

## Sexual Function Before and After Sacrocolpopexy for Advanced Prolapse

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Our goal was to describe sexual function before and one year after sacrocolpopexy for women enrolled in the “Colpopexy and Urinary Reduction Efforts” (CARE) trial [1].

We conducted telephone-administered questionnaires before and one-year after surgery. Sexual function was assessed using the Pelvic Floor Impact Questionnaire and the Pelvic Organ Prolapse /Urinary Incontinence/Sexual Function Questionnaire (PISQ-12). We defined “sexually active” as sexual activity with a partner in the past 3 months.

Of 322 participants, 288 completed one-year follow-up. Of these, the 224 women who had a sexual partner both before and after surgery comprise our study population.

Two-thirds (148) were sexually active before surgery. Compared to sexually inactive women, the sexually-active women were younger ( $58.0 \pm 10.2$  vs.  $63.8 \pm 7.6$  years ( $p < 0.01$ ), less likely to have stage IV prolapse (12.2% vs. 25.0%,  $p = 0.02$ ), and less likely to report that pelvic or vaginal symptoms affected sexual relations (25.7% vs. 39.5%,  $p < 0.01$ ).

The number of sexually active women rose from 148 (66.1%) before surgery to 171 (76.3%) one year after surgery ( $p < 0.01$ ). After surgery, fewer women reported sexual interference from “pelvic or vaginal symptoms” [preop 67 (32.5%), one-year 16 (7.8%);  $p < 0.01$ ] and fewer women reported that fear of incontinence restricted sexual function [preop 23 (10.7%), one-year 7 (3.3%);  $p < 0.01$ ]. There was a decrease in the number of women who avoided sex because of bulging in the vagina [pre-op 103 (47.3%), one-year 10 (4.6%);  $p < 0.01$ ] and fewer women reported intercourse limitations related to pain [pre-op 87 (39.9%), one-year 47 (21.6%);  $p < 0.01$ ]. The frequency of sexual desire did not change after surgery ( $p = 0.5$ ). Among women who were sexually active before and after surgery, mean PISQ score increased significantly ( $34.1 \pm 6.8$  to  $37.3 \pm 5.2$ ,  $p < 0.01$ ).

Forty of the 76 women who were sexually inactive before surgery avoided intercourse because of “bulging in the vagina”; of these 27 (68%) were sexually active after surgery. Only 7 of the 36 (19%) without this complaint became sexually active after surgery.

Eleven (7%) of 148 pre-operatively sexually active women became sexually inactive after surgery. These women did not differ in age or preoperative prolapse severity. Women who became sexually inactive were not more likely to report sexual limitations related to pain with intercourse, fear of incontinence, or

vaginal bulging but they were more likely to report sexual desire “seldom” or “never” (70% versus 22%,  $p < 0.01$ ).

In summary, most women in this trial were sexually active before sacrocolpopexy despite advanced POP. After sacrocolpopexy, most women reported improvements in pelvic floor symptoms that interfere with sexual function. Nearly half of sexually inactive women with partners resumed sexual activity after surgery. The relatively few women who ceased sexual activity after surgery apparently did not do so because of pelvic floor disorders or pain.

[1] Abdominal sacrocolpopexy with Burch colposuspension to reduce urinary stress incontinence. *N Engl J Med.* 2006 Apr 13;354:1557-66.