ORIGINAL RESEARCH—ONCOLOGY

Qualitative Accounts of Patients' Determinants of Vaginal Dilator Use after Pelvic Radiotherapy

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ABSTRACT

Introduction. Treatment with pelvic external beam radiotherapy with brachytherapy (EBRT/BT) for gynecological cancers may cause sexual dysfunction because of vaginal shortening and tightening. Regular vaginal dilator use is thought to reduce vaginal shortening and/or tightening, but compliance is poor.

Aims. This study identified determinants of patients' adherence with dilator use after EBRT/BT.

Methods. Semi-structured interviews were conducted with 30 women, aged 32–67 years, treated with EBRT/BT for gynecological cancers at two university medical centers in the past 36 months. Transcriptions were coded and analyzed with N-Vivo software.

Main Outcome Measures. Determinants of dilator use were clustered based on the Health Action Process Approach, which describes (i) motivation processes that lead to a behavioral intention and (ii) volition processes that lead to the initiation or maintenance of actual behavior.

Results. Almost all women attempted to perform long-term regular vaginal dilator use. Intended dilator use was determined by the expectation that it would prevent the development of vaginal adhesions and stenosis. Planning dilator use and making it part of a routine, using it under the shower, using lubricants, a smaller dilator size, or vibrators helped women. Others reported a lack of time or privacy, forgetting, or feeling tired. Women self-regulated dilator use by rotating the dilator and timing dilator use. Influencing factors were negative emotions regarding dilator use or its hard plastic design, (being anxious for) pain or blood loss, and an association with EBRT/BT. Some women mentioned a lack of instrumental support, for example, lubricants. Others received reassurance through informational support or were supported socially.

Conclusion. Motivation and volition processes that determined dilator use were identified and used in the development of a sexual rehabilitation intervention. It is important to provide sufficient patient information and support, and enlarge patients' perceived self-efficacy. **Bakker RM, Vermeer WM, Creutzberg CL, Mens JWM, Nout RA, and ter Kuile MM. Qualitative accounts of patients' determinants of vaginal dilator use after pelvic radiotherapy. J Sex Med 2015;12:764–773.**

Key Words. Gynecological Cancer; Pelvic Radiotherapy; Sexual Rehabilitation; Vaginal Dilator Use; Qualitative Research

Introduction

Treatment for gynecological cancers may cause sexual dysfunction, especially when treatment includes pelvic external beam radiotherapy with brachytherapy (EBRT/BT) [1–7]. The negative effect of treatment with EBRT/BT is attributed to vaginal shortening and tightening induced by fibrosis and stenosis [8,9]. Regular vaginal dilator use is thought to reduce vaginal shortening and/or tightening [10–12]. Although more empirical evidence is needed [13], dilator use

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has become established practice worldwide [14–16]. Gynecological cancer experts in the Netherlands have reached consensus in a Delphi panel consensus process on how vaginal dilation should be performed.[1]

Despite the proposed benefits of regular dilator use, patients have difficulties following the instructions and compliance is poor [17–21]. In previous studies, 1% to 35% of the participating gynecological cancer patients used a dilator with the recommended frequency within the first 12 months following EBRT/BT [17,18,20–22]. In two studies, 10 to 15 gynecological cancers patients were interviewed after EBRT/BT about their experiences with dilator use and reasons for (non)compliance [23,24]. Reported barriers were painful insertion, embarrassment, fear, reliving the invasive treatment, lack of information or time, forgetting, or dilation not being a priority during recovery [23,24]. Facilitating factors mentioned by patients were concern about the development of vaginal adhesions, belief that dilators help, reminders of adhesion development, acceptance of dilator use as part of a routine or an extension of treatment, or focusing on positive aspects of dilator use [23].

Aims

It remains unclear how these barriers and facilitators explain the women's compliance with dilator use. Therefore, this qualitative study aimed to identify the determinants of intention, initiation, and maintenance of long-term regular dilator use and to describe dilator use as a health behavioral process. Moreover, the identified determinants were supported by the theoretical constructs of the Health Action Process Approach (HAPA), which has been used to explain and predict numerous health behaviors [25].

Methods

Participants and Recruitment

Eligible women (aged 20–70 years) were treated with EBRT/BT for gynecological cancers at two university medical centers 2 to 36 months prior to the interview. Exclusion criteria were signs of recurrent or metastatic cancer, medical or psychological problems, living abroad, or insufficient knowledge of the Dutch language.

Three radiation oncologists informed women about the study during their follow-up consultations between November 2012 and July 2013. It was ascertained that the participants consented to be interviewed. Participants received a 20-euro gift voucher. The Leiden University Medical Center (LUMC) Medical Ethics Committee approved the study protocol.

Data Collection

Two female researchers (R.M. Bakker and W.M. Vermeer) conducted semi-structured face-to-face interviews, in private, either at home or at the medical center. Two interviews were conducted by telephone because of practical reasons. The average duration of the interviews was 42 minutes (range: 27 to 62 minutes). As psychologists (MSc and PhD, respectively), the researchers were trained and experienced in interviewing patients, and not involved in the treatment of the women. All interviews were digitally recorded and transcribed verbatim.

Data Analyses

The transcriptions were analyzed with QSR International's NVivo 10 software using the Framework Approach [26,27]. The Framework Approach is used in health research to systematically analyze qualitative data by applying a combination of deductive and inductive coding. Therefore, emerging themes were identified using an a priori coding scheme based on the interview topics. The coding of the two researchers was compared and discussed after every third interview. Agreement on the adequacy of new emerging codes was achieved through negotiated consensus. At first, R.M. Bakker and W.M. Vermeer coded a random sample of 10 interviews. Secondly, R.M. Bakker coded the remaining 20 interviews using the definitive coding scheme. Lastly, they coded and cross-checked five of these interviews to ensure consensus on the definitive coding scheme and—if needed—complement the coding (R.M. Bakker and W.M. Vermeer) [28]. Descriptive statistics (e.g., age) were calculated using IBM SPSS version 21 (IBM Corp., Armonk, NY, USA).

Main Outcome Measures

Socio-demographic data were obtained from both women's medical records and the interview.

[1]Experts reached consensus that it is best to use plastic dilator sets, to start around 4 weeks after EBRT/BT, to perform dilator use two to three times a week, for 1 to 3 minutes, and to continue for 9 to 12 months. The frequency of dilator use could be lowered each time patients had sexual intercourse [29].

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