



Greater Manchester
Neurorehabilitation & Integrated
Stroke Delivery Network

Sex and intimacy after stroke: developing an education package for healthcare staff

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Disclosure statement



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There are no conflicts of interest to declare.

Background



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Greater Manchester stroke delivery network patient and carer group.



‘Nobody spoke to us about sex and intimacy and what to expect’

Less than 10% of patients receive any advice despite 90% of patients hoping for advice relating to sexual dysfunction in stroke (Na et al, 2020)

Scoping exercise - patients



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- Nobody brought it up
- Sex ≠ intercourse
- All stroke survivors are heterosexual
- Single = celebrate
- Old = not interested in sex
- Healthcare professionals don't know how to talk about sex

Scoping exercise – professionals



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- There was a big gap in knowledge and a lot of stigma.
- Teams needed guidance from start to finish including practical solutions.
- Teams needed access to more resources, signposting options, and structured training on best approaches to these discussions.

He was texting me from the hospital, “what if it doesn’t work anymore?” “What if we can’t have sex again?”. In the end I told him to go to the toilet and check! I was worried he wouldn’t focus on his hospital care until he knew. It was all okay. But **no information was available to us**. No one asked us about it.

Partner of acute stroke patient

I needed time. Straight after my diagnosis I was too worried about other things.

Patient in acute setting

What was I doing? I didn’t know. I went to my GP who gave me Viagra but I didn’t like it. I didn’t know what else I could do. It was so confusing.

Patient and their partner in community setting

I felt overly protective and cautious. And I was **worried** about the psychological impacts of the change in our relationship.

I remember bringing it up during an appointment and the nurse ran away! Her manager came through to answer my questions, but **she looked awkward** too.

Patient in community setting

I was asked about sex and relationships after my stroke. I prefer as a woman if it is another woman asking me.

Patient in community setting

Planning



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- Dr Tamsin Collins – Consultant in Rehabilitation Medicine, Dr Leona Rose – Clinical Psychologist, Jo Stevens – Stroke Specialist Nurse
- One couple post stroke – Modupe and Kunle (Kunle is the stroke survivor)
- Introductory webinar – 2 hours
- Advanced training practical seminar – half day

Introductory session



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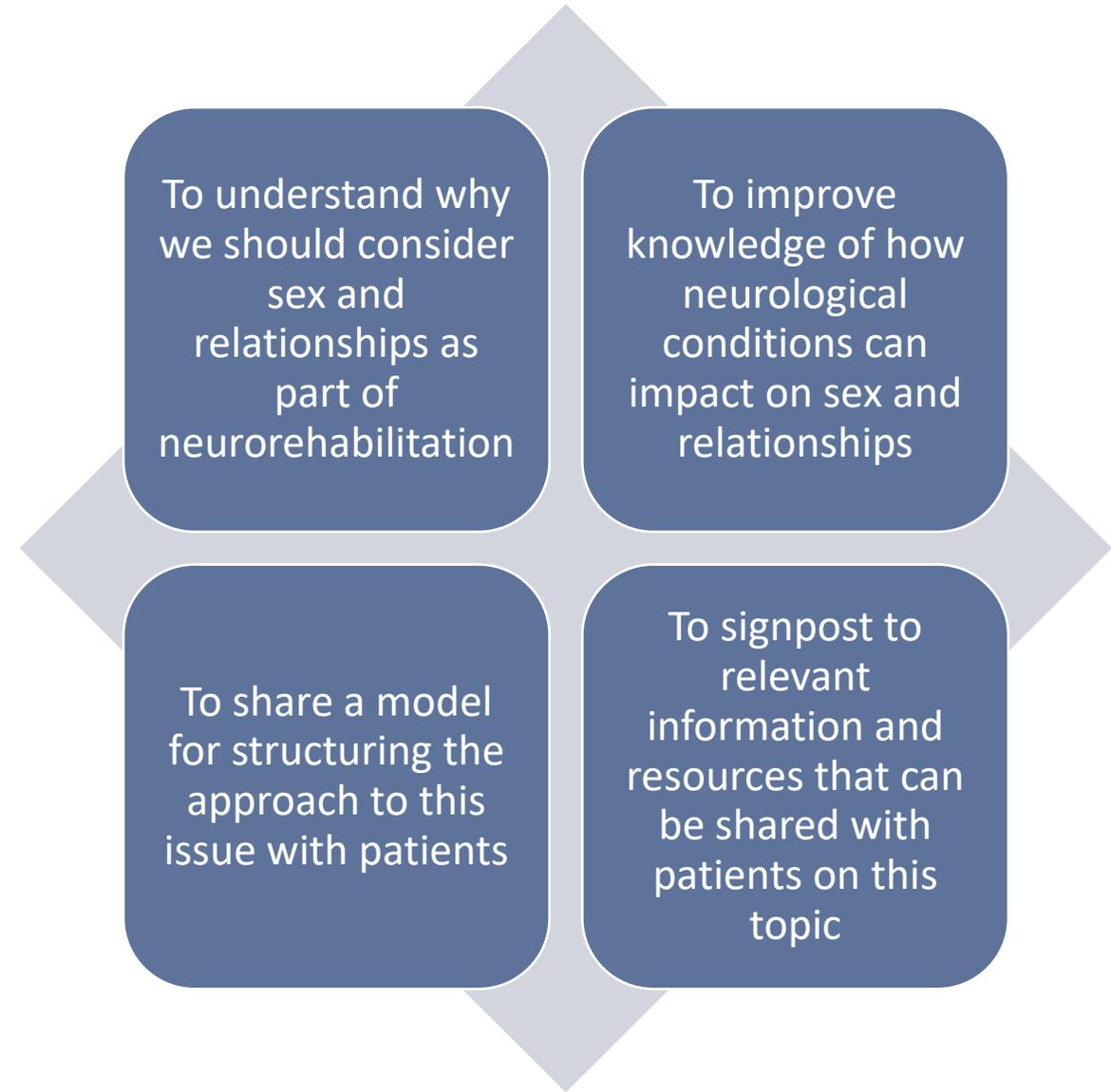
Online webinar

