Integrative Sexual Medicine
Quality of life takes the forefront
| Debra Wickman, MS, MD, FACOG, NCMP, CSC

We’ve seen an exciting shift in medicine over the past few years, with increasing emphasis placed on quality-of-life aspects of health. Related healthcare niches are evolving—with “functional”, “integrative” and “lifestyle” brands of medicine highly sought by patients, and thereby becoming recognized as mainstream. Corporate and academic medical structures are embracing value-based care as patient demand aligns with improved satisfaction. The needs of our patients are met holistically as we infuse compassion into health care.

Consistent with this theme, our Women’s Institute at Banner – University Medical Center Phoenix (BUMC-P) has developed the Division of Female Sexual Medicine, under the direction of Dr. Debra Wickman. For the past 1.5 years, we’ve been operating in a freestanding satellite clinic in the Ahwatukee suburb of Phoenix, to focus on the quality-of-life aspects of care, while we address the medical needs of our patients as well. Sexuality creates vulnerability for women, and it takes a significant level of trust and rapport to divulge intimate information and receive actionable advice. This vulnerability often shows up at the crossroads of sexual pain, the aftermath of cancer treatment, or with pivotal life changes such as menopause. Each of these entities have multifactorial nuances that vary from woman to woman; and significant facets extend beyond the physical state, into the realms of emotional, intellectual, and relational life experiences. The needs in all these areas must be identified and met to give rise to the greatest healing and achieve optimal quality of life.

Sexual satisfaction is integral to quality of life for women; however, this concept is elusive to most[1]. Myths surrounding sexuality are innumerable—from large penis size, to multiple simultaneous orgasms with a partner, to tantric-type sessions lasting for hours, women are informed by the popular media about what satisfying sex entails. As a result, the concept seems unattainable. Other common misconceptions convey the belief that sexual satisfaction must decline with age or in long-term relationships. On the contrary, there is no upper age limit for sexual satisfaction, and relationship duration is not a direct predictor for sexual distress. The most impactful negative predictors center on poor sexual communication and desire discrepancy between partners. Talking openly about sexual wishes and preferences is key to sexual satisfaction in relationships and needs to be encouraged by health care providers[2]. Additionally, self-criticism around body image and sexual performance is a potent negative influencer, making it easy to understand why women often subconsciously choose to “go silent” on the issues and live in denial. Couples stop communicating and intimacy wanes. Choosing that path is not the way toward loving life or feeling healthy. Women need guidance on the journey to quality of life, especially if they’ve experienced trauma, failure, pain, insecurity, lack of information or health challenges along the way. Further, sexual function centers on intricate mind-body interaction—neural pathways stoked by sensory information, associated with positive reinforcement motivating the individual to repeat and improve the experience over time, especially
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within a long-term monogamous relationship. This adaptive process involves developing an understanding of these influences – both for self, and for one’s partner to maximize the dopaminergic-releasing components of the reward system and frame it in the context of pleasure and well-being). Neural pathways mediating sexual desire/arousal involve limbic brain circuitry and associated cortical relays, modulated by complex autonomic, hormonal, and endocrine components. There are so many physiologic points that can break down and lead to dysfunction, but also just as many potential opportunities to find ways to intervene and restore function. Much effort continues to be dedicated toward exploiting the dopaminergic system: through pharma, via wearable technology, or by therapeutic behavioral interaction to deliver a more stream-lined dopamine surge within the limbic brain, hoping to evoke more reliable, reproducible sexual desire for women. These endeavors are largely in the “pioneer” phase, but the potential is great, and it’s an intriguing incentive to find answers and contribute within the field of sexual medicine.

