

REPERCUSSIONS FROM VULVECTOMY AND INGUINAL LYMPHADENECTOMY ON URINARY FUNCTION AND QUALITY OF LIFE IN WOMEN WITH VULVA CANCER.

Hypothesis / aims of study

To investigate the occurrence of sexual and urinary dysfunction in women with cancer of the vulva before vulvectomy and lymphadenectomy.

Study design, materials and methods

Observational, prospective, transverse study of 28 women undergoing surgical treatment for cancer of the vulva and 28 healthy women (control group), matched for age. All procedures in this study were approved by the Institution's Research Ethics Committee and all participants signed the free informed consent form. Their urinary function and sexual performance were assessed using the International Consultation on Incontinence Questionnaire - Short Form (SF-ICIQ) and Female Sexual Function Index (FSFI) questionnaire. The following statistical tests were used: chi-squared, Student's 't', and Mann Whitney-U tests. Differences or correlations with $p < 0.05$ were considered significant.

Results

Correlation was seen between sexual quality of life and age ($p=0.01$) and stable partnership ($p=0.02$). The following variables did not influence urinary function: BMI, menopause, and cancer of the vulva. There was correlation between age and urinary function ($p=0.01$) and deliveries ($p=0.01$).

Interpretation of results

Cancer diagnosis and treatment are associated to various physical and psychological changes. Normally, patients suffer from emotional stress, changes in lifestyle, and relationship problems with their partners. Even though studies have reported that the surgical strategy for treating cancer of the vulva interferes in the sex lives of women submitted to this procedure, our study showed that surgical treatment composed of vulvectomy and lymphadenectomy is not linked to the sex life of these women when compared to the control group.

The domains characterized as desire, excitation, lubrication, orgasm, satisfaction, and pain did not have significant differences. When evaluating the possible association between age, marital status, schooling, menopause, and cancer of the vulva in relation to loss of sex life quality, we saw that only age and stable partnership are associated with higher sex life score, or that reduction in active sex life is associated to advanced age and the presence or absence of a fixed partner and not surgical treatment. The urinary function questionnaire also did not present statistically significant differences in medians. Therefore, correlating to age, BMI, deliveries, menopause, and cancer of the vulva, the result showed that age and deliveries had significant effects for urinary function complaints. In relation to deliveries, there was no difference between normal and caesarean births. In this study, surgical treatment for cancer of the vulva did not interfere in sex life quality or urinary function compared to the control group. Further studies are needed to know and better understand the repercussions and changes that this disease can bring to the wellbeing of these women with the aim of preventing morbidities after this type of treatment.

Concluding message

Women undergoing surgical treatment for cancer of the vulva have no worsening in quality of sexual life or urinary function.

<i>Specify source of funding or grant</i>	None
<i>Is this a clinical trial?</i>	Yes
<i>Is this study registered in a public clinical trials registry?</i>	No
<i>Is this a Randomised Controlled Trial (RCT)?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	Comitê de Ética em Pesquisa da Faculdade de Medicina de Botucatu-UNESP
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes