

THE IMPACT OF OVERLAPPING SPHINCTEROPLASTY AND LEVATOPLASTY ON FEMALE SEXUAL FUNCTION

Aims of Study

To assess sexual dysfunction in women following overlapping sphincteroplasty and levatoroplasty.

Methods

Sexual function was assessed by the validated female sexual function index questionnaire (FSFI), which evaluates 6 domains of the female sexual cycle (desire, arousal, vaginal lubrication, pain, orgasm and satisfaction). A postal questionnaire was sent to 121 women who underwent sphincter repair between September 1988 and March 2001; 29 patients returned the questionnaire, 19 (65.5%) of whom were sexually active. Chart review of these patients was performed. The results were compared to a control group of 33 women randomly selected from the community who did not have any type of anal surgery.

Results

The mean age in the repair group was 55.1 years and in the control group 43.2 years. After adjusting for age, the repair patients were found to have significantly inferior arousal ($p=0.01$), lubrication ($p=0.009$), orgasm ($p=0.016$), satisfaction ($p=0.012$) and overall poorer ($p=0.004$) scores than the control. However, there was no difference between the groups related to sexual desire or pain. None of the assessed variables (incontinence score, resting and squeeze anal pressures, number of vaginal deliveries, pudendal neuropathy and number of prior repairs) correlated with the overall FSFI scores. Longer duration of preoperative incontinence correlated with better postoperative FSFI scores than did shorter duration of incontinence ($p=0.03$).

Conclusions

Sphincter repair including levatoroplasty seems to adversely impact overall female sexual function, specifically by impairing the arousal, lubrication, orgasm and satisfaction stages of the sexual cycle. These deleterious effects of surgery cannot be attributed to pain, sexual desire or pudendal neuropathy. Patients with the longest duration of preoperative incontinence have better postoperative sexual function than do patients with shorter duration of preoperative fecal incontinence.