

DOES VAGINAL PROLAPSE SURGERY IMPROVE SEXUAL WELL BEING?**Hypothesis / aims of study**

Pelvic organ prolapse (POP) is associated with sexual dysfunctioning (1-2). It is unknown whether surgery for POP can improve the sexual dysfunction. Surgery itself can also create sexual problems. Therefore we performed a prospective longitudinal study in which sexual symptoms were analysed in a group of women who underwent vaginal surgery for POP. Symptoms before the operation were compared with the same symptoms after the operation.

Study design, materials and methods

68 women, mean age 61 years (36-85 years) undergoing vaginal surgery for POP were the subject of this study. All women filled in a detailed questionnaire before surgery and at follow up. Mean duration of follow up was 14,4 months (6,6-27,6 months). This questionnaire is widely used in our country and is officially recommended by our National Pelvic Floor Society. It contains the IIQ and UDI short forms. Part of the questionnaire is devoted to sexual problems containing questions related to (fear of) sexual activity, satisfaction with it, coital frequency, pain during intercourse and urine loss during intercourse.

Results

Table 1-5 represent the answers to the relevant questions. In table 6 the longitudinal data are represented.

Table1. Are you hampered in the possibilities of a sexual relationship because of a pelvic floor problem? (in percentages and 95% confidence intervals)

Score	Before operation	After operation	P
Not at all	40% (25-55%)	55% (42-68%)	Ns
A little	17% (5-29%)	16% (6-26%)	Ns
Rather	21% (8-34%)	13% (4-22%)	Ns
Much	21% (8-34%)	16% (6-26%)	Ns
Total (n)	42	55	

Table2. How satisfied are you with your sexual relationship? (only for those with a sexual partner) (in percentages and 95% CI)

Score	Before operation	After operation	P
Very satisfied	22 (6-38%)	18 (5-31%)	Ns
Rather satisfied	41 (22-60%)	38 (21-55%)	Ns
A little satisfied	19 (4-34%)	38 (21-55%)	Ns
Not satisfied	19 (4-34%)	6 (-2-14%)	Ns
Total (n)	27	34	

Table3. How often do you have sexual intercourse? (only for those with a sexual partner) (in percentages and 95% CI)

Score	Before operation	After operation	P
More than once a week	16 (1-31%)	18 (5-31%)	Ns
Once a week	28 (10-46%)	42 (25-60%)	Ns
1-2 times per month	28 (10-46%)	36 (19-53%)	Ns
Less than once a month	28 (10-46%)	3 (-3-9%)	<0.05
Total (n)	25	33	

Table 4. Do you experience pain during sexual activity? (only for those with a sexual partner) (in percentages and 95% CI)

Score	Before operation	After operation	P
No	31 (17-45%)	65 (49-81%)	<0.05
Little or none	21 (8-34%)	14 (3-25%)	Ns

Rather much	38 (23-53)	16 (4-28%)	Ns
Very much	10 (1-19%)	5 (-2-12%)	Ns
Total	42	37	

Table 5. Do you experience urine loss during intercourse? (only for those with a sexual partner) (in percentages and 95% CI)

Score	Before operation	After operation	P
Yes	46 (30-62%)	13 (2-24%)	<0.05
Total	41	38	

Table 6. Percentages in which answers to the questions improved, stayed equal or deteriorated after POP surgery (only those who filled in pre- AND postoperative questionnaires).

	<i>Hampered in sexual relationship</i>	<i>Satisfaction with sexual relationship</i>	<i>Coital frequency</i>	<i>Dyspareunia</i>
Improved	35%	71%	33%	20%
Equal	54%	29%	52%	55%
Deteriorated	11%	0%	15%	25%
Total (n)	37	7	40	20

	<i>Urine loss during intercourse</i>	<i>Coital problems due to vaginal tightness</i>
Improved	14%	14%
Equal	82%	59%
Deteriorated	4%	27%
Total (n)	22	22

Interpretation of results

Most of the items of sexual wellbeing improved after the operation however only few items reached significance because of the relative small numbers in the study. However it is clear that dyspareunia and urine loss during intercourse can improve dramatically.

Concluding message

Operation for POP has a positive effect on the sexual wellbeing of the afflicted women.

References

1. Sexual functioning in women with uterovaginal prolapse and urinary incontinence. *Obstet Gynecol* 1996; 85:483-7.
2. The impact of urinary incontinence on sexual function. *Neurol Urody* 1992;11:359-60