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REVIEW

The effect of sleeve gastrectomy technique on women's sexual function: A prospective study

Serkan Akan^{a,*}, Fatih Uruc^b, M. Timucin Aydin^c, Ayhan Verit^b

^a University of Health Sciences, Sultan Abdulhamid Han Training and Research Hospital, Department of Urology, Istanbul, Turkey

^b Fatih Sultan Mehmet Research & Training Hospital, Department of Urology, Istanbul, Turkey

^c Fatih Sultan Mehmet Research & Training Hospital, Department of General Surgery, Istanbul, Turkey

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KEYWORDS

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Quality of life;
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Abstract

Introduction: Obesity may lead to a serious deterioration in general quality of daily life and sexual functionality. Bariatric surgery is the most effective treatment method for obesity and related morbidities so far and it is better than some medical treatment modalities. In this study, we aimed to investigate the effects of bariatric surgery and especially sleeve gastrectomy, which has been currently performed in increasing numbers on female sexual functions and quality of life.

Materials and methods: A total of 53 patients were included to the current study. The participants were selected from eligible individuals who have undergone laparoscopic sleeve gastrectomy operation in our center between April 2014 and March 2015 dates. Age, body weights and body mass indexes (BMIs) of the patients were pre-operatively recorded. The patients have completed the Female Sexual Function Index (FSFI), Beck Depression Scale and SF-36 (Short form-36) forms before and after the surgery. Additionally, post-operative decrease in body weights and mean BMI were recorded.

Results: Following bariatric surgery, sexual functions of the female patients improved and total FSFI scores increased. When FSFI scores were analyzed, it was observed that sexual desire, sexual arousal, lubrication, orgasm and sexual satisfaction increased, while the pain parameter has not changed.

Conclusion: Recent literature reveals that unfavorable effects of increasingly prevalent obesity on sexual functions cannot be denied. We think that sleeve gastrectomy can obtain considerable weight loss, improvement in self-esteem, decrease in anxiety, amelioration in sexual functions and general quality of life.

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* Corresponding author.

E-mail address: drserkanakan@hotmail.com (S. Akan).

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PALABRAS CLAVE

Obesidad;
Calidad de vida;
Función sexual;
Manga gástrica

Efecto de la técnica de la gastrectomía vertical en la función sexual de la mujer: un estudio prospectivo

Resumen

Introducción: La obesidad reduce la calidad de vida en general y también la vida sexual. La cirugía bariátrica es uno de los métodos de tratamiento más efectivos contra la obesidad y sus comorbilidades. En este estudio nos propusimos analizar los efectos en funciones sexuales de mujeres y en su calidad de vida de la cirugía bariátrica, en concreto de la gastrectomía vertical, cuya implantación se está extendiendo en la actualidad, a través de las pruebas actuales comunes.

Materiales y métodos: En nuestro estudio se incluyó a un total de 53 pacientes seleccionadas entre las pacientes aptas a las cuales se les había implantado una manga gástrica por laparoscopia en nuestro centro entre abril de 2014 y marzo de 2015. Previamente se registró la información correspondiente a su edad, peso corporal e índice de masa corporal (IMC). Las pacientes completaron el Índice de la Función Sexual Femenina (FSFI), la Escala de Depresión de Beck y el Cuestionario de Salud SF-36 antes y después de la operación, y sus puntuaciones fueron registradas. Asimismo, se registraron las disminuciones de peso corporal postoperatorias y los IMC de las pacientes.

Resultados: Tras la cirugía bariátrica, las funciones sexuales de las pacientes mejoraron y se registró un aumento de los valores del FSFI. Cuando se analizaron individualmente los parámetros incluidos en los valores del sistema del FSFI se observaron mejoras en el deseo sexual, en la excitación sexual, en la lubricación, en el orgasmo y en la satisfacción, mientras que el parámetro del dolor no sufrió ningún cambio.

Conclusión: La bibliografía reciente revela que los efectos desfavorables de la cada vez más frecuente y extendida obesidad sobre las funciones sexuales no pueden negarse. Creemos que la cirugía bariátrica, como la colocación de mangas gástricas, genera una pérdida de peso considerable. Además, las mujeres se encuentran más atractivas a sí mismas, su autoestima crece y sus preocupaciones (ansiedad) mejoran con la consiguiente mejoría en sus funciones sexuales y en su calidad de vida.

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Introduction

Obesity is one of the most important health problems with respect to its related comorbidities. From the year 1980 up to now, the number of obese individuals has increased nearly two-fold. Based on 2008 annual data of The World Health Organization, there are approximately 1.6 million overweighted adults worldwide. This figure also includes 300 million obese female individuals.^{1,2} Sixty-seven percent of the total population of The United States of America (USA) are either overweighted or obese, while the incidence of obesity raises up to 40–50 percent in many European countries.³ According to the 2011 data, more than 40 million children smaller than 5 years of age are overweighted globally.^{1,2}

Although it is possible to lose weight using non-surgical methods, 66% of the individuals regain their lost weights within a time period of 24 months. Since comorbidities associated with obesity mostly result in premature deaths and cause epidemics, surgery has become the first choice in the treatment of morbid obesity.⁴ Bariatric surgery is the only treatment modality which leads to nearly 15% weight loss in long term.⁵ Bariatric surgery is applied to more than 220,000 new cases in United States every year.⁶ When mortality, morbidity, cost-effectiveness, patient's

satisfaction and weight loss rates are taken into consideration, laparoscopic sleeve gastrectomy (LSG) is one of the most frequently preferred surgical procedures.⁷ The other most preferred methods after LSG are as follows: Laparoscopic Roux-en-Y, Gastric Bypass (LRYGB), Laparoscopic Adjustable Gastric Band (LAGB) and Biliopancreatic Diversion with Duodenal Switch (BPDS).

Comorbidities as type 2 DM, hypertension (HT), heart diseases, hyperlipidemia and obstructive sleep apnea can accompany with obesity.⁸ Though sexual dysfunction (SD) has been initially defined as a psychological disorder, currently it is accepted that SD is a multifactorial disease with neurobiological, hormonal and psychosocial aspects.⁹ Obesity decreases general quality of life (QoL) and sexual functionality.¹⁰ Bariatric surgery is the most effective treatment modality for obesity and its related comorbidities and this method is superior to many other medical treatment alternatives.¹¹ However, there is lack of information about the post-operative effects of bariatric surgery and especially LSG on general quality of sexual life. Although LSG has been firstly described to be performed as a restrictive component of duodenal switch operation, it was introduced into surgical practice as a risk-decreasing method in high-risk patients who cannot compensate prolonged procedures.¹²

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