Radiography

Supporting practitioners to talk about sexual wellness and pleasure during radiotherapy for gynaecological cancer

--Manuscript Draft--

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Abstract:	Introduction Radiotherapy treatment for gynaecological cancer has significant negative effects on sexual wellness and pleasure (1–3). Patients undergoing radiotherapy for gynaecological cancers have more sexual dysfunction and experience more sexual and depressive symptoms than those who undergo surgery alone (4). The World Health Organization defines sexual health as a crucial part of health and wellbeing and recognizes the importance of positive and respectful approaches to sexuality, alongside safe and pleasurable sexual experiences free from violence and coercion (5). Methods Taking a sex critical approach to sexual wellness and pleasure, this project aimed to support practitioners to have improved and impactful conversations with people receiving radiotherapy treatment for gynaecological cancers. A series of three professional development workshops were held to explore language, unpack assumptions and develop key competencies for practitioners. A fourth workshop involved co-development of resources for use by other practitioners. Results The group united, sharing insights, learning, and developing practices through reflection developing critical awareness about damaging silences around sexual wellness and pleasure. Co-created resources included conversation cards and a poster. Conclusions The project aimed to build and extend research findings to develop practitioner skills in supporting sexual wellness and pleasure for people receiving gynae-radiotherapy. The study shows the benefits of discussing norms and harms associated with biomedically focused conversations in gynae-radiotherapy to acknowledge diversity and validate concerns about sexual wellbeing and pleasure. Implications for Practice A sex critical approach to sexual wellness and pleasure should be considered a core principle of care for patients during their treatment for gynaecological cancers. Conversations are a key (free) resource within the practitioner-patient relationship that can address and improve patients' psychosocial wellbeing.

Dr Lisa Ashmore,

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28th March 2024

Dear Editors,

Re: Supporting practitioners to talk about sexual wellness and pleasure during radiotherapy for gynaecological cancer

Please find enclosed our draft manuscript for consideration for Radiography. I can confirm that this paper is not under consideration for publication elsewhere, nor has it previously been submitted to a different journal.

I can also confirm that each author has contributed to the manuscript, under the responsibility of the first named author, Dr Lisa Ashmore. Publication is approved by all authors and approval was granted for the work to be carried out at the research site and by each of affiliated organisations.

I can confirm that the authors do not have any conflicts of interest, including financial or personal relationships.

No supporting documentation has been sent by post to the Editorial Office.

We look forward to hearing from you in due course.

With best wishes,

Lisa Ashmore

Thank you for your positive and encouraging comments on our paper. In response to Reviewer Two's helpful recommendations we have made the following changes in the manuscript:

Simplification of some of the phrases for example: "This approach is antithetical to neo-liberal, improvement narratives....".

> *We have edited the language used throughout the submission to ensure it is accessible for a practitioner audience.*

I would have liked to see some implications for education of others. How are you going to share this learning with the rest of the team/other staff involved in the care of gynae patients?

> *We have included a placeholder for the website where the materials are available to order for free. We also hope that by sharing this article (and other dissemination work of the team) we are supporting the education of others.*

It would be useful to include a section about tips to start the conversation with patients, unless this was not discussed in the workshops.

> *We have added in a text box with some tips pulled out of the paper to aid with this.*

And how do people deal with the impact of having these discussions with patients, what support is offered for staff doing this work?

> *We have included the following sentence in the conclusion: "It was clear the group benefitted from sharing their own experiences and creating a network of peers determined to make an impact on care. Ensuring conversations about patient sexual wellness and pleasure are widespread within teams will support staff and enable meaningful conversations."*

Title Page

Supporting practitioners to talk about sexual wellness and pleasure during radiotherapy for gynaecological cancer

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Taking a sex critical approach to sexual wellness and pleasure, this project aimed to support practitioners to have improved and impactful conversations with people receiving radiotherapy treatment for gynaecological cancers. A series of three professional development workshops were held to explore language, unpack assumptions and develop key competencies for practitioners. A fourth workshop involved co-development of resources for use by other practitioners.

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The group united, sharing insights, learning, and developing practices through reflection developing critical awareness about damaging silences around sexual wellness and pleasure. Co-created resources included conversation cards and a poster.

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A sex critical approach to sexual wellness and pleasure should be considered a core principle of care for patients during their treatment for gynaecological cancers. Conversations are a key (free) resource within the practitioner-patient relationship that can address and improve patients' psychosocial wellbeing.

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Introduction

Radiotherapy treatment for gynaecological cancer is evidenced to have significant negative effects on sexual wellness and pleasure (1–3). Despite efforts taken to reduce damage to healthy tissue, damage to surrounding anatomy is a common side effect of treatment that frequently precedes symptoms related to reduced sexual wellbeing and quality of life for patients (6). Patients undergoing radiotherapy for gynaecological cancers, gynae-radiotherapy, have more sexual dysfunction and experience more sexual and depressive symptoms than those who have undergone surgery alone (4).

Physical effects of gynae-radiotherapy have been shown to be prevalent post-treatment, including vaginal stenosis (narrowing) and shortening, decreased lubrication, pelvic nerve damage (thus, reduced sensation), vaginal atrophy, and skin changes (1). When combined with generalised symptoms of fatigue and urological disturbances (e.g., incontinence) there is a cumulative detrimental effect on sexual aspects of life like desire, orgasm, arousal and excitement (7).

The World Health Organization defines sexual health as crucial to health and wellbeing and recognizes the importance of a positive and respectful approach to sexuality, alongside safe and pleasurable sexual experiences that are free from violence and coercion (5). Being able to achieve this is dependent on creating environments that actively promote sexual wellness and pleasure in inclusive, non-medicalised ways. This involves moving beyond paternalistic, one dimensional perceptions of sexual wellbeing, such as those prioritising penis/vagina penetration, to versions of sexual wellness that celebrate pleasure, self-determination of one's sex life, and comfort within one's sexuality (8). Therefore, in this paper, the term *sexual wellness and pleasure* is used instead of alternative phrases, such as sexual dysfunction, sexuality, or sexual wellbeing. Further, where reference to 'sex' is made, this stands in for a wide range of non-heteronormative activity and practices.

Taking a sex critical approach to sexual wellness and pleasure, this paper reports on a project that aimed to support practitioners to have improved, impactful conversations with people receiving radiotherapy treatment for gynaecological cancers. The project starting point was data collated and analysed during the Gynae Cancer Narratives research (6) and was a collaboration with the Society and College of Radiographers to promote professional development of Therapeutic Radiographers. Following a description of the methods and analysis of results, the paper concludes with two key arguments: 1. Taking a sex critical approach to sexual wellness and pleasure should be considered as a core principle of care for patients during their treatment for gynaecological cancers. 2. Conversations within the practitioner-patient relationship are a key resource that can address and improve patients' sexual wellness and thereby quality of life.

Background

Undergoing treatment for cancer has been described as traumatising in numerous studies (6,9,10). External beam radiotherapy (RT) and internal treatment, brachytherapy, have been described as painful, humiliating and distressing, revealing patients in the most intimate of ways and affecting the part of the body, e.g. the genitals, that in many cultures symbolises sexuality. The physical discomforts following brachytherapy of pain, irritation and bleeding related to sex have been shown to be debilitating and devastating (7). In addition, late effects including bladder and bowel changes, lymphoedema, bone thinning, early menopause, and nerve changes among others have been reported as well as psychological suffering, as part of living with and beyond cancer, 'haunting' those who have completed treatment and who live in chronic states of unsettledness (11).

When considering sexual wellness and pleasure, a focus on the absence or decreased frequency of sex following treatment is consistent across the literature. While sexual 'dysfunction' as a psychological concern following cancer treatment has been addressed with increasing frequency (12,13), focus often falls short of addressing changes to the ways people see themselves and their lives following diagnosis and treatment. Despite acknowledgment of the high incidence and long-term impact of sexual health issues on quality of life, supportive care needs are not being met (13). People who have received gynae-radiotherapy are considered a particularly vulnerable subpopulation in the wider population of those diagnosed with gynaecological cancer, that is already at a greater risk of sexual health issues and mental distress (4). Following treatment, changes in psychological and cognitive wellbeing affects patients' willingness to engage in, and the quality of, sexual lives (3). Some anxieties relate to concerns that penetrative sex after treatment could lead to trauma to the treatment site and recurrence of the cancer itself (14,15). Interviews with women who had gynae-radiotherapy highlight diminished desire for sex due to feelings of anxiety, driven by fear of the unknown with regards to sex post-treatment, alongside worries that sex will be painful (14).

