

Assessment of sexual function following midurethral sling procedure (Transobturator vs. Retropubic) for stress urinary incontinence among women under 60 years old

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Aims of study

- To assess sexual function in female patients under 60 years of age with midurethral sling placement.
- To evaluate variations in sexual function between patients undergoing the retropubic route (RPR) and the transobturator route (TOR).

Study design, materials and methods

This retrospective study involved female patients diagnosed with stress urinary incontinence. Each patient underwent a midurethral sling surgery between August 2015 and September 2023. They were categorised into one of two groups based on the surgical technique employed: TOR or RPR. Specifically, a transobturator tape (TOT) and a tension-free vaginal tape (TVT) are utilised for these respective routes.

It is important to consider that all surgeries were conducted at the same centre and were performed by the same urology team like day cases procedures.

A total of 163 midurethral sling surgeries were performed in this period. However, patients with a history of myelomeningocele, medullary injury, pelvic trauma, neurogenic bladder, neobladder, bladder enlargement, autologous sling and those aged over 60 years were excluded from the study. (Figure 1)

Inclusion criteria were:

- Female patients below 60 years.
- Undergoing midurethral sling surgery for SUI.
- Surgical technique: TOR or RPR

All the women undergoing the midurethral sling procedure included in this study were instructed to complete the Female Sexual Function Index short version in Spanish questionnaire (sFSFI-sv) six months after the surgery. This questionnaire is a 6-item spanish version and was based on existing items of the FSFI, aimed at targeting the six domains (desire, arousal, lubrication, orgasm, satisfaction, and pain) of female sexual function. Each domain is assigned a minimum and a maximum score, and the total score for sexual function is determined from all domains. (1, 2).

