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Analysis of sexual function changes in women undergoing pelvic organ prolapse repair with abdominal or vaginal approaches

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Introduction & Objectives: We examine changes in sexual activity after abdominal and transvaginal pelvic organ prolapse (POP) repair.

Material & Methods: Women in a prospective, longitudinal prolapse database that had abdominal (AR) or transvaginal repair (TVR) of POP between 12/19/2008 and 6/4/2014 were evaluated. Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12) and Pelvic Floor Distress Inventory (PFDI-20) were collected preoperatively and at 6 months, 1, and 2 years post surgery. Pearsons Chi square, Fisher's Exact, Wilcoxon rank sum tests, and repeated measures were used.

Results obtained: 204 of 300 women met inclusion criteria: 74/204 had AR and 130/204 had TVR. 66/130 TVR and 72/74 AR patients had mesh repairs. The AR group was younger (60 vs. 64 years; $p=0.019$) had higher grade mean anterior prolapse (3.1 vs. 2.6; $p=0.006$), apical prolapse (3.1 vs. 2.1; $p<0.0001$) and uterine prolapse (3.0 vs. 2.1; $p=0.027$). Marital status, parity, menopausal status, and/or mid urethral sling placement were similar between groups. In both groups approximately 50% of patients were sexually inactive prior to surgery. The most common reason for inactivity was due to discomfort for AR and no partner for TVR. 16/38 (42.1%) of AR and 18/63 (28.6%) of TVR patients reported dyspareunia at baseline. At 6 months, 1 year, and 2 years the number of patients that were inactive due to discomfort decreased, however, the proportion of sexually inactive patients in each surgical group was not statistically different at any time point. PISQ scores improved significantly and similarly in both the AR (32 ± 5.9 to 39 ± 4.7) and TVR (32 ± 6.6 to 35 ± 5.2) groups at all time points ($p<0.0001$) except at 2 years where PISQ scores were slightly better in the AR group (39 ± 4.7 vs. 35 ± 5.2 , $p=0.03$). PFDI scores also significantly and similarly improved in both the AR (111 ± 54 to 45.4 ± 50) and TVR (120 ± 57 to 42.8 ± 47) groups over time ($p<0.0001$). The majority of women in the AR and TVR groups, were satisfied/extremely satisfied with treatment at 1 year ($31/40=77.5\%$ and $46/71=64.8\%$) and 2 years ($17/23=73.9\%$ and $25/34=73.5\%$).

Conclusions: Sexual function improved similarly in patients after abdominal and transvaginal POP surgery irrespective of the use of mesh.

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