

DOES CONTINENCE SURGERY (WITH OR WITHOUT PELVIC ORGAN PROLAPSE SURGERY) IMPROVE SEXUAL FUNCTION IN WOMEN WITH COITAL INCONTINENCE?

Aims of Study

Approximately 25% of women with urinary incontinence also have coital incontinence (1,2), and approximately 45% of these women feel that coital incontinence adversely affects sexual function (3). In the subset of women with coital incontinence who have a urodynamic diagnosis of stress urinary incontinence, it is not known what effect continence surgery has on coital incontinence or sexual function. This study identifies a group of women with preoperative coital incontinence that has undergone continence surgery. This group is compared to women without preoperative coital incontinence who have also undergone continence surgery. The aim of this study is to determine if continence surgery cures coital incontinence and improves sexual function.

Methods

This is a cross-sectional study of all women who underwent continence surgery (with or without concomitant surgery for pelvic organ prolapse) at a tertiary Urogynecology service between June/99 and December/02. All women had a diagnosis of stress urinary incontinence by objective means (cough stress test and multichannel urodynamics). A confidential questionnaire was mailed (on one occasion) between 3 months and 3 years after surgery which posed questions on whether subjects were sexually active before and after surgery, the presence of coital incontinence before and after surgery, whether coital incontinence occurred with orgasm or penetration, and the overall change in sexual function after surgery ("worse, unchanged or improved"). Subjects also completed short form versions of the Urogenital Distress Inventory (UDI-6) (4) and the Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12) (5). Primary outcomes were the proportion of women with coital incontinence who: (i) were cured of coital incontinence, and (ii) had a subjective improvement in sexual function after surgery. Secondary comparisons were between women with and without preoperative coital incontinence for: (i) proportion who had a subjective improvement in sexual function (chi-squared), and (ii) PISQ-12 scores (Student's *t*-test).

Results

Questionnaires were mailed to 238 subjects, and 80 (33.6%) were completed and returned. However, 29 subjects were not sexually active before surgery, thus leaving 51 subjects to be analysed. Of the 51 subjects analysed, 17 (33%) had preoperative coital incontinence ("Group A"), and 34 (67%) did not ("Group B").

(i) Group A: Of the 17 subjects with preoperative coital incontinence, 1 was not sexually active after surgery (for unrelated reasons), 1 reported persistent postoperative coital incontinence, and 15 did not have any further coital incontinence after surgery (15/16=94% cured of coital incontinence). Of the 16 subjects with preoperative coital incontinence who were sexually active after surgery, 7 reported improved sexual function (7/16=44%), 4 were unchanged, and 5 were worse (1 worse due to persistent coital incontinence and 4 due to dyspareunia).

(ii) Group B: Of the 34 subjects without preoperative coital incontinence, 6 were not sexually active after surgery (for unrelated reasons), 1 reported new onset postoperative coital incontinence, and 27 did not have coital incontinence after surgery. Of the 28 subjects without preoperative coital incontinence who were sexually active after surgery, 6 reported improved sexual function (6/28=21%), 19 were unchanged, and 3 were worse (1 worse due to new onset coital incontinence and 2 due to dyspareunia).

When comparing baseline characteristics between Group A and B: mean age was 50 and 60 years, respectively ($P>0.05$, Student's *t*-test); 24% versus 50%, respectively, had concomitant surgery for pelvic organ prolapse and had prolapse as the primary preoperative symptom ($P>0.05$, Chi-squared test). Although there was a trend towards a greater proportion of subjects with improved sexual function after surgery in Group A (44% versus 21%), this did

not reach statistical significance ($P>0.05$ by Chi-squared test with Yates' correction for small numbers). Group A and B did not differ significantly in postoperative PISQ-12 scores ($P>0.05$, Student's *t*-test).

Conclusions

In women with coital incontinence, the majority (94%) are cured of coital incontinence, and a large proportion (44%) reports an improvement in sexual function after continence surgery.

References

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