



**FEMALE SEXUAL MEDICINE EDUCATIONAL SEMINAR
AUDIO TRANSCRIPT**

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Announcer: You are listening to highlights from a female sexual medicine educational seminar led by Urology San Antonio nurse practitioner Peggy Francis. If you have questions about the material presented or would like an appointment to discuss your specific medical situation, you can reach Urology San Antonio at (210) 614-4544, or visit us online at urologysanantonio.com.

Peggy Francis: We're going to start with "what is female sexual medicine?" and "what is female sexual dysfunction?" The definition from the American Urological Association is that female sexual dysfunction is actually female sexual medicine that causes the patient some distress. So right off the bat, you need to know that if the patient doesn't have any problems not having sex or having sex infrequently, it's really not a dysfunction. My preference is always to call it female sexual medicine; I don't the dysfunction part because that infers that there is something really wrong with the patient when a lot of times, it's just a normal, natural thing for her.

So female sexual medicine is the medical diagnosis and treatment of female sexual dysfunction. There are different kinds of dysfunction. There are arousal issues, desire issues, orgasm issues, and pain issues. So the most important thing we have to start with is "what's your problem?" What is the issue? Can you have an orgasm or not have one? Is it painful when you have sex or not? Do you have issues related to your libido? And often times, these symptoms, these problems overlap each other. It's rarely just one issue. Rarely is it just one issue.

When we talk about sexual function, we are talking about desire, arousal, orgasm, and pain, those four areas. We also have to talk about things like "how often are you having it?" How responsive are you to being stimulated? In terms of sexual health, are you able to have an orgasm? And partner issues. I guess, if you take nothing home from me tonight, I want you to take home from me that this is a partner issue. When a man comes to the office to talk about erectile dysfunction issues, hopefully the physician says to him, "This is not just your problem; this is your wife's problem." It's a partner issue. When you come to see me ladies, I say the same thing, "This is not just your problem. This is his problem because you guys work together." It's a partner issue. And communication is absolutely critical. Absolutely critical. You have to be able to talk about these issues. You have to be able to talk about the problems you are having, the pain you are experiencing, the arousal you are feeling or not feeling, [and] what works, what doesn't work. Very important.

Your physical and mental health are really important. When I see a patient, the first thing I start off with is... I write on a piece of paper four circles. They are interconnecting circles. In the top one, I put in a P. That's "physical." My job when you come to me is, "Is there a physical reason why you are not having the sexual response that you want to have?" That's my job. That's my specialty. M is for mental. How you think. E is for emotion. How do you feel? And S is for spiritual. For some people it is religion; it is their faith. For some people, it is just how they feel like they connect with the rest of the world. So, physical, mental, emotional, and spiritual. If any of those parts of you is out of wack, it is going to pull something else out of wack.

What I'd like to do at this point is I'd like to back up and speak to you as if you were the female coming in to see me and telling me you don't have much desire, and I'm going to give you my spiel.

I always start by explaining to patients that male sexual medicine is a little bit like that light switch. It's pretty basic. It's pretty simple really. Wouldn't you men agree, it's pretty simple? Ok, you see your wife naked, it turns you on, you're ready to go. I think female sexual medicine is a little bit like the inside of a high performance vehicle. There is a lot more involved in female sexual medicine. The female body is complex. But the question is. Whose responsibility is it to put all of these knobs in the right order? I don't think it is all his responsibility to make sure all of your knobs are where they are supposed to be. And I don't think it is all your responsibility, women, to have those knobs where they are supposed to be. That's where communication is the key. Communication and how you work as a couple. What I do want you to hear is it's a little more complex. It's a little more complex. Medicine sees that too. They still haven't figured out how to put female sexual medicine in a medical category. It's only in a mental health category.

We do know that women who have any urinary issues tend to have some sexual issues. If you have incontinence issues, you are more likely to have libido issues. That's one of the reasons we got into female sexual medicine in the urology practice is because as we deal with women who were leaking when they coughed or sneezed or even have an overactive bladder, they were saying, "Oh, by the way, my sex life is better." So something we are doing is working. Something we are doing is working. We also got into female sexual medicine because we were already doing male sexual medicine so it made sense for us to do female sexual medicine. And then we got into it because nobody else has. Somebody has got to talk to you about it. Somebody has got to be willing to talk to you one-on-one about it, and we are.

I think sex for men is always number one, two, or three on their priority list. Any day of the week, any time of the day, and with any stress, it goes higher on their list. Now, I told my husband I was saying this and he said, "Well, you're wrong." And I thought, "Oh great. Here it's coming." He said, "No, it's one or two." [Crowd laughs] Men, most men... Now, I am speaking in general terms again. Most men wake up thinking about sex. They go to bed thinking about sex. They dream about sex. They think about sex several times a day. Now am I wrong? [Crowd responds]

Women rarely put sex above sex above a ten or a twelve on our priority list, any day of the week, any time of day, and with any stress, it goes further down the list. Do I have an amen, sisters? [Crowd responds] It is just is. There is nothing wrong with either gender. That's the way God made us. I think he's up there laughing at us, "Look how different I made them, and their supposed to live together." [Crowd laughs] I really do. I think he just... We're just different. I think the goal in having a good marriage, a good partnership is finding some place to meet in the middle so you both are satisfied. I think that is the most important part.

Again, back to a word picture. I think of men as microwaves and women as crock pots. And the older we get, the harder it is to turn the crock pot on, much less get it hot. And that's normal and natural. So guys you need to understand that just because your microwaves work the same way all of your life doesn't mean her crock pot will. Sometimes we have to do some things to help get the crock pot hot. Things change. We've had babies. We're dealing with atrophic tissue that you're not dealing with. With the aging process, we make less lubrication. It's harder to orgasm. It's harder to be stimulated. So what I'm suggesting to you is when you communicate with each other, [talk about] how do you turn her crock pot on. What works for her. Communication is the key. Communication. Couples have to get together and decide, do we have a problem, what is the problem, and what are we going to do about the problem.