

IMPACT OF SEXUAL FUNCTION ON WOMEN SATISFACTION AFTER TRANSOBTURATOR TAPE PROCEDURE FOR URINARY INCONTINENCE

Hypothesis / aims of study

The aim of the study is to investigate if quality of sexual activity after transobturator tape for urinary incontinence influence global satisfaction of surgery. Localised in anterior wall of vagina: the mesh could cause either pain during intercourse or improvement of sexual activity decreasing coital leak ok urine. Sexual life (same way as improvement of urinary symptoms) can be an important part of global satisfaction et subjective result of this intervention.

Study design, materials and methods

The design of the study is a bicentric cross-sectional study from 2005-2010. Post operative questionnaire was sent to 406 patients operated for urinary incontinence surgery by TOT/TVTO at least for one year. Two hundred forty seven patients (60,8%) filled out self administrated questionnaire on quality of life, urinary incontinence and sexual function prior and after surgery. Patients undergoing concurrent prolapsus were excluded. One hundred and sixty five questionnaires could be exploited. Main judgement was overall improvement by french version of PGI-I asking "How do you feel with your uro-gynecologic problem comparing before surgery?". Sexual function was reported by Lemarck and Zimmern questionnaire and ICIQ-FLUTS-Sex, urinary symptoms by ICIQ-SF.

Results

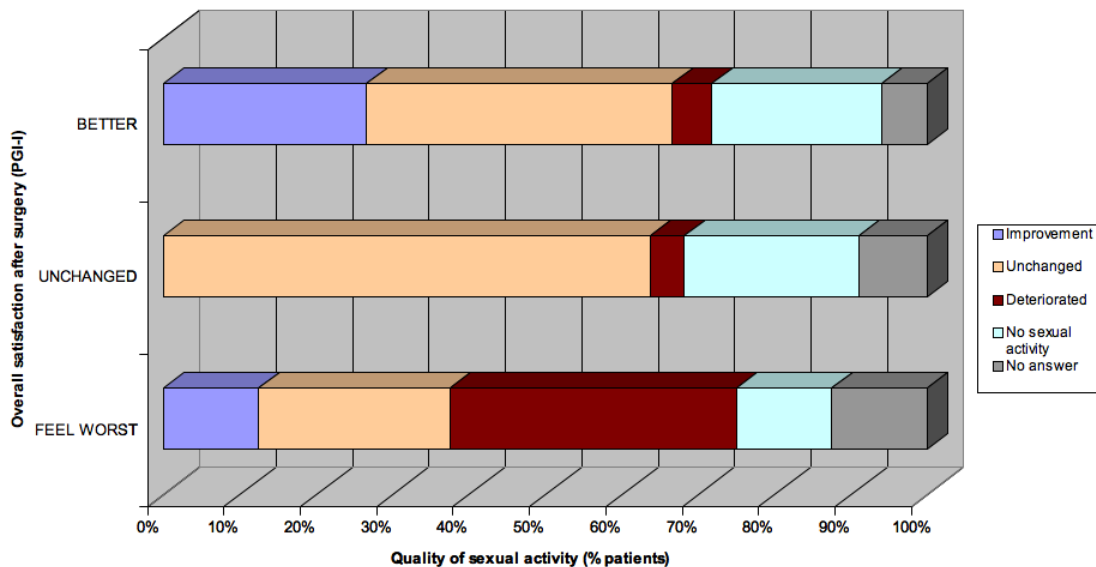
One hundred and sixty five patients were included: mean age was 55 years, 72% were menopausal, the mean follow up 61 month. Cure rate from stress urinary incontinence was 85,5%; 94,5% would recommand this surgery to their friend, 94,5% would do it again.

After surgery, 135 women (81,8%) were overall improved, 22 (13,4%) were unchanged, 8 (4,8%) were worst. Among the 165 patients, 118 (71,5%) were sexually active: 31,3% patients reported an improvement in intercourse satisfaction whereas 59,3% felt inchanged and 9,4% complained sexual function deterioration.

Improved patients described 54% of decreased coital incontinence and 83,8% of increased acceptance of body diagram. Deteriorated patients reported 100% de novo dyspareunia.

Results of logistic regression suggests high correlation between overall improvement with sexual satisfaction (OR 11,18 IC95% 2,26-75,9) whereas with persistant urinary leakage (OR 3,89 IC95% 0,86-17,6) or urge incontinence (OR 2,35 IC95% 0,26-21,2).

OVERALL PATIENTS SATISFACTION AFTER TRANSOBTURATOR VAGINAL TAPE SURGERY IN TERMS OF QUALITY OF SEXUAL ACTIVITY



Interpretation of results

31,3% patients reported an improvement in intercourse satisfaction whereas 59,3% felt inchanged and 9,4% complained sexual function deterioration.

There are many contradictory data on sexual function after urinary incontinence surgery. Anterior vaginal wall is erogenous zone where some author describe G point. Mesh insertion could provide pleasure alteration and sexual deterioration. Otherwise, healing coital incontinence leads improvement of sexual activity (54% in this study). Transobturator tape procedure

could allow with urethral suspension best continence during intercourse. Same results are in agreement with author finding improvement of third patients but also non negligible rate of deteriorated sexual activity (9,4% in this study). None of them showed positive impact of sexual function in women overall satisfaction (OR 11,18 IC95% 2,26-75,9).

Concluding message

There is real improvement of 31, 3% on sexual function after transobturator tape for urinary incontinence. Overall improvement felt by patients after surgery is not only thanks by improvement of urinary symptoms of 85,5% but as well by quality of their sexual activity. Dyspareunia is not rare and this complication must be explained before intervention to patients.

References

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Disclosures

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