The only longitudinal study on patients' experiences of sexual function after radiotherapy (2003) measured 'function' in terms of sexual interest, lubrication, dyspareunia, vaginal dimension, ability to 'complete' intercourse and satisfaction with sex life (16). The study participants reported persistent sexual dysfunction and adverse vaginal changes throughout the two-year study period. Studies rarely explore sexual wellness and pleasure in non-pathologised terms. Rather, a focus on sexual 'dys/function' typically limits recognition of treatment effects to the absence or presence of penis/vagina penetration. This can lead to experiences being unacknowledged and to inducing feelings of blame (6), to breaking down and pathologising (sexual) human lives into body parts and treatment pathways (17) and limiting healthcare information (18). The dys/function focus takes a deficit approach to sexual wellbeing that is at odds with the WHO definition, which includes the right to

pleasurable sexual experiences. As previous work by members of the present project team showed, conversations about patient concerns often rely on there being a referral pathway; where a pathway does not exist, conversations are blocked (19).

Bilodeau and Bouchard have described how some women undergoing radiotherapy for cervical cancer found sexuality evolves from a focus on physical aspects to expressions of intimacy focused on emotional fulfilment (7). Following radiotherapy treatment, sexuality can focus on closeness, comfort, and warmth, with open communication affording a more connected relationship with partners or themselves (6,14). Guilt is often part of post treatment emotions, with some women feeling they are unable to comply with sexual roles they felt are part of being a wife, followed by fear their male partners would have extramarital relations with other women (20). Whilst the interplay between relationship with a partner and sexual wellbeing has been noted throughout studies, there seems to be a lack in knowledge about impacts for people who are single, dating or in more casual or multiple sexual relationships, suggesting a lack of support for such demographics (14).

A study of US oncologists reported only 36% felt it was important to know the sexual orientation of their patients (21). In a similar UK study, only 8% of oncology staff reported confidence in their knowledge of lesbian, gay, bisexual, trans, queer (LGBTQ+) patient healthcare needs, with low rates of routine enquiry about sexual orientation (5%), gender identity (3%) and preferred pronouns (2%), indicating that conversations about sexual wellness, pleasure or activity were not part of consultations (22). Whilst some evidence is emerging for supporting the sexual lives of LGBTQ+ patients diagnosed with cancer, this has typically relied upon significant campaigning and tenacity from individuals, rather than systematic adoption of wholescale support for the diversity of sexual lives (23).

These silences and absences indicate sexual wellness and pleasure are difficult topics to discuss, both for patients and health care professionals, who often struggle with conversations about sex that go beyond medicalised perspectives. Multiple factors determine how and whether sexual wellness is mentioned during consultations, with healthcare professionals highlighting lack of time, resources, and training to raise issues of sexuality, especially in consultations relating to cancer when other issues are prioritised (24). Physicians have stated that they give limited information on, or opportunities to discuss, sexual concerns, and few alter their discussions based on characteristics (e.g., age, partner status, and severity of “dysfunction”) (25). A frequently mentioned barrier to communication for both professionals and patients, was the embarrassment associated with talking about “sexual functioning” because it was considered to be a taboo subject (25). Utilising medical language offers practitioners a way through this but can result in an inadequate conversation for patients.

The literature demonstrates some areas of poor patient care and missed opportunities for improving outcomes for women that have undergone gynae-radiotherapy. Prevalent throughout is the need for accurate information, a change in how information is delivered, and the provision of tools and infrastructures to enable patients to confidently raise issues they are experiencing. Although it is widely understood that informed patients are prepared and are therefore likely to cope with treatment effects (26), responses tend to focus on increasing patient education rather than systematically improving practices of communication. It is acknowledged that potential sexual related adversities should be discussed before, throughout, and following treatment, but the content and approach to discussions is rarely addressed. Following national guidelines, physicians use standardised consent forms and are encouraged to offer advice on the management of sexual dysfunction and symptoms of early menopause, including lubricants, dilators and oestrogen, alongside consideration of referral for psychosexual counselling (27). Introducing sexual care after radiotherapy could provide the support that patients need in relation to long-term effects experienced due to pelvic radiotherapy (28,29). However, patients with a gynaecological cancer require personalised care in which the discussion of sexual health is non-medicalised and non-formulaic. Enhanced sexual care should become a routine part of ongoing conversations with patients before, during, and after cancer treatment.

Sex Critical Approaches to Talking about Sex and Pleasure

The project reported in this paper took a sex critical approach to talking about sex and wellbeing. This is different to sex positive approaches, which regard all consensual sexual activities as fundamentally healthy and pleasurable and encourage sexual pleasure and experimentation. Critiques of sex positivity raise questions such as; What about that some people's experiences of sex are traumatic, abusive or simply indifferent? Why is the role of orgasm so prominent? What about other forms of intimacy and loving, with others and alone? Thereby, sex critical approaches question assumptions about what constitutes sexual wellness and pleasure and identify that people might be limited by stereotypical views, or cultural norms, about 'good', 'normal' or 'great' sex and sexualities. These approaches highlight that dominant representations of sexual wellness and pleasure tend to be heteronormative: they constitute sex as penis/vagina penetration, refer to orgasm imperatives, draw upon unhelpful binaries such as male or female and sexual or asexual and carry assumptions about what is considered to be 'sexy' and desirable in terms of bodies and body parts.

A sex critical approach fitted well for exploration of sexual wellness and pleasure and gynaecological cancer because diagnosis, treatment and effects are experienced in profoundly personal and often intimately traumatising ways. In practice, this meant that the project team took a non-medicalised, inclusive perspective which did not: require the purchase of materials to promote sexual wellness and

pleasure; assume sexual wellness and pleasure is a physiological or psychological problem to be fixed; nor assume that all bodies are able to move or interact in the same way. This approach is opposed to financially motivated improvement narratives (for example those characterised by much of the 'wellness' or 'sex with cancer industry' (32)) that have been critiqued (33).

Responding to patient reflections on how sexual wellness and pleasure was discussed during radiotherapy treatment for gynaecological cancer and taking into consideration the need for system change rather than individual 'patient with deficit' approaches, the aim of this project was to develop practitioner skills in supporting sexual wellness and pleasure for people receiving gynae-radiotherapy.

Methods

A series of professional development workshops in association with The UK's Society and College of Radiographers were held for Therapeutic Radiographers working with patients having gynae-radiotherapy. The workshops included activities designed to explore language, unpack assumptions and develop key competencies for practitioners in discussing sexual wellness and pleasure.

Three online, two-and-a-half hour workshops were held with fifteen therapeutic radiographers from across the UK (June – July 2022). These took place over several weeks, with the hope that any ideas or inspiration to amend/apply learning to practice could occur between workshops and could be shared during the subsequent workshop. A fourth, in person workshop was held with members of the group and a graphic designer to co-create resources and materials to aid conversations about sexual wellness and pleasure (November 2022). A final workshop was convened with a group of patients to reflect on, and further develop, resource content (March 2023).

Ethical approval for the project was granted by <<anonymized>> University Faculty of Health and Medicine Research Ethics Committee (REC:###) and all participants provided full written consent prior to participation. Patients were reimbursed for their participation in the fifth workshop, in line with the National Institute for Health and Social Care Research (NIHR) guidelines.

As a way of forging connections between the radiographers, workshop facilitators and the research team, packs of resources were delivered to participants in advance of the sessions. These included, activity materials e.g., Body-shaped cards, dice, pens, pipe cleaners and glue; 'brew break' items e.g., Tea bags, coffee sachets and biscuits for each of the three sessions; things to touch and visualise e.g., Dental dams and condoms, internal clitoris keyring/badge; 'It's vulva, not vagina' illustrated postcard; and Betty Dodson's book *Sex for One* (34).

The workshops took practitioners on a 'journey' from introducing and reflecting on basic definitions of sexual health and pleasure (such as WHO) and mapping sexual, embodied and pleasure based 'side

effects' of gynae-radiotherapy, to discussing ways to talk about sex and masturbation. Patient testimonies were presented as research vignettes and described the alienating language that was frequently used about - and spoken over - the (sexual) bodies of people undertaking treatment.

