

THE STUDY OF PSYCHOSEXUAL PROFILE OF WOMEN WITH PELVIC FLOOR DISEASES BEFORE AND AFTER OPERATION.

Hypothesis / aims of study

The good sexual function is very important for the health of the human being, and it is significant for the general psychopathology. Therefore, studying of the sexual function after surgical reconstruction of the female pelvic floor dysfunctions, in correlation to the psycho-sexual factors and in comparison with the pre-operative state, is really important. The aim of the preceding study is the analysis of the psychopathological and sexual disorders of patients suffering pelvic floor disorders, who were treated by vaginal operations, pre- and post-operation. It was really interesting, to evaluate the post-operative complications of urination under the affection of the pre-operative psychosexual profile with the results of the study.⁽¹⁾

Study design, materials and methods

The present study has examined two groups of a total of 84 patients. The first one (operation group), average age 58 years old, consisted of 37 patients who have been treated surgically for pelvic floor disorders. The second one (control group), average age 50 years old, have visited for general gynecological problems. 54 of them had vaginal births and 30 of them had a caesarean section, whereas 48 of them were GR III, 15 were GR II and 21 GR I. The 52% mentioned that they suffered of type 2 Diabetes Mellitus and Hypertension. 23% suffered from anxiety or phobias. 57% of them were smokers and 12% were consuming alcohol or intoxicants during the past years. The average age of the study group was significantly higher than that of the control group. The main disorders have been cystocele, enterocele, uterine prolapse and urinary incontinence. All of them could speak and write in Greek, and they gave a written permission for the study. The results were analysed in cooperation with the psychiatric department of our hospital. The equality of the mean values has been examined by ANOVA method and the two groups were independent to each other. We used two protocols: a) the SCL-90-R for the psychopathology, which gave information for the diagnostic and therapeutic approach of the patients, either with or without a psychiatric history. b) the GRISS for sexual disorders of women.

Results

Our study dealt with the patients that suffered from pre-operative psychopathological symptoms, mainly somatization, obsession, compulsion, depression, stress and phobias, as well as sexual disorders.⁽²⁾ What followed was a comparison to the post-operative results, and we derived information for direct or indirect effects on the surgical reconstruction and sexual health.⁽³⁾ Between the two groups there is a differentiation in 4 parameters of the GRISS protocol in both pre- and post-operative comparisons (Non communication (P=0,001), Dissatisfaction (P=0,005), Infrequency (P=0,010) and Avoidance (P=0,029). Two parameters of the SCL-90-R protocol showed a difference between the pre- and post-operative comparison (somatization (p<0.001), depression (p=0.022), and one parameter post-operatively (General Index of Symptoms (p=0.027).

Interpretation of results

We can get important information from our results, both for our clinical practice, as well as for the treatment of our patients after the operation, as far as their psychopathology and sexual behavior is concerned. As about the operation group, the tables showed that there was no differentiation, neither for the psychopathological behavior, nor for sexual function after the operation. Finally we can say that the two parameters somatization and depression showed difference between the two groups pre-operatively.

Concluding message

Finally, we need to say that from our study until now, a proper psychosexual approach and evaluation of the women before and after the surgery is necessary, and it can give important information for the treatment of the pelvic floor disorders. Our study is running, and we believe that our future results will help for the general approach of the treatment of female patients suffering from urinary or gynecological problems.

Psychopathology

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Somatization	1,1691	37	,53288	,08760
	Somatization 1	1,2259	37	,52840	,08687
Pair 2	Compulsion/Obsession	1,3378	37	,85905	,14123
	Compulsion/Obsession 1	1,3378	37	,74399	,12231
Pair 3	Sensitivity	1,0816	37	,65868	,10829
	Sensitivity 1	1,0414	37	,58176	,09564
Pair 4	Depression	1,3263	37	,58092	,09550
	Depression 1	1,3541	37	,62113	,10211
Pair 5	Anxiety	,9811	37	,62220	,10229
	Anxiety 1	1,0032	37	,63296	,10406
Pair 6	Anger/Aggressiveness	,8759	37	,68987	,11341
	Anger/Aggressiveness 1	,8668	37	,61371	,10089

Pair 7	Phobia	,5519	37	,52886	,08694
	Phobia 1	,6249	37	,67842	,11153
Pair 8	Paranoia	1,2008	37	,82970	,13640
	Paranoia 1	1,0995	37	,73336	,12056
Pair 9	Psychosis	,7111	36	,72023	,12004
	Psychosis 1	,7111	36	,63190	,10532
Pair 10	GIS	1,0435	37	,48646	,07997
	GIS 1	1,0878	37	,48351	,07949

Sexual function

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Infrequency	6,4688	32	2,04757	,36196
	Infrequency 1	6,3750	32	2,05960	,36409
Pair 2	Non-communication	5,4688	32	2,04757	,36196
	Non-communication 1	5,7500	32	2,04782	,36201
Pair 3	Female dissatisfaction	4,3750	32	2,35208	,41579
	Female dissatisfaction 1	4,5625	32	2,15433	,38083
Pair 4	Female avoidance	5,7500	32	2,56528	,45348
	Female avoidance 1	5,6250	32	2,48544	,43937
Pair 5	Female non-sensuality	5,2813	32	2,56822	,45400
	Female non-sensuality 1	5,5938	32	2,46078	,43501
Pair 6	Vaginismus	4,9375	32	2,38189	,42106
	Vaginismus 1	4,9063	32	2,30510	,40749
Pair 7	Anorgasmia	4,5938	32	1,49966	,26511
	Anorgasmia 1	4,6875	32	1,63505	,28904

References

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2. Feinmann C, Ong M, Harvey W, Harris M. Psychological factors influencing post-operative pain and analgesic consumption. Br J Oral Maxillofac Surg 1987;25(4):285–292.
3. Vollmer-Conna U, Bird KD, Yeo BW, Truskett PG, Westbrook RF, et al. Psychological factors, immune function and recovery from major surgery. Acta Neuropsychiatrica 2009;21:169–178.

Disclosures

Funding: NONE **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** The study and its results were based on two protocols (questioners), there were no experimental methods on the patients, and we had the written permission of all of them, before and after the study, keeping their anonymity. **Helsinki:** Yes **Informed Consent:** Yes