
ORIGINAL RESEARCH—OUTCOMES ASSESSMENT

Self-Assessment of Genital Anatomy and Sexual Function within a Belgian, Dutch-Speaking Female Population: A Validation Study

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ABSTRACT

Introduction. Data on self-perceived genital anatomy and sensitivity should be part of the long-term follow-up of genitoplasty procedures. However, no normative data, based on a large sample, exist to date.

Aims. Validation of the Self-Assessment of Genital Anatomy and Sexual Function, Female version (SAGAS-F) questionnaire within a Belgian, Dutch-speaking female population.

Methods. Seven hundred forty-nine women with no history of genital surgery (aged 18–69 years, median 25 years) completed an Internet-based survey of whom 21 women underwent a gynecological examination as to correlate self-reported genital sensitivity assessed in an experimental setting.

Main Outcome Measures. The SAGAS-F enables women to rate the sexual pleasure, discomfort, intensity of orgasm, and effort required for achieving orgasm in specified areas around the clitoris and within the vagina, as well as genital appearance. The latter was similarly evaluated by an experienced gynecologist, and women were asked to functionally rate the anatomical areas pointed out with a vaginal swab.

Results. Sexual pleasure and orgasm were strongest, and effort to attain orgasm and discomfort was lowest when stimulating the clitoris and sides of the clitoris ($P < 0.05$). Vaginal sensitivity increased with increasing vaginal depth, but overall orgasmic sensitivity was lower as compared with the clitoris. Functional scores on the SAGAS-F and during gynecological examination corresponded highly on most anatomical areas ($P < 0.05$). Gynecologist's ratings corresponded highly with the women's ratings for vaginal size (90%) but not for clitoral size (48%).

Conclusions. Replication of the original pilot study results support the validity of the questionnaire. The SAGAS-F discriminates reasonably well between various genital areas in terms of erotic sensitivity. The clitoris itself appeared to be the most sensitive, consistent with maximum nerve density in this area. Surgery to the clitoris could disrupt neurological pathways and compromise erotic sensation and pleasure. **Bronselaer G, Callens N, De Sutter P, De Cuypere G, T'Sjoen G, Cools M, and Hoebeke P. Self-assessment of genital anatomy and sexual function in women (SAGAS-F): Validation within a Belgian, Dutch-speaking population. J Sex Med 2013;10:3006–3018.**

Key Words. Self-Assessment; Genital Anatomy; Genital Sensitivity; Sexual Function

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Introduction

There is a consensus between multidisciplinary teams treating disorders of sex development (DSD) that surgical genitoplasty procedures in females should be minimized and performed if possible according to the patients' needs and with the patients' consent, mainly in puberty and adulthood. Additionally, previous studies have shown that up to 80% required further procedures to permit sexual function [1,2]. The long-term outcome of (childhood) genital surgery on sexual function in adulthood has been recently investigated extensively, with both positive and negative psychosocial and psychosexual outcomes [3–11]. However, only few reports considered systematic assessment of genital sensitivity and sexual function, whereas the latter, and particularly the experience of orgasm, appears to be closely related to sensitivity [12–14]. Genital surgery risks disruption of nerves and blood vessels, which may impair sensation to the genital area and affect future capacity for sexual pleasure [15,16]. On the other hand, it was argued that subjects may have normal objective-evoked responses or thermal/vibratory genital sensation in a laboratory setting, yet have little or no perceived sensation to sexual stimulation or capacity for orgasm in a real-life situation [17]. Moreover, although the provider (surgeon) may be pleased with the clinical outcome (such as cosmesis, structural and anatomical integrity, or coital capacity of the vagina), equal priority should be given to erotic sensitivity and orgasmic capacity, as judged by the patient. Discrepancies between physiological and subjective erotic responses are well documented in women [18]. Therefore, assessment of self-reported genital sensation and comparison between patients with and without a history of genital surgery is highly needed, but no normative data, based on a large sample, exist to date.

Aims

Tools are needed to systematically assess the effects of surgical genital modification on sexual sensitivity and orgasmic capacity, as reported by the patient, and to assess sensitivity of the human genitalia for relevant sexual stimulation in contrast to vibratory and hot/cold sensory input. The Self-Assessment of Genital Anatomy and Sexual Function, Female version (SAGAS-F) was originally designed to obtain a woman's perception of what her genitals look like and to map her experience of cutaneous sensitivity, sexual pleasure, discomfort/

pain, and orgasm across specific areas of her genital region [19]. The primary objective of the present study is to validate this questionnaire in a sample of Belgian, Dutch-speaking women and specifically to investigate whether a large population of women without genital surgeries can discriminate between various genital areas in terms of erotic function.

Methods

Participants and Procedure

Respondents were recruited by means of leaflets that were randomly distributed at railway stations in Flanders to ensure participation of native Dutch speakers between January 2010 and May 2012. The leaflet explained that Ghent University was conducting a study on women's sexuality and provided a URL for more information about the study. Each woman was invited to fill out an Internet-based questionnaire and was instructed in a cover sheet that by completing the questionnaire, she gave informed consent. Participants' privacy and confidentiality were protected by the use of a secured, anonymous database. We ensured that each response represented a unique individual participant. To be included in this study, the women needed to be older than 18 years of age and sexually active in the last year. Quality control was assured by repetitive questions. Women with gross inconsistencies on these check questions were excluded from analysis. For the gynecological examination, women were recruited through the same information leaflet between December 2012 and April 2013 but were also asked to leave contact information. Two weeks after filling out the questionnaires, these women were invited to the University Hospital Ghent for the gynecological examination. Ethics approval was granted by the joint university and hospital ethics committee (EC2009/629).

Measures

Biographic Questionnaire

Relevant medical and demographic data were obtained. Additionally, the gender of their sexual partner(s) was assessed in a closed format ("my sexual partner[s] is [are] male, female, or both male and female").

Assessment of Genital Anatomy and Sensitivity

The original version of the SAGAS-F [12] was translated into Dutch by two independent persons.

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