Conversations were stimulated through activities designed by workshop facilitators to encourage critique of existing social and practice norms related to sexual wellness and pleasure (35) i.e. to reflect on 'taken for granted' assumptions, conventional views and standard practices. For example, in Session 1 an activity was used to gently (and humorously) open the session, through sharing names, pronouns and word/s from childhood used to describe genitals. Typically, a myriad of examples was proffered such as 'down there,' 'front bum' and 'private parts', and more localised terms like 'foof', 'rosie' and 'cookie,' and served to start the conversation about silence and diversity of language for (sexual) body parts. Session 2 focused on interrogating the clinical language typical across radiographers' practice. Language such as 'stump' and 'vaginal vault' was discussed, having been identified by participants in the underpinning research and experienced as desexualising. The terminology or 'lexicon' based activities evolved and by the final session, when a greater connection across the group was established, the group 'translated' common 'sex words' (orgasm, foreplay and ejaculation) from their formal definitions into their own words and descriptions as a way to help widen access to the different ways sexual wellness and pleasure can be described and experienced.

The fourth workshop was full-day, in-person including researchers from the original project, current practicing radiographers and a graphic designer, from which a 'talking about sexual wellness and pleasure tool kit' was created.

Informed by a sex critical approach and inspired by an 'ethics of care' (36), the workshops were mindful of the different ways that discussing sex, pleasure and related topics, may have an impact on participants. These impacts could be upsetting, triggering of past trauma or embarrassing, especially as the group had varying levels of comfort, confidence and openness around sex/ualities. To manage this, expectations and encouragements were shared at the start of each session. For example, "there is no need to share personal experiences, we won't be getting naked, it's OK to contribute in ways other than talking, if you feel uncomfortable or need to leave, please do so and re-join if you can".

Results

Centring sexual wellness

Across the workshops participants shared insights, learning, and developing practices through reflections on, and ideas about, their own specific locations and roles. Sex critical community based sexual health and pleasure facilitators, Me&Her (35) co-ordinated activities and discussion to

illuminate norms, broaden their frames of reference, increase confidence and develop a wider 'sexual lexicon' (37). Prioritising sexual wellness and recognising lived experience over biomedical perspectives was achieved through moving away from clinical and dehumanising language about bodies and treatment, such as 'vaginal vault'. Experiencing apprehension, laughter and curiosity together, the group were both confronted and liberated by recognising some norms and harms associated with biomedical approaches to gynae-radiotherapy.

Despite their interest in the domain of pleasure, one unifying feature of the group was their general unfamiliarity with considering and discussing sexual wellness and pleasure in their patient encounters. Indeed, anxieties were shared about feeling ill equipped to host robust conversations due to the limits of own personal sexual experience. This represents another challenge improved by taking an open and sex critical approach. The key is avoiding assumptions about sex, creating space for diversity and validating concerns about sexual wellbeing, rather than being a 'sexpert' – a role popularly depicted as someone with an exhaustive knowledge of sexual activities. Workshop participants were also united by an unfolding recognition of the need to address the silence around sexual wellness and pleasure within the lives of people being treated for gynaecological cancers. Tips on how to have conversations discussed during the workshops are shown in Box 1.

The group sought to support change in practices for therapeutic radiographers to attend to sexual wellness through sharing their own ongoing professional practice, 'good practice' examples, and commitments to improving patient care. Details about development of 'communities of pleasure' as a type of community of practice drawing on these workshops have been published (38).

Avoid assumptions about sex
Create space for diversity
Validate concerns about sexual wellbeing
Do not feel obliged to be a 'sexpert'
Use opportunities such as pretreatment conversations to welcome conversation: "Please talk to us about your sexual wellbeing during treatment if you would like to."

Box 1: Tips on starting a conversation emerging from workshops (and in other conversations)

Conversation not commodification

The (sexual) wellness industry, and increasingly sex and cancer, is commercially booming. The commodification of 'sexual dysfunction,' makes it something that can be profited from, (39,40) which is problematic. Likewise, the ways organisations use feminist and empowerment narratives,

concealing or glossing over limitations of wellbeing interventions, undermines informed care (41). Commercial incentives currently sit alongside an impoverished NHS service at 'breaking point', resulting in a healthcare system that increasingly buys in care through external 'independent' providers to reduce pressure on services (for example (42)). Radiographers, like other practitioners within the NHS currently, are under immense strain in terms of capacity and funding. Mindful of this landscape, our project paid attention to limiting the burden and commodification of our proposals for addressing sexual wellness in relation to gynae-radiotherapy.

This is evidenced in Figure 1, a colour-coded guide provided to structure a conversation between radiographer and patient, with the aim of communicating more clearly using both clinical and everyday language in inclusive and accessible ways. The top box provides an example of a sequence to follow and the bottom box provides an example sentence against this structure.

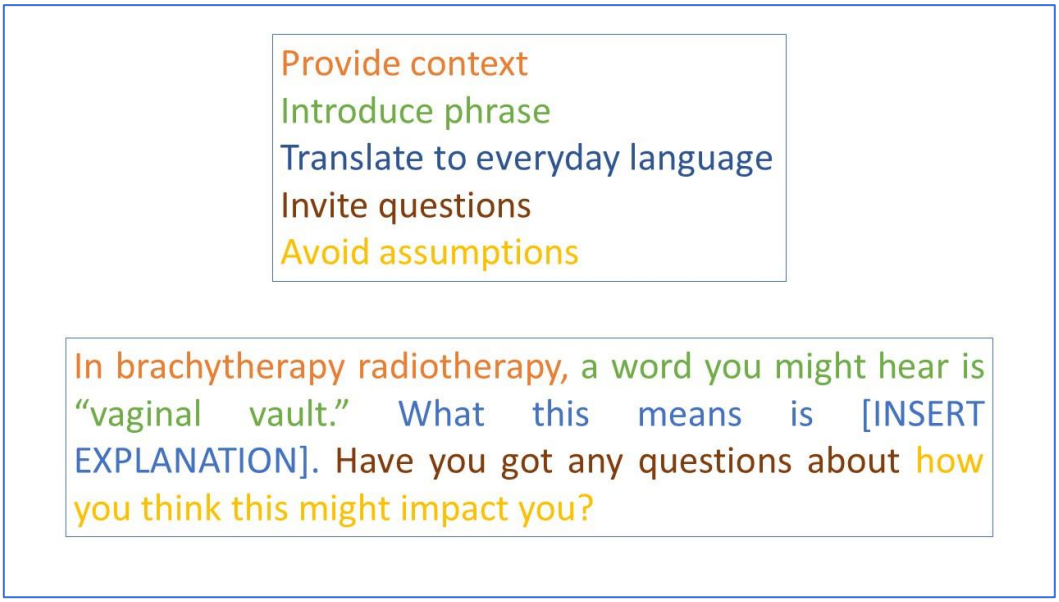


Figure 1- Example activity slide

In the example shown, Me&Her focussed on language used for anatomy, which had previously been shown to be alienating for patients and significantly undermining of a sense of sexuality associated with body parts such as the vagina (6). Including clinical language in this way does not serve to normalise its use or 'educate' patients in anatomical language, rather it supports understanding, offering a bridge between the clinical sphere and patients' own experience, upholding the agency of patients in decision-making and managing the ways in which their bodies are discussed. Taking active steps to amend how existing clinical conversations are framed is one way in which healthcare professionals can change care practices without significant investment.

In regular feedback during the training period, practitioners shared how their developing repertoire of resources was cascaded to colleagues, friends and family. For example, one professional described

how the clitoris keyring sparked conversations in the workplace, facilitating conversations about the project with colleagues - why she was involved and her learnings - which had a ripple effect of encouraging them to develop their own practices. The items themselves cost very little, exemplifying the effectiveness of simple prompts to foster the valuable resource of conversation.

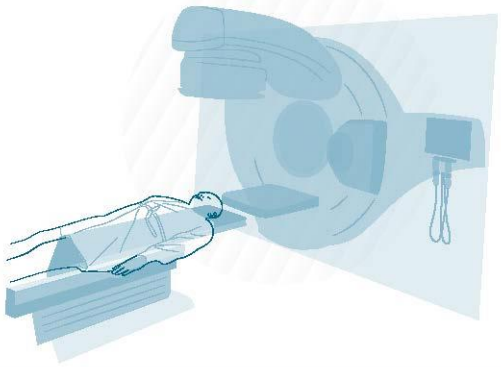
Building on the value of conversation starters and facilitators the fourth workshop involved co-development of resources for use by other practitioners. In this workshop participants identified they themselves were a key resource that could be used, especially considering that finance and clinical practices (e.g. infection control measures) mean the options for physical resources and tools are limited. By contrast, the radiographers move between clinical spaces and have different types of interactions e.g. pre, during and after treatment, that confers opportunities to attend to sexual wellness.

