

Chapter 10

Sexual Function, Reproduction, and Breasts

This chapter contains three parts:

- Part 10.1 — Sexual Function
- Part 10.2 — Reproduction
- Part 10.3 — Breasts

INTRODUCTION

Each part of this chapter contains separate tables for males and females. Ratings may be obtained from one or more parts, depending on the conditions to be assessed.

Many conditions of the female reproductive system, such as premenstrual tension and dysmenorrhoea, occur on a cyclical basis and should be rated by applying Chapter 15 (Intermittent Impairment). When such conditions are successfully controlled by use of the contraceptive pill, a rating of zero is to be given.

It is also recognised that servicewomen may use the contraceptive pill to free themselves from such cyclical problems. In itself this is not a condition. However, if the use of the contraceptive pill causes significant side effects and if these side effects are accepted as being war-caused or defence-caused conditions, they should be rated from whatever section applies to them according to their nature.

Some conditions related to the reproductive organs, or to the effects of the sexual hormones, or which are more common in one sex than the other (such as osteoporosis), are not specifically mentioned in this chapter. Such conditions should be rated from the relevant part of the *Guide* according to their nature.

PART 10.1: SEXUAL FUNCTION

Calculation of the impairment rating for loss of sexual function

Follow the steps below to calculate the impairment rating due to an accepted loss of sexual function.

(Each step is elaborated in the following pages.)

STEP 1	<i>(Omit this step if you are assessing an accepted condition of a female veteran.)</i> Determine a functional impairment rating for loss of sexual function from Table 10.1.1.	Page 178
STEP 2	<i>(Omit this step if you are assessing an accepted condition of a male veteran.)</i> Determine a functional impairment rating for loss of sexual function from Table 10.1.2.	Page 180
STEP 3	<i>(Omit this step if you are assessing an accepted condition of a male veteran.)</i> Determine a functional impairment rating for loss of sexual function from Table 10.1.3.	Page 181

Step 1: *(Omit this step if you are assessing an accepted condition of a female veteran.)* Determine a functional impairment rating for loss of sexual function in male veterans from Table 10.1.1.

Although impotence may be a symptom or effect of more than one accepted condition, only one rating is to be given for impotence.

The rating from Table 10.1.1 is the final rating for loss of sexual function in male veterans. The rating obtained from Table 10.1.1 is not to be compared or combined with any other rating at this stage, but is to be included in the final combining of all ratings.

**Functional Loss
Table 10.1.1**



SEXUAL FUNCTION: MALE

Age at onset	Less than 30	30 to 39	40 to 64	65 to 74	75 to 84	85 and older
Circumcision	0	0	0	0	0	0
Scarring of penis	2	2	2	2	2	2
Peyronie’s disease	2	2	2	2	2	2
Impotence (not ameliorated by surgical treatment)	25	20	15	10	5	2
Impotence (ameliorated by surgical treatment)	15	15	10	5	2	0
Severe post-ejaculatory pain	20	20	15	10	5	2
Loss of all or most of penis	30	25	20	15	10	10
Loss of part of penis without significant interference with function	5	5	5	5	5	5

Only one rating is to be selected from this table.

No age adjustment permitted for this table

For the purposes of Table 10.1.1:

“Impotence” means the persistent inability to attain an erection of sufficient strength to achieve intromission.

“Severe post-ejaculatory pain” means post-ejaculatory pain of such a degree as to cause complete or almost complete avoidance of sexual activity.

Step 2: (Omit this step if you are assessing an accepted condition of a male veteran.) Determine a functional impairment rating for loss of sexual function in female veterans from Table 10.1.2.

**Functional Loss
Table 10.1.2**



SEXUAL FUNCTION: FEMALE

Impairment Ratings	Criteria
NIL	Persistent inability to participate in vaginal intercourse onset at age 75 or older.
FIVE	Persistent inability to participate in vaginal intercourse onset at age 65–74.
TEN	Persistent inability to participate in vaginal intercourse onset at age 40–64.
TWENTY	Persistent inability to participate in vaginal intercourse onset at age less than 40.
TWENTY-FIVE	Persistent inability to participate in vaginal intercourse onset at age less than 30.

Only one rating is to be selected from this table.

No age adjustment permitted for this table

For the purposes of Table 10.1.2:

“Persistent inability” means the woman is unable to participate in vaginal intercourse on most occasions because of physical obstruction of the vagina or its entrance or because of vaginismus or because of dyspareunia.

Ratings may be given from each of Tables 10.1.2 and 10.1.3 if appropriate. The rating obtained from Table 10.1.2 is not to be compared or combined with any other rating at this stage, but is to be included in the final combining of all ratings.

Step 3: (Omit this step if you are assessing an accepted condition of a male veteran.) Determine a functional impairment rating for loss of sexual function in female veterans from Table 10.1.3.

