

Neovagina May Not Provide Sexual Satisfaction

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NEWPORT BEACH, CALIF. — Women with vaginal agenesis who undergo laparoscopic Davydov surgery to create a neovagina may have impaired sexual function, compared with controls, a study of six such patients found.

The findings of the small study contradict results from the only previous study that also used validated self-report ques-

tionnaires to assess psychosocial and functional outcomes after laparoscopic Davydov. Dr. Kerith L. Lucco said at the annual meeting of the North American Society for Pediatric and Adolescent Gynecology.

In that previous study, scores on the Female Sexual Function Index (FSFI) did not differ significantly among 28 women who underwent vaginoplasty via laparoscopic Davydov and a control group (Hum. Reprod. 2005;20:2954-7).

In the current study, the six women re-

ported a mean score of 21 on the FSFI, significantly lower than a mean score of 30 reported for control patients in the medical literature, said Dr. Lucco of the department of pediatric and adolescent gynecology at the Hospital for Sick Children in Toronto. FSFI scores below 24 are considered to represent poor sexual function.

In comparison, a separate recent study found that vaginal dilation improved scores for sexual satisfaction and decreased scores for "sexual depression" in 8 women

with vaginal agenesis because of androgen insensitivity syndrome (AIS) but not in 18 women with vaginal agenesis because of Mayer-Rokitansky-Kuster-Hauser (MRKH) syndrome. Dr. Lucco noted (Hum. Reprod. 2007;22:2020-4).

Approximately 1 in every 4,000 female babies are born without a vagina because of MRKH and approximately 1 in 20,000 female babies lack a vagina at birth because of AIS. First-line treatment is vaginal dilation, but several surgical methods of creating a vagina have been tried, including the laparoscopic Davydov procedure, both in untreated patients and in some who have failed vaginal dilation.

Women in the current study ranged in age from 19 to 52 years. All underwent laparoscopic Davydov vaginoplasty in 2004-

2006 at one of two Toronto hospitals, and the surgeries technically went very well. Postoperatively, all were provided with either a vaginal stent or a dilator for an average of 6.5 months, said Dr. Lucco.

Two women reported that

their vaginas now were "OK/normal," two said their vaginas were smaller than average, one patient each said their vagina was short or narrow, and two described their vaginas as small. Three said they would like their vaginas to be longer.

"This requires us to reflect on the outcomes and to consider whether there is cause for revising the surgical technique, potentially by increasing the size of the stent that is placed postoperatively," Dr. Lucco said.

Women in the study scored significantly lower than controls on the FSFI, out of a total of 6 points per category in measures of arousal (mean scores of 4 vs. 5, respectively), lubrication (4.4 vs. 5.5), orgasm (3.3 vs. 5), and comfort (1.9 vs. 5.5).

The study also had women complete the Golombok Rust Inventory of Sexual Satisfaction (GRISS), another validated self-report questionnaire.

On the GRISS, some of the six women reported being uninterested in sex, more than half said they become tense and anxious when attempting intercourse, and several said that they occasionally or usually had difficulty inserting a penis into the vagina.

Some never achieved orgasm, and several said that they hardly ever or never felt sexually satisfied in their relationships with sexual partners.

One possible reason for reports of impaired sexual function in this cohort, compared with previous data, may be that the current study included responses from two women who had not had sexual intercourse in the previous 4 months, Dr. Lucco said. Of the four women who'd had intercourse, two had FSFI scores in the "good" or better range. ■

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