Physical resources developed

Lanyard cards (Figure 2). Stored in a wipeable plastic wallet designed to attach conveniently to a staff lanyard, these cards are to help (start) conversations about sexual wellness and pleasure. The holder displays the statement 'you can talk to me about sexual wellbeing' – decided upon to act as a non-threatening signpost that also functions to quietly legitimate the questions and concerns that patients may have about sexual wellbeing. Cards include a range of different words for genitals identified throughout the project with the intention that patients can indicate, without speaking if necessary, which term they are most comfortable with. Also included are depictions of the genitals (including the internal clitoris), as well as images of treatment rooms, so the practitioner has prompts that serve as a bridge with their patient during their conversations.

TREATMENT SPACES

TREATMENT (LINEAR ACCELERATOR) ROOM



SEX AND INTIMACY

LANGUAGE

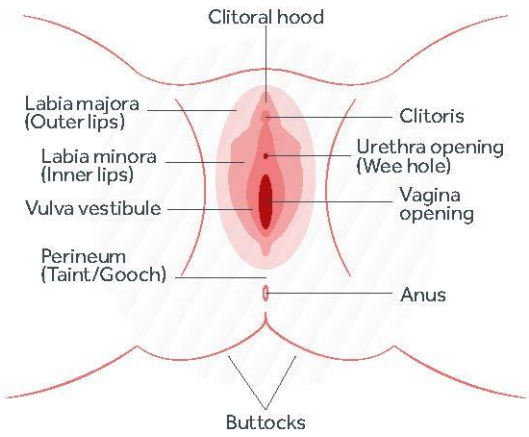
INTIMACY LOVE FLIRTING FOREPLAY
PAIN EROTICISM TRAUMA SEX AIDS
INTERCOURSE ORGASM
MASTURBATION FEAR FANTASIES
LONELINESS FUN PLEASURE
NOT BOTHERED SOMETHING ELSE

IMPACT ON SEXUAL SELF

Things you might want help with:

PAIN RELIEF TOUCH LUBRICANTS
SEX AIDS SEXUAL WELLBEING
MENTAL WELL-BEING
SOCIAL WELL-BEING
RELATIONSHIPS PLEASURE INTIMACY
DAMAGE ORGASM FEAR
NON-PENETRATIVE SEX
INFECTION SOMETHING ELSE

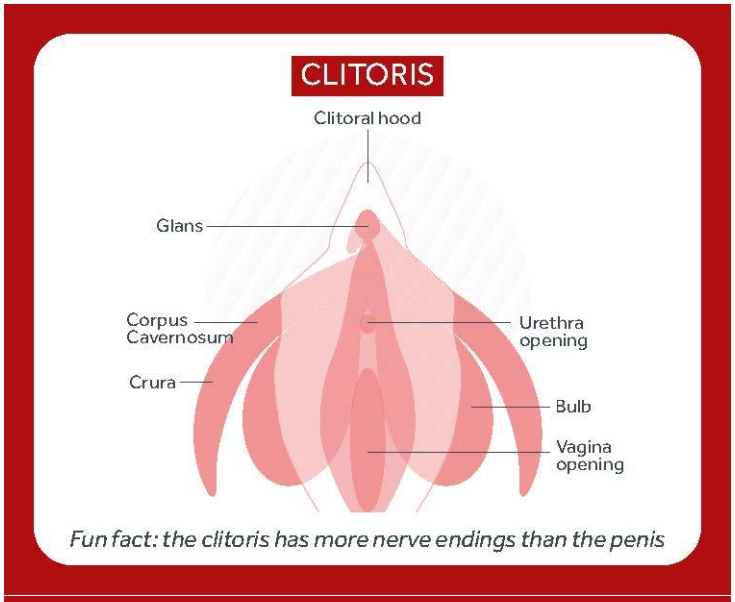
VULVA



LANGUAGE – VULVA AND VAGINA

What word would you like to use?

FANNY DOWN THERE
FRONT BOTTOM BITS VAG
DOWNSTAIRS PUSSY FOOF MINGE
LADY BITS BEAVER MUFF PRIVATE
PARTS VAJAYJAY VAGINE FOO FOO
PRIVATES CROTCH NUNNY
GIRLY BITS LADY PARTS
SOMETHING ELSE


CLITORIS
Clitoral hood
Glans
Corpus Cavernosum
Urethra opening
Crura
Bulb
Vagina opening
Fun fact: the clitoris has more nerve endings than the penis

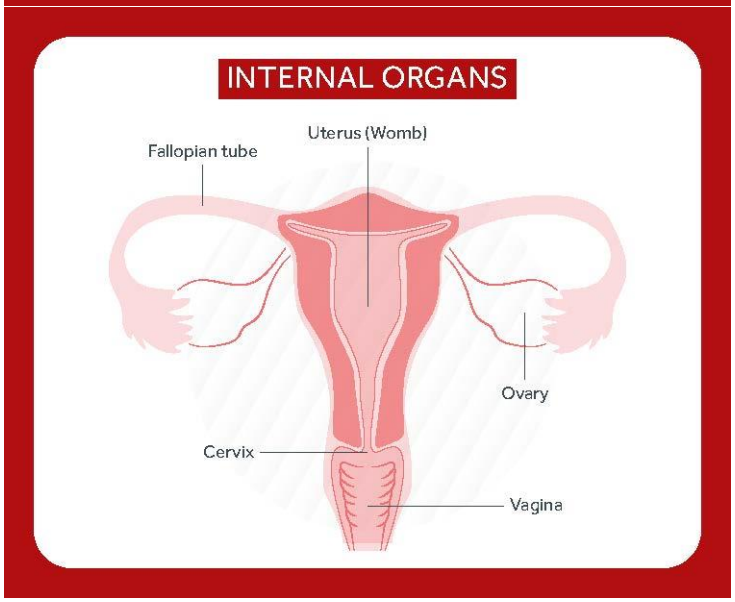

INTERNAL ORGANS
Uterus (Womb)
Fallopian tube
Ovary
Cervix
Vagina

Figure 2: Images of cards produced

A pack of cards. Designed with multiple audiences in mind to help people have conversations with a loved one, a clinician, a patient. They include some of the same cards as the lanyard cards, but also direct quotes from patients about their experiences of gynae-radiotherapy, prompts for reflection and space to make notes. These cards validate themes and conversation topics that the person undergoing treatment may want to discuss with their radiographer (or others) during their radiotherapy and cancer management.

A poster. Including images from the Lanyard cards but designed for practitioners to put up in their clinic rooms or staff rooms to aid discussion.

In order to support the learning and practice of others, all of the materials created are available to order for free from <<anonymised institution website>>.

Conclusions

The aim of this project was to build and extend research findings to develop practitioner skills in supporting sexual wellness and pleasure for people receiving gynae-radiotherapy. Through a series of four in-person and online workshops, practitioners demonstrated developments in critical awareness about damaging silences around sexual wellness when providing radiotherapy for gynecological cancer, and confidence in discussing sexual wellness and pleasure. Using fun and interactive workshops was a successful way of challenging norms and assumptions and increasing attention to the diversity of sexual bodies, practices and how this may interplay with treatment for gynecological cancer. Through this process radiographers developed: 1) a network of peers with shared commitments (to sexual wellness); 2) skills and language to enhance their care practices; 3) 'conversation starter' resources, which were sense checked with patients in a fifth workshop.

In conclusion, a sex critical approach to sexual wellness and pleasure should be considered as a core tenet of care for patients during their treatment for gynaecological cancers. This allows for a greater focus on patient-centred care, without presuming the relevance and importance of sexual wellbeing for an individual patient. This in turn allows for improved diversity of experiences to be valued and understood. By extension, sexual wellness and pleasure can be unique, on an individual's terms, there is no 'right and wrong.'