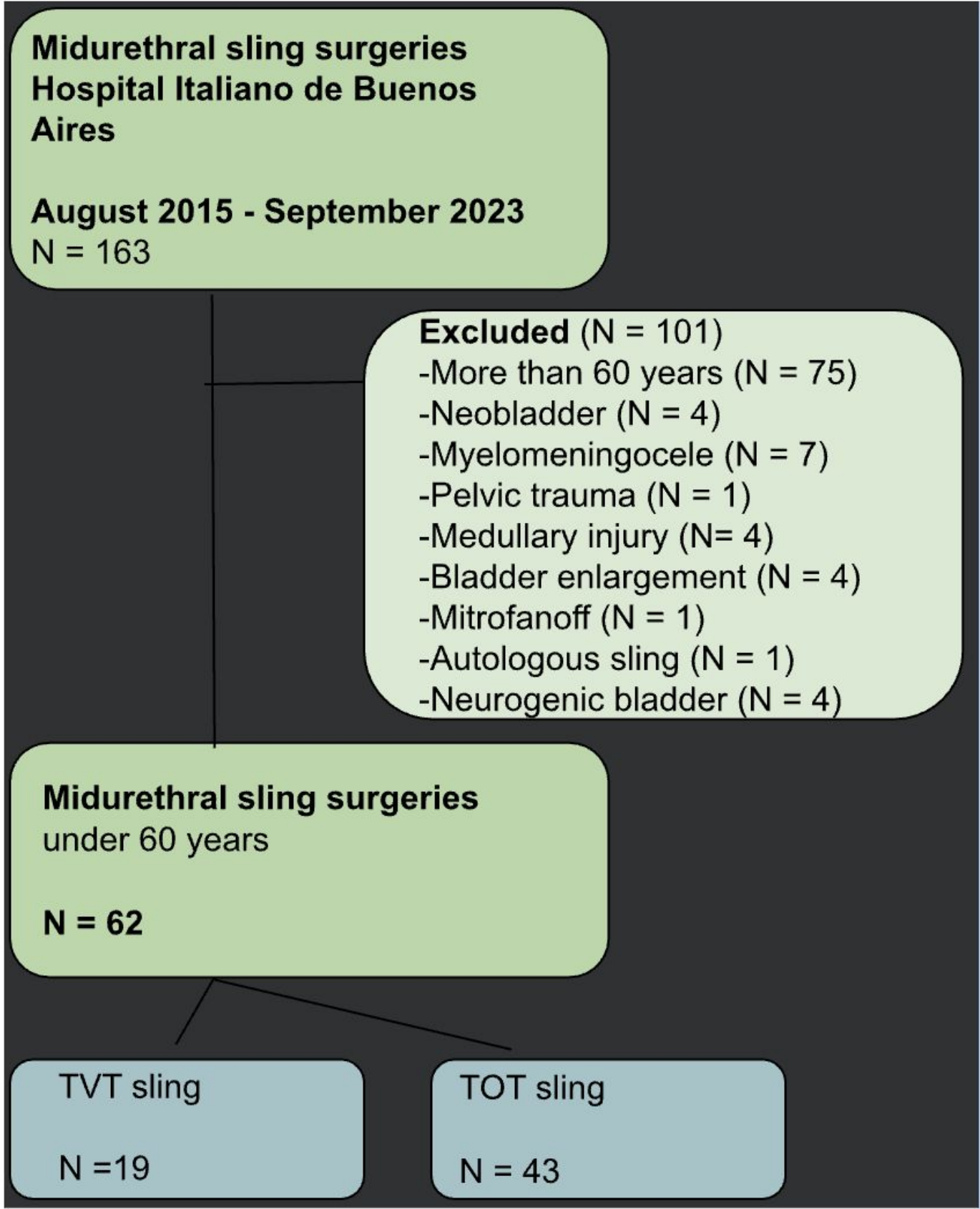


Figure 1

Results and interpretation

The 62 patients included were aged between 34 to 60 years, with a median of 49,4 years. Of the total slings placed, 19 were via the RPR whereas the TOR was used in 43 patients

There were no differences found among groups concerning preoperative, intraoperative, and postoperative factors.

	Total (n=62)	TVT (n=19)	TOT (n=43)	p
Age, mean (SD)	49.4 (6.8)	49.2 (7.9)	49.4 (6.4)	0.903
BMI, mean (SD)	27,7 (5)	26.8 (3.8)	28.1 (5.4)	0.369
Previous surgeries (%)	14 (22.6)	5 (26.3)	9 (20.9)	0.436
Vaginal prolapse (%)	12 (19.4)	5 (26.3)	7 (16.3)	0.277
Dry rate (%)	57 (91.9)	17 (89.5)	40 (93)	0.489
Post op complications (%)	1 (1.6)	1 (5.3)	0	0.306
Re interventions (%)	1 (1.6)	1 (5.3)	0	0.306

The average sFSFI-sv total score observed was 27 (Score range: 2-30).

Regarding pain, only two individuals reported a score of 1, representing 3.2% of the total. This information suggests that a really small proportion of women reported a low score for pain in the sFSFI-sv.

Concerning satisfaction with their sexual life, just two patients, constituting 3,2% of the entire sample, reported a score of 1.

When comparing the TOR group to the RPR group, no significant difference was observed. The median variance was 0.34 points, ranging from 0.19 to 0.67 points. The largest variance (0.67 points) was observed in the lubrication domain, while the smallest variance (0.19 points) was found in the pain domain.

	Total (n=62)	TVT (n=19)	TOT (n=43)	p
Q1 - Desire - median (IQR)	4 (3-5)	4 (4-5)	4 (3-5)	0.632
Q2 - Arousal - median (IQR)	5 (4-5)	5 (4-5)	5 (4-5)	0.415
Q3 - Lubrication - median (IQR)	4 (3-5)	5 (4-5)	4 (3-5)	0.065
Q4 - Orgasm - median (IQR)	4 (4-5)	5 (4-5)	4 (4-5)	0.453
Q5 - Satisfaction - median (IQR)	5 (4-5)	5 (4-5)	5 (4-5)	0.284
Q6 - Pain - median (IQR)	5 (4-5)	5 (5-5)	5 (4-5)	0.299
Total score - median (IQR)	27 (24-28)	27 (26-28)	26 (22-28)	0.242

Conclusions

The evaluation utilising the sFSFI-sv revealed favourable post-surgery sexual experiences among women under 60 years old who underwent midurethral sling placement for SUI.

When comparing the TOR group with the RPR group, no significant difference was observed.

References

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