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## The impact of comorbid chronic pain syndromes on sexual activity and dyspareunia after pelvic organ prolapse repair

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**Introduction & Objectives:** Some have suggested that women with coexisting chronic pain syndromes (CPS) have increased risk of dyspareunia after pelvic organ prolapse repair (POP) particularly with transvaginal mesh. We compared sexual activity and dyspareunia in women with and without a comorbid chronic pain syndrome after POP repair via an abdominal or transvaginal approach.

**Material & Methods:** Women enrolled in our prospective, longitudinal prolapse database that had abdominal (AR) or transvaginal (TVR) repair for POP between 12/19/2008 through 6/4/2014 were evaluated. Medical records were reviewed and sexual activity and dyspareunia were assessed with the Pelvic Organ Prolapse/Urinary Incontinence (PISQ-12) preoperatively and at 6 months, 1 and 2 years postoperatively. Data were analyzed with Pearsons Chi square, Fisher's Exact, Wilcoxon rank sum tests, and repeated mixed measure analyses.

**Results obtained:** 192/300 women met inclusion criteria: 69 had AR and 123 had TVR. 58/192 (30%) had a CPS; 4 had interstitial cystitis/bladder pain syndrome, 3 had irritable bowel syndrome, 2 had fibromyalgia, 9 had migraines, and 42 had arthritis. Preoperatively, fewer patients with CPS were sexually active (21/56 vs. 72/134;  $p=0.041$ ) but similar proportions in each group had dyspareunia. Similar proportions in the CPS vs. no CPS groups had transvaginal mesh placed (27/42 vs. 56/81;  $p=0.59$ ). There was no difference in sexual activity in the CPS vs. no CPS groups at 6 months, 1 and 2 years post-operatively. The numbers of women providing data decreased over time. Women with CPS had more dyspareunia vs. no CPS at 6 months (13/18 vs. 19/55;  $p=0.032$ ), 1 year (10/13 vs. 13/43;  $p=0.017$ ), and 2 years (7/11 vs. 3/20;  $p=0.019$ ). Only women without CPS had significant improvement in PISQ scores ( $31\pm6.6$  to  $38\pm5.4$ ,  $p<0.0001$ ).

**Conclusions:** Women with comorbid chronic pain syndromes may be at increased risk for dyspareunia after POP repair. Further studies are needed in larger cohorts of patients.

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