

Sexual functioning after vaginal hysterectomy or transvaginal sacrospinous uterine suspension for uterine prolapse: a comparison

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摘要

Abstract

OBJECTIVE: To examine changes in sexuality after total vaginal hysterectomy (TVH) or transvaginal sacrospinous uterine suspension (SSUS) for uterine prolapse. **STUDY DESIGN:** One hundred fifty-eight women with moderate to severe uterine prolapse undergoing TVH (78) or SSUS (80) were included in a prospective study from January 2001 to June 2002. All women were <50 years old and sexually active within the last 6 months before surgical intervention. None had major medical disorders. Sexual functioning before and 6 months after surgery was examined via a face-to-face questionnaire. Sexual interest, sexual satisfaction, frequency of sexual intercourse and frequency of orgasm were measured using an analogue scale. **RESULTS:** Of women undergoing TVH, 5.1% had decreased sexual interest, and 21% had less frequent orgasms postoperatively. For women undergoing SSUS, 13% had decreased sexual interest, and 20% had less frequent orgasms postoperatively. Frequency of orgasm was the only parameter that changed significantly after surgery in the 2 groups. All women with less frequent orgasms said that they were afraid of wound disruption or disease recurrence and so refrained from vigorous or exciting sexual intercourse. About four-fifths of the women in both groups accepted or were satisfied with their sexuality after surgery. For women undergoing TVH, 2.6% had increased frequency of orgasm, and 5% had better overall sexual satisfaction postoperatively. For women undergoing SSUS, 10% had increased sexual satisfaction postoperatively. There was a 2.5% and 2.6% increase in postoperative sexual interest in the SSUS and TVH groups, respectively. The sexual functioning scores were not different before or after surgical intervention in either group. **CONCLUSION:** There is a decrease in the frequency of orgasm after both TVH and SSUS. However, there is no significant difference in postoperative sexual functioning between women with and without preservation of the uterus in correcting uterine prolapse.