Pouch Procedure Tied to Impaired Sexual Function

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PHILADELPHIA — Women who underwent an ileal pouch/anal anastomosis procedure for ulcerative colitis reported impaired sexual function, compared with historic, normal controls, Laura H. Goetz, M.D., said at the annual meeting of the American Society of Colon and Rectal Surgeons.

The etiology of worsened sexual function, found in a survey of 92 patients, is unclear. It might be caused by nerve damage during proctectomy, inadequate pouch function, or aging, said Dr. Goetz, a colon and rectal surgeon at the University of California, San Francisco.

A questionnaire was used to assess sexual function in women who had undergone the ileal pouch/anal anastomosis procedure. The questionnaire included the modified Female Sexual Functioning Index (FSFI), the Fecal Incontinence Severity Index, and additional questions about pouch function. The questionnaire was sent to 167 women who had surgery for ulcerative colitis during 1990-2004 at UCSF. Of those, 92 women returned completed surveys. Their mean age was 39.5 years, with a range of 19-61 years. The questions were answered a mean of 6 years after surgery, with a range of 1-14 years.

The average score on the modified FSFI was 23.9. The highest score possible on this index is 36.0, which would indicate no impairment. The previously published average score of healthy women was 30.5.

The average score of women in the current study was higher than that reported in prior studies of women with sexual arousal disorders, whose average score was 19.2. In the surveyed group, 26% of the women had scores greater than 30, and 26% had scores less than 20.

The etiology of worsened sexual function is unclear, but might be due to nerve damage during proctectomy, poor pouch function, or aging.

The FSFI score also varied by age, with women younger than age 50 having an average score of 25, and women older than age 50 having an average score of 18. When scores were compared before and after surgery, 24% of the women had their scores improve after surgery and 43% had their scores worsen; the rest had no change.

The FSFI scores of the surveyed women did not correlate with their Fecal Incontinence Severity Index scores. There was also no correlation with fecal frequency, urgency, or fear of leakage, although women who experienced actual leakage during sex did have lower sexual function scores. ■

Screen High-Risk Women For Gonorrhea

Clinicians should perform routine screening of all sexually active women at increased risk for gonorrhea, because of the high risk for pelvic inflammatory disease, ectopic pregnancy, and chronic pelvic pain associated with asymptomatic gonorrhea infection, according to the U.S. Preventive Services Task Force.

Those at risk include sexually active women under age 25 years, those with previous gonorrhea or other sexually transmitted infections, those with new or multiple sex partners, those who don't consistently use condoms, sex workers, and drug users. Pregnant women with these risk factors should be screened at the first prenatal visit, and those with ongoing or new risk factors should also be screened during the third trimester because gonorrhea increases the risk of preterm rupture of membranes, chorioamnionitis, and preterm labor (Ann. Fam. Med. 2005;3:263-7).

The task force recommended against routine screening in women and men at low risk for gonorrhea, and it found insufficient evidence to recommend for or against routine screening in men at high risk.

—Sharon Worcester