Code 2: Emotional and Sexual Concerns Post-surgery

47

There was a general all around consensus that erectile dysfunction care was lacking significantly, and the requirement for this may be significantly worse in younger men and those in a single relationship (Table 47.1).

- *'The emotional impact is related to personal circumstances, especially if younger.'*—ID2
- *'My cancer was aggressive and nerves were removed. There is a lack of care for ED—The recovery may be time related.'*—ID2
- *'For younger people under the age of 60, this ED care needs to be standard.'*
- *'The age of cancer is getting younger, with fertility problems.'*—ID 3

Additionally, it was felt that in patients from an ethnic minority, psychosexual care treatment requirements were not significantly met. This again clearly highlighted the need for a pathway to deliver this care. There is a clear lack of psychosexual care demonstrated here, with acknowledgement of this problem as a significant issue. There was also a great deal of self-awareness within this group that the age of diagnosis is getting younger and that services need to be able to manage this. A pathway of care would draw together and address all these needs.

Table 47.1 Code 2: Emotional and sexual concerns post-surgery

	Patient quotes using Patient Identification Numbers
Age and gender related issues	*'The emotional impact is related to personal circumstances, especially if younger.'*—ID 1
Requirement for Tailored Care	*'Patients who are at different stages have different requirements for ED. This is impacted on by the extent of surgery.'*—ID3
Lack of psychosexual care	*'We need a specialist in ED. It needs to be taken seriously.'*—ID4
Lack of ED care Ethnicity issues	*'The cancer is treated very well, not ED.'*—ID5 *'We lack the proper medicines for ED and a serious medical approach, especially in the Afro-Caribbean population.'*—ID1 *'In an Afro-Caribbean culture, patients would rather die than suffer ED.'* ID1

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