

31

Authors: M. Halaška, H. Kölbl, E. Petri, L. Daneš, R. Voigt, M. Otčenášek, A. Martan, M. Pohanka, J. Mašata, M.G. Halaška :
Institution: Charles University 1st and 2nd Faculty of Medicine, Women`s Departments, Institute of Sexology, Czech Republic; University of Rostock, Womens Department Schwerin, University of Halle, Womens Department Halle, University of Weimar, Womens Department Apolda, Germany
Title: PRELIMINARY RESULTS OF A PROSPECTIVE RANDOMIZED STUDY COMPARING BURCH COLPOSUSPENSION AND TENSION-FREE VAGINAL TAPE - URODYNAMIC AND SEXUOLOGICAL ASPECTS

Aims of Study

Several ongoing studies have compared the the clinical outcome of Burch colposuspension and TVT in the treatment of GSI. The QOL assessment is a major concern of most of the authors. As we think sexual life is one of the most important considerations, we wanted to compare the different methods of the incontinence surgery in their influence on sex.

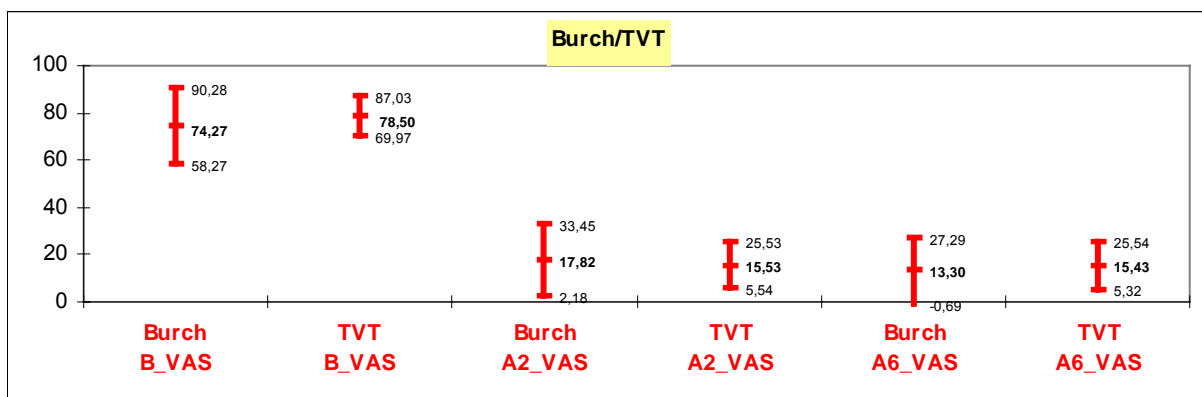
Methods

In the framework of the multinational, multicenter randomized clinical trial comparing Burch and TVT - except in terms of inclusion and exclusion criteria - history, visual analogue scale (VAS) assessment, urogynecologic and urodynamic examination before and after the operation were part of the set-up. We also decided to evaluate sexual questionnaires with a focus on sexual development, rapidity and degree of arousal, activity and function. Special inventories were distributed and filled in by the patients at a 6-month follow-up visit with consecutive scoring. The clinical outcome of the surgery and sexuological scores were compared by means of the nonparametrical Wilcoxon test.

Results

The comparison of the clinical outcome of both procedures showed no statistical difference between the groups before the operation. The results in 2 and 6 months follow up also revealed no difference in the outcome of the two methods.

Table 1: Visual analogue score comparison



(0- continent at all circumstances, 100 - wet also in sitting - both groups before, 2 and 6 months after surgery)

When analyzing the quality of sexual life after surgery we compared the results of the ongoing clinical trial with

the outcome of the former study – vaginal repair vs. Abdominal hysterectomy.

Table 2: Sexological scores after different surgical techniques

	Burch (n=11)	TVT (n=15)	vag.repair (n=36)	hysterectomy (n=10)	normal value
age	53,36 ± 6,07	58,33 ± 5,19	53,30 ± 9,10	47,90 ± 7,70	
para	1,82 ± 0,27	2,13 ± 0,46	2,10 ± 0,75	1,50 ± 0,95	
sexual arousal inventory	1,70 ± 1,04	2,45 ± 0,84	1,45 ± 1,06	2,20 ± 0,90	1,8 - 3,1
sexual activity	1,91 ± 0,84	2,24 ± 0,50	1,79 ± 0,80	2,51 ± 0,87	2,5 - 3,0
sexual function	1,73 ± 0,69	2,16 ± 0,37	1,98 ± 1,10	2,28 ± 0,64	2,2 - 3,0
heterosexual development	2,96 ± 0,61	2,59 ± 0,51	2,28 ± 0,66	2,94 ± 0,72	2,1 - 3,0

The degree of sexual arousal, activity and function scores after urogynecological surgery were subnormal in the vaginal repair and colposuspension groups. TVT patients revealed minor changes similar to those of the hysterectomy control group after surgery. The differences between the Burch and TVT groups were not such as to be statistically significant at the time of the abstracts deadline because of the small numbers of respondents.

Conclusions

Tension-free Vaginal Tape seems to be superior in restoring normal sexual activity after the procedure in comparison to other urogynecologic operations.

This fact remains to be explained and we can only speculate about the different target of the TVT in the urethrovaginal septum which does not influence the G-spot.

References

- Iosif, C.S.: Sexual function after colpo-urethro-cystopexy in middle-aged women
Urol Int, 1988, 43, 231-233
- Kahn, M.A., Stanton, S.L.: Posterior colporrhaphy: its effects on bowel and sexual function
Br J Obstet Gynecol, 1997, 104, 82-86
- Riva, D.: Sexual behaviour after surgery for stress incontinence
Neurourol Urodyn, 1987, 6, 198-200

This paper was supported by the grant of the Ministry of Health of Czech Republic, No. NH 6860-3.