It was clear the group benefitted from sharing their own experiences and creating a network of peers determined to make an impact on care. Ensuring conversations about patient sexual wellness and pleasure are widespread within teams will support staff and enable meaningful conversations. Conversations, and the language used, are a key resource within practitioner-patient relationships. Silence and challenges with (clinical) language have been shown to negatively impact patients' sexuality and overall care during treatment. The co-designed tools from this project may be one cheap, easily accessible and evidence-based way of facilitating and supporting conversations in ways that create possibilities for genuine and inclusive engagement about sexual wellness.

Declarations of interest

None

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Supporting practitioners to talk about sexual wellness and pleasure during radiotherapy for gynaecological cancer

Abstract

Introduction

Radiotherapy treatment for gynaecological cancer has significant negative effects on sexual wellness and pleasure (1–3). Patients undergoing radiotherapy for gynaecological cancers have more sexual dysfunction and experience more sexual and depressive symptoms than those who undergo surgery alone (4). The World Health Organization defines sexual health as a crucial part of health and wellbeing and recognizes the importance of positive and respectful approaches to sexuality, alongside safe and pleasurable sexual experiences free from violence and coercion (5).

Methods

Taking a sex critical approach to sexual wellness and pleasure, this project aimed to support practitioners to have improved and impactful conversations with people receiving radiotherapy treatment for gynaecological cancers. A series of three professional development workshops were held to explore language, unpack assumptions and develop key competencies for practitioners. A fourth workshop involved co-development of resources for use by other practitioners.

Results

The group united, sharing insights, learning, and developing practices through reflection developing critical awareness about damaging silences around sexual wellness and pleasure. Co-created resources included conversation cards and a poster.

Conclusions

The project aimed to build and extend research findings to develop practitioner skills in supporting sexual wellness and pleasure for people receiving gynae-radiotherapy. The study shows the benefits of discussing norms and harms associated with biomedically focused conversations ~~healthcare~~ in gynae-radiotherapy ~~in spaces~~ to ~~that~~ acknowledge diversity and validate concerns about sexual wellbeing and pleasure.

Implications for Practice

A sex critical approach to sexual wellness and pleasure should be considered a core ~~tenet~~principle of care for patients during their treatment for gynaecological cancers. Conversations are a key (free)

resource within the practitioner-patient relationship that can address and improve patients' psychosocial wellbeing.

Introduction

Radiotherapy treatment for gynaecological cancer is evidenced to have significant negative effects on sexual wellness and pleasure (1–3). Despite efforts taken to reduce damage to healthy tissue, damage to surrounding anatomy is a common side effect of treatment that frequently precedes symptoms related to reduced sexual wellbeing and quality of life for patients (6). Patients undergoing radiotherapy for gynaecological cancers, gynae-radiotherapy, have more sexual dysfunction and experience more sexual and depressive symptoms than those who have undergone surgery alone (4).

Physical effects of gynae-radiotherapy have been shown to be prevalent post-treatment, including vaginal stenosis (narrowing) and shortening, decreased lubrication, pelvic nerve damage (thus, reduced sensation), vaginal atrophy, and skin changes (1). When combined with generalised symptoms of fatigue and urological disturbances (e.g., incontinence) there is a cumulative detrimental effect on sexual aspects of life like desire, orgasm, arousal and excitement (7).

The World Health Organization defines sexual health as crucial to health and wellbeing -and recognizes the importance of a positive and respectful approach to sexuality, alongside safe and pleasurable sexual experiences that are free from violence and coercion (5). Being able to achieve this is dependent on creating environments that actively promote sexual wellness and pleasure in inclusive, non-medicalised ways. This involves moving beyond paternalistic, ~~unidimensional~~ one dimensional ~~conceptualisations~~ perceptions of sexual wellbeing, such as those prioritising penis/vagina penetration, to versions of sexual wellness that celebrate pleasure, self-determination of one's sex life, and comfort within one's sexuality (8). Therefore, in this paper, the term *sexual wellness and pleasure* is used instead of alternative phrases, such as sexual dysfunction, sexuality, or sexual wellbeing. Further, where reference to 'sex' is made, this stands in for a wide range of non-heteronormative activity and practices.

Taking a sex critical approach to sexual wellness and pleasure, this paper reports on a project that aimed to support practitioners to have improved, impactful conversations with people receiving radiotherapy treatment for gynaecological cancers. The project starting point was ~~empirical narrative~~ data collated and analysed during the Gynae Cancer Narratives research (6) and~~. The project~~ was a collaboration with the Society and College of Radiographers to promote professional development of Therapeutic Radiographers. Following a description of the methods and analysis of results, the paper concludes with two key arguments: 1. Taking a sex critical approach to sexual wellness and pleasure should be considered as a core ~~tenet~~ principle of care for patients during their treatment for

gynaecological cancers. 2. Conversations within the practitioner-patient relationship are a key resource that can address and improve patients' sexual wellness and thereby quality of life.

Background

Undergoing treatment for cancer has been described as traumatising in numerous studies (6,9,10). External beam radiotherapy (RT) and internal treatment, brachytherapy, have been described as painful, humiliating and distressing, revealing patients in the most intimate of ways and affecting the part of the body, e.g. the genitals, that in many cultures symbolises sexuality. The physical discomforts following brachytherapy of pain, irritation and bleeding related to sex have been shown to be debilitating and devastating (7). In addition, late effects including bladder and bowel changes, lymphoedema, bone thinning, early menopause, and nerve changes among others have been reported as well as psychological suffering, as part of living with and beyond cancer, 'haunting' those who have completed treatment and who live in chronic states of unsettledness (11).

When considering sexual wellness and pleasure, a focus on the absence or decreased frequency of sex following treatment is consistent across the literature. While sexual 'dysfunction' as a psychological concern following cancer treatment has been addressed with increasing frequency (12,13), focus often falls short of addressing changes to the ways people see themselves and their lives following diagnosis and treatment. Despite acknowledgment of the high incidence and long-term impact of sexual health issues on quality of life, supportive care needs are not being met (13). People who have received gynae-radiotherapy are considered a particularly vulnerable subpopulation in the wider population of those diagnosed with gynaecological cancer, that is already at a greater risk of sexual health issues and mental distress (4). Following treatment, changes in psychological and cognitive wellbeing affects patients' willingness to engage in, and the quality of, sexual lives (3). Some anxieties relate to concerns that penetrative sex after treatment could lead to trauma to the treatment site and recurrence of the cancer itself (14,15). Interviews with women who had gynae-radiotherapy highlight diminished desire for sex due to feelings of anxiety, driven by fear of the unknown with regards to sex post-treatment, alongside worries that sex will be painful (14).

The only longitudinal study on patients' experiences of sexual function after radiotherapy (2001~~1~~3) measured 'function' in terms of sexual interest, lubrication, dyspareunia, vaginal dimension, ability to 'complete' intercourse and satisfaction with sex life (16). The study participants reported persistent sexual dysfunction and adverse vaginal changes throughout the two-year study period. Studies rarely~~,~~ explore sexual wellness and pleasure in non-pathologised terms. Rather, a focus on sexual 'dys/function' typically limits recognition of treatment effects to the absence or presence of penis/vagina penetration. This~~-~~ can lead to ~~marginalisation of~~ experiences being unacknowledged and

to inducing feelings of blame (6), to breaking down ~~as the approach seems to dissect~~ and pathologisinge (sexual) human lives into body parts and treatment pathways (17) and ~~to silo~~limiting healthcare information (18). The dys/function focus takes a deficit approach to sexual wellbeing that is at odds with the WHO definition, which includes the right to pleasurable sexual experiences. As previous work by members of the present project team showed, conversations about patient concerns often rely on there being a referral pathway; where a pathway does not exist, conversations are blocked (19).

Bilodeau and Bouchard have described how some women undergoing radiotherapy for cervical cancer found sexuality evolves from a focus on physical aspects to expressions of intimacy focused on emotional fulfilment (7). Following radiotherapy treatment, sexuality can focus on closeness, comfort, and warmth, with open communication affording a more connected relationship with partners or themselves (6,14). Guilt is often part of post treatment emotions, with some women feeling they are unable to comply with sexual roles they felt are part of being a wife, followed by fear their male partners would have extramarital relations with other women (20). Whilst the interplay between relationship with a partner and sexual wellbeing has been noted throughout studies, there seems to be a lack in knowledge about- impacts for ~~women~~ people who are single, dating or in more casual or multiple sexual relationships, suggesting a lack of support for such demographics (14).

