

SEXUAL MEDICINE REVIEWS

Female Sexual Function Following Surgical Treatment of Stress Urinary Incontinence: Systematic Review and Meta-Analysis

Maria Cláudia Bicudo-Fürst, MD,¹ Pedro Henrique Borba Leite, MD,¹ Felipe Placco Araújo Glina, MD,² Willy Baccaglini, MD,¹ Rafael Vilhena de Carvalho Fürst, MD,¹ Carlos Alberto Bezerra, MD,¹ and Sidney Glina, MD¹

ABSTRACT

Introduction: The impact of surgery for stress urinary incontinence (SUI) on female sexual function has received attention in the medical literature, but not in a structured manner.

Aim: To assess the most recent evidence on the impact of surgical management for female SUI on female sexual function.

Methods: The review and meta-analysis of available articles published in Medline, Cochrane, LILACS, SCOPUS, Web of Science, CINHALL, and EMBASE included prospective randomized and non-randomized studies that assessed patients who underwent surgical treatment for UI through 2 validated questionnaires: the Pelvic Organ Prolapse Urinary Incontinence Sexual Questionnaire (PISQ-12) and the Female Sexual Function Index (FSFI).

Main Outcome Measures: The following terms were searched: (urinary incontinence OR female OR woman OR women) AND (suburethral slings OR transobturator tape* OR transobturator suburethral tape OR transobturator tape* OR urethral sling* OR midurethral sling* OR mid-urethral sling* OR “standard midurethral slings” OR tensionless vaginal tape* OR mini sling* OR Burch* OR “Burch colposuspension” OR “urologic surgical procedures” OR “tension-free vaginal tape” OR pubovaginal sling) AND (sexual behavior OR “Female Sexual Function Index” OR FSFI OR sexual function OR “Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire” OR PISQ-12).

Results: 1,043 articles were retrieved; 9 studies were included for qualitative analysis and 4 were included for meta-analysis. 25 articles were excluded because they used questionnaires other than the FSFI and PISQ-12. Meta-analysis of 2 studies composed of 411 women who underwent to retropubic and transobturator sling intervention and completed the PISQ-12 questionnaire showed an increase in sexual function of 2.40 points after transobturator compared with retropubic sling intervention (95% CI = -2.48 to -2.32; $I^2 = 35\%$, $P < .00001$). However, 2 other studies composed of 183 women comparing the same techniques, but using the FSFI, did not show a statistically significant difference (95% CI = -1.77 to 3.78; $I^2 = 0\%$, $P = .48$).

Conclusion: The impact of UI surgery on sexual function is uncertain because of the imprecision of the effect and inconsistency among studies. Only limited evidence on the impact of the transobturator vs the retropubic sling was found. **Bicudo-Fürst MC, Borba Leite PH, Araújo Glina FP, et al. Female Sexual Function Following Surgical Treatment of Stress Urinary Incontinence: Systematic Review and Meta-Analysis. Sex Med Rev 2017;X:XXX–XXX.**

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Key Words: Urinary Incontinence; Sexual Function; Sling; Pelvic Organ Prolapse Urinary Incontinence Sexual Questionnaire; Female Sexual Function Index

Received April 28, 2017. Accepted October 20, 2017.

¹ABC Medical School, Santo André, SP, Brazil;

²Lusíada University Center, School of Medical Sciences of Santos, Santos, SP, Brazil

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<https://doi.org/10.1016/j.sxmr.2017.10.005>

INTRODUCTION

Urinary incontinence (UI) is a common health condition among women. Depending on the definition of incontinence used and the age of the population, the prevalence ranges from 3% to 55%.¹

UI is a health issue that affects social, psychological, occupational, domestic, physical, and sexual well-being.² Specifically, it has been reported to have a negative impact on sexual

relationships in up to 68% of women. Timing of coital leakage can be associated with the type of UI; leakage at penetration has been associated with stress UI (SUI) and leakage at orgasm has been associated more often with detrusor overactivity.³

