A total number of 109 women underwent vaginal hysterectomy over the study period. The mean age was 41 years ranging from 31 to 69 years. Only 79 patients completed the required follow-ups in order to evaluate their satisfaction and the impact of surgery on their sexuality. The evaluation was at 12 and 24 months after surgery. The main outcomes measured were frequency of sexual intercourse, dyspareunia, orgasm, vaginal dryness, sexual desire and FSFI scores.

Female sexuality after vaginal hysterectomy

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Introduction

Researchers indicates that hysterectomy might adversely affect pelvic anatomy and therefore female sexuality. The objective of this study was to evaluate female sexual function after vaginal hysterectomy.

Methodology and research tools:

Monocentric prospective 5 years study. This study was conducted in the gynecology-obstetrics department of Ben Arous regional hospital over a period of 5 years [January 2016-December 2020]. We included all patients who underwent vaginal hysterectomy. We did not include patients operated on for malignant tumors or by abdominal or laparoscopic route. We excluded women with urogenital prolapsed or having no sexual activity following the surgery. Selected women received a preoperative evaluation of their sexual function using the Female sexual function index (FSFI). They were invited for twof ollow-ups at 12 and 24 months after surgery. The main outcomes measured were frequency of sexual intercourse, dyspareunia, orgasm, vaginal dryness, sexual desire and FSFI scores.

Results

A total number of 109 women underwent vaginal hysterectomy over the study period The mean age was 41 years ranging from 31 to 69 years. Only 79 patients completed the required follow-ups in order to evaluate their satisfaction and the impact of surgery on their sexuality.

The percentage of women engaging sexual intercourse increased significantly from 70.8% before vaginal hysterectomy (VH) to 77.21% and 75.9% at 12 and 24 months after respectively. The rate of dyspareunia dropped significantly from 40.5% before surgery to 5% and 3.8 % at 12 and 14 months after VH. The rate of women experiencing orgasm increased significantly from 63.2% before VH to 72.1% and 70.8 % after 12 and 24 moths. Low sexual desire also decreased significantly from 10.1% before VH to 6.3% and 5% respectively at 12 and 24 months. The percentage of women experiencing satisfactory vaginal lubrication increased from 36.7% to 46.8% and 45.5%.Average FSFI significantly increased from 24.58 prior the surgery to 26.82 and 27.55 at the 12 months and the 24 months follow ups respectively.

Discussion

sexual functioning after hysterectomy is a complicated process that depends on multiple factors, such as the body image; the sexual partner's performance; communication; the reason for the hysterectomy; the sexual functioning before the surgery; mental, social, and emotional factors. According to a narrative review, most of the sexual disorders improve after hysterectomy for uterine benign diseases, and most of the patients who were sexually active before the surgery experienced the same or better sexual functioning after the surgery. However, radical hysterectomy for gynecological cancers causes more negative effects on sexual functioning due to the elimination of a large part of pelvic ligaments and pelvic autonomic nerves. One of the important points is the psychological supports for them, adaptation with postoperative problems, and especially the sexual partner's support for them.

Conclusion

Female sexual function is a major cause of women's concern for scheduled hysterectomy. Our results showed a significant improvement in female sexual function after vaginal hysterectomy. Therefore, vaginal route for hysterectomy should be encouraged among middle aged women as a minimally invasive technique that does not affect female sexual function neither the feminine shape.

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