Sexual Functioning in Women after Surgical Treatment for Endometrial Cancer: A Prospective Controlled Study

Leen Aerts, MD, PhD,* Paul Enzlin, PhD,†‡ Johan Verhaeghe, MD, PhD,* Willy Poppe, MD, PhD,* Ignace Vergote, MD, PhD,* and Frédéric Amant, MD, PhD*

*Department of Obstetrics and Gynaecology, University Hospitals Leuven, Leuven, Belgium; †KU Leuven, Centre for Couple, Family and Sex Therapy, University Psychiatric Centre, Leuven, Belgium; ‡KU Leuven, Department of Development and Regeneration, Institute for Family and Sexuality Studies, Leuven, Belgium

DOI: 10.1111/jsm.12764

ABSTRACT

Introduction. Endometrial cancer (EC) can affect sexual functioning based on anatomical, physiological, psychological, and relational mechanisms.

Aim. The aim of this study was to prospectively investigate sexual adjustment of women with EC during a follow-up period of 2 years after surgical treatment and to compare the results with women who underwent a hysterectomy for a benign gynecological condition and healthy control women.

Methods/Main Outcome Measures. In this prospective controlled study, participants completed the Short Sexual Functioning Scale, Specific Sexual Problems Questionnaire, Beck Depression Inventory Scale, World Health Organization-5 Well-being Scale, and Dyadic Adjustment Scale to assess various aspects of sexual and psychosocial functioning before undergoing a hysterectomy and 6 months, 1 year, and 2 years after surgery.

Results. Eighty-four women with EC, 84 women with a benign gynecological condition, and 84 healthy controls completed the survey. In EC survivors, no differences were found in sexual functioning during prospective analyses. In comparison with women with a benign gynecological condition, significantly more EC patients reported entry dyspareunia 1 year after surgical treatment. Moreover, compared with healthy women, pre- and postoperatively, significantly more EC patients reported sexual dysfunctions, including sexual desire dysfunction, arousal dysfunction, entry dyspareunia, and a reduced intensity of orgasm. Furthermore, compared with healthy controls, EC patients reported significantly lower overall well-being 1 year after surgical treatment. Nevertheless, consensus in the partner relationship was significantly higher in EC patients compared with healthy controls. Moreover, before treatment, quality of partner relationship was negatively associated with sexual arousal dysfunction and orgasm dysfunction.

Conclusions. In EC patients, no differences were found in sexual functioning when prospectively comparing the situation before surgery with the situation after surgery. However, when compared with healthy controls, EC patients are at high risk for sexual dysfunctions, both before and after surgical treatment. **Aerts L, Enzlin P, Verhaeghe J, Poppe W, Vergote I, and Amant F. Sexual functioning in women after surgical treatment for endometrial cancer: A prospective controlled study. J Sex Med 2015;12:198–209.**

Key Words. Endometrial Cancer; Hysterectomy; Cancer Survivors; Sexual Function; Quality of Life

Introduction

Uterine cancer is, in Western countries, the fourth most common cancer in women and the most prevalent female genital tract malignancy among postmenopausal women [1]. Most patients with endometrial cancer (EC) are diagnosed at an early stage and receive standard treatment consisting of simple hysterectomy and bilateral salpingo-oophorectomy with or without pelvic lymph node

© 2014 International Society for Sexual Medicine

dissection (PLND). Adjuvant radiation therapy or chemotherapy can be recommended in more advanced disease [2,3]. Despite EC being the leading gynecologic malignancy with long-term survivors, there remains scant methodologically sound research exploring the effect of EC and its surgical treatment on sexual well-being. Previous research has reported serious disruptions to women's sexual functioning after treatment for EC [4–7]. However, most studies relied on a retrospective or cross-sectional design and controls were seldom included (Table 1). A recent prospective study suggested no significant difference in sexual function during a period of a 6-month follow-up after treatment for EC or cervical cancer [10]. Moreover, the authors showed that the cancer group fared as well as the benign and preinvasive cancer groups in terms of sexual adjustment. However, interpretation of these results should be done with caution as the study group was heterogeneous in terms of treatment modality. Furthermore, no baseline assessment of pretreatment sexual function was performed that hinders a correct interpretation of the impact of the treatment on postoperative sexual function. Indeed, Andersen et al. showed that approximately 75% of the women with EC already experienced sexual dysfunctions during the period previous to the cancer diagnosis [7]. Hitherto, only one prospective study evaluated sexual functioning in EC patients after surgical treatment with no adjuvant therapy [4]. Carter et al. showed that sexual functioning declined after surgery but recovered to presurgery levels at 6 months of follow-up. The authors presumed that the improvement in sexual functioning over the recovery process could reflect adjustment to the cancer experience and the establishment of a "new norm" [4]. Prospective research on long-term sexual adjustment after surgical treatment for EC patients is currently still lacking.

Aims

The primary aims of the current study were: (i) to prospectively investigate the prevalence of sexual dysfunctions in women during 2 years after surgery for EC; (ii) to compare sexual functioning in women with EC with women with a benign gynecological condition (BG); and (iii) to compare sexual functioning in women with EC with a control group of healthy women (HG). Furthermore, as it has been suggested that psychological and interpersonal factors may influence sexual functioning in cancer survivors [5,8,20,21] the secondary aim of the current study was to prospectively examine psychological and relational functioning in surgically treated sexually active and sexually inactive EC patients during 2 years of follow-up and to compare the results with the data of the BG group and the HG group. Based on the outcome of previous research on sexuality in gynecological cancer survivors, we hypothesized that women with EC would experience a decline in sexual functioning after surgical treatment. Furthermore, we hypothesized that due to the perception of cancer as a life-threatening condition and due to the extensive surgical procedure EC patients undergo sexual functioning would be more impaired in EC patients when compared with women with a benign gynecological condition and compared with healthy women.

Methods

Procedure

All newly diagnosed patients with stage Ia-Ib EC, scheduled for surgical treatment in a tertiary university hospital, were invited to participate in the study. By selecting our patient group based on cancer disease stage, we reduced the chance that women would need adjuvant therapy. Patients who were homosexual, had a relapse, or a history of another type of cancer were excluded. Furthermore, when women were diagnosed with a recurrence of the disease or with a second cancer during follow-up, they were also excluded from the study. Two control groups were recruited. The first control group consisted of women who underwent a hysterectomy for a benign gynecological condition at the university hospital. The second control group consisted of healthy women who were recruited in a gynecology outpatient clinic, in organizations for elderly women, and by using an online survey. Healthy controls who were homosexual or had a history of hysterectomy or cancer were excluded. After eligible participants for the EC group and the BG group were identified, the study material was sent to their home address accompanied with a prepaid return envelope before the surgical treatment. The material sent included an informed consent document and the questionnaires to be completed. The questionnaires addressed the following issues: sexual functioning, depression, overall well-being, and quality of the partner relationship. The EC group and the BG group were invited to complete the same questionnaires at 6 months, 1 year, and 2 years after surgery. Healthy control women completed the

Download English Version:

https://daneshyari.com/en/article/4269562

Download Persian Version:

https://daneshyari.com/article/4269562

Daneshyari.com