A study of US oncologists reported only 36% felt it was important to know the sexual orientation of their patients (21). In a similar UK study, only 8% of oncology staff reported confidence in their knowledge of lesbian, gay, bisexual, trans, queer (LGBTQ+) patient healthcare needs, with low rates of routine enquiry about sexual orientation (5%), gender identity (3%) and preferred pronouns (2%), indicating that conversations about sexual wellness, pleasure or activity were not part of consultations (22). Whilst some evidence is emerging for supporting the sexual lives of LGBTQ+ patients diagnosed with cancer, this has typically relied upon significant campaigning and tenacity from individuals, rather than systematic adoption of wholescale support for the diversity of sexual lives (23).

These silences and absences indicate sexual wellness and pleasure are difficult topics to discuss, both for patients and health care professionals, who often struggle with conversations about sex that go beyond medicalised perspectives. Multiple factors determine how and whether sexual wellness is mentioned during consultations, with healthcare professionals highlighting lack of time, resources, and training to raise issues of sexuality, especially in consultations relating to cancer when other issues are prioritised (24). Physicians have stated that they give limited information on, or opportunities to discuss, sexual concerns, and few alter their discussions based on characteristics (e.g., age, partner status, and severity of “dysfunction”) (25). A frequently mentioned barrier to communication for both professionals and patients, was the embarrassment associated with talking about “sexual functioning”

because it was considered to be a taboo subject (25). Utilising medical language offers practitioners a way through this but can result in an inadequate conversation for patients.

The literature demonstrates some areas of poor patient care and missed opportunities for improving outcomes for women that have undergone gynae-radiotherapy. Prevalent throughout is the need for accurate information, a change in how information is delivered, and the provision of tools and infrastructures to enable patients to confidently raise issues they are experiencing. Although it is widely understood that informed patients are prepared and are therefore likely to cope~~-~~ with ~~the~~ treatment effects (26), responses tend to focus on increasing patient education rather than systematically improving practices of communication. It is acknowledged that potential sexual related adversities should be discussed before, throughout, and following treatment, but the content and approach to discussions is rarely addressed. Following national guidelines, physicians use standardised consent forms and are encouraged to offer advice on the management of sexual dysfunction and symptoms of early menopause, including lubricants, dilators and oestrogen, alongside consideration of referral for psychosexual counselling (27). Introducing sexual care after radiotherapy could provide the support that patients need in relation~~-~~ to long-term effects experienced due to pelvic radiotherapy (28,29). However, patients with a gynaecological cancer require personalised care in which the discussion of sexual health is non-medicalised and non-formulaic. Enhanced sexual care should become a routine part of ongoing conversations with patients before, during, and after cancer treatment.

Sex Critical Approaches to Talking about Sex and Pleasure

The project reported in this paper took a sex critical approach to talking about sex and wellbeing. This is different to sex positive approaches, which regard all consensual sexual activities as fundamentally healthy and pleasurable and encourage sexual pleasure and experimentation. Critiques of sex positivity raise questions such as; What about that some people's experiences of sex are traumatic, abusive or simply indifferent? Why is the role of orgasm so prominent? What about other forms of intimacy and loving, with others and alone? Thereby, sex critical approaches question assumptions about what constitutes sexual wellness and pleasure and identify that people might be ~~constrained~~ limited by ~~dominant~~ stereotypical views, or cultural norms, about 'good', 'normal' or 'great' sex and sexualities. These approaches highlight that dominant representations of sexual wellness and pleasure tend to be heteronormative: they constitute sex as penis/vagina penetration, refer to orgasm imperatives, draw upon unhelpful binaries such as male or female and sexual or asexual and carry ~~restrictive~~ assumptions about what is considered to be 'sexy' and desirable in terms of bodies and body parts.

A sex critical approach fitted well for exploration of sexual wellness and pleasure and gynaecological cancer because diagnosis, treatment and effects are experienced in profoundly personal and often intimately traumatising ways. In practice, this meant that the project team took a non-medicalised, inclusive perspective which did not~~;~~ require the purchase of materials to promote sexual wellness and pleasure; assume sexual wellness and pleasure is a physiological or psychological problem to be fixed; nor assume that all bodies are able to move or interact in the same way. This approach is ~~antithetical~~ opposed to financially motivated~~neo-liberal,~~ improvement narratives (for example those ~~epitomised~~characterised by much of the 'wellness' or 'sex with cancer industry' (32)) that have been critiqued (33).

Responding to patient reflections on how sexual wellness and pleasure was discussed during radiotherapy treatment for gynaecological cancer and taking into consideration the need for system change rather than individual 'patient with deficit' approaches, the aim of this project was to develop practitioner skills in supporting sexual wellness and pleasure for people receiving gynae-radiotherapy.

Methods

A series of professional development workshops in association with The UK's Society and College of Radiographers were held for Therapeutic Radiographers working with patients having gynae-radiotherapy. The workshops included activities designed to explore language, unpack assumptions and develop key competencies for practitioners in discussing sexual wellness and pleasure.

Three online, two-and-a-half hour workshops were held with fifteen therapeutic radiographers from across the UK (June – July 2022). These took place over several weeks, with the hope that any ideas or inspiration to amend/apply learning to practice could occur between workshops and could be shared during the subsequent workshop. A fourth, in person workshop was held with members of the group and a graphic designer to co-create resources and materials to aid conversations about sexual wellness and pleasure (November 2022). A final workshop was convened with a group of patients to reflect on, and further develop, resource content (March 2023).

Ethical approval for the project was granted by <<anonymized>> University Faculty of Health and Medicine Research Ethics Committee (REC:###) and all participants provided full written consent prior to participation. Patients were reimbursed for their participation in the fifth workshop, in line with the National Institute for Health and Social Care Research (NIHR) guidelines.

As a way of forging connections between the radiographers, workshop facilitators and the research team, packs of resources were delivered to participants in advance of the sessions. These included, activity materials e.g., Body-shaped cards, dice, pens, pipe cleaners and glue; 'brew break' items e.g.,

Tea bags, coffee sachets and biscuits for each of the three sessions; things to touch and visualise e.g., Dental dams and condoms, internal clitoris keyring/badge; 'It's vulva, not vagina' illustrated postcard; and Betty Dodson's book *Sex for One* (34).

The workshops took practitioners on a 'journey' from introducing and reflecting on basic definitions of sexual health and pleasure (such as WHO) and mapping sexual, embodied and pleasure based 'side effects' of gynae-radiotherapy, to discussing ways to talk about sex and masturbation. Patient testimonies were presented as research vignettes and described the alienating language that was frequently used about - and spoken over - the (sexual) bodies of people undertaking treatment.

Conversations were stimulated through activities designed by workshop facilitators to encourage critique of ~~the~~ existing social and practice norms related to sexual wellness and pleasure (35) i.e. to reflect on ~~the~~ 'taken for granted' assumptions, conventional views and standard~~usual~~ practices~~??~~ ~~(35)~~. For example, in Session 1 an activity was used to gently (and humorously) open the session, through sharing names, pronouns and word/s from childhood used to describe genitals. Typically, a myriad of examples was proffered such as 'down there,' 'front bum' and 'private parts', and more localised terms like 'foof', 'rosie' and 'cookie,' and served to start the conversation about silence and diversity of language for (sexual) body parts. Session 2 focused on ~~an interrogation~~interrogating ~~of~~ the clinical language typical across radiographers' practice. Language such as 'stump' and 'vaginal vault' was discussed, having been identified by participants in the underpinning research and experienced as desexualising. The ~~'lexicon'~~ terminology or 'lexicon' based activities evolved and by the final session, when a greater connection across the group was established, the group 'translated' common 'sex words' (orgasm, foreplay and ejaculation) from their formal definitions into their own words and descriptions as a way to help widen access to the different ways sexual wellness and pleasure can be described and experienced.

The fourth workshop was full-day, in-person including researchers from the original project, current practicing radiographers and a graphic designer, from which a 'talking about sexual wellness and pleasure tool kit' was created.

