

CAN SEX SURVIVE PELVIC FLOOR SURGERY?

Hypothesis / aims of study

Sexual dysfunction is often associated with pelvic floor dysfunction. Coital incontinence affects 2% female population and around 24-32 % of women with LUTS.(1) Unsurprisingly, 40% of incontinent women report feeling "less attractive" Urogenital prolapse also has a significant negative impact on sexual function, and in association with incontinence more likely to cause decreased libido and anorgasmia.(2,3) The effect of pelvic floor reconstructive surgery on sexual dysfunction is unclear as there is conflicting evidence in literature. Early studies showed a 30% dyspareunia rate and 30% apareunia rate following traditional levator plication. Although more recent studies suggest an improvement in sexual function, others show a 13 - 20% increase in dyspareunia following surgery.

The primary aim of this study was to determine sexual satisfaction in women undergoing pelvic floor surgery using the Golombok Rust Inventory of Sexual Satisfaction (GRISS). Our secondary aim was to compare this with achievement of patient centred sexual function goals and Quality of Life

Study design, materials and methods

This was a prospective longitudinal observational study conducted at a tertiary referral centre. Women were recruited from the waiting list for pelvic reconstructive or continence surgery. Women were asked to complete 3 validated Quality of Life questionnaires to document the impact of their urinary, prolapse or sexual dysfunction on their lives using the Kings Health Questionnaire (KHQ), Prolapse Quality of Life Questionnaire (PQoL) and GRISS. Patients listed up to 5 personal goals they hoped to achieve following surgery and documented degree of goal fulfilment at the at 6 weeks, 3 months, 6 months, 1 year and 2 years post operative review using a Visual Analogue Scale (VAS). They also completed a Patient Global Impression of Improvement (PGI-I) at each review. SPSS (V 14 Chicago Illinois) was used for statistical analysis, using Wilcoxon's signed rank test.

Results

In total, 201 women were recruited into the study. Complete data were available in 112 women at the 2 years review and these were used for analysis. 79 had pelvic reconstructive surgery, 19 had continence surgery and 12 had a combined procedure. Mean age of our patients was 64 (Range 45- 98) and mean parity was 2 (Range 0-4). 46% (52/112) were sexually active, and of these, 83.6% expressed an improvement in sexual function as a pre operative personal goal. PGI-I scores showed an improvement from the 6 week review (1.58) and this was maintained at the 2 year review (1.51) Mean sexual function goal improvement at 2 years was 50.52%. The sexual function domain scores on both KHQ and PQoL were significantly improved at the 2 year review ($p < 0.01$) (Figure 1) The individual domains on GRISS improved as well, although this only reached significance in 4 out of the 7 domains. (Figure 2)

Interpretation of results

Improved sexual function is a goal for many women undergoing pelvic floor surgery. Our results show that QoL scores (KHQ, PQoL) and sexual function scores (GRISS) are improved post operatively. However, dyspareunia may not always be improved. Overall PGI-I scores suggest that patients are satisfied with their surgical outcome.

Concluding message

Sexual dysfunction is multifactorial, and therefore remains difficult to assess. Sexually active women who undergo pelvic floor surgery for urogenital prolapse or prolapse are able to continue to enjoy active penetrative sexual intercourse at 2 years follow up. At this time, we have shown that there is an improvement in sexual function domains of KHQ and PQoL as well as all domains of GRISS. Whilst it is mandatory that women undergoing this type of surgery receive adequate and appropriate counselling, the surgery is more likely to be beneficial than deleterious to their sex lives.

