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FEMALE SEXUAL FUNCTION AFTER MODIFIED PELVIC FLOOR ORGAN PROLAPSE REPAIR

Hypothesis / aims of study

Suitable and good sexual function is important in women life and it is one of the important security factors and life quality in one's life. Female sexual disorder (FSD) such as decrease in sexual tendency, Dysparaunia or problem related to orgasm are multi factorial and are affected by physical conditions of sexual organs , social and psychological factors. The prevalence of FSD is 26-50% in the world and 39.50% in Iran. Pelvic organ prolapse is one of factors to increase the prevalence of FSD And it affects sexual function and urinary incontinence during intercourse.
Two kind of treatment are used: Surgical and non surgical.
Medical treatment includes: pelvic floor muscle exercise such as kegel , using pessary and hormoneTherapy. surgical treatment includes: anterior and posterior colporrhaphy and colposacropexy.
Sexual problems are one of the most important reasons, which make women tend to this kind of operation. Even though several studies have been done on the effects of pelvic floor repair surgery on women sexual function, but different results have been found.
It seems that surgical technic is one of the effective factors and some studies indicate pain increase after operation, which is considered one of the reasons of lack of sexual Function recovery. so in this study there is an emphasis on pelvic floor repair without omitting Vaginal mucosa in order to repair pelvic organ prolapse and its effects on sexual function are evaluated.

Study design, materials and methods

In one uncontrolled clinical trail, 30 women admitted emam reza hospital because of FSD or urinary incontinence, were studied. chosen cases, included 20-60 year old women who were sexually active ,but with complaint of FSD with or without urinary incontinence .they were interested to have pelvic floor repair surgery to cure their sexual function. Patients with psychological disorders, diabetes and primary pelvic floor repair surgery were omitted. First, by using ICIQ-SF(for urinary incontinence),and PISQ 12 (for sexual function) questioner ,patients clinical history was collected and then by using ICS grading system, they were examined for determining pelvic organ Prolapse level. in order to determine urinary incontinence status, urodynamic tests including filling and voiding cystometry, upp ,vlpp (by using laborie delphis B in sitting position) before operation for 23 patients were done .
The criterion for surgery in these patents, were urinary incontinence with moderate prolapse, severe prolapse with or without stress urinary incontinence. All patients had sexual disorder to some grade which were condescended to sexual problems.

surgical technic:
Anterior colporrhaphy by using a midline cut in vaginal mucosa, which continued from behind bladder neck to cervix, was done. In this technic, first small cut in front of cervix on the vaginal mucosa was done before midline cut and vaginal mucosa was separated completely from endopelvic facia. then vesicopelvic facia was pursed with 2.0 vicryl in separated sutures ,and facia was repaired and without omitting extra vaginal mucosa , it was repaired again. Posterior colporrhaphy was done like anterior colporrhaphy. at last standard perineorrhaphy was done.
At least 3 month after operation PISQ-12 questionnaire was filled out by patients again and the results before and after operation were compared.
TOT or IvS methods were used for urinary incontinence operation.
SPSS software was used to analyze the statistics by using chi-square for qualitative data, T-test for quantitative data and spirman correlation

Results

86.63% of patients were operated for urinary incontinence and colporrhaphy by female urologist and only 13.32% were operated without sling.
The result of comparing questionnaires showed, parameters of sexual tendency in 5% level (p-value=0.013) and urinary incontinence, fear of urinary incontinence and vaginal protruding in 1% level were changed significantly (p-value=0.001, p-value=0.001).
It means, urinary incontinence and fear of incontinence and vaginal protruding have got better, while sexual tendency has decreased. Pain during intercourse did not show increase.
Significant statistical difference in sexual problems and the intensity of orgasm was not seen before and after operation.
According to spirman correlation study, aging had negative significant effect on orgasm and sexual stimulation and can be considered an interfering factor (r=0.426 p=0.019, r=0.467 p=0.009).

Interpretation of results

Several studies about the effects of pelvic floor prolapse treatment and female sexual function have been done so far, and different results have been found. in present study, inspection of the effect of pelvic organ prolapse surgery on female sexual function shows the rate of urinary incontinence, fear of incontinence and vaginal Protruding have decreased significantly after 3 month (complex recovery of urinary incontinence) to surgery. in 63.4% of patients, pain during intercourse did not increased, and it seems applied techinc in this surgery without mucosal omitting led to not increasing of pain after operation .Never the less sexual tendency Has decreased significantly after operation. Meta-analysis results on effects of pelvic organ repair on sexual functions and urinary incontinence Showed, even though pelvic organ prolapse and urinary incontinence, have negative effect on sexual functions, their repair due to operation did not result in significant satisfaction, and perhaps pain is one of the determining factors. In the other study in Iran which was done on 60 operated women with pelvic organ prolapse, showed the frequency of intercourse and sexual tendency, satisfaction and calmness after intercourse significantly increased after 6 month. in spite of surgery, female sexual satisfaction was not Affected significantly by operation. According to meta- analysis in 2002 about of the effect of prolapse surgery on sexual function, this surgery has had positive effects on urinary incontinence and prolapse, but not on sexual satisfaction .in most of studies pain after operation was one of the reasons of sexual disorders.

Concluding message

At all, colporrhaphy and incontinence operation, result in anatomy repair and prevents urinary incontinence during Intercourse, and patients don't have vaginal organ protruding feeling.

The above introduced technic prevents disparonia, but female sexual function is multi factorial and anatomy repair can not affect significantly on sexual function aspects such as orgasm, sexual tendency, partner sexual problem, and satisfaction.

References

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Is this a Randomised Controlled Trial (RCT)?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**No**
This study did not require ethics committee approval because	**we performed standard technics for our study**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**