THE IMPACT OF ANTI-INCONTINENCE SURGERY ON SEXUAL SATISFACTION AND QUALITY OF LIFE

Hypothesis / aims of study
Stress urinary incontinence is a prevalent disease worldwide. It affects 15–30% of people of all ages and often has a negative impact on the social, psychological, domestic, occupational, physical and sexual aspects of their lives. Anti-incontinence procedures may have impact on sexual satisfaction and quality of life of female patients (1,2).

Study design, materials and methods
The aim of this study was to evaluate the sexual satisfaction and the impact on quality of life (QoL) in women who underwent surgery for stress urinary incontinence. The questionnaires Female Sexual Function Index (FSFI) and King’s Health Questionnaire (KHQ) were applied in the post-operative period. Self-administered FSFI and KHQ questionnaires were sent by mail to 50 consecutive patients who had undergone fascial sling, synthetic mid-urethral sling (TOT) or Burch-colposuspension to determine sexual satisfaction and the impact in QoL.

Results
Twenty patients in fascial sling group, 20 patients in TOT sling group and 10 patients in Burch-colposuspension group were enrolled in the study. The mean follow-up period was 14 months. The mean age of the patients was 58.4 years (37 to 78 years). Analysis of post-operative FSFI total score did not demonstrated statistical differences when comparing the three groups (p>0.05). The KHQ demonstrated positive changes in the domains “General Health Perception”, “Incontinence Impact”, “Physical Limitations”, “Social Limitations” and “Personal Relationships” following the three anti-incontinence procedures.

Interpretation of results
Urinary incontinence is associated with negative effects in various aspects of daily life. In this study, it was demonstrated that surgical treatment of female urinary incontinence had positive results in terms of quality of life and sexual function.

Concluding message
In spite of the technique used, surgery for stress urinary incontinence improved the QoL score.

References

Disclosures
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