



ICS Annual Meeting

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Abstract Title:

Sexual Function in Women Planning Sacrocolpopexy

Abstract Text:

Hypothesis / aims of study

We hypothesize that sexual function is not (or not strongly) related to stage of pelvic organ prolapse (POP); rather, age and the presence or absence of a sexually active partner are important predictors of sexual function. The aim of this analysis is to describe sexual function in continent women with advanced pelvic organ prolapse who have a partner and who are planning sacrocolpopexy. We also sought to determine factors associated with sexual activity.

Study design, materials and methods

Stress continent women with \geq Stage II prolapse who were scheduled for sacrocolpopexy were enrolled in this IRB approved multicenter trial. POP-Q values were measured relative to the hymen with a centimeter ruler, at maximum strain, with the subject in the lithotomy position. Pelvic muscle function was quantified during voluntary muscle contraction using the Brink's scale. Trained female interviewers from a centralized telephone interviewing facility administered a quality of life protocol, including the Pelvic Organ Prolapse/Urinary Incontinence/Sexual Function Questionnaire (PISQ) 12-item short form measure of sexual function. Higher scores on PISQ-12, up to 48, reflect better sexual function. "Sexually active" was defined as engaging in sexual activity with a partner in the past 3 months.

Results

Data were obtained from 232 women most of whom were Caucasian (92%), with mean age of 62 ± 10 years and mean BMI of 27 ± 4.5 kg/m². The distribution of prolapse severity was 12% Stage II, 68% Stage III, and 20% Stage IV. Forty-one percent reported prior surgery for POP while 7.8% reported having had surgery for urinary incontinence. Analyses regarding sexual activity were completed on the 184 women (79%) who reported having a partner. Of these, 116 women (64%) engaged in sexual activity. The proportion of women who were sexually active with their respective PISQ scores are as follows:

	Stage of Prolapse			P
	II N=21	III N=131	IV N=31	
Sexually active	15 (71%)	86 (66%)	15 (48%)	0.14
PISQ	31 \pm 8	34 \pm 7	32 \pm 7	0.21

We found no significant relationships between subject's engagement in sexual activity and prolapse stage, menopausal status, current estrogen replacement therapy use, or medical comorbidities.

Approximately two-thirds of the women at each stage reported avoiding sex at times because of prolapse. Most women (81%-84%) "never" restricted their sexual activity for fear of incontinence regardless of severity of POP. Women who were younger, 59 vs. 64 years ($p < 0.0001$), more educated ($p = 0.003$), and had less anterior vaginal prolapse (Ba) ($p = 0.002$) were more likely to be sexually active. Pelvic muscle function (Brink's score > 6) was not associated with sexual activity when adjusted for age.

Interpretation of results

Half of women who select sacrocolpopexy are sexually active with a partner; their pre-operative sexual function is similar across stages of prolapse. Older women and those with more advanced anterior vaginal prolapse were less likely to engage in sexual activity. Prolapse reduction during intercourse does not appear to cause disturbing urinary incontinence in this otherwise continent cohort.

Concluding message

Although prolapse is associated with avoidance of sexual activity, sexual function scores do not decline as prolapse stage worsens.