland Women's Health Study

- Sexual function improved after hysterectomy
- Increase in overall sexual activity at 12 and 24 months
- Decrease in dyspareunia
- Increased likelihood and strength of orgasm
- Decrease in low libido

Rhodes JC, et al, 1999

Maryland Women's Health Study

- Significant improvements in depression, anxiety, social function
- Significant overall improvement in quality of life
- Women with pre-op depression had **3.6x** higher odds of poor outcomes at 12 mo, and **3.5x** higher odds at 24 mo.
- **Pre-hysterectomy sexual functioning and psychosocial state are significant predictors for post-hysterectomy sexual dysfunction**

Rhodes JC, et al, 1999

Total vs Supracervical Hysterectomy

- At 12 mo: no significant difference in frequency, desire, initiation of intercourse and sexual function
- Quality of life improved in majority of domains
- 9-yr f/u: no long-term differences b/w groups
- Both groups had decreased frequency of intercourse, decreased desire, difficulty with orgasm assoc with ageing

Thakar R, et al, 2008
Thaker R, et al, 2015

Post-Operative Sexual Decline

- 10-20% of women will experience a decline in sexual function after hysterectomy
  - Dyspareunia
  - Change/muted/difficult orgasm
  - Independent of surgical route or total vs supracervical

Lonnee-Hoffmann R, and Pinas I, 2014

Risk Factors for Post-Operative Sexual Decline

Pre-existing undiagnosed morbidity
- Depression
- Unsatisfactory Sexual Function

Goktas SB, et al, 2015

Rule Out Concurrent Depression

- PHQ-9


PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Schutt PE, et al, 2016

Female Sexual *Distress* Scale

	NEVER	RARELY	OCCASIONALLY	FREQUENTLY	ALWAYS
	0	1	2	3	4

Over the past 30 days; how often did you feel:

1.	Distressed about your sex life	0 1 2 3 4
2.	Unhappy about your sexual relationship	0 1 2 3 4
3.	Guilty about sexual difficulties	0 1 2 3 4
4.	Frustrated by your sexual problems	0 1 2 3 4
5.	Stressed about sex	0 1 2 3 4
6.	Inferior because of sexual problems	0 1 2 3 4
7.	Worried about sex	0 1 2 3 4
8.	Sexually inadequate	0 1 2 3 4
9.	Regrets about your sexuality	0 1 2 3 4
10.	Embarrassed about sexual problems	0 1 2 3 4
11.	Dissatisfied with your sex life	0 1 2 3 4
12.	Angry about your sex life	0 1 2 3 4
13.	Bothered by low sexual desire	0 1 2 3 4
14.	Concerned by arousal difficulties	0 1 2 3 4
15.	Frustrated by orgasm	0 1 2 3 4

DeRogatis L, et al, 2021

Sexual Dysfunction Screener

- **Female Sexual Function Index (FSFI)**
  - 19 item self-reported questionnaire
  - Gold-standard for research tool on FSD
  - Takes approx. 13 minutes to complete
  - 6 domains of Sexual Function:

*Desire *Arousal *Lubrication
*Orgasm *Satisfaction *Pain

FSFI - 6

- Simple, patient-administered tool
- Supplements physical exam and patient history in a clinical setting
- Increase likelihood of correct dx of FSD
- Takes approx. 1.5 minutes to complete
- Tested/validated/accurate

Isidori, et al, 2010

FSFI-6

Over the past 4 weeks:

1. How often did you feel sexual desire or interest?

Almost Always/Always	5
Most times (More than half)	4
Sometimes (About half)	3
A few times (Less than half)	2
Almost never/Never	1
No Sexual Activity	0

FSFI-6

Over the past 4 weeks:

2. How often did you feel sexually aroused during sexual activity or intercourse?

Almost Always/Always	5
Most times (More than half)	4
Sometimes (About half)	3
A few times (Less than half)	2
Almost never/Never	1
No Sexual Activity	0

FSFI-6

Over the past 4 weeks:

3. How often did you become lubricated during sexual activity or intercourse?

Almost Always/Always	5
Most times (More than half)	4
Sometimes (About half)	3
A few times (Less than half)	2
Almost never/Never	1
No Sexual Activity	0

FSFI-6

Over the past 4 weeks:

4. When you had sexual stimulation or intercourse, how often did you reach orgasm?

Almost Always/Always	5
Most times (More than half)	4
Sometimes (About half)	3
A few times (Less than half)	2
Almost never/Never	1
No Sexual Activity	0

FSFI - 6

Over the past 4 weeks:

5. How satisfied have you been with your overall sexual life?

Very satisfied	5
Moderately satisfied	4
Equally satisfied and dissatisfied	3
Moderately dissatisfied	2
Very dissatisfied	1
No Sexual Activity	0

