

SEXUAL FUNCTION FOLLOWING MID-URETHRAL SLING SURGERY

Hypothesis / aims of study

There have been many modifications to the treatment of stress urinary incontinence over the last decade. Currently there are two prime surgical interventions, Tension Free Vaginal Tape insertion (TVT) and Transoburator tape insertion (TOT). Little is known regarding the impact of incontinence surgery on sexual function. The aim of this study was to assess sexual function prior to and six months post mid-urethral sling surgery.

Study design, materials and methods

The study time period was between February 2011 and December 2012. Data from patients whom underwent mid-urethral sling surgery in this time frame was collected prospectively. Ninety three cases of mid-urethral sling surgery were undertaken in this time period. We asked these patients to complete two validated questionnaires – the King's Health questionnaire and the Pelvic Organ Prolapse/ Urinary Incontinence Sexual Function questionnaire (PISQ-12) pre-operatively and six months post-operatively. We intended to evaluate our data by comparing mean results pre and post operatively.

Results

Surgical interventions from our data included 80 retropubic mid-urethral tapes (TVT), 1 TVT with a sebaceous cyst excision, 1 TVT with vulval biopsy, 4 TVT's with prolapse repair and 7 Transoburator tapes (outside-in).

The demographics from the study showed that the mean age of women undergoing mid-urethral sling surgery at our institution was 53 years (range 34 – 79). To date thirty seven out of ninety three women completed both sets of questionnaires and in addition nineteen out of the thirty seven reported being sexually active.

No patient had reported a worsening in their personal relationships post operatively.

Three parameters of sexual function (coital incontinence, fear of incontinence and intensity of orgasms) were analysed in the sexually active females.

To determine coital incontinence we referred to the Kings Health questionnaire and used the answers collected from the question "INTERCOURSE INCONTINENCE: urinary leakage with sexual intercourse?" The answers were scored as 3 – a lot, 2 – moderately, 1 – a little, if left blank then this would be accepted as 'none' and scored 0. The mean pre-operative score for coital incontinence was 0.9 (range 3 - 0) with an improvement post-operatively to 0.3 (range 2 - 0). Coital incontinence was reduced in 9/19 and unchanged in 10/19.

To analyse fear of incontinence the PISQ -12 question "Does fear of incontinence (either stool or urine) restrict your sexual activity?" The answers were scored with 4- Always 3-Usually 2- Sometimes 1- Seldom 0- Never. The mean pre-operative score for fear of incontinence during sexual activity was 1.2 (range 4-0) versus a mean post-operative score of 0.3 (range 2- 0). We found that there was a reduction of fear of incontinence in 8/19, unchanged in 10/19 and worsened in 1/19.

Intensity of orgasms was measured from interpretation of the answers to the question in the PISQ – 12, "Compared to orgasms you have had in the past, how intense are the orgasms you have had in the past six months?". Once again the answers were scored with 4- Always 3-Usually 2- Sometimes 1- Seldom 0- Never. Our data showed that Intensity of Orgasms six months post operatively were unchanged in 11/19, improved in 5/19 and worsened in 3/19. The mean pre-operative score was 2.3 (range 4 - 0) vs. mean post-operative score of 2.2 (range 4 - 0).

Interpretation of results

With this good cohort size, what we are able to determine from these results is that mid-urethral sling surgery does not have a negative effect on the personal relationships of the women whom undergo the surgery in the following months post operatively. Moreover what we can interpret from these results, is that mid-urethral sling surgery does not cause a worsening in coital incontinence and in hand with this there it is more common to find an improvement or no change in the fear of incontinence during coitus. We can finally interpret orgasm intensity showed improved in some women, no change in others and a worsening in a few. In fact on average, orgasm intensity was similar pre and post operatively.

Concluding message

In the vast majority, Sexual function is unchanged or improved six months post surgery.

Disclosures

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