

[Track 6: After the Transplant]

Narrator: Outcomes of transplants vary, depending on a complex set of factors in each individual's case. Let's listen to John and Patrice's follow up appointments with their Doctors a year later. First, John.

Follow-up Appointments:

John and Doctor Griffin

Doctor Griffin: Hi, John. How are you doing today?

John: Well, I think I'm doing really well all things considered. My life's much better on the whole. I've met this amazing woman and we're engaged to be married. Which leads to a real problem that I'm having. I feel funny talking to you about this, but I've lost my desire for sex. Is that normal? It used to be I could not stop thinking about sex. Now, even when I do feel like it, I'm having problems keeping my erection long enough to do anything about it. Is this how it's going to be for the rest of my life? I'm really depressed. My fiancée is cool right now because she knows I've been sick, but she needs to know that I really love her and desire her. Is there any help for us?

Doctor Griffin: First off, having a low sex drive and erectile problems after a transplant is very common. There are many things we can do. I'm so glad you brought this up. Many patients are not comfortable when I try to talk to them about sex. I appreciate that this is very important to you and your fiancée. First, we're going to draw blood to see what your free testosterone level is.

In many men after transplant, testosterone levels can be low. If your testosterone levels are low, we can give you testosterone replacement therapy. We'll also look at some drugs you might use to increase your desire to have sex. There are also medicines that can help you sustain an erection. You and I will work together to determine the best medicines for you. I'd also like you to consider seeing a Social Worker for the depression. Even though we're going to work on what you've identified as the reason for the depression, I want to make sure it doesn't get worse. Your depression can affect your erections, which, in turn, affects your depression. We want to stop that cycle. In addition, low testosterone levels increase the risk for depression.

Narrator: Now, Patrice.

Patrice and Doctor Griffin

Doctor Griffin: Patrice, it's good to see you again. It's been about six months since you were here. I received a letter this week from Dr. Lewis, your transplant Doctor, telling me your transplant was successful and your blood counts are returning to normal. How are you feeling?

Patrice: I wish I felt "normal." I remember both you and Dr. Lewis telling me that graft-versus-host-disease is a side effect that occurs in many people who have allogeneic transplants. Even though it scared me, I kept hoping I'd be one of the lucky ones who didn't get it. Boy, was I wrong. A few weeks ago, I noticed a rash that started on my hands, then spread to my arms and chest. Besides how it looks, it's painful. And, I'm afraid it may get worse.

Doctor Griffin: It's possible the skin changes could get worse, but we hope the medicine you're taking that suppresses your immune system will prevent that from happening and your GVHD will lessen. We'll need to keep a close eye on you. It will continue to be important for you to report changes such as skin blisters or stiffness in your joints. It's also important that you take all your medication as prescribed. Missing doses can make your GVHD worse. Are you having any other symptoms related to GVHD, such as diarrhea or abdominal pain, dry eyes, shortness of breath, chronic cough or vaginal dryness?

Patrice: I am having a problem with vaginal dryness. Ron and I tried having sex after I came home, but it was so painful, we had to stop. I bought some lubricant at the drug store thinking it might help, but it still hurt. We haven't tried again—I'm too scared.

Dr. Griffin: It may be necessary for you and Ron to wait a little while for the medicines to help control the GVHD. Also, use plenty of lubricant when you try again.