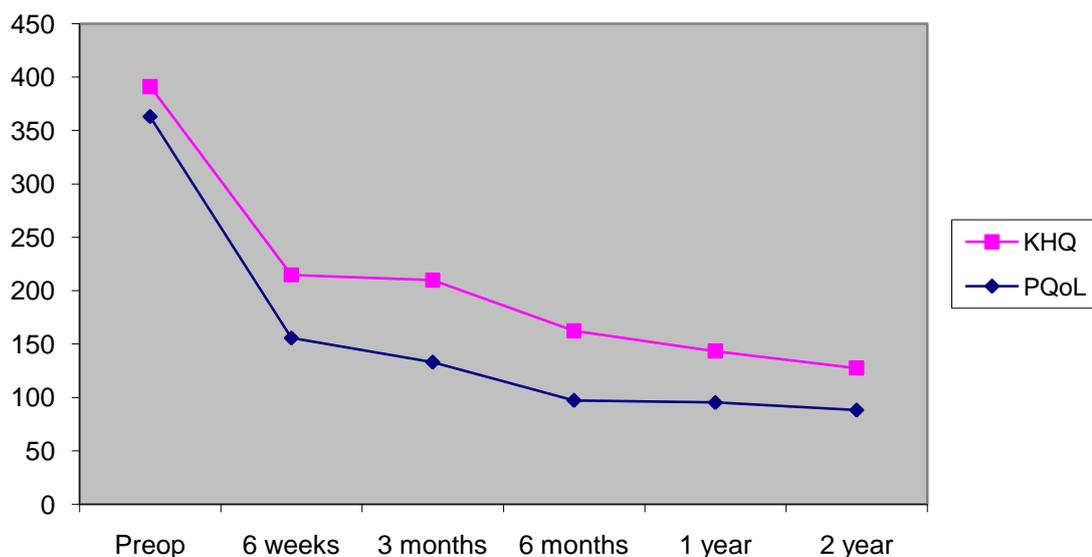


Figure 1: QoL scores

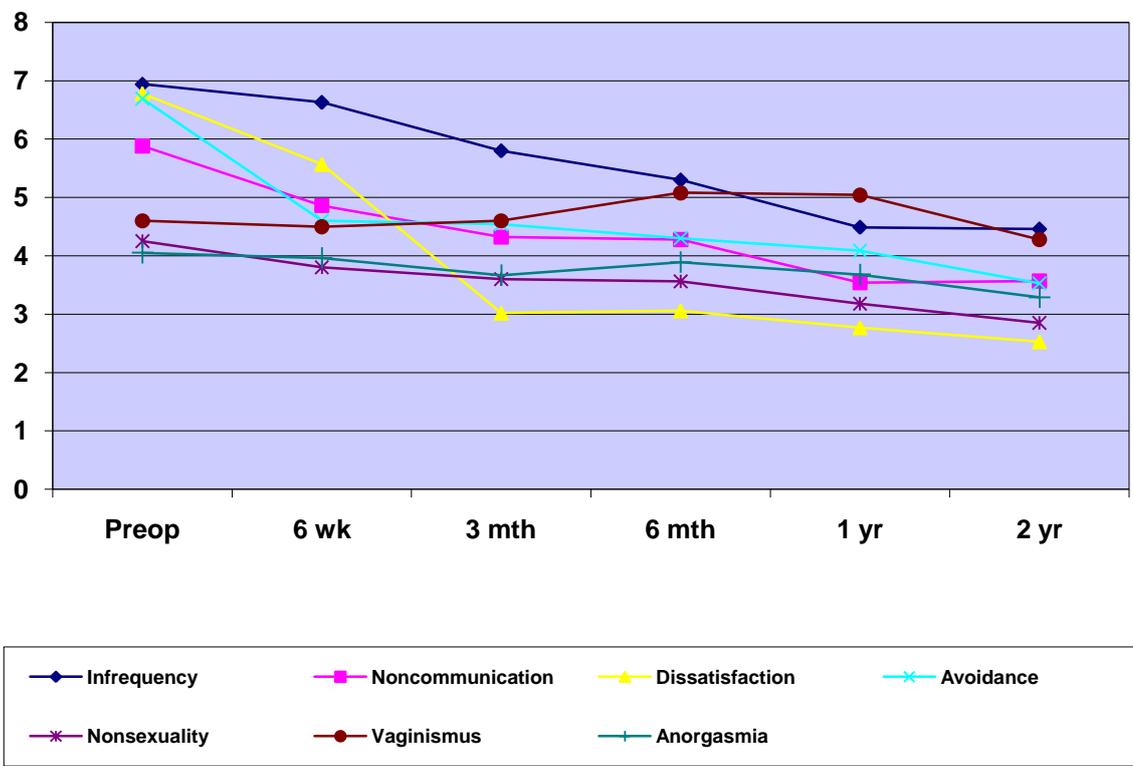


Figure 2: GRISS scores

References

1. Eur Urol. 2002 Nov;42(5):432-40
2. J Urol. 2005 May;173(5):1669-72
3. Am J Obstet Gynecol. 2006 Dec;195(6):1758-61

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| Specify source of funding or grant | No funding or grant was used for this study |
| Is this a clinical trial? | Yes |
| Is this study registered in a public clinical trials registry? | No |
| What were the subjects in the study? | HUMAN |
| Was this study approved by an ethics committee? | Yes |
| Specify Name of Ethics Committee | Kings College Hospital Ethics Committee |
| Was the Declaration of Helsinki followed? | Yes |
| Was informed consent obtained from the patients? | Yes |