ORIGINAL RESEARCH—WOMEN'S SEXUAL HEALTH

Pelvic Floor Dysfunction: Women's Sexual Concerns Unraveled

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DOI: 10.1111/jsm.12070

ABSTRACT

Introduction. Sexual function of women suffering from pelvic organ prolapse (POP) and/or urinary incontinence (UI) is adversely affected. However, our current understanding of the exact relationship between female sexual dysfunction and POP and/or UI is incomplete. A qualitative study can improve our understanding by describing what women themselves perceive as the real problem.
Aim. To gain a more in-depth understanding of the impact of POP and/or UI on the different categories of female sexual dysfunction by way of a qualitative study.
Methods. Qualitative semistructured interviews were conducted in 37 women scheduled for pelvic floor surgery, and one was excluded from analysis due to incomplete recordings.
Main Outcome Measures. The impact of POP and/or UI on female sexual function.
Results. Only 17% of women were completely positive about their sex life. Both POP and UI had a negative effect on body image. Women with POP had a negative image of their vagina, which caused them to be insecure about their partner's sexual experience, while women with UI were embarrassed about their incontinence and pad use, and feared smelling of urine. Worries about the presence of POP during sexual activity, discomfort from POP, and reduced genital sensations were the most important reasons for decreased desire, arousal, and difficulty reaching an orgasm in women with POP. Fear of incontinence during intercourse affected desire, arousal, and orgasm and could be a cause for dyspareunia in women with UI. Desire was divided into two main elements: "drive" and "motivation." Although "drive," i.e., spontaneous sexual interest, was not commonly affected by POP and/or UI, a decrease in "motivation" or the willingness to engage in sexual activity was the most common sexual dysfunction mentioned.
Conclusions. Body image plays a key role in the sexual functioning of women with POP and/or UI with the biggest impact on women's "motivation." **Roos A-M, Thakar R, Sultan AH, Burger CW, and Paulus ATG. Pelvic floor dysfunction: Women's sexual concerns unraveled. J Sex Med 2014;11:743–752.**

Key Words. Female Sexual Dysfunction; Pelvic Floor Dysfunction; Qualitative Analysis; Pelvic Organ Prolapse; Urinary Incontinence

Introduction

Sexual function is commonly affected in women suffering from pelvic floor dysfunction (PFD), including pelvic organ prolapse (POP) and urinary incontinence (UI). Prevalence estimates have shown that up to 64% of sexually active women attending an urogynecology clinic suffer from sexual dysfunction [1]. Despite this, worldwide many health-care professionals who treat women with PFD feel inadequately trained to approach the subject of sexual function: they do not know what/how to ask or are unsure about therapeutic options [2–5]. Without health-care professionals understanding patients' concerns, distressing sexual problems could go unnoticed as many women hesitate to present these symptoms to their doctors themselves [6].

Research on the impact of POP and/or UI on women's sexual function has increased over the last

decade. In women suffering from UI, an unsatisfying sex life can be a result of the fear of leakage during intercourse, worries regarding body odor, or embarrassment due to the need for pads [7]. Mechanical obstruction and vaginal laxity may be the reason for reduced sexual satisfaction in women with POP [8]. However, recent work has suggested that the impact of POP goes beyond a local effect and sexual dysfunction may be more related to a decrease in women's self-perceived body image [9].

Female sexual dysfunction (FSD) as a diagnostic term incorporates four categories: sexual desire, sexual arousal, orgasm, and sexual pain [10]. Results on how POP and/or UI affect the different FSD categories are inconsistent. For example, Handa et al. [11] showed that POP and/or UI were associated with decreased arousal, infrequent orgasm, and increased dyspareunia. However, Rogers et al. [12] showed that, although the overall score of sexual function, as measured by the Pelvic Organ Prolapse-Urinary Incontinence Sexual Function Questionnaire (PISQ) [13], was lower in women with POP and/or UI, no differences were noted in arousal and orgasm.

These conflicting results may be a reflection of differences in the population's characteristics, differences in the assessment of POP and/or UI, or differences in the assessment of sexual function. To date, assessment of sexual function has been primarily quantitative using either general or condition-specific sexual function questionnaires. General sexual function questionnaires are not specifically designed to assess changes in sexual health specifically caused by POP and/or UI and may therefore not be sensitive enough to detect a meaningful change in sexual function in women with these disorders [14]. Currently, there is only one validated condition-specific sexual function questionnaire for women suffering from POP and/or UI: the PISQ [13]. However, a condition-specific questionnaire is best used for comparison within groups of women suffering from POP and/or UI and is less useful in comparing sexual function between women with and without these conditions [15]. Furthermore, the PISQ does not calculate domain scores according to the FSD categories, which makes it difficult to diagnose FSD using it.

A qualitative study can complement the prevailing empirical approach by providing meaning and context to the quantitative results published so far. Qualitative research is increasingly being accepted as a valuable method of research in the field of urogynecology [16]. Qualitative studies have been conducted to gain understanding of the impact of overactive bladder on women's sexual health [17] and to describe perceptions of prolapse-specific body image [18]. However, to date, no qualitative studies have been conducted that specifically aimed to understand the impact of POP and/or UI on female sexual function.

Aims

The aim of our study was to gain a more in-depth understanding of the impact of POP and/or UI on the different categories of FSD by way of a qualitative study. These data can be used to increase understanding and awareness among health-care professionals involved in the care of women suffering from POP and/or UI and to improve the evaluation after treatment. Furthermore, this information can be used to suggest changes in current assessment tools in sexual function for women with POP and/or UI.

Methods

Women with POP and/or UI, scheduled to undergo corrective surgery, were recruited in two urogynecology outpatient clinics at a large university hospital (Croydon University Hospital, UK), led by two consultant urogynecologists (R.T./A.H.S.). Inclusion criteria included the following: age above 18 years and a good comprehension of verbal and written English. We selected partnered women who were sexually active, and women with terminal illness or malignancy were excluded. The women were selected when considered to be "good" informants, i.e., articulate, reflective, and likely to share as much information as possible with the interviewer [19]. Inclusion was over a period of 17 months, from April 2008 until August 2009. As the analysis described in this article was part of a larger study that aimed to study the impact of pelvic floor surgery on women's sexual function, recruitment of participants finished when the cohort of women had reached maximum variation with regards to types of surgery and combinations of procedures that would be performed. Ethical approval was granted by the Outer South East London Research Ethics Committee (Lewisham Local Research Ethics Committee) (07/Q0701/2), and all participants signed informed consent before entering into the study.

Consented participants underwent semistructured face-to-face interviews regarding their sexual function in relation to their POP and/or UI symptoms. We made use of face-to-face interviews