

Sexuality and Intimacy After Stroke

This is a sensitive subject for many stroke survivors and their partners. But it is important to know that a healthy, satisfying sex life is possible after a stroke.

As you read these pages, here are the most important points to remember:

1. Open communication and patience are necessary for a healthy, sexual relationship. Couples who are able to express their needs and concerns without rejection or fear, will usually have a satisfying sexual relationship. Remember to enjoy the time you take to re-explore each other's sexual pleasures.
2. Remember that sexual intercourse is not the only way to have an intimate relationship. There are other ways to make love. Just by feeling close to someone you love and by spending time kissing, holding and touching your partner, you can express your sexual feelings.
3. If you need more information on sex after a stroke, there are books with ideas for lovemaking available in libraries and bookstores. The more you learn, the more confidence you will have in your feelings. Additional information on sex after stroke can be found in a pamphlet from the American Stroke Association at www.strokeassociation.org.

Body image and sexuality

Sexuality is not just sexual intercourse. Some say that sex can be a warm relationship with someone you can caress and hold close. An important part of sexuality is how **you** feel about your attractiveness to others.

Your body and your feelings about your body may have changed since your stroke. It will take some time and effort for you to accept and cope with these changes. You may feel anger, grief, depression and denial. But by dealing with these feelings, you can begin to accept the way your body has changed. Sometimes taking care of your own personal matters

(bowel and bladder functions) can boost your self-esteem. Getting dressed daily and making an effort to look your best can increase your feelings of sexual attractiveness.

Remember, it is important to talk with your partner about how he or she feels about the changes in your body since the stroke. Open communication with honest exchange of feelings is important in a relationship.

Fears about resuming sex

If you and your partner are avoiding intimacy, it may be due to fears which you both have not discussed. By avoiding an intimate relationship, you may be causing more and more anxiety. The sooner you resume a sexual relationship after your stroke, the less likely it will be a problem.

Will I have another stroke during sex?

This is a major concern for stroke survivors and their partners. But having another stroke during sexual activity is very unlikely. Your heart rate and breath rate will increase, but this is normal. The energy used to make love is similar to walking up one to two flights of stairs. If you have concerns about resuming sexual activities, talk with your doctor.

Will my partner reject me?

After a stroke, you may wonder if your partner is still attracted to you. Your partner may be afraid that sexual activity will cause you pain. Again, you and your partner need to talk about your fears and concerns. It will take time for both of you to adjust to the changes. If this is difficult, consider sexual counseling.

Will I be able to perform?

After a stroke, you may lack an interest in sex. This could be caused by depression, medications, or concerns about your physical appearance. Impotence may be due to a medical or psychological problem. Ask your doctor.

Continued

Why am I so depressed?

Depression is common after a stroke. You have had to make many changes in a short time. Your partner may also be depressed. You both may be feeling guilt, resentment and anger. It is important to deal with these feelings so that you can begin to accept these changes.

Symptoms of depression may include sleeplessness, lack of appetite, feeling tired or sad, and a lack of interest in giving or receiving affection.

Depression can be treated. It helps to find someone who understands and will listen to you, such as talking with a psychologist or counselor (professional help). There are medications, called *anti-depressants*, which your doctor can prescribe. These can be effective in treating certain types of depression.

Rediscover each other

If you were sexually active before your stroke, chances are you can be again. This will take some patience, adjustments and support of a caring partner.

Begin slowly. Start by holding and touching each other. Explore what feels good to you now, and let your partner know. Inform your partner of the sensations you may or may not feel on the affected side of your body. Remember, you do not have to have intercourse to enjoy each other. This can be added when you both feel you are ready.

Medications

Some medications can reduce sexual performance and may cause impotence, such as sleeping pills, tranquilizers, high blood pressure medicine, anti-depressants, and anti-histamines. If you feel a medicine may be causing a change in your sexual ability, call your doctor. But never stop taking a medicine without first asking your doctor.

When is the best time for sex?

It is important to plan a time for sexual activity and make sure you are well rested. The morning may be a good time, before you do other activities. Allow yourself enough time, because you may have to compensate for slowed physical responses.

Avoid sleeping pills. These may make you feel drowsy in the morning.

Also, try to have sex before a meal, rather than after, to help reduce stress to the heart.

Bowel, bladder and hygiene

Shower or take a partial bath before sexual activity. Having a bowel movement the evening before can help prevent accidents during sex. It is good to empty your bladder, and limit liquids one to two hours before sexual activity.

If you have a foley catheter, ask your doctor if it can be removed before intercourse. If so, your partner will need to learn how to reinsert it. If the catheter cannot be removed, a man can fold the catheter over the penis and place a pre-lubricated condom over the erect penis. A woman can use a water-soluble lubricant (K-Y jelly) to prevent tugging on the catheter.

Paralysis

If one side of your body is paralyzed or weak, you may need to change your usual position for intercourse. For example, the “missionary position,” with the woman on the bottom and the man on top, may not work if the man is paralyzed on one side. You will need to try different positions. Pillows may be used to keep positions. Lying on the spastic limb and bending it slightly can control spastic movements of the arms and legs. Keep trying different positions until you find what is most comfortable for you and your partner.

Source: American Heart Association