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SEXUAL HEALTH QUESTIONNAIRE STUDY ON WOMEN ATTENDING GYNAECOLOGY OUT PATIENTS FOR VAGINAL SURGERY

Aims of Study

We carried out a sexual health questionnaire study to assess the patient's perception on the importance of discussing sexual function prior to vaginal surgery and to identify an area most commonly associated with sexual pleasure in the lower genital tract of these patients.

Methods

A total of 48 women referred to the gynaecology out patients for investigations of utero-vaginal prolapse completed the questionnaire.

Results

Age Range 17 – 72 yrs, Mean Age- 41 yrs
65% of patients thought it was appropriate for gynaecologist to discuss sexual issues prior to surgery. 16% preferred no discussion. 16% were not sexually active & no response 16% and no response 3%
Achieves an orgasm – 65%. No Orgasm – 14.5%. Occasional orgasm 6%. No Response 14.5%

Site of Orgasm

Clitoral 32%, Deep penetration 22.5%, Clitoral & Deep penetration 13%, Just inside vagina 16%, Just inside vagina & Deep penetration 9%, Clitoral / Just inside vagina / Deep 6.5%, Vaginal Surgery 39%. 42% of the number of patients who had had previous vaginal surgery had no coitus or orgasm since surgery. The Patients who were surveyed found it easy to identify their site of maximum sexual stimulation.

Conclusions

There is increasing evidence of sexual dysfunction following vaginal surgery. Lemack & Zimmern reported 1 in 5 women found intercourse worse following vaginal surgery for stress incontinence[1]. Bo etal have shown that conservative management with pelvic floor exercises reduces the number of women having problems with sexual dysfunction[2].
Many studies have also shown that on direct questioning women who have a utero-vaginal prolapse have problems with sexual intercourse.
We carried out a sexual health questionnaire study to assess the patient's perception of the importance of discussing sexual function prior to vaginal surgery and to identify an area most commonly associated with sexual pleasure in the lower genital tract of these patients.
Although there is a general lack of discussion of sexual issues by doctors we found that 65% of the women surveyed would have preferred a discussion on this prior to gynaecological surgery. 31% of women achieve orgasm by vaginal stimulation in this group & obviously vaginal surgery may have a significant impact on these women. Interestingly 42% of women who have had vaginal surgery in the past were either not sexually active or were anorgasmic.
This small study does show the importance of a full discussion on sexual function with women prior to vaginal surgery & further research needs to be done to reduce the significant sexual morbidity following this type of surgery. This survey raises the question of modifying the surgical approach depending upon the patient's perception of the importance of coitus and her site of maximum stimulation.
Urogynaecologists have a variety of surgical procedures available to them when dealing with urinary incontinence and prolapse. It will take several years to elucidate which procedures are associated with specific sexual mobility.
The authors recommend that these issues be raised before any surgical choice is made and that the patient and her physician need to carefully balance the potential benefits of anatomical correction with vaginal function.
The authors suggest that disturbance of the neuromuscular tissue around the cervix for those with deep pelvic orgasm need to be carefully considered. Similarly dissection of the anterior vaginal wall, as in sling surgery, for those that identify this region as their site of maximum sexual stimulation, is possibly inappropriate without patient counselling. (See case report abstract submitted with this abstract).

References:

1. Sexual function after vaginal surgery for stress incontinence:results of a mailed questionnaire. Lemack GE., Zimmerin PE. Urology 2000;56:223 – 227
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4. The trouble with prolapse. Bradshaw HD., Radley SC., S Radley., Farkas AG. Chapple CR. Oral Presentation at the International Urogynaecological Association Oct 2000.