



# Rehabilitation in NeuroScience Patients: Restoration of Partner Intimacy As An Essential Component of Nursing Care

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## Introduction:

Although the focus of neurologic rehabilitation is on function, cognitive status and ADLs, nursing teams in our facilities have discovered that for our neuroscience patients, a return to normalcy in sexual function following a stroke, spinal cord injury, brain tumor or other neurological compromise may prove to be exceptionally challenging. In a review of the literature and in clinical practice in regard to patient, caregiver and family function following rehabilitation it became apparent that nursing had an opportunity to expand patient education, and allocate resources to restoration of sexual function. We developed a nursing care standard, and have initiated interdisciplinary collaboration, and seek to continue to improve nursing care and treatment which facilitates a safe and healthy return to intimacy, and may need to be considered in routine patient care planning. Association of Rehabilitation Nurses has identified Restoration of Intimacy as an essential competency for Rehabilitation Nurses

## Patient Disorders with Potential Sexual Dysfunction (sample)

- ~ Spinal Cord compromise
- ~ Brain tumors
- ~ Multiple Sclerosis
- ~ Traumatic Brain Injury
- ~ Other Disabilities
- ~ Amputation
- ~ Parkinson's Disease
- ~ Back Pain
- ~ Chronic Illness
- ~ Cancer
- ~ Arthritis
- ~ Fibromyalgia
- ~ Diabetes
- ~ Visual losses

## Characteristics of Initiating The Learning Process for Patients; *Tips for the Nurse*

Many clinicians feel uncomfortable initiating the discussion with patients:

1. Develop a trusting relationship with patient
  - a. Provide privacy and ensure confidentiality
2. Pre-existing values, expressed needs
  - a. Body image Disturbance
  - b. Pain
  - c. Side Effects of Medications



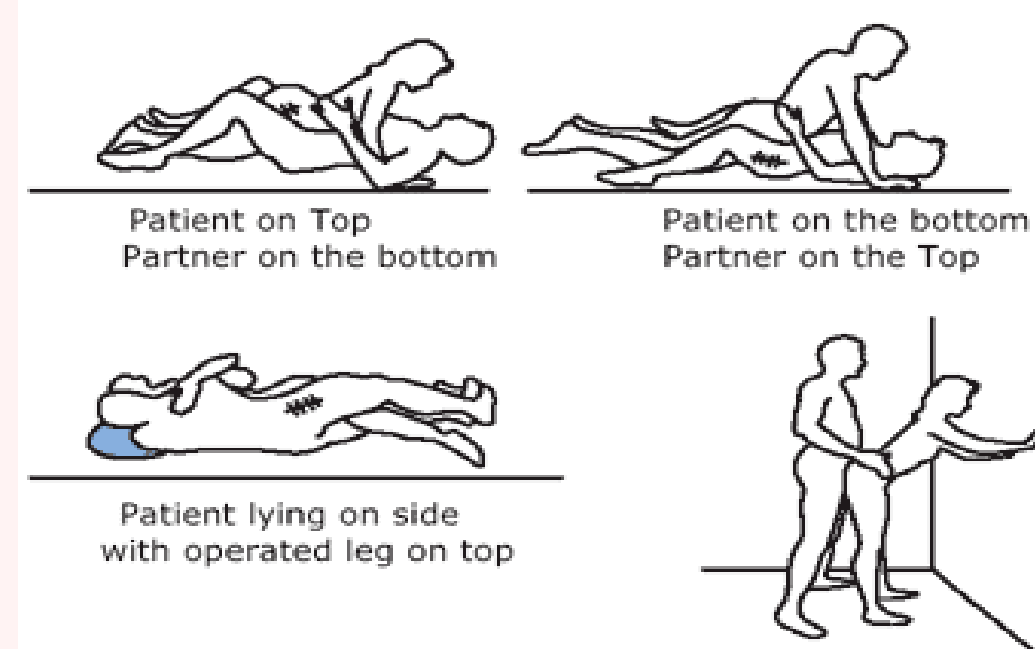
## Sexual Assessment Planning

Practitioner role:

- ◇ Cognition
- ◇ Motivation
- ◇ Interpersonal history
- ◇ Sex history
- ◇ Social history
- ◇ Vocational History

## Clarification:

Dispelling existing myths regarding sexual function/disability



## Initial Considerations in Plan of Care:

Timing: When can the patient resume sexual activity?

- When will the patient's natural desire return?
- Physical recovery
- Emotional recovery
- Feelings of loss (both the patient and the significant other)
- When should the patient take medications? (i.e., blood pressure pills before sexual activity)
- Discuss sexual activity in open communication to reduce anxiety with intimate partner
- Maintaining a sense of humor
- Setting aside special time for sexual activity
- Show appreciation with mate to solidify the relationship
  - ◇ Return to sexual activity requires patience and loving support
  - ◇ Being close and cuddling, telling mate what is pleasurable
  - ◇ Do not compare to prior sexual performance

Location matters: The area of brain injury will impact the return of sexual function: This will need to be discussed with health care provider

- Inappropriate sexual function may occur as a result of the disease process:
  - ◇ For example, Left brain stroke survivors may be more depressed, and this will negatively impact desire. A brain lesion may also enhance sexual desire.
- Relearning how to have sex may be important- Often this is not recognized

## RESEARCH FINDINGS ON SEXUAL DYSFUNCTION: CONCERNS WITH NEUROLOGICAL IMPAIRMENT

	Lacking Sexual Partner	Hormonal Alteration	Low Libido/Sexual Desire	Low Sexual arousal	No Sexual Orgasm	Dyspareunia	Vaginismus	Lack of Vaginal Lubrication	Seizure Exacerbation	Bowel and Bladder dysfunction	Neurological Symptoms	Erectile Dysfunction	Reduced Memory and Concentration	Fatigue	Autonomic Dysfunction	Altered Genital Sensation	Hyper sexuality	Dyscontrol of Sexual Behavior	Easily Distractibility	Pan sexuality
Epilepsy	*	*	*	*	*	*	*	*	*		*									
Multiple Sclerosis	*		*			*	*	*		*	*	*	*	*		*				
Spina Bifida	*									*	*									
Spinal Cord Injury	*									*	*	*			*	*				
TBI			*								*			*		*	*	*	*	
Stroke			*	*	*						*	*					*			
Parkinson's Disease			*	*						*	*	*								
Tourette's Syndrome											*									*

## Nursing Care Standard: Sexual dysfunction:

*The patient will describe him/herself as a sexual being*

- ◇ Express that sexual activity is satisfying and pleasurable
- ◇ Identify resources within the community to support sexuality
- ◇ Demonstrate an understanding of the alterations in sexual function and options available to address those alterations
  - ◇ Construct a teaching plan to address normal sexual structure and function, and alteration in function specific to the disability
  - ◇ Reduce impact of the disability on sexual performance

## PLISSIT Model for Sexual Counseling:

1. Permission:
  1. Allowing questions to be raised, and giving permission to talk
2. Limited Information:
  1. Allowing person to pursue the question further if comfortable and provide individualized, specific information
3. Specific Suggestions: assisting with identification of the problem and offering suggestions to help solve the problem: i.e.; bladder, bowel or positioning
4. Intensive Therapy: providing expert assistance for discussion intervention (psychotherapy, relationship counseling, medical management of impotence, infertility or childbirth)