FSFI-6

Over the past 4 weeks:

6. How often did you experience discomfort or pain during vaginal penetration?

Almost Always/Always	1
Most times (More than half)	2
Sometimes (About half)	3
A few times (Less than half)	4
Almost never/Never	5
No Sexual Activity	0

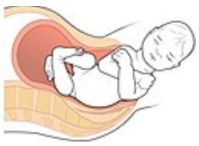
FSFI-6

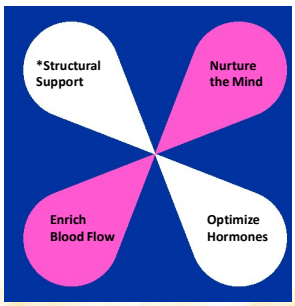
- **Scoring:**

≤19 = classified as having positive FSD screen

>19 = not consistent with FSD

The vagina is more than a conduit





Four-pillar Approach to Vaginal Health

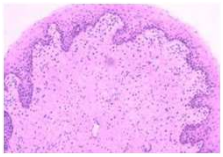
Structural Support

Protect

- Medications
  - Antihistamines
  - OCP's
  - Antibiotics
- Toxins/Endocrine Disruptors
- Lubricant Osmolality
- Allergens / Irritants
- Infection
- Pain with Penetration

Nourish

* Diet
* Hydration
* Hormones
* Microbiome



Toxins/Endocrine Disrupting Chemicals

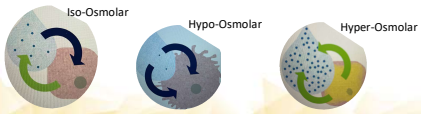
- Ubiquitous
- Effects: subfertility, infertility, menstrual cycle abnormalities, anovulation, premature menopause
- Pesticides
- Heavy metals – arsenic, lead, mercury
- DES
- Plasticizer alternatives – BPA, phthalate
- Tampons contain many of these

Rattan S, et al, 2017
Singh J, et al, 2019

Lubricant Osmolality

- Optimal vaginal pH 3.8–4.5
- Osmolality (solute particles per Kg solution)
  - Plasma 275-290 mOsm/kg
  - Vagina 370± 40 mOsm/kg
  - Semen 280-331 mOsm/kg

Red Flag: Glycerin, Propylene Glycol



Ayehunie S, et al, 2021

"Oh Nut" Device

www.ohnut.co

Hydration

- Hyaluronic Acid
  - Naturally occurs in the body
  - Retains 1000x its weight in moisture
  - Commonly used to treat aging skin
  - Local vaginal application relieves dryness, itching, dyspareunia and improves overall vaginal atrophy symptoms comparable with local estradiol rx's.

Campagnaro C, et al, J Sex Med, 2021

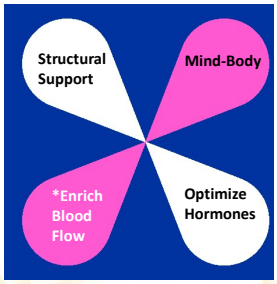
Microbiome

Vaginal Probiotic

- Helpful if chronic, recurrent BV or candida infections
- Many lactobacillus strains show activity against vaginal/urinary pathogens

Lactoferrin

- Vaginal prebiotic
- Disrupts biofilm, anti-inflammatory activity
- Interferes with Iron metabolism of pathogenic bacteria



A Four-Pillar Approach to Vaginal Health

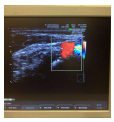
Women can experience ED

Causes:

- Reduced circulation from atrophy, hypertonic pelvic floor muscles
- Psychosexual barriers
- Lifestyle

Diagnosis

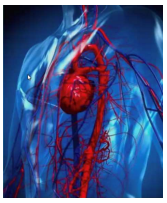
- History: Difficult arousal/orgasm, worsening with age, i.e. menopause
- Hx atherosclerosis, CAD
- Clitoral Artery Doppler Assessment

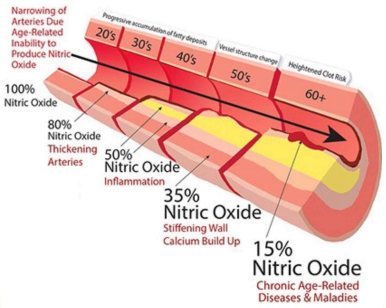


Bardin MG, et al, 2022

How to Enrich Blood Flow

- Relationship Dynamics
- Pelvic Floor Physical Therapy
- Treat Vaginal Atrophy
- Healthy Lifestyle
- Nitric Oxide





Bryan, N, Functional Nitric Oxide Nutrition, 2018

Nitric oxide production goes down with age... especially if you're unhealthy

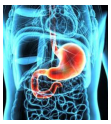
Torregrossa AC, et al, J Geriatric Cardiol, 2011

