What is the Impact on Sexual Function of Laparoscopic Treatment and Subsequent Combined Oral Contraceptive Therapy in Women with Deep Infiltrating Endometriosis?

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ABSTRACT

Introduction. Deep infiltrating endometriosis (DIE) is a form of endometriosis in which the lesion penetrates for more than 5 mm under the peritoneal surface. It is a chronic disease which can impair women's sexual function. There is a growing body of evidence supporting combined surgical/medical treatment in the management of DIE.
Aims. The aims of this article are to evaluate the impact of the laparoscopic full excision of endometriosis and postoperative combined oral contraceptives (COC) administration on sexual function in patients with DIE and to compare sexual function outcomes of women submitted to intestinal resection and nodule excision.
Methods. It is a prospective cohort study in a tertiary care university hospital on 106 sexually active women, with histologically confirmed DIE, managed by laparoscopy and subsequent COC therapy for 6 months. Patients filled preoperatively and 6-month postoperatively a quality of sexual life questionnaire, the Sexual Health Outcomes in Women Questionnaire (SHOW-Q) and they ranked their symptom intensity using a 10-point visual analogue scale (VAS).
Main Outcome Measures. Sexual function was measured through the SHOW-Q scores and pain symptoms through VAS scores. Intraoperative details, type of intervention and perioperative complications were noted.
Results. Six months after surgery and postoperative COC treatment, a significant improvement was observed in the SHOW-Q domains of pelvic problem interference, sexual satisfaction and desire ($P < 0.05$). Laparoscopic management of DIE did not change significantly the orgasm area of the sexual functioning ($P = 0.7$). No significant difference was found in SHOW-Q scores between patients submitted to intestinal resection and patients submitted to intestinal nodule excision ($P > 0.05$).
Conclusions. Sexual desire, satisfaction with sex and pelvic problem interference with intercourse are significantly improved after 6 months from laparoscopic excision of DIE combined with postoperative COC therapy. No difference in sexual outcomes was detected between patients submitted to intestinal resection and nodule excision. **Mabrouk M, Montanari G, Di Donato N, Del Forno S, Frascà C, Geraci E, Ferrini G, Vicenzi C, Raimondo D, Villa G, Zukerman Z, Alvisi S, and Seracchioli R. What is the impact on sexual function of laparoscopic treatment and subsequent combined oral contraceptive therapy in women with deep infiltrating endometriosis? J Sex Med 2012;9:770–778.**

Key Words. Sexual Function; Laparoscopy; Combined Oral Contraceptives; Deep Infiltrating Endometriosis; SHOW-Q; Chronic Pelvic Pain

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Introduction

Endometriosis is a chronic condition in which endometrial glands and stroma are present outside the uterus, which induces an inflammatory reaction and typical symptoms of pain [1]. Deep infiltrating endometriosis (DIE) is defined as a form of endometriosis that penetrates for more than 5 mm under the peritoneal surface [1].

Sexual function seems to be severely impaired among women with endometriosis suffering deep dyspareunia [2,3]. Recent studies indicated that women with endometriosis have less sexual and partnership satisfaction than healthy women [3–7]. Patients with posterior DIE particularly when involving utero-sacral ligaments, refer to feel less relaxed and fulfilled after sex [3,7]. Many factors may contribute to alter sexual function in women with DIE: pain, tissue fibrosis, the chronic inflammatory status, and the presence of neuroactive agents [8,9]. These pathological conditions lead to deep dyspareunia and chronic pelvic pain, which can severely impair sexual life [10].

Surgical treatment consists in the complete excision of all macroscopic endometriotic lesions. Postoperative medical treatment reduces the risk of recurrence inducing the atrophy of the eutopic and ectopic endometrium. Combination of surgery, followed by medical treatment of DIE, was proven to improve symptoms and quality of life [11–13]. However, only few studies focused on sexual function outcomes. In spite of its importance, sexual function is an issue that is not adequately discussed probably due to the complexity of its assessment and its evaluation [14,15]. This issue seems to be very important, firstly, because women with DIE have an impaired sexual function, and secondly, because laparoscopic management of DIE is a complex surgical procedure, which may be complicated by neurogenic impairment of urinary, intestinal, and sexual function [16–18], especially in cases where nerve-sparing surgery is not feasible [17].

Regarding postoperative medical treatment, recently there is an increasing consensus among experts in endometriosis that hormonal therapies should be systematically proposed to women who do not intend to conceive, due to the potential risk of recurrence [18]. In this context, combined oral contraceptives (COC) represent a good option in terms of safety and tolerability. In addition, the impact of the combined surgical and medical therapy for the treatment of endometriosis has been extensively evaluated in terms of symptom recurrence or anatomical relapse but poorly analyzed from the point of view of sexuality.

One of the few published studies regarding the quality of sex life after medical or surgical treatment of endometriosis demonstrated that laparoscopic excision followed by gonadotropin-releasing hormone (GnRH) analogue improved several aspects of sex life [6]. However, this study used a GnRH analogue as a postoperative medical treatment, whereas today the use of COC adjuvant prophylactic therapy in clinical practice is considerably wide [19].

In the present study, we hypothesized that surgery followed by COC therapy might have an impact on sexual functions of women with DIE. Moreover, we sought to compare, in terms of sexual function outcomes, patients submitted to segmental intestinal resection and nodule excision in cases of posterior DIE with rectal involvement.

Aims

In this prospective study, we sought to objectively evaluate the impact of laparoscopic excision of endometriosis and postoperative COC treatment on sexual function in women with DIE.

Methods

Full ethical approval was obtained from the local ethics committee for the study protocol (155/2008U/Oss).

From April 2008 to April 2010, in the Minimally Invasive Gynaecological Surgery Unit of the Department of Gynecology, S. Orsola-Malpighi Hospital, University of Bologna, a consecutive series of 106 patients, aged 20–40 years, with diagnosis of DIE agreed to take part in the study protocol. We included in this study sexually active women (having had sexual intercourse in the past 12 months and at least one intercourse in the past 3 months).

Exclusion criteria were as follows: major medical conditions, psychiatric disorders (classified by the revised Diagnostic and Statistical Manual of Mental Disorders), current or past (within 6 months from study enrollment) use of drugs affecting cognition, vigilance and/or mood, pelvic inflammatory disease, interstitial cystitis, contraindications to hormonal therapy or desire to conceive.

All women underwent gynecological examination, pelvic transvaginal and abdominal ultrasonography in order to evaluate the presence of

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