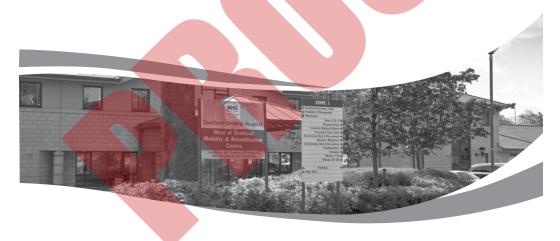


Physical Relationships and Sexual Intimacy following Amputation



WestMARC

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Introduction and background information

Undergoing an amputation is a life-changing experience. It is likely to have a huge impact on your physical, emotional and psychological wellbeing.

As you adjust to your new situation, it is common to experience a range of feelings which may come and go. These may include sadness, anger, grief, guilt, bewilderment, disbelief and, for some, relief. These feelings are completely normal reactions to a sudden change and usually resolve naturally over time.



Normal (healthy) distress when adjusting to change

Our physical and emotional wellbeing in turn has a huge impact

on our interactions. Whether it is with partners, family members, friends or strangers, the way you see and feel about yourself affects how you interact with others. It is natural for a time to have concerns about how other people will react to your limb loss. It is normal to feel anxious when talking to family members and friends about the amputation. You may even tend to avoid this. You may have fears concerning how others might react or want to avoid causing yourself or others further emotional pain. Similarly, other people may avoid talking about the amputation with you. This can feel uncaring and hurtful. However this is often about not knowing what to say or fear of saying the wrong thing. Often you will find that discussing these issues, although it may be initially 2

upsetting, will help you to work through any problems in the relationship that have arisen.

You may find that how you feel about intimacy, sexuality and having sex is affected by amputation. Your sexuality is a unique part of who you are. It includes how you feel about your body and how you feel about physical contact with another person and with yourself.

It is very common to experience worry and concern over engaging in sexual contact following an amputation. This may occur for many reasons including:

- fear of pain,
- fear of causing harm to yourself,
- fear of others reactions to your changed body,
- changes in your own view of your body, or
- general tension in the relationship.

Partners may also be anxious about engaging in sexual activity for many reasons including:

- fear of causing pain,
- fear of behaving in a way that causes upset,
- concerns about their own reactions to sexual intercourse, or misconceptions about the limitations of amputees.

As human beings, a typical way of dealing with things we are anxious about is to avoid them. This avoidance means that we never get the opportunity to disprove our anxieties and instead our fears are maintained. The longer we avoid something, the harder it becomes to face it. In relation to sexual activity, this can often mean that general physical contact between a couple decreases.



Many couples live full and contented lives without sexual relationships. However for those couples who would like to make changes, sexual problems can be solved with understanding, time and commitment. Below we have listed some helpful strategies and hints that might be useful for you and your partner to consider together.

If you are struggling to implement some of the ideas suggested or problems persist, you might consider attending counselling. Specialist support is available for individuals or couples from therapists trained in helping people to overcome sexual difficulties. Further information about this can be found at the end of this leaflet.

Points to consider

- Sexual interaction following amputation may be slightly different to that practiced before amputation. This may be due to changes in physical mobility or pain.
 It may be useful to consider the initial sexual interactions you have with your partner as learning experiences.
- Be aware that it may take time and experimentation before you find sexual positions and techniques that are enjoyable and comfortable for both of you.
- Open and honest communication is important.

- Try to discuss any concerns and worries that either of you may have in advance. You may then be aware of each other's needs and start to discuss any issues that may arise.
- Try to provide each other with regular feedback on what is enjoyable and comfortable or what is uncomfortable and, or causing pain. Discuss this in advance otherwise your partner may feel it is confusing or criticising.
- Try to become familiar and comfortable with your own stump.
 Spend some time touching and massaging it which will allow you to become aware of any sensitive spots and will help you to accept the stump
- Encourage your partner to become familiar and comfortable with your stump. Some amputees have found it helpful to initially introduce their partner to their stump while in a bubble bath. Some people find the bubbles lessen the impact of seeing their own or their partner's amputation site, scar or wound.