Nitric Oxide

- L-arginine plus NO synthetase, in endothelium; or conversion of nitrate from foods into nitrite, then NO
- Decreases oxidative stress and inflammation
- Inhibits platelet aggregation
- Prevents atherosclerosis and CAD
- Crucial for vasodilation
- Vital for sexual function and response

Nitric Oxide Production





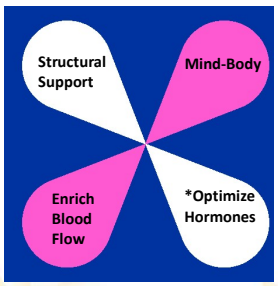
XAntiseptic Mouthwash
XAntibiotic Use

XMeds that affect acid production

Bryan N, Functional Nitric Oxide Nutrition, 2018

Products to Boost NO

- Sildenafil
- NO supplement
- L-arginine supplement
- Ristela supplement – French Maritime Pine Bark, etc.

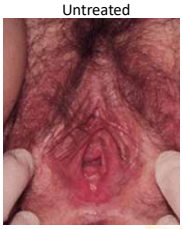


A Four-Pillar Approach to Vaginal Health

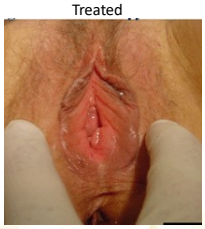
- Testosterone/DHT
- Estrogen
- Progesterone
- DHEA
- Cortisol
- Thyroid
- Insulin
- Growth Hormones

Genitourinary Syndrome of Menopause

Untreated



Treated



Local Vaginal Estrogen

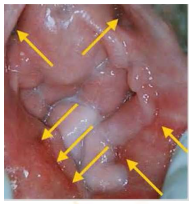
- Premarin (CEE) cream
- Estrace - Estradiol cream
- Vagifem – Estradiol tablet (10mcg)
- Imvexxy – Estradiol suppository (4mcg)
  - No androgen component
  - Minimal systemic absorption

Ospemifene

- Oral medication for post-menopausal dyspareunia due to vaginal atrophy
- SERM
- Estrogen-like effects on vaginal epithelium, bone; +/- on endometrium; anti-estrogen effect on breast
- Increased risks: thrombosis, stroke, thickened endometrium, endometrial polyps
- Side effects: vasomotor sx, headache, muscle spasm, vaginal bleeding

Pup LD, Sanchez-Borrego R, 2020

Vestibulodynia



Risk-reducing BSO

- Following Risk-reducing BSO:
  - Less sexual pleasure
  - More sexual discomfort
- Estradiol therapy did not impact pleasure scores post-operatively
- Estradiol therapy did improve discomfort

Johanson N, et al, 2016

Testosterone

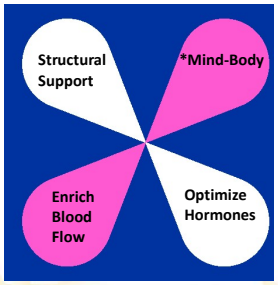
- Fundamental for both males and females:
  - Psychological
  - Sexological
  - Cognitive
  - Reproductive
- Lack/reduction impacts Q of L, sexual dysfunction through both central and local effects
- Not FDA-approved/off-label for use in women

Ciocca G, et al, 2016

DHEA (dehydro-epiandrosterone)

- Intravaginal DHEA
- FDA-approved, Compounded, OTC options
- Intracrinology, estrogen/androgen components
- Theoretically safe for male exposure

Labrie F, et al, 2018

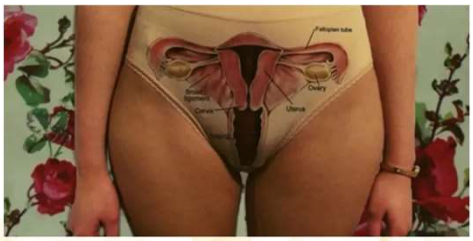


A Four-Pillar Approach to Vaginal Health

Body Image/ Sexual Self-Esteem

- How someone sees, and what they feel and believe about their body, and themselves as a sexual being
- Impacted by: aging, surgery, illness, society, media, peers, relationships as we evolve from birth until death
- Enhanced by education about how the sexual parts of the body function

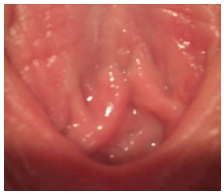
Sexual Education



The Biggest Sex Organ

- Pleasure begins in the mind
- Mindfulness: allows connection of thoughts/minds/body in the moment and builds upon pleasurable experiences.

