

## CHANGE OF PROLAPSE AND SEXUAL MATTERS SYMPTOMS AFTER SURGERY FOR PELVIC ORGAN PROLAPSE (POP)

### Hypothesis / aims of study

Goals in female pelvic floor surgery include not only anatomical restoration, but also improvement in urinary, bowel and sexual symptoms. Changes in the quality of life and in sexual function are one of the main concerns following vaginal surgery. The ICIQ-VS is a validated 14 item psychometrically questionnaire that has been validated to measure the presence, severity, and impact of vaginal symptoms and associated sexual matters on quality of life and outcome of treatment [1]. The aim of this study was to investigate the post operative anatomical, subjective prolapse and sexual function outcomes following different vaginal prolapse surgeries using the ICIQ-VS questionnaire in a prospective observational series.

### Study design, materials and methods

For this prospective study consecutive women undergoing surgical management for POP between 2009 and 2010 were offered to participate in this study. The ICIQ questionnaire was completed prior to surgery as well as 6 and 12 months postoperatively. The questionnaire assesses the presence and the severity of the symptoms by a 3 or 4 tailed scale ranging from 0-53 points for the vaginal symptom score and 0-58 for the sexual matters score. Worsening of vaginal or sexual matters symptoms is accompanied by an increase in the score. Native tissue female pelvic floor reconstructive surgery as well as vaginal and laparoscopic mesh operations were performed. Women with stress urinary incontinence received a concomitant midurethral sling including TVT, Advantage®, Monarc® and Miniarc®. Continuous variables were analyzed by performing analysis of variance. Based on the vaginal matters score as the primary outcome of interest with a power of 80% and an alpha level of 0.05 we estimated that 24 subjects were necessary in each group to detect a difference of 10 points in the total score.

### Results

102 women aged 32-84 years (mean: 61 ± 11) participated in the study; 84 (82%) returned the 6 month questionnaire and 87 (84%) the 12 month questionnaire. Mean BMI was 26.8 (± 4.7), median parity was 2 (1, 3). 41 women (40%) were sexually active preoperatively, 49 (48%) 6 months post-operatively, 43 (44%) 12 months postoperatively. 2 women who were not sexually active preoperatively resumed intercourse after surgical intervention. The mean vaginal-symptom score was 23 (±9) preoperatively, 6 months after surgery it decreased significantly to 7 (± 8) and 12 months after surgery to 7 (± 7) (p < 0.001) with no significant differences between mesh vs. native surgery. The mean sexual matters score was 22 (±19) preoperatively, 6 months postoperatively it decreased significantly to 12 (± 18), 12 months after surgery to 10 (± 14) (p < 0.05) with no significant differences between the surgical procedures. Dyspareunia rates increased from 20% preoperatively to 47% and 44% after 6 and 12 months, respectively. No significant differences for any of the scores were noted between women assigned to anatomical success and failure with success defined as the anterior and posterior compartment better than -1. Three of the measured points of the POP Q exam representative of each compartment improved significantly after 6 and 12 months (Ba: 0±2, -2±1, -2±1, C: -2±3, -5.4±2.1, -5.6±1.5, Bp: 0±1.5, -2.6±0.6, -2.6±0.6; preoperatively, 6 months and 12 months postoperatively, respectively, p < 0.01). Only 2% of the patients had surgical failure if success is defined as Ba or Bp 0 and lower 6 and 12 months after surgery.

### Interpretation of results

Surgical intervention for POP improved the vaginal symptom and the sexual matters score as well as the POP Q at 6 and 12 months post-operatively independent of the anatomical success.

### Concluding message

Prolapse surgery improves subjective and objective prolapse symptoms.

### References

1. Price, N., et al., Development and psychometric evaluation of the ICIQ Vaginal Symptoms Questionnaire: the ICIQ-VS. *Bjog-an International Journal of Obstetrics and Gynaecology*, 2006. 113(6): p. 700-712.

### Disclosures

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