Informed by a sex critical approach and inspired by an 'ethics of care' (36), the workshops were ~~cognisant~~mindful of the different ways that discussing sex, pleasure and related topics, may have an impact on participants. These impacts could be upsetting, triggering of past trauma or embarrassing, especially as the group had varying levels of comfort, confidence and openness around sex/ualities. To manage this, expectations and encouragements were shared at the start of each session. For example, "there is no need to share personal experiences, we won't be getting naked, it's OK to

contribute in ways other than talking, if you feel uncomfortable or need to leave, please do so and re-join if you can".

Results

Centring sexual wellness

Across the workshops participants shared insights, learning, and developing practices through reflections on, and ideas about, their own specific locations and roles. Sex critical community based sexual health and pleasure facilitators, Me&Her (35) co-ordinated activities and discussion to illuminate norms, broaden their frames of reference, increase confidence and develop a wider 'sexual lexicon' (37). ~~Centring of~~Prioritising sexual wellness and ~~affirmation~~ recognising~~of~~ lived experience over biomedical ~~power~~ perspectives was achieved through ~~shifts~~ moving away from ~~use of~~ clinical and dehumanising language about bodies and treatment, such as 'vaginal vault'. Experiencing apprehension, laughter and curiosity together, the group ~~identified~~ were both confronted~~ational~~ and liberated by~~ory~~ recognising~~tion of~~ some norms and harms associated with biomedical ~~healthcare~~ approaches to~~in~~ gynae-radiotherapy.

Despite their interest in the domain of pleasure, one unifying feature of the group was their general unfamiliarity with considering and discussing sexual wellness and pleasure in their patient encounters. Indeed, anxieties were shared about feeling ill equipped to host robust conversations due to the limits of own personal sexual experience. This represents another challenge ~~ameliorated~~improved by taking an open and sex critical approach. The key is avoiding assumptions about sex, creating space for diversity and validating concerns about sexual wellbeing, rather than being a 'sexpert' – a role popularly depicted as someone with an exhaustive knowledge of sexual activities. ~~The~~ Workshop participants were also united by an unfolding recognition of the need to address the silence around sexual wellness and pleasure within the lives of people being treated for gynaecological cancers. Tips on how to have conversations discussed during the workshops are shown in Box 1.

The group sought to support change in practices for therapeutic radiographers to attend to sexual wellness through sharing their own ongoing professional practice, 'good practice' examples, and commitments to improving patient care. Details about development of 'communities of pleasure' as a type of community of practice drawing on these workshops have been published (38).

Avoid assumptions about sex
Create space for diversity
Validate concerns about sexual wellbeing
Do not feel obliged to be a 'sexpert'
Use opportunities such as pretreatment conversations to welcome conversation: *"Please talk to us about your sexual wellbeing during treatment if you would like to."*

Box 1: Tips on starting a conversation emerging from workshops (and in other conversations)

Conversation not commodification

The (sexual) wellness industry, and increasingly sex and cancer, is commercially booming. The commodification of 'sexual dysfunction,' makesing it something that can be profited from, (39,40) which is problematic.;, Likewise,as are the ways organisations use corporate mobilisation of feminist and empowerment narratives, concealing or glossing over limitations of wellbeing interventions, as part of medical 'treatment' undermines informed care (41). Commercial incentives currently sit alongside an impoverished NHS service at 'breaking point', resulting in a healthcare system that increasingly buys in care through external 'independent' providers to reduce pressure on services (for example (42)). Radiographers, like other practitioners within the NHS currently, are under immense strain in terms of capacity and funding. CognisantMindful of this landscape, our project paid attention to limiting the burden and commodification of our proposals for addressing sexual wellness in relation to gynae-radiotherapy.

This is evidenced in Figure 1, a colour-coded guide provided to structure a conversation between radiographer and patient, with the aim of communicating more clearly using both clinical and everyday language in inclusive and accessible ways. The top box provides an example of a sequence to follow and the bottom box provides an example sentence against this structure.

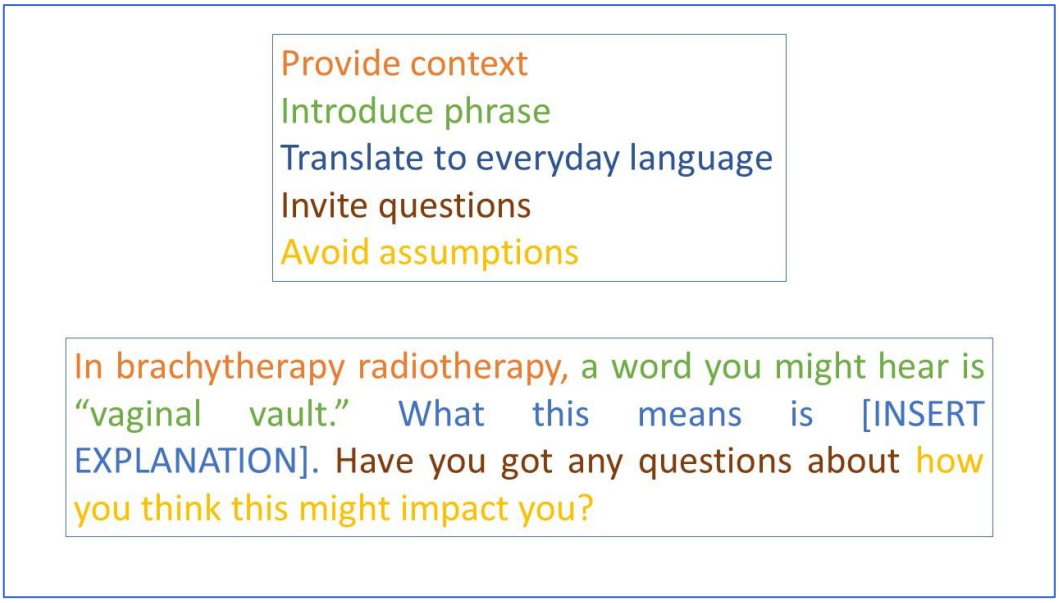


Figure 1- Example activity slide

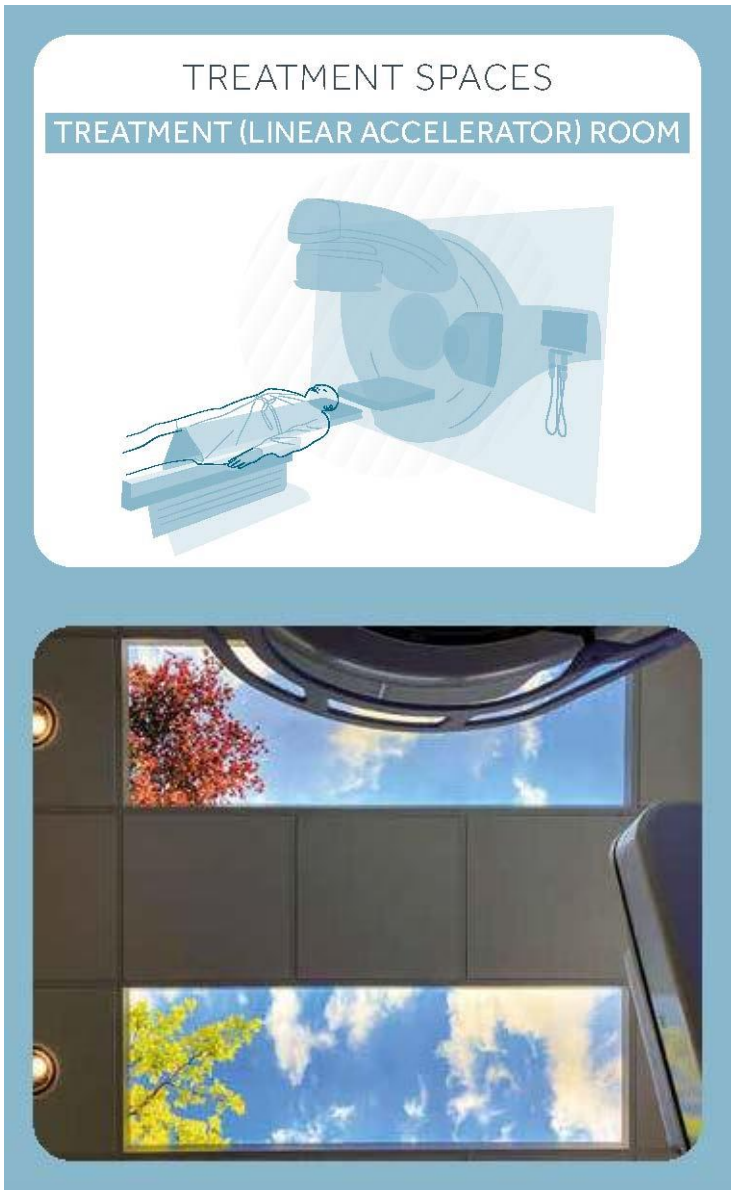
In the example shown, Me&Her focussed on language used for anatomy, which had previously been shown to be alienating for patients and significantly undermining of a sense of sexuality associated with body parts such as the vagina (6). Including clinical language in this way does not serve to normalise its use or 'educate' patients in anatomical language, rather it supports understanding, offering a bridge between the clinical sphere and ~~their~~ patients' own experience, ~~thus~~ upholding the agency of patients in decision-making and ~~negotiating~~ managing the ways in which their bodies are discussed. Taking active steps to amend how ~~framing~~ existing clinical conversations are framed is one way in which healthcare professionals can change care practices without significant investment.