Female Prostate Implications for Surgery

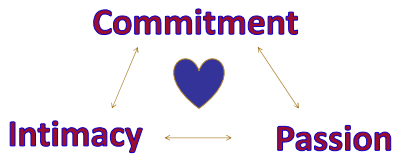


Wickman D, Plasticity of Skene's Gland Ostia… JSM, 2016

New Findings for Female Anatomy & Physiology

- Plasticity of the brain and body
  - Our bodies change according to demand & intention
  - Erogenous zones unique to female body
  - Neural wiring provides several paths to arousal & orgasm
  - Genital plasticity – Skene's gland ostia, Transgender neovagina

Components of the Sexual Mindset



Commitment

Decision/ Pledge / Vow

Intimacy

- Feelings of closeness, bondedness, connectedness
- Comfort, security, acceptance
- Truth, honesty, compatibility

Passion

- Intense romantic or sexual desire
- Physical arousal

Sexual Setting

- Consider special pillows, wedges, devices to enhance sexual activity if positioning is a challenge

Liberator.com, Kinkly.com

Intention

- Infuse ”intention” into each element of self-care

Pre-op Visit

- Assess for depression
- Discuss/evaluate sexual function
- Discuss genital sensation and orgasm
- Consider pre-treating vulvovaginal atrophy/vestibulodynia
  - Better surgical healing
  - Improved sexual pain post-op
- Educate about anatomy and how surgery will impact it

Post-Op Visit

- Include advice about sexual function/intimacy
- Intervene/refer early if issues arise

Pleasure

- The ability to receive and experience sexual pleasure
- Sense of enjoyment felt through sexual activity – but also through the senses
- Pleasure is Health

References

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CULTURAL AND LINGUISTIC COMPETENCY & IMPLICIT BIAS

The California Medical Association (CMA) announced new standards for Cultural Linguistic Competency and Implicit Bias in CME. The goal of the standards is to support the role of accredited CME in advancing diversity, health equity, and inclusion in healthcare. These standards are relevant to ACCME-accredited, CMA-accredited, and jointly accredited providers located in California. AAGL is ACCME-accredited and headquartered in California.

CMA developed the standards in response to California legislation (Business and Professions (B&P) Code Section 2190.1), which directs CMA to draft a set of standards for the inclusion of cultural and linguistic competency (CLC) and implicit bias (IB) in accredited CME.

The standards are intended to support CME providers in meeting the expectations of the legislation. CME provider organizations physically located in California and accredited by CMA CME or ACCME, as well as jointly accredited providers whose target audience includes physicians, are expected to meet these expectations beginning January 1, 2022. AAGL has been proactively adopting processes that meet and often exceed the required expectations of the legislation.

CMA CME offers a variety of resources and tools to help providers meet the standards and successfully incorporate CLC & IB into their CME activities, including FAQ, definitions, a planning worksheet, and best practices. These resources are available on the CLC and IB standards page on the CMA website.

Important Definitions:

Cultural and Linguistic Competency (CLC) – The ability and readiness of health care providers and organizations to humbly and respectfully demonstrate, effectively communicate, and tailor delivery of care to patients with diverse values, beliefs, identities and behaviors, in order to meet social, cultural and linguistic needs as they relate to patient health.

Implicit Bias (IB) – The attitudes, stereotypes and feelings, either positive or negative, that affect our understanding, actions and decisions without conscious knowledge or control. Implicit bias is a universal phenomenon. When negative, implicit bias often contributes to unequal treatment and disparities in diagnosis, treatment decisions, levels of care and health care outcomes of people based on race, ethnicity, gender identity, sexual orientation, age, disability and other characteristics.

Diversity – Having many different forms, types or ideas; showing variety. Demographic diversity can mean a group composed of people of different genders, races/ethnicities, cultures, religions, physical abilities, sexual orientations or preferences, ages, etc.

Direct links to AB1195 (CLC), AB241 (IB), and the B&P Code 2190.1:

Bill Text – AB-1195 Continuing education: cultural and linguistic competency.
Bill Text – AB-241 Implicit bias: continuing education: requirements.
Business and Professions (B&P) Code Section 2190.1

CLC & IB Online Resources:

Diversity-Wheel-as-used-at-Johns-Hopkins-University-12.png (850×839) (researchgate.net)
Cultural Competence In Health and Human Services | NPIN (cdc.gov)
Cultural Competency – The Office of Minority Health (hhs.gov)
Implicit Bias, Microaggressions, and Stereotypes Resources | NEA
Unconscious Bias Resources | diversity.ucsf.edu
Act, Communicating, Implicit Bias (racialequitytools.org)
https://kirwaninstitute.osu.edu/implicit-bias-training
https://www.uptodate.com/contents/racial-and-ethnic-disparities-in-obstetric-and-gynecologic-care-and-role-of-implicitbiases
https://www.contemporaryobgyn.net/view/overcoming-racism-and-unconscious-bias-in-ob-gyn
https://pubmed.ncbi.nlm.nih.gov/34016820/