Prolapse Surgeries Fail to Help Sexual Function

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CHAMPIONSGATE, FLA. — Despite good surgical outcomes, women undergoing pelvic organ prolapse surgery with or without urinary incontinence repair do not report improved sexual function, primarily because of significant postoperative vaginal pain, according to a prospective study presented at the annual meeting of the Society of Gynecologic Surgeons.

A total of 49 out of 51 women completed the Female Sexual Function Index (FSFI) and other measures before and after vaginal surgery. Vaginal bulging, dryness, and low desire were the chief preoperative complaints. Although some reported dryness and low desire after surgery as well, pain emerged as a significant postoperative barrier to sexual function, Dr. Rachel N. Pauls said.

"It is important to address these issues with patients preoperatively and in the postoperative period. Our goal is not to introduce problems after surgery to correct vaginal anatomy," Dr. Pauls said at the meeting, which was jointly sponsored by the American College of Surgeons.

"Prospective studies looking at the effects of surgery on sexual function are sorely needed," study discussant Dr. Rebecca G. Rogers said. "This one features the use of a validated questionnaire and a high follow-up rate."

The FSFI addresses sexual frequency, degree of bother from sexual symptoms, and barriers to sexual activity. Participants also completed short forms of the Urogenital Distress Inventory (UDI) and the Incontinence Impact Questionnaire (IIQ).

Nearly all respondents, 48 of 49, reported they were sexually active. Mean age was 54 years and mean body mass index was 27 kg/m^2. Twenty-five women had anti-incontinence surgery at the time of their vaginal repairs.

At 6 months postoperatively, participants were mailed questionnaires and asked to describe any changes to sexual function.

Space was included for women to add comments. Ten women listed improvements and 19 listed problems, including 5 who said they had lower sexual desire. "A total of 12 reported vaginal pains, ranging from mild in 3 to severe in 9," said Dr. Pauls, a urogynecologist in the department of obstetrics, Good Samaritan Hospital, Cincinnati.

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The surgeries yielded significant improvements in prolapse stage, UDI, and IIQ scores. However, there were no differences in the FSFI domain or total scores before and after surgery, Dr. Pauls said. "A generic quality-of-life questionnaire may not be sensitive enough for assessing sexual function in women with prolapse and/or incontinence," said Dr. Rogers, director of the division of urogynecology, University of New Mexico Health Sciences Center, Albuquerque.

Despite no overall change, Dr. Rogers asked how many individual participants had improved or worsened FSFI scores. Dr. Pauls replied that 47% reported a deterioration, a mean 5.4 points difference, and 53% noted an improvement, a mean 3.7 points difference. "And those who deteriorated had a higher mean age of 56 vs. 50 years," she added.

Dr. Rogers asked if the researchers accounted for differences among the 22% who had a bilateral salpingo-oophorectomy at time of surgery. "We did not control for this factor, but the scores for women who had BSO and those who did not were not significantly different," Dr. Pauls said.

A follow-up period that may have been too short for symptom resolution is a possible limitation of the study, Dr. Pauls said. Lack of vaginal diameter measurement and omission of prolapse and bowel function questionnaires are other potential shortcomings.

A meeting attendee asked if Dr. Pauls and her associates made any clinical recommendations based on the reports of vaginal dryness or pain. She replied, "This was a postal survey, but we did follow-up with those who reported pain." ■

Reference: 1. Connor BA, Blatter MM, Beran J, Zou B, Trofa AF. Rapid and sustained immune response against hepatitis A and B achieved with combined vaccine using an accelerated administration schedule. *J Travel Med.* 2007;14:9-15.