Two objectives

- Why talk about it?
- How to talk about it.

50 clinicians from across disciplines.

Learning Objectives



Did we get it right and what next? Lived experience feedback

It was a good start but...

- Explore 'before' not just problems
- Practical help not just conversations
- Our stroke does not exist in a vacuum.

Did we get it right and what's next?

Clinician feedback

- Training significantly increased participants' confidence and preparedness in discussing sex and relationships with patients.
- Attendees felt more equipped with knowledge, practical tools, and resources to initiate conversations and offer support
- Positive shift in approach, committing to raising the topic routinely and collaborating with other professionals
- More confident and comfortable discussing intimacy with patients and carers.

Planning for advanced session



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- Incorporate Non-Medical Perspectives
- Psychological and Cultural Aspects
- Practical Application and Case Studies
- Communication Strategies
- Psychosexual Evaluation and Support
- Consent, Capacity, and Ethical Considerations
- Women's Health and LGBTQ+ Topics
- Support for Different Patient Groups
- Alternative Intimacy Approaches

Masterclass Learning Objectives



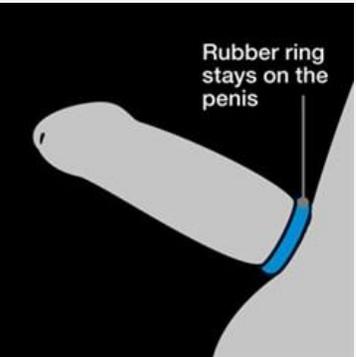
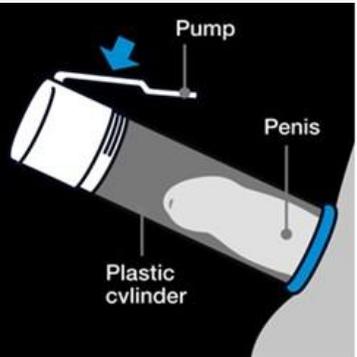
Structure

- Face to face
- Small group
- Short presentations interspersed with opportunities to practice.
- Scenario-based with support
- Touched on tricky topics
- Lots of space to explore worries and gaps in knowledge.
- Practice with equipment

What can we get that can be put to different use?



Other adjuncts that may help



6 month follow up meeting



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- A chance to feedback successes and talk about when things didn't go to plan

Set up a Community of Practice

- Six monthly
- Ongoing education
- Supervision

Lived experience perspective



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- Create resource materials that are easy-read with illustrations and have them available at follow up so couples can begin to explore possibilities, especially with healthcare professionals
- Create groups with willing couples
- Helpline or email support staffed by stroke clinicians

Next steps for education

- Consent, capacity, and ethical considerations
- Women's health
- LGBTQI+ Topics



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Resources



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The resources below have more information on sex positions, products and devices that may help sexual function:

Book: The Ultimate Guide to Sex and Disability:

<https://www.corysilverberg.com/sex-and-disability>

Pleasure ABLE: Sexual Device Manual for Persons with Disabilities

http://www.dhrn.ca/files/sexualhealthmanual_lowres_2010_0208.pdf

Sexual Aids: www.mypleasure.com/education/disability/index.asp