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Original Studies

Sexual Function in Women Treated with Dilators for Vaginal Agenesis

S. Nadarajah, MBBS, MRCOG, J. Quek, RN, G.L. Rose, MD, MRCOG, and D.K. Edmonds, FRCOG, FRANZCOG

National Centre for Adolescent and Adult Females with Congenital Abnormalities of the Genital Tract, Queen Charlotte's and Chelsea Hospital, London, UK

Abstract. *Objective*: To discover the sexual satisfaction of young women treated with vaginal dilators for vaginal agenesis.

Design: Anonymous questionnaire study.

Main Outcome Measures: Comparison of sexual desire arousal lubrication, orgasm satisfaction and pain with a normal population.

Results: There was no significant difference between the study population and controls for the domains of sexual desire, sexual arousal, and satisfaction with a sexual relationship. There was, however, a significant difference for vaginal lubrication and orgasm where the Rokitansky patients scored lower. 22.3% of patients reported some degree of dyspareunia following vaginal penetration. However, this did not affect their enjoyment of the sexual act.

Conclusion: The use of graduated vaginal dilators for patients with Mullerian agenesis is highly successful in creating a neovagina. Although the lack of adequate lubrication, pain and difficulty in reaching orgasm is significantly higher in this group, the patients subsequently enjoy sexual satisfaction that is comparable to a normal population.

Key Words. Sexual function—Vaginal agenesis—Non-surgical therapy

Introduction

Patients with Mullerian agenesis or Mayer-Rokitansky-Kuster-Hauser syndrome typically have vaginal agenesis, rudimentary or absent uterus with normal ovaries and fallopian tubes. It is a congenital defect that occurs once every 5000 female live births.[1,2]

Various surgical[3–5] and non-surgical[6] methods have been proposed for the creation of a vagina. The outcome of these various procedures is usually gauged in terms of anatomical and functional success. Anatomical success refers to an adequately sized vagina, functional success refers to satisfactory sex. While the surgeon may be pleased with the anatomical results of the neovagina, the functional result remains the most important benchmark of successful treatment for the patient and her partner. The few reports on the psychosocial function of patients treated for vaginal agenesis deal primarily with the patient's acceptance of the diagnosis and its effect on their relationship with their family and partners.[7–9] Sexual function has been dealt with in some depth in only one report in patients who had a surgical corrective procedure.[10] There are however, no large series on the long-term sexual function after the use of vaginal dilators and this study was designed to assess this concern.

Materials and Methods

The case records of all the patients who had dilator treatment for vaginal agenesis between 1984 and 2001 were reviewed. There were 145 patients who had dilators as first line treatment for the creation of a neovagina.

Upon referral to our center, the diagnosis and the treatment options were explained. All patients were encouraged to learn the use of graduated vaginal dilators, as its use was essential even if the patient subsequently required surgical vaginoplasty. They were instructed to return for treatment when they were psychologically ready and preferably when they were about to embark

Address correpondence to: Mr. D.K. Edmonds, FRCOG, FRANZCOG, Women's and Children's Directorate, Queen Charlotte's and Chelsea Hospital, Du Cane Road, London W12 0HS, UK; E-mail: dkedmonds@hhnt.org

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on a sexual relationship. When the patient was ready, she was admitted to hospital for a period of 2 days and instructed on the use of the dilators. With the aid of a mirror, the anatomy of the vulva was demonstrated to the patient. Starting with the smallest dilator, pressure was applied on the vaginal dimple between the anus and the urethra. The dilator was first angled posteriorly and then it was pushed horizontally. This was to avoid inadvertently dilating the urethra. Pressure was applied continuously for 20 minutes. This was repeated three times a day. A vaginal lubricant was usually used. Once the first dilator had been successfully used, the patient was commenced on the next size. When the patient was confident with the technique she was discharged home and reviewed 2 weeks later in the outpatient clinic. A single nurse specialist carried out the instruction, supervision, and review. As soon as the vagina was felt adequate for intercourse she was encouraged to have sex.

The Female Sexual Function Index (FSFI) questionnaire was used to assess sexual function. It is a measure of the sexual function in women.[11] It was developed to measure the six domains of sexual functioning (sexual desire and arousal, lubrication, orgasm, satisfaction and pain) in clinical trials. It consists of 19 questions grouped into six domains, that examine sexual behavior within the past 4 weeks. The 19 questions were answered on a response option of 0 through 5, where 0 was no sexual activity and 5 reflected complete satisfaction in response to the question asked. The domain score was obtained by adding the score of individual items that comprise the domain. If the patient was sexually inactive over the last 4 weeks, she immediately scored 0 in all the domains except desire. The higher the score, the less likely the patient has a problem in that domain. These scores were compared with the control scores published with the FSFI questionnaire. The control group consisted of 131 volunteer women from the general population who were not known to have any sexual dysfunction after having filled out a questionnaire where they reported not having any problems with arousal, desire or orgasm and were engaged in heterosexual relationships. The purpose of the control group was to obtain a reflection of normal sexual activity and satisfaction in the population in general. The mean age for the control group was 39.7 years, the range being 21–68 years. The racial distribution was similar to our study population. Statistical analysis was performed with the Student's *t*-test.

One hundred and forty-five patients were invited to join the study and a total of 79 responded. Those who responded were sent the FSFI questionnaire which they duly filled out. The 15 patients who declined participation did not give a reason for declining and it was felt inappropriate to pursue this reason with the individual patients. It is not possible therefore to say whether or not these 15 patients declined participation because they were failures or they declined because they did not wish to be involved in the study.

Results

A total of 79 patients responded. Sixty patients consented and 15 patients declined participation and two patients reported that dilators had failed in creating an adequate vagina. One of them had a McIndoe vaginoplasty done at another center while the other was contemplating surgical vaginoplasty. Two questionnaires were discarded as they were improperly completed.

The mean age of the patients at treatment was 20.5 years, the range being 16 to 44. The patient aged 44 had a previous Williams operation which had not resulted in satisfactory sexual intercourse. The patients took an average of 5.5 months to complete treatment with dilators, the range being 2 days to 19 months. The patient who took 19 months to complete, used dilators intermittently, becoming motivated only when she had a partner. The mean age of the patients at the time of filling out the questionnaire was 26.6 years, the range being 17 to 46 years, and the mean number of years post treatment was 5.4 years.

The results from the 60 questionnaires were analysed. Four patients had not had sex over the last 4 weeks and therefore scored 0 for all the domains except desire. The total score for each question as well as each domain was compared with the control population. A P value less than 0.05 was taken to be significant.

There was no significant difference between the study population and controls for the domains sexual desire, sexual arousal and satisfaction with a sexual relationship.

There was a significant difference for vaginal lubrication with the study population reporting reduced frequency as well as greater difficulty in becoming lubricated. The most significant difference in this domain was in their inability to maintain lubrication until completion of sexual intercourse ($P < 0.001$). There was also a significant difference in the Rokitansky patients' ability to reach orgasm. While 28 patients (46.6%) reported always or almost always reaching orgasm, 14 (23.3%) reached orgasm most of the time (more than half the time), nine (15%) sometimes (less than half the time), seven (11.6%) a few times and two (3.3%) never or almost never.

Among all the domains, the most significant difference was seen with regards to pain during and following vaginal penetration ($P < 0.001$). Nine patients (15%) reported moderate and five patients (8.3%) high

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