

CHANGE OF SEXUAL FUNCTION AFTER MIDURETHRAL SLING PROCEDURE FOR STRESS URINARY INCONTINENCE: LONG-TERM FOLLOW-UP

Hypothesis / aims of study

Reports of sexual function after surgery for SUI vary with some authors reporting improved function and others reporting deterioration of function.⁸⁻¹³ The goal of this study is to define the impact of midurethral sling procedure on sexual function of women suffering from SUI.

So, We report changes in sexual function 36months postoperatively and factors associated with this change.

Study design, materials and methods

Among fifty-five patient who were diagnosed as SUI and underwent midurethral procedure between September 2005 and September 2006, forty-seven patient who participated Korean-version Female Sexual Function Index(FSFI) were analyzed prospectively. FSFI was done at before surgery and 36months (34~44) after surgery using the Korean-version of Female Sexual Function Index (FSFI). Criteria included women with SUI who did not respond to pelvic floor exercises and were therefore undergoing surgery. Preoperative data included age, parity, and concomitant posterior colporrhaphy. Patients were evaluated preoperatively and 36 months postoperatively for medical history, physical examination, and FSFI.

Operative methods were divided into 2 groups, including the transobturator route (TOR) and the retropubic route (RPR). Cystoscopy was performed to rule out bladder perforation. The forty-seven women who completed the FSFI preoperatively and postoperatively were included for further analysis, but the twenty-eight women who did not complete the post-operative FSFI were excluded. To account for the possible effect on sexual function due to concomitant vaginal surgery and because concerns still exist that operative methods might affect sexual function, we compared preoperative and postoperative sexual function. The data were analyzed at the end of the study using statistical software (SPSS v13.0, Chicago, IL). Descriptive statistics were used in to report demographic data. Student's *t* test (unpaired) was used to compare the same observation between groups and the paired version of the *t* test (paired) was used to compare observations within groups.

Significant level α was 0.05.

Results

The mean age of women who answered the FSFI was 44.9 ± 6.6 years. Of these patients, thirty-two patients (68.1%) underwent only a midurethral sling procedure and fifteen patients (31.9%) underwent concomitant posterior colporrhaphy. The retropubic route was employed in twenty-six patients (55.3%) while the transobdurator route was employed in twenty-one patients (44.7%).

No significant difference was found in the total score for sexual function between the preoperative and postoperative among the individual domains.

There was no significant difference of preoperative and postoperative sexual function between the group with only midurethral sling procedure and the group with both midurethral sling procedure and posterior repair. But, We could know that patients who underwent concomitant posterior repair did not experience a higher incidence of dyspareunia.

There were also no significant difference of postoperative sexual dysfunction between the group with only midurethral sling procedure and the group with both midurethral sling procedure and p-repair.

Comparing the group with TOR with the group with RPR, there was no significant sexual function improvement after the surgery. The group with RPR had same results.

Comparing the group with TOR with the group with RPR after the surgery, domains except for pain had no difference between each group. But the group with RPR showed higher pain score than the group with TOR significantly.

Interpretation of results

It is evident that midurethral sling procedure had little effect on female sexual function as rated by FSFI.

The midurethral sling procedure for urinary incontinence does not appear to positively or negatively affect overall sexual function, although individual parameters of sexual function scores may vary.

Concluding message

Patients who underwent concomitant posterior repair did not experience a higher incidence of dyspareunia. Both TOR and RPR showed no significant difference on sexual function improvement, but patients experienced less pain on the RPR rather than TOR.

References

1. Hextall A. Estrogen and lowerurinary tract function. *Maturitas* 2000;36:83-92

Specify source of funding or grant	No
Is this a clinical trial?	Yes
Is this study registered in a public clinical trials registry?	No
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

<i>This study did not require ethics committee approval because</i>	<i>Its review of medical records</i>
<i>Was the Declaration of Helsinki followed?</i>	<i>Yes</i>
<i>Was informed consent obtained from the patients?</i>	<i>Yes</i>