Sexual medicine should be practiced with an integrative approach for maximum benefit. The provider/patient interaction needs to be collaborative rather than authoritarian, as the woman is guided to clarify issues causing distress, choose intervention(s) she can commit to, and create a path forward in sequential achievable segments. The “integrative” aspect includes a multidisciplinary team to provide assistance at all levels, including elements of alternative therapy, nutrition, fitness, meditation, and even “biohacking” – all adding to overall health and well-being. In providing this expansive level of education and guidance, it’s important to consistently clarify to patients that it’s never a “done-for-you” program. Rather, each patient must consistently take the action steps necessary to succeed in the goal. In sexual medicine for women, there is no pharmaceutical prescription that works spontaneously to restore or elicit a dramatic sexual response. Instead, each intervention “fills the tank” with fuel, but she must “start the ignition and step on the gas” to move forward. It’s our role as providers to not only prescribe fuel for her tank, but also explore ways to help her take those action steps.

Currently, we’re developing a program for women to induce the “flow state” – being immersed in energized focus, with full involvement/enjoyment in the activity, using cutting edge technology such as virtual reality and neuromodulation, to improve desire/arousal in vulnerable populations – starting with cancer survivors. We continue to develop our sexual pain program, working toward an effective, holistic approach to resolve vestibulodynia, vaginal atrophy, chronic vulvovaginitis and high tone pelvic floor muscle dysfunction.

We are thrilled to announce the inception of our postgraduate Fellowship in Female Sexual Medicine, starting in 2022. It is a 2-year program following Ob/Gyn residency, encompassing clinical patient care for sexual concerns (low desire/arousal, pain, difficult orgasm), vulvovaginal disorders, menopause health, cancer survivorship, and research specific to the field of female sexuality.

Menopause and sexual health services referral contact information:
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References
I answered my cell phone one evening and was greeted by “I want you to start a fellowship in pediatric and adolescent gynecology (PAG) and I want to be your first fellow.” This call came one week before the winter holidays and took me by surprise. The call was from a 3rd year Ob/Gyn resident who had done her PAG rotation at Phoenix Children’s Hospital (PCH) and while she was on vacation in Ireland, evaluated her life plan and decided that PAG and PCH was going to be part of that plan.

My intention after establishing the PAG program at Phoenix Children’s Hospital was to start a fellowship, but being the sole PAG provider at PCH did not afford much time to design a fellowship. The time needed to build a proposal for a fellowship program was going to have to happen outside of normal working hours. Combine that with the fact that I had never been involved in starting an educational program – where to begin...

I had attended the national PAG Fellowship Director’s meeting, an amazing group of physicians who were very supportive of additional training programs. The first question that needed to be answered was this – is there a need for more PAG fellowships? At that time there were only ten PAG fellowships in the US and two in Canada. There were no PAG fellowships on the west coast. The closest programs geographically to Phoenix were in Dallas, Texas and St. Louis, Missouri. There were also more candidates applying for fellowship positions than there were spots available. Check! The need was there.

I presented my proposal to PCH Medical Education leaders to see if the organization was supportive of starting another fellowship program. I received a green light and was encouraged to begin the formal process of applying for a new fellowship program. Now the real work began. EVERYTHING about the fellowship had to be detailed. Some parts were easier than others. The education plan had to be documented. Our governing body, The North American Society for Pediatric and Adolescent Gynecology (NASPAG), has published recommendations for curriculum for PAG fellows. Templates of the fellow’s day to day schedule for the entire fellowship needed to be created. Details regarding the number and types of procedures that the fellow would be performing had to be estimated to ensure that the fellow would have adequate surgical experience. Ob/Gyn is an adult trained specialty, and thus PAG fellows need experience working with kids both in a medical and surgical setting. Letters of support from all of the pediatric specialties willing to help train the fellow were gathered and included: GI, Adolescent Medicine, Psychology, Pediatric Surgery, Urology and the list goes on.

