Author(s) R Thakar, I Manyonda, S Stanton, S Ayers, P Clarkson, G Robinson
Institution, city, country

Urogynaecology Unit, St. George's Hospital, Blackshaw Road, London

Title (type in CAPITAL LETTERS, leave one blank line before the text)

SEXUAL FUNCTION AFTER HYSTERECTOMY

Hysterectomy is the commonest major operation in gynaecology. The procedure may be total or subtotal (when the cervix is conserved) It is contentious as to whether the cervix should be conserved when studies indicate that subtotal hysterectomy may confer benefits over total hysterectomy (1,2,3).

AIMS: We conducted a prospective, randomised, and multicentre study of total versus subtotal hysterectomy to resolve the controversy.

METHODS: We recruited women who were $\leq$ 60 years, weighed $\leq$ 100 KGs, had regular normal smears and were having hysterectomy for benign indications. Randomisation was by computer generated random numbers in opaque sealed envelopes and both investigator and study subjects were "blind" to the operation Sexual function was assessed using designer and validated questionnaires pre-operatively, and at 6 and 12 months post-hysterectomy. Questions were asked pertaining to frequency of intercourse, sexual desire, orgasm, vaginal lubrication, deep and superficial dyspareunia and level of sexual satisfaction
Data presented is based on analyses on 199 women who have completed their 12 months follow up

RESULTS: This is an ongoing study A total of 323 women have been recruited To date 199 women had completed the trial at the time of submission of this abstract. Of these 91 women had a subtotal hysterectomy and 108 had a total hysterectomy.

Type your text within this frame. If 2nd page is needed use Abstract Form A-2.

Author(s).
R Thakar, I Manyonda, S Stanton, S Ayers, P Clarkson, G Robinson

Preoperatively no differences were seen in baseline measures of sexual function Analysis was carried out for between group differences on sexual function pre-operatively, 6 and 12 months post operatively Non parameteric tests were used. At six months no difference was seen in any parameters, except that women who had total hysterectomy had less frequent multiple orgasms ($p< 01$). 1 year postoperatively women who had total hysterectomy reported less frequent intercourse ($p<.005$) than women with subtotal hysterectomy and more women with total hysterectomy reported deep dyspareunia, though this failed to reach significance. See Table 1

Symptoms		**Total hysterectomy**			**Subtotal hysterectomy**	
	Pre op n (%)	Postop 6mon n (%)	12 mon n (%)	Pre op n (%)	Postop 6mon n (%)	12 mon n (%)
Deep dyspareunia	33 (38)	15(20)	11 (17)	35 (47)	9 (14)	4 (6)

No difference was seen at different time periods, preoperative and 6 and 12 months postoperative in the two groups. However, regardless of the type of operation type, women's relationships appeared to deteriorate postoperatively Subtotal hysterectomy does have disadvantages· Eleven women had vaginal bleeding, persistant pain and one had cervical prolapse withon 12 months of operation.

Conclusion: Retaining the cervix at the time of hysterectomy has advantages as far as sexual function is concerned At one year women who had total hysterectomy had less frequent intercourse and more deep dyspareunia

Reference:

1 Supravaginal uterine amputations Vs hysterectomy. effects on libido and orgasm. *Acta Obstet Gynecol Scand* 1983; **62**: 147-152.

2. Supravaginal uterine amputation Vs hysterectomy: effects on coital frequency and dyspareunia. *Acta Obstet Gynecol Scand* 1983; **62**: 141-145.

3. Supravaginal uterine amputation Vs hysterectomy with reference to bladder symptoms and incontinence *Acta Obstet Gynecol Scand* 1985; **64** 375-379.

Type your text within this frame. Use this page only if second sheet is necessary!