

#25979 - PREVALENCE OF PELVIC FLOOR DYSFUNCTION IN WOMEN UNDERGOING TREATMENT FOR BREAST CANCER

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Hypothesis / aims of study

To determine the prevalence of pelvic floor dysfunction in women undergoing treatment for breast cancer. To understand the impact of these dysfunctions on these women's sexual lives.

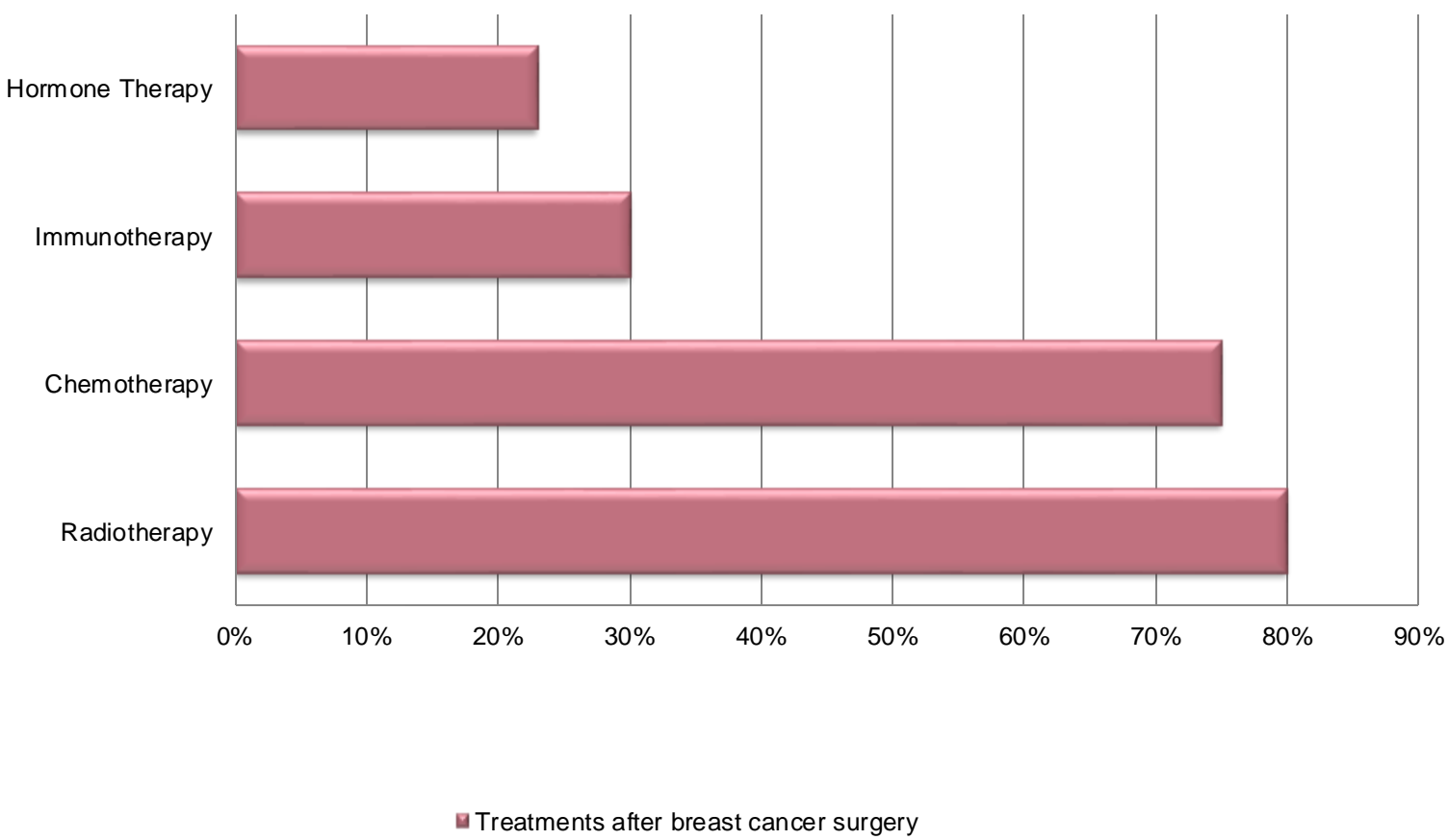
Study design, materials and methods

A transversal study was conducted through the usage of a structured questionnaire administered in interviews between January and March 2024 to women undergoing treatment for breast cancer. The sample was recruited from women undergoing post-surgical treatment for breast cancer in the physical medicine and rehabilitation department of a secondary hospital. The questionnaire consists of 51 questions and is divided into 5 parts: characterization of the sample (sociodemographic data); types of treatment and stage of diagnosis (medical data); urinary function; bowel function and sexual function.

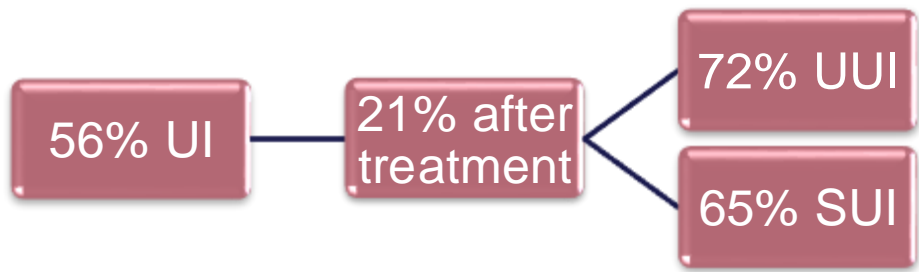
Results and interpretation

Information was collected from 52 women with an average age of 58.9 ± 12.1 years. The entire sample had undergone surgery for breast cancer, 80% radiotherapy, 75% chemotherapy, 30% immunotherapy and 23% hormone therapy.

Treatments after breast cancer surgery

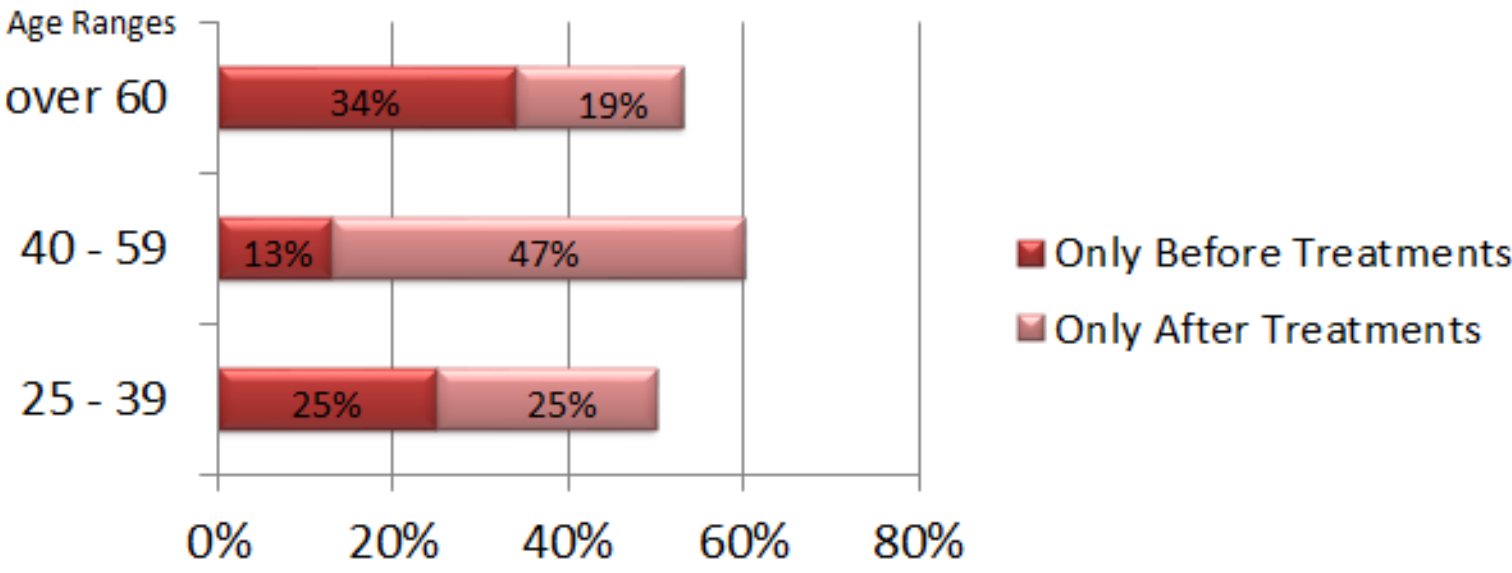


56% of our sample reported having some kind of involuntary loss of urine, and 21% of them reported that it had started after the start of breast cancer treatment. 72% of the women said that the leakage occurred in urgent situations and 65% reported leakage on exertion.

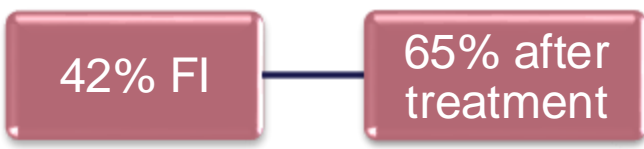


Looking at age groups, we found that in the 25 to 39 age range, there was a 25% increase in women complaining of Urinary Incontinence (UI) after starting treatment. Women aged between 40 and 59 saw a 47% increase in the same rate, and in the case of women over 60, there was a 19% increase.

Urinary Incontinence Before and After Treatments (%)

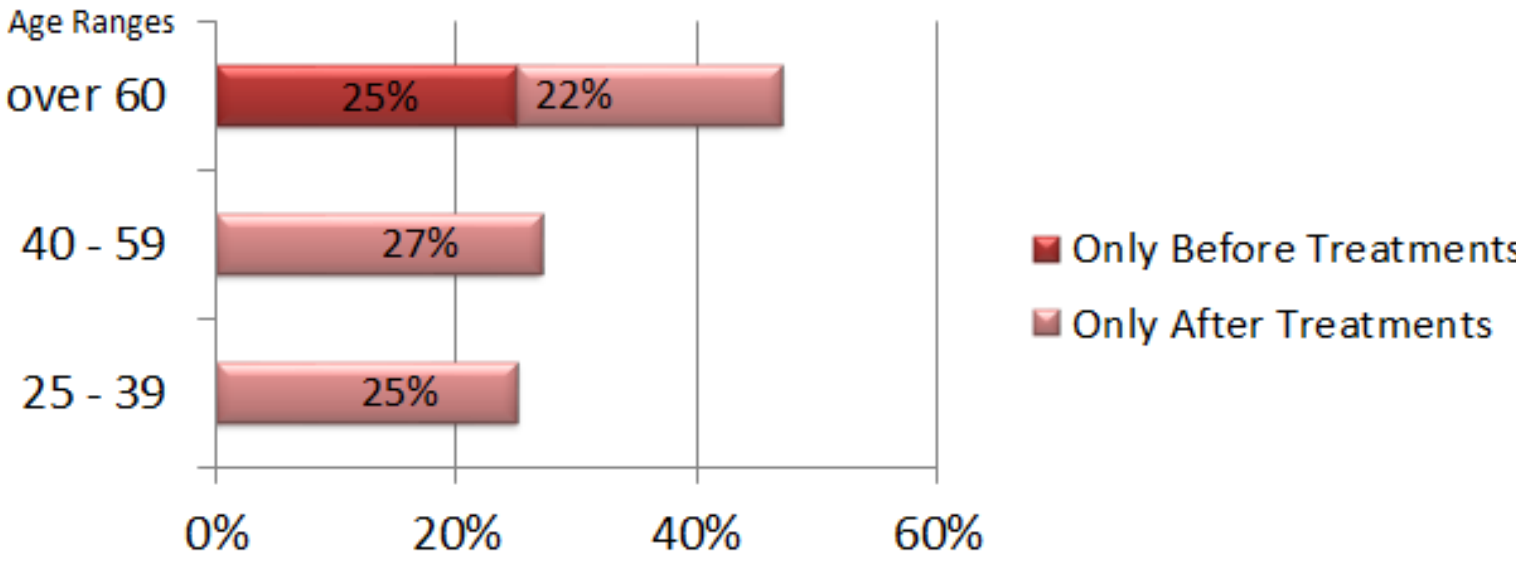


With regard to Fecal Incontinence (FI), 42% of the women surveyed reported involuntary leakage of feces and/or gas, and 65% of these reported that it started after treatment (30% of whom reported leakage more than 3 times a week).

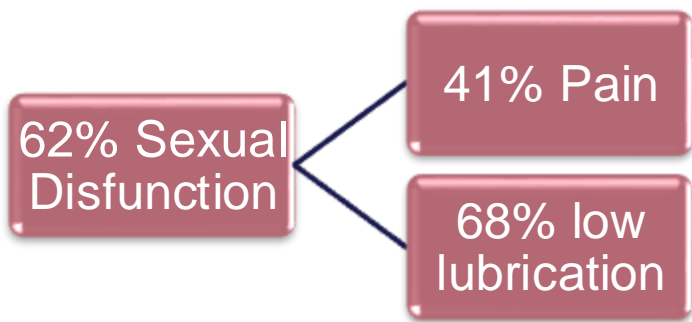


Evaluating by age group, it was found that in the 25-39 age range, there was a 25% increase in women complaining of FI after treatment. There was a 27% increase in women aged between 40 and 59, and a 22% increase in women over 60.

Fecal Incontinence Before and After Treatments (%)

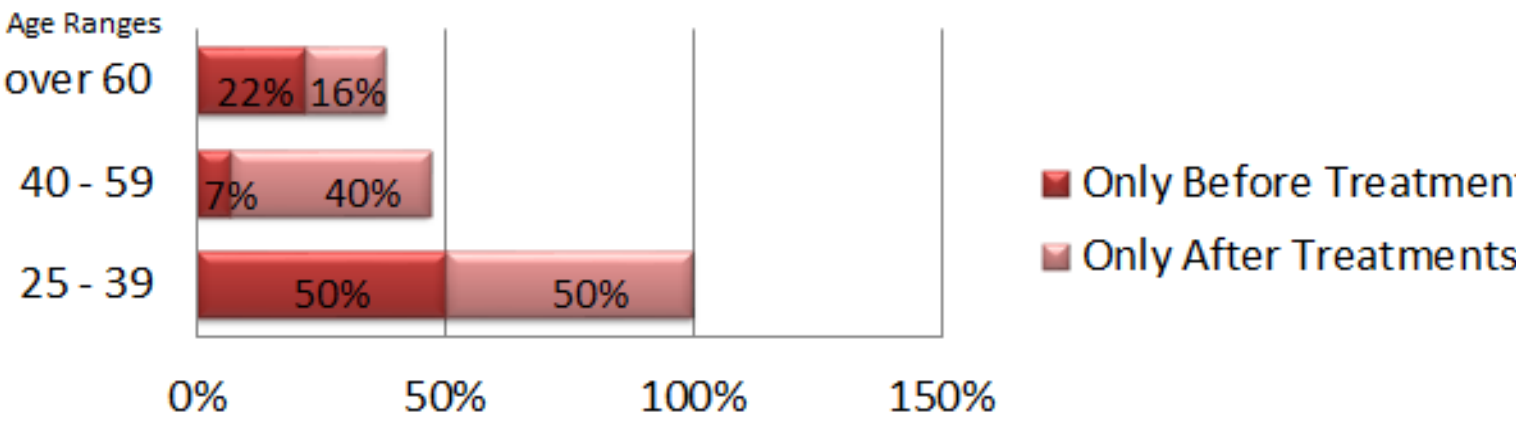


With regard to Sexual Dysfunction (SD), 62% of the sample referred they had some kind of complaint during sex after starting treatment, 68% said that they didn't lubricate enough and 41% said that sex was painful.

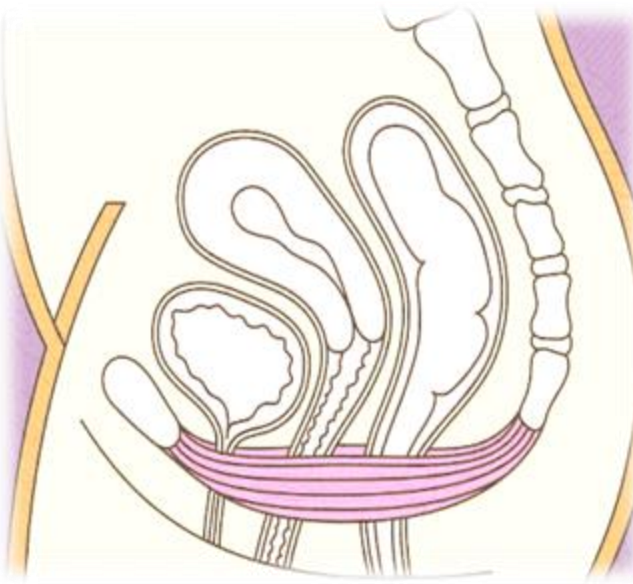


Analyzing by age range, it was found that women aged between 25 and 39 had a 50% increase in the SD rate. For the group of women aged between 40 and 59, the rate increased by 40%. For women over 60, there was a 16% increase.

Sexual Dysfunction Before and After Treatments (%)



62% of the sample reported that their complaints of Pelvic Floor Dysfunction (PFD) caused a negative impact on their sexual relationship. 82% of the women reported that at no time were they asked about possible complaints associated with PFD by any health professionals who had accompanied them since the beginning of their diagnosis.



There is a trend towards the appearance and possible worsening of symptoms in women undergoing breast cancer therapy, regardless of age group, which suggests that age alone is not a risk factor for UI. We found much higher rates of FI, suggesting an emerging need for these women to be monitored by a professional specializing in the pelvic floor. Our results indicate that the most prevalent dysfunction in our sample is SD.

Conclusion

In this sample the prevalence of PFD is high and has a significant impact on these women's sexual lives. The women reported they would appreciate to receive more information about pelvic floor dysfunctions during their follow-up treatment for breast cancer. It is therefore essential to include pelvic floor specialize health professionals in the guidelines for monitoring these women, not only regarding to SD, but also regarding to UI and FI.



References

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- Morgado MB. Problemas sexuais na mulher com cancro da mama e cancro ginecológico: revisão narrativa. RPMGF. 1 de agosto de 2021;37(4):314–28.