

Influence of Anterior Colporrhaphy with Colpoperineoplasty Operations for Stress Incontinence and/or Genital Descent on Sexual Life

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Abstract

The effect of anterior colporrhaphy and colpoperineoplasty operation for stress incontinence and/or genital descent on sexual life was studied in 44 women. All sexually active cases prior to the operation for stress incontinence and/or genital descent were evaluated by interview and gynaecological examination immediately before and six months after the operation. Prior to the operation, 30 out of 44 patients (68.2%), found their sexual life unsatisfactory because of various reasons like urinary incontinence, genital descent, vaginal relaxation and urinary incontinence during intercourse. Postoperatively, 20 (66%) of these 30 patients improved, 4(14%) showed no change and 6(20%) deteriorated. Twelve of 14(86%) patients who found their sexual life satisfactory before the operation described no change and 2 (14%) experienced deterioration postoperatively. Overall, 8 patients described deterioration postoperatively and all complained of dyspareunia. Colpoperineoplasty in combination with anterior colporrhaphy might cause dyspareunia in some patients. Colpoperineoplasty may increase the disturbances due to the atrophic changes related to menopause and should therefore be done selectively (JPMA 47:248,1997).

Introduction

Although there are many studies evaluating the effect of pelvic surgery on stress incontinence and genital descent there are limited reports about the effect of these operations on sexual life¹⁻⁴. Longitudinal studies indicate that the level of sexual activity is more stable over the time than previously suggested^{5,6}. There are studies about the frequency of sexual intercourse reporting an average frequency of at least once a week for 45-65 years old women^{4,7,8}. As the operations are performed at sexually active age, it is important for the surgeon to consider the patients postoperative sexual life. The purpose of this study was to evaluate the effect of anterior colporrhaphy operations with colpoperineoplasty on postoperative sexual life.

Patients and Methods

A prospective study was performed at Dr. Zekai Tahir Burak Women's Hospital between 1st January and 31st December, 1994 on patients who were sexually active and ongoing anterior colporrhaphy and colpoperineoplasty operation for stress incontinence and/or genital descent. During the study, 10 patients failed to attend the 6 month postoperative interview and gynaecological examination leaving 44 patients for evaluation. The mean age of the cases was 43.34 years (range 31-61 years). An interview about the patients urinary incontinence, genital descent and sexual life and gynaecological examination were made a day prior to the operation and six months after the operation. Non-parametric Mann-Whitney U test and level of significance was used for the statistical analysis.

Results

Patients younger than 49 years had intercourse significantly more often than the older patients ($P < 0.05$). Prior to the operation, 30 patients did not find their sexual life satisfactory (68.2%). These patients reported a diminished desire to have intercourse because of various reasons, 19 of them attributed this to genital descent, eight to vaginal relaxation, three to fear of incontinence during intercourse and 8 complained about both stress incontinence and genital descent. Postoperatively twenty of these 30 patients (66%) described an improvement in their sexual life. Improvement was attributed to correction of the vagina and relief from stress incontinence. Four patients (14%) described no change and six complained of deterioration because of dyspareunia. Twelve of the 14 patients who found their sexual life satisfactory before the operation (86%) described no change, while 2 (14%) described deterioration because of dyspareunia. Overall, 8 patients described deterioration (18%) with the main complaint being of dyspareunia. Some characteristics of preoperative sexual life and the distribution of patients in various age groups and the characteristics of their sexual life before and after the operation are shown in Tables I and II respectively.

Table I. The characteristics of patients preoperative sexual life.

	Age groups		
	30-39 years	40-49 years	>49 years
All (n=44)	13	21	10
Decreased libido	5	8	8
Genital descensus	4	9	6
Stress incontinence	4	4	4
Intervals of days between coitus	8	9	2
Intervals of weeks between coitus	5	9	3
Intervals of months between coitus	0	3	5

Table II. The distribution of patients into various age groups and the characteristics of their sexual life before and after the operation.

Age groups	Sexual life before operation		Sexual life postoperatively		
	Satisfactory	Not satisfactory	Improvement	No change	Deterioration
30-39 years	5	8	6	3	4
40-49 years	7	14	12	7	2
>49 years	2	8	2	6	2
Total	14	30	20	16	8

Discussion

In this study the main complaint after surgery was dyspareunia in 18% patients which was also present in patients who have described deterioration after the operation. Haase et al⁴ studied 55 similar cases and found dyspareunia in 5 (9%) patients. Of the total 20.8% patients underwent posterior colporrhaphy as part of the operation and concluded that colpoanteriorrhaphy should be avoided, if possible in sexually active women. They suggested a pre-operative clinical assessment and decision about procedure on unanaesthetized patients, early resumption of sexual intercourse post-operatively and regular estrogen supplementation to those who are deficient to reduce the incidence of dyspareunia. Francis and Jeffcoate³ suggested that posterior colporrhaphy when combined with anterior colporrhaphy might result in excessive narrowing of the vagina or occlusion of the introitus and cause dyspareunia. Supporting their findings, they also operated 44 women performing anterior repair without posterior repair and found a lower incidence of dyspareunia. It is important to consider the patients' future sexual life when treating stress incontinence and/or genital descent. Although there are comments that failure to perform posterior colporrhaphy after anterior colporrhaphy can accentuate weakness of the vaginal vault and posterior vaginal wall and result in rapid formation of rectocele and enterocele, colpoanteriorrhaphy must be added to procedure selectively as it may cause dyspareunia in some patients. With the increasing life expectancy, the number of sexually active women at menopause are also increasing and colpoanteriorrhaphy operations may increase the disturbances due to the atrophic changes in women who are sexually active at menopause.

References

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