1168

NamGung J¹, Cho H¹

1. Catholic University Medical College

COULD SEXUAL FUNCTION BE IMPROVED BY SURGERY?

Hypothesis / aims of study

To evaluate the sexual function after post. colpoperineorrhapy, which was performed on those who did not have a rectocele. Study design, materials and methods

: Fifty-four patients who underwent post. colpoperineorrhapy were enrolled in this study. Seven women dropped out during the 4 month follow up period. They completed the FSFI (The female sexual function index) questionnaires before the post. colpoperineorrhapy and 4 months after.

Results

The percentage of those who had sexual contact more than once per month increased from 19% prior to surgery to 63% after surgery. (p<0.01). Approximately 38% of the women were satisfied with the frequency of coitus before surgery and 64% were satisfied after surgery (p<0.01). 18 % of women responded that they experienced sexual desire 'more than or about half the time' before surgery. However, after surgery, this rate increased to 45%. (p<0.01). 15% of women answered that they had a 'high or very high' sexual desire or interest prior to surgery and 34% responded so after surgery. Those who felt sexual arousal 'more than half the time' increased from 34% before surgery to 69% after. Those who answered 'very high or high' aroused sexually increased from 23% to 69% after surgery (p<0.01). The frequency of lubrication and orgasm increased after surgery. Regarding the degree of discomfort or pain during vaginal penetration, 24% felt a 'very high or high' level of pain before surgery, and 6% reported this after (p<0.01).

Interpretation of results

The caliber of introitus can affect the female sexual function.

Concluding message

Post. colpoperineorrhapy increases the female sexual function after surgery

References

- 1. Bo K, Talseth T, Vinsnes A. Randomized controlled trial on the effect of pelvic floor muscle training on quality of life and sexual problems in genuine stress incontinent women. Acta Obstet Gynecol Scand 2000;79:598-603.
- 2. Haase P, Skibsted L. Influence of operations for stress incontinence and/or genital descensus on sexual life. Acta Obstet Gynecol Scand 1988;67:659-61.
- 3. Lemack GE, Zimmern PE. Sexual function after vaginal surgery for stress incontinence: results of a mailed questionnaire. Urology 2000;56:223-7

Specify source of funding or grant	no
Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes
Specify Name of Ethics Committee	Catholic Univeristy ethics
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes