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EVALUATION OF FEMALE SEXUAL FUNCTION AFTER TRANSOBTURATOR TAPE TECHNIQUE FOR URINARY STRESS INCONTINENCE

Hypothesis / aims of study

Since Delorme[1] had presented the transobturator tape technique for the treatment of Urinary Stress Incontinence (USI), the acceptability for this technique increased and even many surgeons are considering it as the primary choice of treatment for USI. Sexual dysfunction after Tension-free vaginal tape was reported to occur in 14.3% [2]. Few studies addressed this issue in patients who underwent Transobturator tape especially on the long term. In this study we aim to assess the sexual function of women after transobturator tape.

Study design, materials and methods

After IRB approval, a retrospective chart review and mailed questionnaire were done for women who underwent transobturator tape for urinary stress incontinence from May 2004 to January 2006. Patients who had concurrent pelvic surgery were excluded. PISQ-12 questionnaire [3] was mailed to 50 patients, 36 patients responded (72% response rate). A modification in the last question in PISQ-12 was made to compare the postoperative intensity of orgasm with that preoperatively. Sexual outcomes were presented in tables and graphs as percentage.

Results

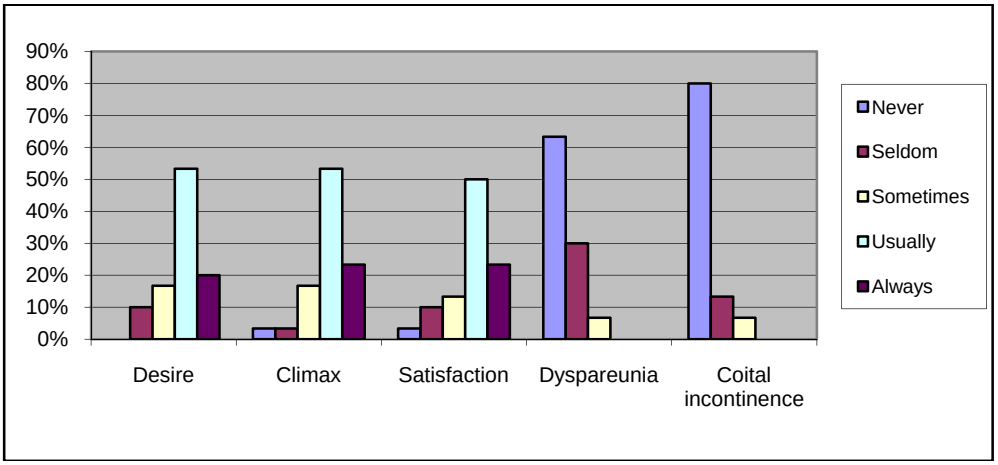
Of the 36 patients who responded; 6 patients were sexually inactive and 30 patients were sexually active. Data analysis of the 30 patients showed a mean age of 51.9 years and mean parity of 2.1. Eighteen out of 30 patients (60%) had pure urinary stress incontinence, while 12 patients (40%) had mixed urinary incontinence. Mean follow up was 20.4 months (13- 31 months). Total mean sexual function score based on PISQ-12 was 9.7. For each individual PISQ-12 question the mean ranged from 0 to 2.13 (table 1).

Table 1: shows the mean and standard deviation of PISQ-12 total and individual scores postoperatively.

PISQ-12	**Mean Score**	**SD**
Desire	1.17	0.87
Climax	1.1	0.92
Excitement	1.03	0.76
Satisfaction	1.2	1.03
Pain	0.43	0.63
Coital incontinence	0.27	0.58
Fear of incontinence	0.43	0.77
Avoidance secondary to bulge	0	0
Negative emotions	0.17	0.46
Erection problems	1	1.34
Premature ejaculation	0.77	1.28
Orgasm intensity	2.13	0.51
Total	**9.7**	**9.16**

According to the individual questions of PISQ-12, 22 patients (73.3%) usually or always felt sexual desire, 23 patients (76.6%) usually or always had climax on sexual intercourse, 22 patients (73.3%) usually or always had sexual satisfaction, 28 patients (93.3%) never or seldom had dyspareunia, and 28 patients (93.3%) never or seldom had coital incontinence (figure 1).

Figure 1: shows the percentage of patients' response to PISQ-12 questions regarding desire, climax, satisfaction, dyspareunia, and coital incontinence.



Twenty-four patients (80%) had same or more intense orgasm, while 6 patients (20%) had less intense orgasm. Four out of these 6 patients had male problem either erectile dysfunction or premature ejaculation, one patient had dyspareunia, and one patient had coital incontinence. The Two patients who had more intense orgasms were suffering from coital incontinence preoperatively which disappeared after transobturator tape procedure.

Interpretation of results

Analysis of the total mean PISQ-12 scores and individual questions revealed that the majority of the women had satisfactory sexual function scores. Most of the patient (75%) reported on a high level of sexual desire, satisfaction and achievement of climax. Only a low percentage (6.7%) suffered from dyspareunia or coital incontinence. Self-reported orgasm intensity postoperatively was found to be the same or even more than preoperatively in 80% of the patients. Those who developed less intense orgasm postoperatively were found to have male partner problems rather than tape-related problems.

Concluding message

Transobturator tape technique for the treatment of urinary stress incontinence appears to be safe and durable without considerable negative impacts on the postoperative female sexual function.

References

1. Prog Urol. 2001 Dec; 11 (6): 1306-13.
2. Urol Int. 2007;78(2):126-9.
3. International Urogynecol J 2003; 14:164-168.

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HUMAN SUBJECTS: This study was approved by the Local Institutional Review Board of the Cleveland Clinic Florida and followed the Declaration of Helsinki Informed consent was obtained from the patients.