One of the hardest aspects of the application process for me was creating a budget for the fellowship. Administrative budgeting was not really in my skill set yet, but when in doubt, ask for help. It is easy to estimate the cost of a fellow’s salary and benefits, but accounting for CME, books, membership fees, support staff, fellowship director protected time, and office overhead also needed to be considered. Estimating any additional revenue that a fellow could generate was a key part of the process too. Would the office revenue increase if there was an increase in patient volume as the fellow was seeing patients in the office and the hospital? With some advice from my office manager, a budget was created and then the proposal was presented to the Graduate Medical Educational Committee (GMAC). After review and approval from GMAC, approval from hospital administration was the next step. PAG fellowships are not an ACGME approved fellowship, and I was exempt from that process. PCH requires, however, that all of their fellowships follow ACGME guidelines whether or not they are officially certified. This helps to maintain educational standards.

Obviously, the fellowship was approved by PCH. Since 2017, we have grown from a one year training program with one fellow to a 2 year training program with two fellows. This was in part due to the transition of all US PAG fellowships extending the programs to a 2 year curriculum. It is difficult for a fellow to gain all the experience needed and to complete a research project in a single year.

In summary I guess I would say – where there is a will, there is a way! If you are passionate about something, you can make it happen with perseverance and determination.

For more information on fellowships in pediatric and adolescent gynecology go to: naspag.org/PAGFellowship

Pediatric and Adolescent Gynecology
Phone: (602) 933-2728, option 6 Fax: (602) 933-4292

Gyn Team: Andrea, MA; Laura Rekedal, first year fellow; Anne Smith, second year fellow; Noor Zwayne, PAG faculty; Melissa Parks, PAG faculty; and Amy Williamson, PAG faculty
The most common comment we receive in our clinic is “I had no idea there were gynecologists who specialize in children”. Pediatric and Adolescent Gynecology (PAG) is a growing specialty. Children and teenagers are not simply smaller adults, and require specialized care. Their issues differ greatly from what you would expect in adults. In a way, you are treating the adolescent or child as well as their parent or guardian.

At Phoenix Children’s Hospital, we offer a wide variety of care in this field. We see patients from day one of life to age 24. The medical issues managed include congenital anomalies, vulvovaginitis, lichen sclerosis, labial adhesions, precocious puberty, delayed puberty, PCOS, endometriosis, menstrual abnormalities, STIs, contraception, menstrual suppression, and sexual abuse as well as others.

In our department, we often work with other specialties such as Hematology, Pediatric Surgery, Pediatric Urology, Pediatric Endocrinology and Adolescent Medicine. In this way, we offer patients the best possible care for whatever issue arises that may require more than one specialty. For example, we have a joint Hematology & Gynecology clinic which caters towards patients with hematological disorders as well as gynecological.

In addition, we have a Multi-Disciplinary Differences in Sexual Differentiation (DSD) clinic that encompasses Pediatric Endocrinology, Surgery, Urology, Gynecology and Genetics where we see patients with various DSD issues such as Congenital Adrenal Hyperplasia (CAH), Androgen insensitivity syndrome (AIS) among many others. This coordinated effort allows patients to see all necessary specialties at the same time to minimize the number of visits needed and provide an opportunity for all specialists to review all cases and determine if any intervention is needed.

In the past, most of all patients born with a DSD had genital surgical intervention as babies. We now know that some of these children grew up as adults who did not agree with the irreversible choices made for them at that time. We now have moved toward a shared decision-making process, where the patient plays a role in this incredibly important and irreversible decision. As a result, many families are choosing to delay any unnecessary surgery until the patient can be involved in the decision making.

Our clinic has three PAG physicians, a Nurse Practitioner, and a nurse. We also have 2 fellows and often have rotating residents. Often, as providers, we may be the only source of evidence based sexual health education for an adolescent if their school does not provide this.

We offer a safe place for our patients to ask questions that they may not feel comfortable talking to their families or friends about. As a result, we can develop trust and close relationships with our patients and their families.

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Melissa Parks, PAG faculty, Anne Smith, second year fellow, Noor Zwayne, PAG faculty
Announcements

Stepping Into New Roles

Dr. Michael R. Foley, Professor and Chair of OB/GYN, will be retiring on December 31, 2021. Throughout his 32 years at Good Samaritan, Banner Good Samaritan, and now Banner – University Medical Center Phoenix, “Harmony” needs to be at the center of all life’s decisions. Heeding his own teachings, he will begin his retirement to focus on his life and future. Dr. Foley’s heart will always be with the staff, students, residents, fellows and faculty, past and present. He confidently hands the position of Professor and Chair of OB/GYN, to his esteemed colleague, Dr. Jamal Mourad, who will act as Interim Chair until a permanent replacement has been found.

Following graduation from the University of Rochester, Rochester, New York, Dr. Mourad received his medical degree from the New York College of Osteopathic Medicine. He then completed his residency in Obstetrics and Gynecology at Banner Good Samaritan Medical Center and graduated in 2000. After completion, he joined a prestigious group in the Phoenix area where he practiced for 13 years and held a leadership position. Dr. Mourad specializes in the treatment of Fibroids, Endometriosis, Heavy periods, Cervical incompetence, Pelvic pain, Ovarian cysts, Pelvic prolapse, Urinary incontinence, Ectopic pregnancy, Polyps. It is his passion to provide his patients with the least invasive, yet with the most comprehensive care available. For numerous years Dr. Mourad has been recognized as a “Top Doc” by Phoenix Magazine. Over his career he has received various teaching awards including Resident Educator of the Year from the University of Arizona. Dr. Mourad is very active in research projects and has written several publications. He has been invited to speak at numerous national and international presentations. Dr. Jamal Mourad Dr. Mourad joined the faculty in 2013 as the Director of Minimally Invasive Gynecologic Surgery and is an Associate Clinical Professor at the University Of Arizona College Of Medicine - Phoenix. Dr. Mourad became the Director of the Fellowship in Minimally Invasive Gynecologic Surgery in 2015 and has embraced stepping into the role as Interim Chair starting January 2022.

New RN Director for Women’s and NICU Services

Amy Reyes, MSN, RN, RNC-OB joined Banner – University Medical Center Phoenix October 18th as the new RN Director for Women’s and NICU. Amy brings with her more than 23 years’ experience in nursing in the specialty area of Women’s and Infant services. Amy is from Oregon where she worked in a variety of hospital systems from small community to large trauma centers. She has been a leader for 15 years in all areas of WIS including high risk Labor & Delivery and Level II NICU.

Amy received her Master of Science in Nursing from the University of Phoenix, holds a BS in Nursing and advanced board certification in inpatient obstetrics. Amy maintains current certification in ACLS, PALS, BLS, NRP and TNCC. Amy is a member of AWHONN and the Northwest organization of Nurse Executives and Leaders.

“If you enjoyed this issue of Women’s Health Update and would like to receive future issues electronically, please let us know at: BUMCP_Womens_Health_Update@bannerhealth.com

“Please join me in welcoming Amy to BUMCP and the organization; we are please to have her as a colleague. I would also like to acknowledge and thank Ashlee Kohlhase and Sara Weiss for their interim leadership during this time of transition. Both leaders have led with purpose and connection as I have guided our WIS and NICU team members during this busy season. I am grateful for their leadership.” - Dr. Foley
Patient Referral Contact Information

Banner University Women’s Institute
OBGyn Care/Endometriosis/Pelvic Pain/MIGS
Phone: (602) 521-5700 | Fax: (602) 521-5701
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General OBGyn
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Complex Gynecology and Minimally Invasive Surgery
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Jamal Mourad, DO
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Phone: (888) 972-2873 | Fax: (602) 283-3040
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Maricopa OBGYN Associates
24/7 In Hospital OBGYN Resident Supervision
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Mountain Park Health Center
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Phone: (480) 834-5111 | Fax: (480) 834-5222
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Arizona Reproductive Medicine Specialists
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Phone: (602) 343-2767 | Fax: (602) 343-2766
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Arizona Center for Fertility
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Phone: (480) 630-0212 | Fax: (480) 860-6819
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