**Functional Loss
Table 10.1.3**



SEXUAL FUNCTION: FEMALE

Impairment

Ratings at age less than 40. **Criteria**

NIL	No impairment of sexual sensation.
TWO	Diminished sexual sensation.
FIVE	Inability to achieve a climax at age less than 40.
TEN	<ul style="list-style-type: none"> • Inability to achieve a climax at age less than 30. • Clitoridectomy at age less than 40.
FIFTEEN	Vulv
TWENTY	Clitoridectomy at age less than 30.
TWENTY-FIVE	Vulvectomy at age less than 30.

Only one rating is to be selected from this table.

**No age adjustment
permitted for
this table**

Ratings may be given from each of Tables 10.1.2 and 10.1.3 if appropriate. The rating obtained from Table 10.1.3 is not to be compared or combined with any other rating at this stage, but is to be included in the final combining of all ratings.

PART 10.2: REPRODUCTION

Calculation of the impairment rating for loss of reproductive function

Follow the steps below to calculate the impairment rating due to an accepted loss of reproductive function.

(Each step is elaborated in the following pages.)

STEP 1	<i>(Omit this step if you are assessing an accepted condition of a female veteran.)</i> Determine a functional impairment rating for loss of reproductive function from Table 10.2.1.	Page 184
STEP 2	<i>(Omit this step if you are assessing an accepted condition of a male veteran.)</i> Determine a functional impairment rating for loss of sexual function from Table 10.2.2.	Page 185

For the purposes of this chapter:

“infertility” means:

for females —

- ◆ the condition in which a woman is unable to achieve a pregnancy resulting in a viable infant because of a gynaecological condition that prevents her becoming pregnant or maintaining a pregnancy to term; or
- ◆ the situation of a woman who has been given medical advice that she should not become pregnant and who consequently does not give birth to a viable child either because of risk to her life; or the danger of seriously compromising her health; or serious and significant risk to the potential child. (The latter circumstance may arise if the woman has had radiotherapy for a malignant condition.)

for males —

- ◆ the condition in which a man is unable to achieve a pregnancy in a woman.

“reduced fertility” means:

for females —

- ◆ the situation of a woman who has sought medical help in order to become pregnant and who has been given such help in the form of IVF, GIFT, or a similar procedure or hormonal stimuli and who as a result of such procedures does become pregnant; or
- ◆ the situation of a woman who has been advised that she is infertile and who, as a result, has adopted a child and who then, and only after that, has conceived.

(A woman is to be taken to be infertile if, despite such procedures, she remains unable to become pregnant. She will also be taken to be infertile until such time as she gives birth to a viable infant.)

for males —

- ◆ the situation of a man who has sought medical help in order to enable him to father a child as a result of conditions such as a low sperm count or impotence or other related condition and who, with his partner, has been given such help in the form of IVF, GIFT, or a similar procedure or hormonal stimuli and who as a result of such procedures does succeed in becoming the biological father of a viable infant; or
- ◆ the situation of a man who has been advised that he is infertile and who, as a result, with his partner, has adopted a child and who then, and only after that, has become the biological father of a viable infant in the normal way.

The impairment rating for reduced fertility is given to compensate veterans for the delay they and their partners will have incurred in starting their family as a result of waiting for investigations and in undergoing the procedures and for the stress of hormone therapy which places a considerable emotional stress on both partners and a specific physiological stress on the female.

The fertility problem should only be assessed as “infertility” under this *Guide* if it prevents the veteran from having children that the veteran would otherwise have had. It is for a medical practitioner to diagnose whether a fertility condition is present. The veteran must advise whether the fertility condition prevented the birth of a child that otherwise the veteran would have parented.

If the veteran is of the opinion that the fertility condition did not actually prevent the veteran from having a child, the condition is to be assessed at the same rate as reduced fertility.

Cervical incompetence is to be rated in the same way as are problems of fertility.

Step 1: (Omit this step if you are assessing an accepted condition of a female veteran.) Determine a functional impairment rating for loss of reproductive function in male veterans from Table 10.2.1.

**Functional Loss
Table 10.2.1**



REPRODUCTIVE FUNCTION: MALE

Impairment Ratings	Criteria
NIL	Varicocele or hydrocele, associated with no or negligible symptoms.
TWO	Infertility with onset at age 55 or older.
FIVE	<ul style="list-style-type: none"> • Varicocele or hydrocele sufficient to cause enlargement of scrotum, and daily symptoms. • Loss of one testis at any age. • Infertility with onset at age 45–54. • Reduced fertility with onset at age less than 45.
TEN	<ul style="list-style-type: none"> • Infertility with onset at age less than 45. • Loss of both testes at age 45 or older
FIFTEEN	<ul style="list-style-type: none"> • Loss of both testes at age 31 to 45. • Infertility with onset at age 30 or less.
TWENTY	Loss of both testes at age 30 or less.

Only one rating is to be selected from this table.

