

569

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SEXUAL FUNCTION IN WOMEN BEFORE AND AFTER SURGERY FOR PELVIC ORGAN PROLAPSE

Hypothesis / aims of study

There are few data on the influence of operations for pelvic organ prolapse on female sexual life. The aim of this study was to identify the impact of pelvic reconstructive surgery on female sexual function, the changes in vaginal anatomy and to find out if there was any correlation between them.

Study design, materials and methods

153 consenting sexually active women, undergoing surgery for pelvic organ prolapse, were selected between September 2008 and September 2010. Preoperatively and postoperatively (at 3 and 6 months), women completed the same multiple-choice questionnaire regarding sexual function, and analogic scales (from 0 to 10) to quantify the degree of desire, arousal and satisfaction with their sexual life. Also all women were clinically assessed using the pelvic organ prolapse quantification (POP-Q) staging system preoperatively and at 3 and 6 months postoperatively. All examinations were performed by the same group of investigators.

Results

All 153 women completed follow-up at 3 and 6 months postoperatively. All women had POP-Q stages between 3 and 4 preoperatively. Frequency of intercourse per month and the ability to reach orgasm with sexual activity before and after surgery did not change significantly. Quality of sexual life improved significantly. Symptoms such as dyspareunia (24,4 % preoperatively /17,1% postoperatively), discomfort (29,23% / 0%), embarrassment (19,5% /0%) and fear (2,4% / 0%) improved ($p<0.001$). Analogic scales scores regarding desire ($4,9\pm2,9 / 6,2\pm2,7$, $p=0.001$), arousal ($6\pm2,3 / 7,3\pm1,8$, $p<0.001$) and satisfaction with sexual life ($5,2\pm2,7 / 7\pm2,5$, $p <0.001$) also improved significantly. There were no statistically significant correlations between changes in vaginal dimensions and change in sexual function.

Interpretation of results

Despite the frequency of intercourse and the ability to reach orgasm didn't change significantly, the quality of sexual life improved. This would probably be attributed to the improvement in the symptoms (dyspareunia, discomfort, embarrassment and fear) and in the self image.

Concluding message

After pelvic reconstructive surgery there was a significant improvement in the quality of sexual life.

Specify source of funding or grant	NONE
Is this a clinical trial?	Yes
Is this study registered in a public clinical trials registry?	No
Is this a Randomised Controlled Trial (RCT)?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes
Specify Name of Ethics Committee	Ethics Committee of Russian Scientific center for Obstetrics, Gynecology and Perinatology
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes