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Defining the Clinical Profile of Patients with Pelvic Floor Dysfunction

A cross-sectional prospective analysis

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Aim

Pelvic floor dysfunction is a multifactorial condition including:

- Pelvic organ prolapse
- Urinary incontinence
- Sexual dysfunction
- Anal incontinence
- Pelvic pain

Purpose: to describe the clinical profile, comorbidities, and reproductive history of women undergoing surgery for pelvic dysfunction.

Methods

Design: Prospective cross-sectional study

Patients: 159 women scheduled for urogynecological

surgery

Assessment tools: ICIQ-SF, PISQ-12, PFIQ-7, PFDI-20

Results - Demographics & Comorbidities

Total analyzed: 156 patients

Age: mean 56.3 ± 12 years

BMI: median 28.6 kg/m² (overweight range)

Comorbidities:

•Hypertension: 38.9%

•Varicose veins: 16.9%

•Diabetes mellitus: 7.5%

•Bronchial asthma / chronic bronchitis: 5%

Results - Obstetric history

Deliveries:

• 1 delivery – 39.3%

2 deliveries – 36.1%

Max: 5 vaginal births (4.9%)

Cesarean section: 1–2 times Perineal tears/episiotomy: 55.9%

Interpretation

Population aging + higher demand for urogynecological surgery = increased prevalence of pelvic dysfunctions.

Overweight (BMI ~29) contributes significantly. Perineal trauma in childbirth strongly associated with reduced sexual function, pelvic pain, and delayed recovery of sexual activity.

Socio-demographic characteristics and reproductive history — including age, BMI, mode of delivery, and obstetric trauma — are key determinants of the clinical profile of patients with pelvic floor dysfunction.

Conclusion

Pelvic floor dysfunction is multifactorial and associated with:

- Age-related changes
- Overweight
- Vaginal delivery and perineal trauma
- Coexisting chronic diseases

Identifying these factors is essential for personalized prevention, counseling, and treatment strategies.