No age adjustment permitted for this table

This is the final rating for loss of reproductive function in male veterans. The rating obtained from Table 10.2.1 is not to be compared or combined with any other rating at this stage, but is to be included in the final combining of all ratings.

While impotence would render it difficult for a man to father a child in the normal way, it would neither necessarily nor usually render him infertile.

Step 2: (Omit this step if you are assessing an accepted condition of a male veteran.) Determine a functional impairment rating for loss of reproductive function in female veterans from Table 10.2.2.

**Functional Loss
Table 10.2.2**



REPRODUCTIVE FUNCTION: FEMALE

Impairment Ratings	Criteria
NIL	<ul style="list-style-type: none"> • Elective tubal ligation. • Infertility with onset at or after natural menopause.
TWO	<ul style="list-style-type: none"> • Amenorrhoea in a pre-menopausal woman. • Infertility with onset at age 45 or older in a pre-menopausal woman.
FIVE	<ul style="list-style-type: none"> • Reduced fertility with onset at age less than 45 in a pre-menopausal woman. • Removal of one ovary at age less than 45. • Recurrent salpingitis. • Cervical incompetence. • Endometriosis. • Severe menorrhagia.
TEN	<ul style="list-style-type: none"> • Infertility with onset at age less than 45 in a pre-menopausal woman. • Removal of ovaries without hysterectomy at age less than 45.
FIFTEEN	<ul style="list-style-type: none"> • Hysterectomy without removal of ovaries at age less than 45. • Infertility with onset at age 30 or less in a pre-menopausal woman.
TWENTY	Hysterectomy with removal of ovaries at age less than 45.

Only one rating is to be selected from this table.

**No age adjustment
permitted for
this table**

Amenorrhoea by itself is to be rated at 2 points. However amenorrhoea will generally be a symptom of some other condition, such as infertility, in which case a rating is to be given for infertility and that rating is to be compared with the rating for amenorrhoea. The higher rating is to be taken.

Endometriosis may be assessed by applying Table 10.2.2, or by assessment of its effect on fertility or sexual function, or by applying Chapter 15 (Intermittent Impairment). If ratings are given from both this chapter and Chapter 15, the ratings are to be compared and the higher is to be taken.

This is the final rating for loss of reproductive function in female veterans. The rating obtained from Table 10.2.2 is not to be compared or combined with any other rating at this stage, but is to be included in the final combining of all ratings.

For those conditions of the female reproductive system that occur on a cyclical basis, Chapter 15 (Intermittent Impairment) is to be applied.

PART 10.3: BREASTS

A rating given for mastectomy under this Part is not the final rating for cancer of the breast. The steps to be followed in assessing cancer of the breast are given below, for convenience. In following these steps it is essential to apply both Chapter 14 and the tables in this Part.

Calculation of the impairment rating for cancer of the breast

Follow the steps below to calculate the impairment rating due to breast cancer.

Steps 2 to 6 are elaborated in Chapter 14 (Malignant Conditions).

- | | |
|-------------------|--|
| STEP
1 | Find the applicable rating for the relevant mastectomy or other surgical procedure (Tables 10.3.1 or 10.3.2). |
| STEP
2 | Determine any applicable ratings for other effects of surgery (for example, effects on the use of the arm). |
| STEP
3 | Determine any applicable ratings for the effects of any chemotherapy or radiotherapy. |
| STEP
4 | Determine any applicable ratings due to the effects of spread of the cancer. |
| STEP
5 | Combine all the above ratings by applying Chapter 18 (Combined Values Chart). |
| STEP
6 | Find the applicable rating from Chapter 14 (Malignant Conditions). |
| STEP
7 | Compare the rating obtained in Step 5 with the rating obtained in Step 6. Take the higher rating. This is the final rating for cancer of the breast. |

**Functional Loss
Table 10.3.1**



BREASTS: FEMALE

Impairment Ratings	Criteria
NIL	No significant breast condition.
FIVE	<ul style="list-style-type: none"> • Persistent mammary discharge. • Total loss of sensation of one nipple. • Partial bilateral loss of sensation over T4&5 dermatome. • Unilateral mastectomy. • Partial unilateral mastectomy.
TEN	<ul style="list-style-type: none"> • Total loss of sensation of both nipples. • Total bilateral loss of sensation over T4&5 dermatome.
FIFTEEN	Un
THIRTY	Bilateral mastectomy.

Only one rating is to be selected from this table.

No age adjustment permitted for this table

**Functional Loss
Table 10.3.2**



BREASTS: MALE

Impairment Ratings	Criteria
NIL	No significant breast condition.
TWO	<ul style="list-style-type: none"> • Gynaecomastia. • Unilateral mastectomy.
FIVE	<ul style="list-style-type: none"> • Persistent mammary discharge. • Bilateral mastectomy.

Only one rating is to be selected from this table.

No age adjustment permitted for this table