Helpful strategies

There are no particular physical positions recommended for amputees engaging in sexual activity. You may need to experiment and take some time to find the most comfortable position for both yourself and your partner. However you may want to consider:

- Making sure that you have adequate space to prevent any fear of falling. For example lie in the middle not on the edge of a bed or make a comfortable space to lie on the floor.
- Having pillows readily available for providing extra support and, or help with balance.
- Making sure that the environment is warm enough but not too hot. This will help you both to feel more relaxed. Being cold will increase tension and lead possibly to an increase in pain Being too hot may leave you feeling flustered and may increase sweating.
- Being aware that any form of physical exercise following an amputation is likely to take more energy. Therefore do not be surprised if you become more tired during sexual activity

than you may have in the past. Time and practice will help to increase stamina. This may be particularly important if you have been in hospital for some time as reduced activity leads to a decrease in fitness. Pace yourself and set time limits.

- Initially you may wish to set goals regarding the type of activity you engage in and, or the amount of time you spend engaging in such activity. For example you may initially spend time cuddling and kissing but decide that you do not want genital contact or penetrative intercourse.
- As a couple you may want to make plans together regarding the aspect of your relationship you wish to work on. For example, if you initially want to improve communication and increase the amount of time you spend together, you could plan a particular evening each week to go out for a meal.
- Sexual interaction does not have to mean penetrative intercourse. There are no hard and fast rules and some couples gain more pleasure from manual or oral genital stimulation.
- There may be exceptional circumstances, perhaps where an individual has other complex medical conditions, and will need advice from medical professionals.

Sensate focus therapy

The Sensate Focus model, created by Masters and Johnson, was designed to allow couples to overcome a range of sexual problems. This approach may be useful for couples who are very anxious or who have unsuccessfully tried to reintroduce sexual activity.

The model encourages couples to focus on the sensual aspects of sexual interaction. The model recommends initially banning any genital contact, including touching of breasts. The idea is that this then lessens anxieties and encourages the couple to focus on the sensual element of sexual interaction. The couple are encouraged to take turns touching, massaging and, or caressing one another. The couple provide each other with regular feedback about the kind of touch they are or not enjoying. As the couple become comfortable with this process, genital stimulation and penetrative

intercourse is slowly reintroduced. References are provided below for those interested in finding out more about this approach.

Further information

If you should decide as a couple to get further support with general relationship or sexual issues, Relate is a well established national counseling service.

Contact www.relate.org.uk to find out about your local providers. There will be a small charge for this counselling.

Or you can speak to your GP or other professionals involved in your care about a referral to a local NHS counsellor/psychologist.

Books

"Life and Limb" Lewin A, 1996, Plasma Print. Chapter 12 is especially helpful

"Living with Physical Disablity and Amputation" Fisher K, 2009. Sheldon press. Chapter 10 related to this topic

"Sex therapy: a practical guide" Hawton Keith, Oxford Medical publication. Includes full instructions on sensate focus and many other useful references

Other Organisations

Changing Faces is a charity for people and families whose lives are affected by conditions, marks or scars that alter their appearance.

www.changingfaces.org.uk

Outsiders is an organisation run by people with disabilities primarily aimed at single people with a disability who are struggling to form intimate relationships. The organisation offers support and advice, has a helpline, holds social events and is involved in campaigning.

www.outsiders.org.uk

Relationships Scotland is an organisation that provides relationship counselling. It supports individuals, couples and families who are experiencing relationship difficulties.

http://www.relationships-scotland.org.uk Information line 0845 119 2020.

Sandyford Counselling and Support Services (SCASS)

www.sandyford.org/sandyford-sexual-health-services/what-are-our-services/counselling-and-support-services/

Useful Contacts

You can contact WestMARC by telephone on 0300 790 0129 or email us at WestMARC@ggc.scot.nhs.uk

You can find out more information about WestMARC on our website: www.nhsqgc.org.uk/WestMARC

Feedback

Feedback on all aspects of the service is welcome. If you would like to make a suggestion, compliment or complaint you can do this by writing to:

Operational Services Manager, WestMARC, Queen Elizabeth University Hospital, 1345 Govan Road Glasgow, G51 4TF Or you can go online to Care Opinion and tell us what was good or what could have been better – www.careopinion.org.uk

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