

HE SAID...SHE SAID....THE DIFFERENCES IN GOALS FOR PATIENTS AND THEIR PARTNERS

Hypothesis / aims of study

Urinary incontinence (UI), and related pelvic floor disorders including pelvic organ prolapse (POP), are associated with emotional, physical, and financial burdens for patients. For women with intimate partners, these conditions can be a significant source of relationship stress, which may be heightened in surgical patients due to peri-operative disruptions in intimacy. Goals and expectations have been studied for patients (1,2), but not for their partners. The objectives of our study were to determine whether intimate male partners of surgical patients have goals regarding their partner's surgery, describe the goal categories and ranked importance of each goal, as well as concordance of partner and patient goals.

Study design, materials and methods

Participants were male partners of women presenting for UI and/or POP surgery at a tertiary care center. Participants completed questionnaires on demographics and general health, sexual function, and relationship satisfaction. They were asked to list their goals for their partner's treatment and to rank the goals in order of importance. We compared these goals to goals listed and prioritized by the female patients at the time of their initial consultation.

Four urogynecologic surgeons placed each goal into one of 8 categories: General health, prolapse symptom specific (POP/bulge), urinary symptoms specific (incontinence), quality of life, sexual function/intimacy/relationship, physical activity, emotional well-being/self-image, and surgical outcome/healing/recovery (Table 1). A fifth surgeon resolved discordant placements. PASW Statistics version 18 was used for statistical analysis. This analysis is limited to the 54 couples with complete data.

Table 1: Goal Categories

Goal	Goal Type
"More satisfied with sex"	Sexual function/intimacy/relationship
"For my partner to feel more comfortable with her body and how it feels"	Emotional well-being/self-image
"Her best possible health"	General health
"Has no fear of laughing/coughing"	Symptom specific (UI)
"Make life less complicated"	Quality of life
"Be able to travel together unencumbered by disabling pelvic condition"	Activity
"Successful recovery"	Surgical outcome/healing/recovery
"To no longer have the protruding bulge that she complains about"	Symptom specific (POP)

Results

The male partners had a mean age of 55 (range 35-78) and most were Caucasian (79%). Most were married (87%), currently sexually active (87%). Males reported being in their current relationship for a mean of 28 years (range 9 months to 53 years) and most (89%) were happy with their relationship.

Males identified 156 treatment goals (median 3, range 1 - 8). Goals related to general health were the most common goal that was given a priority of 1 (24%) and the second most common goal overall (16%). Goals related to sexual function/intimacy/relationship were the most commonly cited goals overall (23%). When symptom specific goals were listed, male participants were more likely to cite goals specific to urinary incontinence (13%) as opposed to symptoms of POP (4%), even though POP was a more common diagnosis.

Table 2: Male Goals For Their Partners' Surgery

Goal	% of Total Goals
Sexual function/intimacy/relationship	23
General health	16
Emotional well-being/self-image	15
Symptom specific (UI)	13
Quality of life	10
Activity	10
Surgical outcome/healing/recovery	9
Symptom specific (POP)	4

The female patients had a mean age of 54 (range 33-74) and most were Caucasian (91%). Slightly fewer described themselves as sexually active (83%) and most (83%) were happy with their relationship. They were presenting for surgical

correction of UI only in 30%, POP only in 42%, and SUI and POP in 28%. Forty-six percent had Pelvic Organ Prolapse Quantification (POP-Q) Stage ≤ 2 . Nearly half (48%) had prior surgery for POP, SUI, or both.

The patients identified 150 goals (median 3, range 1-8). The most commonly cited goal prioritized as 1 was Symptom specific (POP), however goals related to symptoms of incontinence were the most common overall (29%). Goals related to sexual function/intimacy/relationship accounted for only 8% of total goals. Women also described goals related to information gathering and bowel function which were not cited by partners

Table 3: Female Goals

Goal	% of Total Goals
Symptom specific (UI)	29
Symptom specific (POP)	25
Activity	10
General health	9
Bowel function	9
Sexual function/intimacy/relationship	8
Information gathering	4
Quality of life	3
Surgical outcome/healing/recovery	2
Emotional well-being/self-image	1

Interpretation of results

Both men and women were more likely to cite goals specific to incontinence than prolapse, highlighting the relative impact of these symptoms upon a relationship. Gender differences were noted: Male partners were more likely to cite goals specific to sexual function and intimacy than any other category of goal, while only 8% of female goals fell into this category. This may be due to the fact that symptoms of prolapse and incontinence have such a negative impact upon a woman's overall function and quality of life that their resolution takes precedence over sexual function. This could also be a reflection of the differential weight that men and women place upon sexual intimacy or differences in perception of how the sexual aspects of the relationship have been affected by pelvic floor dysfunction.

Concluding message

Patients and their partners have differing goals and expectations for surgical UI/POP treatment. Pre-surgical information for partners may help to set realistic expectations for surgery and ultimately impact satisfaction and perception of successful surgical outcome for the patient and her partner.

References

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Disclosures

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