Decreased sexual function after Sachse urethrotomy

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ABSTRACT 164

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Sachse urethrotomy is a common procedure with a low complication rate. However, a high recurrence rate of the urethral stricture is reported, which often requires Clean Intermittent Catherization (CIC). It is thought that stricture disease and even more CIC may influence sexual functioning. The aim of this study is to investigate sexual satisfaction and possible differences in patients with or without CIC after Sachse urethrotomy.

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This retrospective single-institution study in the Netherlands included all (141) men who underwent a Sachse urethrotomy from January 2010 to December 2014. All patient were assessed with the International Index of Erectile Function (IIEF) consisting of Erectile Function (EF), Orgasmic Function (OF), Sexual Desire (SD), Intercourse Satisfaction (IS) and Overall Satisfaction (OF). Scores range from 0-30 (EF), 0-10 (OF, SD, OS) and 0-15 (IS); lower scores indicate more severe dysfunction. The Male Sexual Health Questionnaire for Ejaculatory Dysfunction (MSHQ-EjD) was also assessed in which scores range from 1-20, low score indicates poor ejaculatory function. The total response rate was 36 %. Statistical analysis was performed using unpaired T-test (SPSS Statistics 22).

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	Score	CIC	No CIC	Reference values
IIEF – Erectile function	0-30	13.8 ± 7.5	11.7 ± 7.8	25.8
IIEF – Orgasmic function	0-10	3.7 ± 8.1	3.1 ± 3.6	9.8
IIEF – Sexual desire	0-10	6.8 ± 1.8	7.8 ± 2.6	7.0
IIEF – Intercourse satisfaction	0-15	3.4 ± 3.8	2.2 ± 3.2	10.6
IIEF – Overall satisfaction	0-10	6.0 ± 3.2	5.6 ± 3.2	8.6
MSHQ-EjD	1-20	8.6 ± 4.1	6.9 ± 4.3	16.8

In total, 54 patients were included with a mean age of 64 ± 15.6 years. In 59.3 % (n = 32) CIC was necessary. This is a similar rate compared to literature (65 – 40 %) (1). After a mean follow-up of 3.2 ± 1.5 years, no difference in the five IIEF domains between CIC and non CIC was reported. Erectile function 13.8 ± 7.5 versus 11.7 ± 7.8 (p = 0.388), orgasmic function 3.7 ± 8.1 versus 3.1 ± 3.6 (p = 0.593), sexual desire 6.7 ± 1.8 versus 7.8 ± 2.6 (p = 0.137), intercourse satisfaction 3.4 ± 3.8 versus 2.2 ± 3.2 (p= 0.308), and overall satisfaction 6.0 ± 3.2 versus 5.6 ± 3.2 (p = 0.738). The mean scores of MSHQ-EjD were 8.71 ± 4.1 versus 6.9 ± 4.3 (p = 0.202).

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CIC does not influence sexual function after Sachse urethrotomy. Compared to IIEF measured in control groups (in literature) (2), sexual function in our group is decreased. Only the domain sexual desire was not lowered. Differences can be due to the stricture disease and/or the Sachse urethrotomy nevertheless there can be bias as the mean age in our group was 64, compared to 55.5 in this control group. The same goes for MSHQ-EjD: outcome is 16.8, however in our group the mean age was lower with 57, and patients reported no LUTS.

In this study, clean intermittent catherization after Sachse urethrotomy was not associated with decreased sexual function, as measured with IIEF and MSHQ-EjD compared to non CIC. However compared to literature, stricture disease treatment seemed to affect sexual function negatively in almost all domains investigated.