

Pelvic Floor Dysfunction And Its Effect On Quality Of Sexual Life

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Introduction

Pelvic floor disorders (PFD) are extremely common.

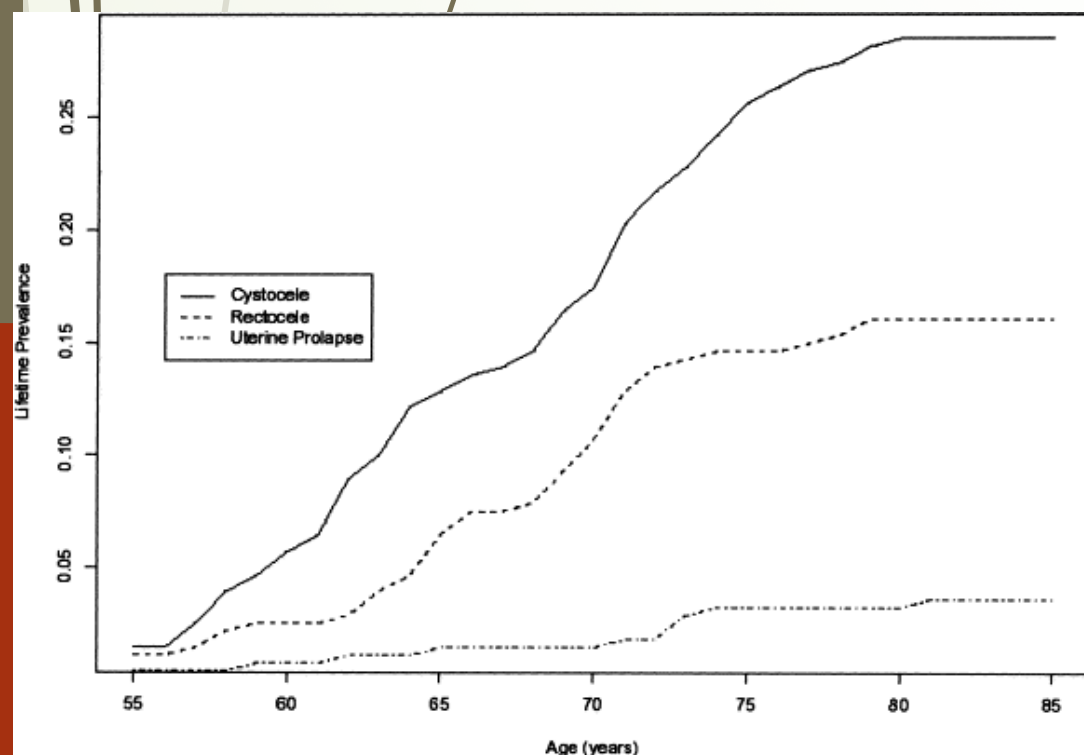
Lifetime prevalence:

30% urinary incontinence

40% pelvic organ prolapse

10% fecal incontinence

PFD are often associated with a significant reduction in women's psychological, social, and sexual well-being.



Lifetime cumulative prevalence for cystocele, rectocele, and uterine prolapse among women who entered the study without prolapse (n = 281 women). (1)

Aim

Research on the current available literature on sexual dysfunction related to PFD.

Results

Prevalence Sexual dysfunction:
General population 30-50% VS Women with PFD 50-83%

A. CAUSES for reduction in woman's sexual experience:

- Women with prolapse:
 - Worries about image of vagina
 - Discomfort/reduced sensation associated with the prolapse
- Women with urinary incontinence:
 - Dyspareunia
 - Coital incontinence
- Women with anal incontinence:
 - Fear of soiling

B. TREATMENT of PFD associated with sexual well-being:

- Improvement:
 - Pelvic floor muscle training
 - Prolapse surgery with native tissueNOTE: midurethral slings only improved the coital incontinence, not the dyspareunia
- Deterioration:
 - Posterior repair with levatorplasty
 - Vaginal mesh repairNOTE: controversial in literature about effect of mesh anterior repair

References

1. Hand VL GE, Hendrix S, et al. Progression and remission of pelvic organ prolapse : a longitudinal study of menopausal women. Am J Obstet Gynecol. 2004;190(1)27-32

Conclusion

There is an urgent need for further research on the effects of surgery for PFD on sexual function. To date, most studies have focused on anatomic rather than functional outcomes.