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Prado D[1], Figueiredo R[2], Arruda R[1], Sartori M[1], Girão M[1]
1. Federal University of São Paulo, 2. HSPE-FMO

SEXUAL FUNCTION AND VAGINAL ANATOMY 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
Forty three consenting sexually active women, undergoing surgery for pelvic organ prolapse, were selected between October 2004 and September 2006. Preoperatively and postoperatively (at 3 and 6 months), women completed the same multilple-choice national validated 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 (1) preoperatively and at 3 and 6 months postoperatively. All examinations were performed by the same investigator. Preoperative and postoperative (at 6 month) findings were compared with the Wilcoxon signed rank tests for ordinal responses, Bowker tests for symmetry for categoric responses with more than two categories. Other group comparisons of categoric variables were made by the X^2 or Fisher exact tests as appropriate, and group comparisons of continuous variables were made by Student t test. Significance was set at a p value of < 0.05.

Results
All 43 women completed follow-up at 3 and 6 months postoperatively, but two of them lost their partner after surgery. Frequency of intercourse per month did not change significantly (p=0.665). The ability to reach orgasm with sexual activity before and after surgery also did not change significantly (p=0.584). Quality of sexual life improved significantly (p=0.034) (table1). Symptoms such as dyspareunia (24,4% preoperatively X 17,1% postoperatively), discomfort (29,23% X 0%), embarrassment (19,5% X 0%) and fear (2,4% X 0%) improved (p<.0.001). Analogic scales scores regarding desire (4,9±2,9 x 6,2±2,7, p=0.001), arousal (6±2,3 x 7,3±1,8, p<0.001) and satisfaction with sexual life (5,2±2,7 x 7±2,5, p <0.001) also improved significantly. All women had POP-Q stages between 2 and 4 preoperatively. There was a statistically significant improvement (p<0.001) of POP-Q stages after surgery (table2). However, there were no statistically significant correlations between changes in vaginal dimensions and change in sexual function (p=0,344).

Table 1: Quality of sexual life preoperatively and postoperatively (at 3 and 6 months)

Sexual life	Preoperative	Postoperative (3 months)	Postoperative (6 months)	P
Very bad	2 (4,9%)	1 (2,9%)	1 (2,4%)	
Bad	8 (19,5%)	3 (8,8%)	4 (9,8%)	
Regular	14 (34,2%)	10 (29,4%)	9 (22,0%)	**0,034**
Good	16 (39,0%)	16 (47,1%)	23 (56,0%)	
Great	1 (2,4%)	4 (11,8%)	4 (9,8%)	
Total	41 (100%)	34 (100%)	41 (100%)	

Table2: POP-Q stages preoperatively and postoperatively (at 3 and 6 months)

POP-Q	Preoperative	Postoperative (3 months)	Postoperative (6 months)	P (inicial/fi
0	-	4 (9,3%)	2 (4,7%)	
1	-	6 (14,0%)	3 (7,0%)	
2	27 (62,8%)	32 (74,4%)	37 (86,0%)	**<0,001**
3	10 (23,2%)	1 (2,3%)	1 (2,3%)	
4	6 (14,0%)	-	-	
Total	43 (100%)	43 (100%)	43 (100%)	

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 and of the POP-Q stages. However, there were no correlations between them.

References
1. American Journal of Obstetrics &Gynecology 1996; 175(1):10-7

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HUMAN SUBJECTS: This study was approved by the The Federal University of São Paulo and the HSPE-FMO Ethics committees and followed the Declaration of Helsinki Informed consent was obtained from the patients.