







Research Paper

## Exacerbating Challenges of Sexual Dysfunction after Coronary Artery Bypass Graft Surgery: A Qualitative Study

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### Abstract

**Introduction:** Many patients suffer from sexual dysfunction after coronary artery bypass graft surgery, which can have psychological, physical, and pharmacological backgrounds. Untreated sexual dysfunction will impair the quality of life of these patients. Therefore, this study was conducted to explain male patients' experiences with sexual problems after coronary artery bypass graft surgery.

**Methods:** This qualitative study was performed with the approach of conventional content analysis in Tehran in 2020. The data were collected through semi-structured interviews with 18 men after coronary artery bypass graft surgery at the hospital's cardiac surgery clinic and the surgeon's clinic. Participants were selected by the targeted sampling method. After obtaining informed consent, the collected data were written word by word, and the content analysis approach was used to name the data, create analytical codes, and determine subcategories and categories

**Results:** In this study, a significant category of Threatened public health after surgery was extracted, including three subcategories of physical limitations, mental limitations, and therapeutic limitations.

**Conclusions:** The results of this study showed that sexual dysfunction is common in patients after coronary artery bypass graft surgery, and there are significant reasons including psychological, physical, and pharmacological factors that should be included in all of these. Serious attention should be paid so that patients return to their sexual life immediately after surgery and the quality of life of these patients is not impaired. Therefore, it is recommended that health policymakers create a culture and plan to solve the problems created in these patients' sexual relations.

## Extended Abstract

### OBJECTIVE

Cardiovascular disease is one of the most common causes of death worldwide and causes more than 17.7

million deaths annually (2). One of the most common treatments for cardiovascular disorders is coronary

artery bypass graft surgery. One of the most common problems in patients after heart surgery is sexual disorders that affect couples' quality of life by creating marital issues.

Forouzannia et al. (2007) study results indicate an increase in sexual disorders from 20.1 percent before surgery to 76.4 percent after surgery.

Failure to pay attention to sexual issues as part of patients' nursing care with cardiovascular problems can cause unavoidable restrictions for couples and sometimes lead to the patient's sudden death.

Several studies indicate that medical staff does not pay attention to education about sex, which can be due to the negative attitude towards talking about sex and the presentation of sexual problems as a taboo in society due to cultural contexts that cause forgetfulness of the deposit—patients' marital issues.

Cultural contextual issues that prevent medical staff from providing explanations, and patients refusing to ask about sexual matters, and the lack of studies on sexual activity after open-heart surgery in Iran can be factors that create challenges in life. Patients' sexual orientation after heart surgery. Therefore, this study aimed to discover and explain the experiences of male patients of sexual intercourse after coronary artery bypass graft surgery

#### **MATERIALS AND METHODS**

This qualitative study was performed with the approach of conventional content analysis in Tehran in 2020. Participants included 12 patients undergoing coronary artery bypass graft surgery, two cardiac surgeons, two nurses, and two cardiologists. Participants in this study were men who had been referred to the Cardiac Surgery Clinic of the selected hospital and the Cardiac Surgeon's office's which were selected and interviewed by purposeful sampling. The inclusion criteria are Getting married and having satisfying sex before surgery, Willingness to participate in the study, and expression of experiences. Purposeful sampling was done and continued until Data saturation Data collection. Data collection was conducted from in-depth interviews, structured, structured, and interviewed simultaneously with data analysis over three months—talks at the interviewers' time and place. At first, patients' informed consent was obtained to conduct interviews and record them. Interview Questions: Postoperative conditions, how a person feels about themselves and their body, the effect of the action on marital relationships and subsequent problems, training received on marital relationships after surgery, and the resources received for this training and general satisfaction The patient was married. Also, as needed and based on the responses received from participants, Exploratory questions were used. Data analysis done according to the Graneheim and Lundman proposed steps.

#### **RESULTS**

The selection of participants in this study was based on achieving maximum diversity and purposeful sampling and then theoretical to explain the study's theory. Participants included 12 patients undergoing coronary artery bypass graft surgery, two cardiac surgeons, two nurses, and two cardiologists. Exacerbation of threatened public health status by three subclasses of mental restraint (sexual dysfunction due to anxiety after surgery), physical restraint (sexual dysfunction due to some physical problems), and therapeutic restraint (dysfunction) Sex following treatment and prescription drugs).

#### **CONCLUSION**

The findings of the present study indicate the prevalence of sexual dysfunction in patients after coronary artery bypass graft surgery, the reasons for which include psychological, physical, and pharmacological cases, so serious attention to these factors for faster return of the patient to sexual life and lack of quality Life is essential. The role of nurses in pre-Intra and postoperative training is significant for the patient to deal with future conditions, and it is always recommended to perform postoperative heart rehabilitation and culture to participate in these programs to improve the quality of life.

#### **Ethical Considerations**

Ethical approval for this study was achieved by the University of Social Welfare and Rehabilitation Sciences with IR's code.USWR.REC.1397.165. Also, participants studied and signed the informed consent form for participating in this study. They were assured of the confidentiality of the information and that the participants could withdraw from the study anytime.

#### **Funding/Support**

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#### **Author's Contributions**

In this research, Mr. Mohammad Ali Hosseini designed and supervised the study's whole process, Mr. Mohammad Pourabrahimi did the interview. Online submission, Mr. Massoud Fallahi and Mr. Abbas Ebadi managed the interview and performed the study's methods. Mr. Hamid Reza Taghipour selected the research samples, interviewed and monitored codes, and Ms. Leila Gholizadeh analyzed the data.

#### **Conflict of Interests**

The authors of this study stated that there was no conflict of interest in writing this article.

#### **Applicable Remark**

By identifying and understanding the nature, structure, and process of sexual quality of life in male patients after heart surgery, which is based on cultural, structural factors, it is possible to increase the knowledge of how to provide support to patients with sexual dysfunction after

heart surgery. This knowledge can be used to improve the quality of patient care and increase the quality of life of these patients and return to a productive life and strengthen their family center to educate staff, students, and patients. Also, Descriptive and interventional studies can be designed and implemented based on these concepts and increase support for male patients with impaired sexual relationships and function.

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