



Sexuality and the desire to have children

Life after a transplant

Foreword

Dear patient,

you have recently received a donor organ. You will most likely have experienced a long wait for it and an extended period of ill health. Now you can gradually look forward to a more self-determined and active life as well as leading a regular everyday routine. The desire for closeness, love and emotional security, which includes sexuality, will once again come to the fore.

In this information brochure, we would like to remove the embarrassment around asking questions on intimate topics and to alleviate any fears or worries you might be experiencing. Don't be shy about discussing these desires with your transplant centre.

Even transplant patients can fulfil their wish to have children. Many healthy children have been born in recent years. If you want to have children, you should always contact your transplant centre at the earliest possible opportunity.

A good level of cooperation between you and the doctors looking after your treatment is particularly important following your transplant. Take good care of yourself and contact your transplant centre if you experience new complications. Please remember that not all the advice in this brochure is universally applicable, and individual experiences as well as the approach each centre takes may vary.

We wish you all the best with your new donor organ.

Yours sincerely,

Gesa Pamperin
Chairperson – AKTX Pflege e.V.

Company details

Content Chiesi GmbH, Hamburg · www.chiesi.de · Advisory support by Gesa Pamperin · AKTX Pflege e.V. ·
Editing and design KW MEDIPOINT, Bonn · www.kwmedipoint.de

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Why is sexuality important?

Sexuality fulfils our fundamental need for closeness, touch and pleasure, and represents an important element of quality of life.

Where health is involved, sexuality, which is important for us, usually takes second place. Having said that, as soon as the transplant is complete the question is frequently asked: "Will I ever be able to lead a 'normal' sex life again?"



In this brochure, we will tell you what impact a transplant may have on your sex life, what you should be aware of and how you can fulfil your wish to have children.



How does a transplant affect my sex life?

- It is perfectly possible to have a sex life after a transplant.
- You should wait 4 – 6 weeks after the operation before having sexual intercourse, until your life has returned to normal; it is important to discuss fears, hopes and dreams as well as sexual problems with your partner.
- Physical and psychological limitations related to the transplant can have an impact on your sex life and consequently your quality of life.
 - Sexual dysfunction or a reduced desire for sexual activity (libido) is common in both sexes
 - In women, the primary focus is on an absence of libido and an irregular cycle, and, in men, on erection problems.

Reasons for sexual dysfunction in organ transplant recipients

Physical limitations:

- Side effects as the result of medication
- Tiredness and lethargy
- Uncontrolled blood sugar
- In men: potency disorder, erectile disorder, impotence (erectile dysfunction)
- In women: vaginal dryness, yeast infections etc.

Psychological limitations:

- Low feeling of self-worth (change in physical appearance: weight loss or gain, thinning hair)
- Depression and anxiety
- Loss of intimacy
- Loss of libido

Talk to the doctor in charge of your treatment about sexual problems!



Can a transplant have a positive effect on my sexual function?

- In general, sexual function which has declined as a result of the dialysis treatment improves after a kidney transplant; however, sometimes this may also deteriorate.
- A liver transplant should increase men's sexual activity again; however, erectile function frequently continues to be disrupted by immunosuppressants.



Is there a way of treating my vaginal dryness?

- A number of hormone-free lubricant creams and gels reduce chafing during sexual intercourse. This compensates for the absence of moisture.



Is there a way of regaining my erectile function?

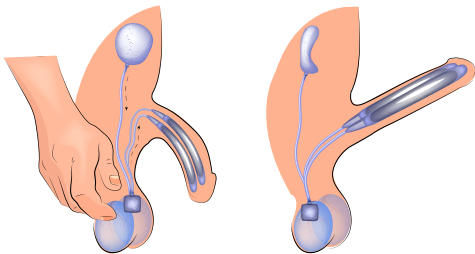
There are various options available for treating erectile dysfunction:

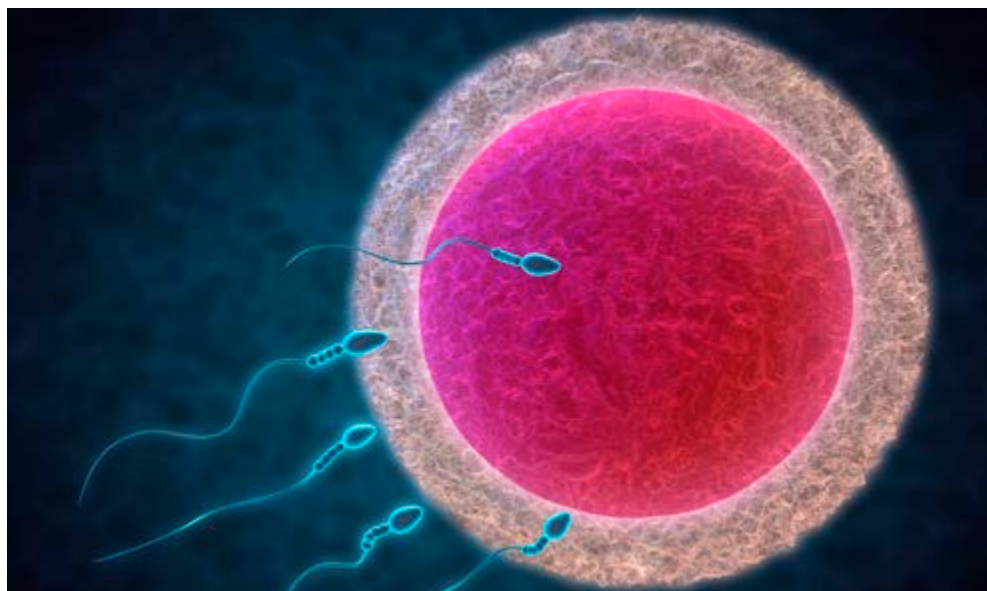
5-phosphodiesterase (PDE-5) inhibitors are medicinal products which inhibit the activity of the phosphodiesterase enzyme and, in combination with sexual arousal, facilitate an erection. Taking PDE-5 inhibitors can improve erectile dysfunction e.g. in kidney transplant recipients, without having any impact on the effectiveness of the immunosuppressants.

Intracorporeal auto-injection method refers to medicinal products which the man can inject into the erectile tissue or into the urethra himself as required.

Penis vacuum pump systems are penis attachments which create a vacuum. This causes blood congestion to occur, which in turn causes an erection.

Intracorporeal implants are surgically inserted into the penis and facilitate erection.





What impact does a transplant have on my fertility?

- Women regain normal menstrual function and fertility, and their hormone levels stabilise within just a couple of months of receiving the transplant.
- However, some immunosuppressants reduce fertility in women and men.

Talk it over with your doctor!

What contraceptive precautions should I take if I don't want to become pregnant?



- Contraceptive protection using condoms or diaphragms is the safest option for transplant recipients.
- Taking low-dose oral contraceptives ("the Pill") is an option; **HOWEVER**: Seek advice about any potentially increased risk of blood clots, high blood pressure, gastrointestinal problems, heart diseases and depression, as well as the absence of protection against sexually transmitted diseases. The Pill is not fully effective during immunosuppression therapy; therefore, the use of a condom as additional contraceptive protection is always recommended.





Is it possible to become pregnant after a transplant?

- In general, the desire to have children should be discussed with the centre at the earliest possible opportunity, as some immunosuppressants (e.g. mycophenolate mofetil, everolimus/sirolimus) can increase the chance of foetal abnormalities and, in particular, there is an increased risk of sperm abnormalities in men. In the event a patient wishes to have children, the centre will need to adapt the immunosuppression treatment accordingly. It is possible to have a successful pregnancy following a liver or kidney transplant despite the potentially toxic effects of immunosuppressive therapy.
- As full organ function must be guaranteed, pregnancy should be avoided for the first twelve months following the transplant.

Medical prerequisites for a pregnancy:

- Good general condition
- Stable organ function (no acute or recent rejection reactions)
- Normal transplant ultrasound results
- Stable immunosuppression
- Normal blood pressure or well-managed high blood pressure
- Good kidney function
- No protein in the urine
- Normal urination
- Normal blood sugar levels or successfully controlled diabetes
- Close cooperation between various medical specialists and the transplant centre is required for planning a pregnancy

Some immunosuppressants become concentrated in breastmilk; therefore it is essential to discuss breastfeeding with the treating doctor (risks and benefits).



What else do I need to know so that I can have a healthy sex life?

