

# Sexual Function after laparoscopic/robotic sacrocolpopexy – a marker for mesh related complications



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## Introduction

When performed by experienced practitioners laparoscopic or robotic sacrocolpopexy (SCP) has been the gold standard surgery for apical vaginal support and is an integral component of pelvic organ prolapse management. Women have reported a low complication rate, higher satisfaction rate, lower recurrence rate, and faster recovery than other abdominal and vaginal prolapse surgeries [1]. A Cochrane review confirms this, showing that compared to vaginal sacrospinous fixation, SCP had decreased recurrence, re-operation rate, dyspareunia and post-operative stress incontinence [2]. However, in recent times, issues with the outcomes of vaginal mesh surgery and subsequently the supply of mesh for gynaecological procedures, have made SCP procedures challenging given the difficulty in acquiring a suitable mesh; especially for patients in the public hospital system. Currently in Australia an off-label mesh is being used with patient consent.

## Research Question

Sydney Womens Endosurgery Centre (SWEC) has been performing SCP laparoscopically for over 15 years and robotically for more than five. To date over 700 surgeries have been performed by only three experienced clinicians. Mesh erosion, often associated with dyspareunia, is reported in the literature at between 2 to 7% and as early as after 2 years [3]; however the rate in our centre is significantly lower (around 1%). The reasons for this low rate of dyspareunia is not know; is this due to cessation of sexual activity pre or post operatively or due to the superiority of the surgery itself. These are the questions our study aims to answer. Our retrospective study also aims to assess what proportion of women undertaking a SCP for POP were previously sexually active, currently sexually active, and/or have dyspareunia. We are using a modified PISQ-12 validated sexual function questionnaire and our results aim to highlight that SCP is not only safe, but the preferred apical prolapse surgery.

## Study Design and Outcomes

This is a retrospective cohort study of all patients who underwent a laparoscopic or robotic sacrocolpopexy from 2009 to 2018 with SWEC. The phone consultation will involve a modified PISQ-12 survey looking at their sexual function pre and post-operatively. Patients will be offered a review with their gynaecologist if they feel necessary. Demographic data will also be collected and analysis will be performed accounting for this.

Outcomes:

1. Sexual dysfunction following sacrocolpopexy- pain, de novo discomfort, cessation of intercourse
2. Sexual satisfaction pre and post sacrocolpopexy – what proportion of patients resume sexual activity following surgery who had stopped previously due to prolapse symptoms or embarrassment

## Results

Given the large sample size data collection is currently ongoing. Thus far the data collected indicates a low rate of dyspareunia and even lower rate of suspected mesh erosion. Final results will be presented at the **AGEs Annual Scientific Meeting** in November.

### References

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