Pelvic floor disorders (PFDs) either anatomical (pelvic organs prolapse) or functional (urinary incontinence and stool incontinence) negatively affect quality of life in the general population. In fact every second female patient in postmenopausal age suffer from urinary incontinence or pelvic organ prolapse, whereas 6% to 19% of this population may demand surgery in the future (1). The prevalence of PFD in various gynecologic cancer survivors has not been systematically studied. This study aimed to determine the prevalence of PFDs in women after various types of oncological therapy. We hypothesized that the prevalence of PFDs in the gynecological cancer survivors would be higher than in the general female population.

The study was conducted on a group of 82 patients operated due to endometrial cancer. Patients were divided into three study groups according to therapy used. The assessment was performed before and 6 months after using SF-36v2 questionnaire, a standardized and validated instrument, to measure quality of life. The Short Form 36 (SF-36) consists of 36 questions. Scales can be aggregated into two independent summary measures: physical component summary (PCS) and mental component summary (MCS). Higher scores indicate better health. Patients filled out a King's Health Questionnaire (KHQ) which is a patient self-administered report and has 3 parts consisting of 21 items. Part 1 contains general health perception (GHP) and incontinence impact (II). Part 2 contains role limitations (RL), physical limitations (PL), social limitations (SL), personal relationships (PR), emotions (E) and sleep/energy (S/E), severity measures (SM). Part 3 is considered as a single item and contains ten responses in relation to frequency, nocturia, urgency, urge, stress, intercourse incontinence, nocturnal enuresis, infections, pain, and difficulty in voiding.

Urogenital symptoms are exaggerated in patients treated due to endometrial cancer. This exaggeration is more pronounced in patients who required combined therapy.