Daily personal hygiene is essential in order to reduce the risk of bacterial, viral or fungal infections (e.g. to prevent ascending infections via the urinary tract).

You can take the following precautions:

- Wash yourself from front to back (in order to avoid intestinal bacteria entering the urinary tract)
- Use hygienic detergent agents (wash at over 60°C) or disposable washcloths
- Good permanent catheter hygiene
- Partner must also maintain good personal hygiene
- In the event of infections, treatment of both sexual partners may be necessary: risk of cross-contamination
- Use of condoms with spermicides
- Avoid varying sexual partners
- Avoid sexual intercourse where there is an increased risk of becoming infected by your partner



Contact your doctor if you notice any signs of infection (redness, itching, burning sensation when urinating)!

Frequently asked questions (FAQ)

Topics that you can discuss with your doctor or your nurse before your organ transplant:

Women/Men:

- When will I be able to have sex again after my transplant?
- Should I expect to encounter sexual problems after my transplant?
- What happens if my sexual problems do not improve the way I hoped?
- Do I have to be aware of anything during sex?

Women:

- Is it possible to become pregnant after a transplant?
- When is the best time to become pregnant?
- Are immunosuppressants a problem for my unborn child?
- Will I be able to take the Pill after a transplant?

Men:

- Will my ability to have an erection be affected after my transplant?
- Will I still be able to father a child after my transplant?
- Will I have to wear a condom?



Glossary

- **Dialysis or haemodialysis** refers to a particular dialysis procedure during which the blood is transported out of the body through a semi-permeable synthetic membrane in order to remove certain substances. This therapy option is deployed as renal replacement therapy in acute and chronic cases of kidney failure.
- **Diaphragm (vaginal diaphragm, vaginal pessary)** refers to a mechanical aid used to prevent conception. It consists of a flexible rubber cap and is introduced into the woman's vagina before sexual intercourse. By sealing the cervix, sperm are prevented from entering it.
- **Erectile dysfunction (erectile disorder, potency disorder, impotence)** is a male sexual function disorder during which penile erection is not sufficient for sexual activity over an extended period of time.
- **Immunosuppressants** are drugs which reduce the natural defence function.
- **Personal hygiene** refers to the cleaning of the external genital area.
- **Libido** refers to sexual desire.
- **Sexual dysfunction (see also erectile dysfunction)** is a sexual function disorder which can be of physical or psychological origin.
- **Spermicide** refers to products which kill sperm.

Additional information

AKTX Pflege e. V.

<https://www.transplantationspflege.de>

Bundeszentrale für gesundheitliche Aufklärung
(Federal Centre for Health Education)

<https://www.bzga.de>

Bundesverband für Gesundheitsinformation und
Verbraucherschutz – Info Gesundheit e. V. (Federal
Centre for Health Education)

<https://www.bgv-transplantation.de/danach.html>

Deutsche Leberstiftung (German Liver Foundation)

<https://www.deutsche-leberstiftung.de>

Deutsche Stiftung Organtransplantation (German
Organ Transplant Foundation)

<https://www.dso.de>

Deutsche Transplantationsgesellschaft e. V. (German
Transplant Society)

<https://www.d-t-g-online.de>

Eurotransplant

<https://www.eurotransplant.org>

International Transplant Nurses Society

<https://www.itns.org>

Junge Nierenkranke Deutschland e. V. (Young Kidney
Patients, Germany)

<https://juniev.de>

KfH Kuratorium für Dialyse und Nierentransplan-
tation e. V. (Dialysis and Kidney Transplant Advisory
Board)

<https://www.kfh.de>

Lebertransplantierte Deutschland e. V. (Liver Trans-
plant Recipients, Germany)

<https://lebertransplantation.eu>

Onkopedia

[https://www.onkopedia.com/de/onkopedia-p/guide-
lines/ernaehrung-von-patienten-mit-geschwaech-
tem-immunsystem](https://www.onkopedia.com/de/onkopedia-p/guidelines/ernaehrung-von-patienten-mit-geschwaechtem-immunsystem)

Robert Koch-Institut (RKI)

<https://www.rki.de>

Stiftung „Für das Leben“ (FOR LIFE) foundation

<http://www.stiftung-fuer-das-leben.de>

Transdia Sport Deutschland e. V.

<https://transdiaev.de>



www.transplant-wissen.de