The reasons for impairment of sexual function in women with UI can be due to direct and indirect effects. UI can affect sexual desire, lubrication, orgasm, and sexual satisfaction, which can lead to female sexual dysfunction.⁴ Irritation of the vulvovaginal region from persistent urine leakage usually leads to dyspareunia. In addition, patients can have decreased sexual interest and sexual self-esteem because of urine leakage while engaging in any sexual activity.⁵

In women with SUI, the most common sexual complaints are low frequency of coitus, anorgasmia, coital incontinence, and concern about UI during sexual intercourse.⁴ Furthermore, vaginal innervation is concentrated in the anterior vaginal wall, which hypothetically could be affected by surgery for SUI.⁶ Moreover, obturator neuralgia and pain from tape erosion are 2 known, but rare, events that can directly affect sexual function.⁷

The impact on sexual function after surgery for SUI has received attention in the medical literature, but not in a structured manner. The reports are inconsistent; some investigators have reported improvement, whereas others have reported deterioration.^{8,9}

A systematic review and meta-analysis was done to assess the most recent evidence of the impact of surgical management of SUI on female sexual function.

METHODS

Identification and Selection of Studies

A search in Medline, Cochrane, LILACS, SCOPUS, Web of Science, CINHALL, and EMBASE was performed and concluded on August 26, 2016.

The selection of terms used in this research was performed using the PICOS approach (P = population; I = intervention; C = comparison group; O = outcomes and end points; S = study design). Based in this strategy, terms based on Medical Subject Headings related to the research goal were selected.¹⁰

Quality of life in relation to sexual health can be assessed by completing questionnaires during a patient's interview. Questionnaires are a practical and cost-effective manner to gather information. In 2005, the International Continence Society and the International Consultation on Incontinence assessed the role of different available questionnaires for the evaluation of female sexual function.¹¹ Since 2008, the Female Sexual Function Index (FSFI) and the Pelvic Organ Prolapse Urinary Incontinence Sexual Questionnaire (PISQ) have been the most commonly used questionnaires.^{12–14}

A research was performed using combinations of the following terms: (urinary incontinence OR female OR woman OR women) AND (suburethral slings OR transobturator tape* OR transobturator suburethral tape OR trans-obturator tape* OR

urethral sling* OR midurethral sling* OR mid-urethral sling* OR “standard midurethral slings” OR tensionless vaginal tape* OR mini sling* OR Burch OR “Burch colposuspension” OR “urologic surgical procedures” OR “tension-free vaginal tape” OR pubovaginal sling) AND (sexual behavior OR “Female Sexual Function Index” OR FSFI OR sexual function OR “Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire” OR PISQ-12).

The authors also manually searched the references of the primary studies using the same database selection process.

Inclusion and Exclusion Criteria

Inclusion Criteria

Included were randomized and non-randomized prospective clinical trials comparing different surgical techniques for the management of female SUI, which included midurethral, retro-pubic (RP), and transobturator (TOT) slings, single-incision sling (SIS), and the Burch procedure; studies that included data on sexual function through the FSFI and PISQ-12; and studies written in English, Spanish, Portuguese, and French.

Exclusion Criteria

Excluded were retrospective and non-comparative studies; questionnaires other than the FSFI and PISQ-12; abstracts not published as full-text articles; and studies that included the results of different interventions to the outcome, indicating that at least 2 intervention groups in these studies were analyzed as a single group.

Selection Process

The authors selected the articles in 2 stages: (i) title review and analysis of the structured abstract and (ii) analysis of the full text. 2 authors singly performed the selection of articles according to title and then abstract. At each stage, the inclusion and exclusion criteria were applied to determine which articles would be used included; if the abstract was not fully understood, then the entire article was read. In case of some divergence, a third author, in a blinded manner, determined whether the article would be included.

Analyzed Outcomes

The analyzed outcomes were the sexual impact through validated questionnaires (FSFI and PISQ-12) after the intervention^{13,14} and subscales such as lubrication, desire, arousal, orgasm, pain, and satisfaction.

Methodologic Quality

Scottish Intercollegiate Guidelines Network checklists were used for comparative studies (Table 2).¹⁵ For each type of study, there was a specific checklist and 2 authors conducted the checklists. The selected studies included randomized and non-randomized clinical trials.

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