In regular feedback during the training period, practitioners shared how their developing repertoire of resources was cascaded to colleagues, friends and family. For example, one professional described how the clitoris keyring sparked conversations in the workplace, facilitating conversations about the project with colleagues - why she was involved and her learnings - which had a ripple effect of encouraging them to develop their own practices. The items themselves cost very little, exemplifying the effectiveness of simple prompts to foster the valuable resource of conversation.

Building on the value of conversation starters and facilitators the fourth workshop involved co-development of resources for use by other practitioners. In this workshop participants identified they themselves were a key resource that could be used, especially considering that finance and clinical practices (e.g. infection control measures) mean the options for physical resources and tools are limited. By contrast, the radiographers move between clinical spaces and have different types of interactions e.g. pre, during and after treatment, that confers opportunities to attend to sexual wellness.

Physical resources developed

<u>Lanyard cards (Figure 2).</u> Stored in a wipeable plastic wallet designed to attach conveniently to a staff lanyard, these cards are to help (start) conversations about sexual wellness and pleasure. The holder displays the statement 'you can talk to me about sexual wellbeing' – decided upon to act as a non-threatening signpost that also functions to quietly legitimate the questions and concerns that patients may have about sexual wellbeing. Cards include a range of different words for genitals identified throughout the project with the intention that patients can indicate, without speaking if necessary, which term they are most comfortable with. Also included are depictions of the genitals (including the internal clitoris), as well as images of treatment rooms, so the practitioner has prompts that serve as a bridge with their patient during their conversations.



SEX AND INTIMACY

LANGUAGE

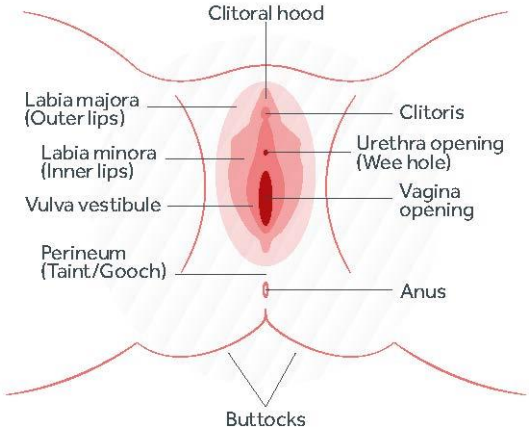
INTIMACY LOVE FLIRTING FOREPLAY
PAIN EROTICISM TRAUMA SEX AIDS
INTERCOURSE ORGASM
MASTURBATION FEAR FANTASIES
LONELINESS FUN PLEASURE
NOT BOTHERED SOMETHING ELSE

IMPACT ON SEXUAL SELF

Things you might want help with:

PAIN RELIEF TOUCH LUBRICANTS
SEX AIDS SEXUAL WELLBEING
MENTAL WELL-BEING
SOCIAL WELL-BEING
RELATIONSHIPS PLEASURE INTIMACY
DAMAGE ORGASM FEAR
NON-PENETRATIVE SEX
INFECTION SOMETHING ELSE

VULVA

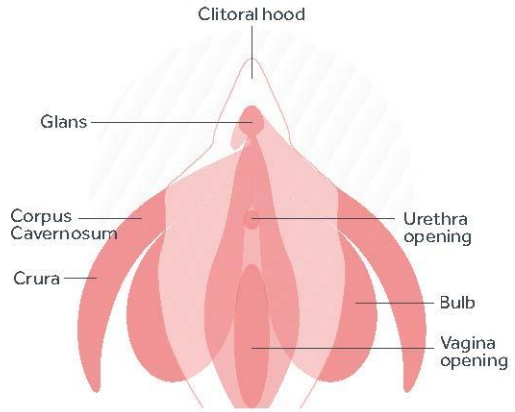


LANGUAGE – VULVA AND VAGINA

What word would you like to use?

FANNY DOWN THERE
FRONT BOTTOM BITS VAG
DOWNSTAIRS PUSSY FOOF MINGE
LADY BITS BEAVER MUFF PRIVATE
PARTS VAJAYJAY VAGINE FOO FOO
PRIVATES CROTCH NUNNY
GIRLY BITS LADY PARTS
SOMETHING ELSE

CLITORIS



Fun fact: the clitoris has more nerve endings than the penis

INTERNAL ORGANS

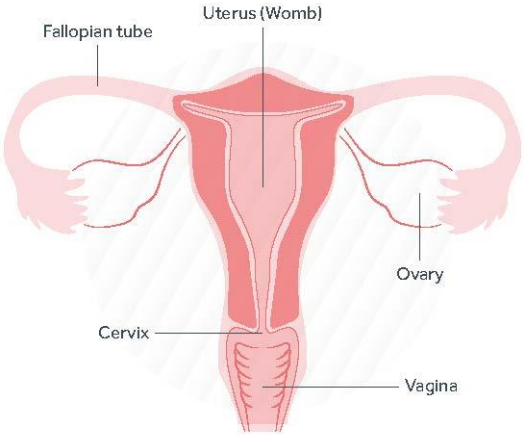


Figure 2: Images of cards produced

A pack of cards. Designed with multiple audiences in mind to help people have conversations with a loved one, a clinician, a patient. They include some of the same cards as the lanyard cards, but also direct quotes from patients about their experiences of gynae-radiotherapy, prompts for reflection and space to make notes. These cards validate themes and conversation topics that the person undergoing treatment may want to discuss with their radiographer (or others) during their radiotherapy and cancer management.

A poster. Including images from the Lanyard cards but designed for practitioners to put up in their clinic rooms or staff rooms to aid discussion.

In order to support the learning and practice of others, all of the materials created are available to order for free from <<anonymised institution website>>.

Conclusions

The aim of this project was to build and extend research findings to develop practitioner skills in supporting sexual wellness and pleasure for people receiving gynae-radiotherapy. Through a series of four in-person and online workshops, practitioners demonstrated developments in critical awareness about damaging silences around sexual wellness when providing radiotherapy for gynecological cancer, and confidence in discussing sexual wellness and pleasure. Using fun and interactive workshops was a successful way of challenging norms and assumptions and increasing attention to the diversity of sexual bodies, practices and how this may interplay with treatment for gynecological cancer. Through this process radiographers developed: 1) a network of peers with shared commitments (to sexual wellness); 2) skills and language to enhance their care practices; 3) 'conversation starter' resources, which were sense checked with patients in a fifth workshop.

In conclusion, a sex critical approach to sexual wellness and pleasure should be considered as a core tenet of care for patients during their treatment for gynaecological cancers. This allows for a greater focus on patient-centred care, without presuming the relevance and importance of sexual wellbeing for an individual patient. This in turn allows for improved diversity of experiences to be valued and understood. By extension, sexual wellness and pleasure can be unique, on an individual's terms, there is no 'right and wrong.'

It was clear the group benefitted from sharing their own experiences and creating a network of peers determined to make an impact on care. Ensuring conversations about patient sexual wellness and pleasure are widespread within teams will support staff and enable meaningful conversations. Conversations, and the language used, are a key resource within practitioner-patient relationships. Silence and challenges with (clinical) language have been shown to negatively impact patients' sexuality and overall care during treatment. The co-designed tools from this project may be one cheap, easily accessible and evidence-based way of facilitating and supporting conversations in ways that create possibilities for genuine and inclusive engagement about sexual wellness.

Declarations of interest

None

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