

Impact of Gynecologic Cancer on Sexual Dysfunction in Women

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INTRODUCTION/BACKGROUND

Sexual dysfunction is a common consequence of gynecologic cancer treatments. It can result from hormonal changes, psychological factors, or surgical interventions(1). This impairment in sexual function profoundly impacts women's quality of life, affecting their emotional well-being and intimate relationships. Despite its significant impact, this issue is often underestimated and inadequately addressed in patient care.

OBJECTIVES/AIMS

The objective of this study was to examine the impact of gynecologic cancer treatments on women's sexuality, highlighting the changes that occur after these critical stages. A cross-sectional study was conducted using a questionnaire.

METHODS

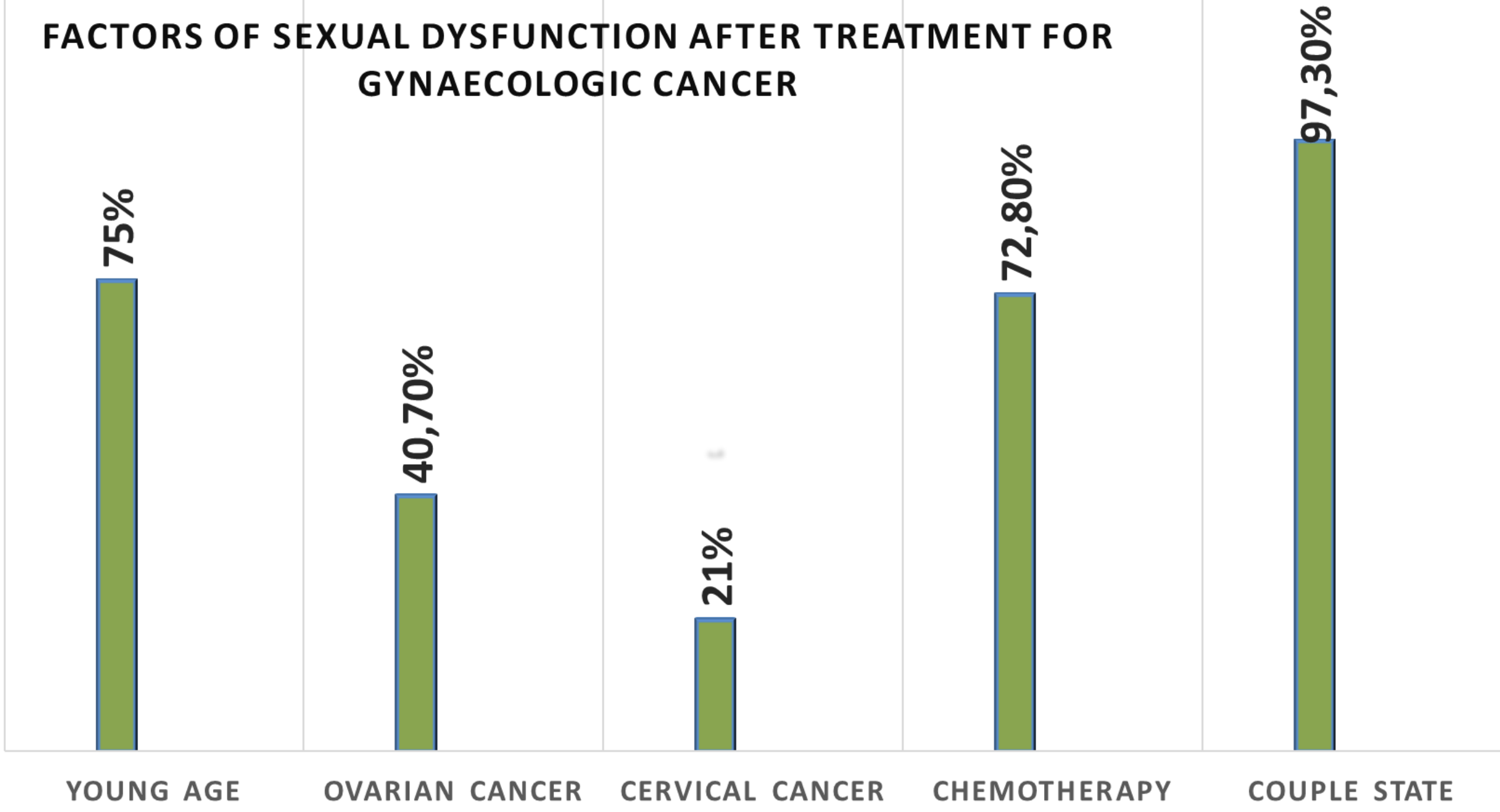
Sexual dysfunction was assessed by the change in the Female Sexual Function Index score, while marital dysfunction was measured by comparing the variations in the Intimate Bond Measure between the period before diagnosis and after treatment. Differences between women with and without dysfunction were analyzed using paired t-tests and Fisher's exact test.

CONCLUSIONS

The impact of gynecologic cancer on sexual dysfunction is significant, profoundly affecting the quality of life of patients. Younger women, in particular, are more likely to develop sexual problems after treatment for gynecologic cancer. This highlights the need for special attention to sexual function in the overall care of patients. It is essential to incorporate regular assessments of sexual function and provide appropriate support to improve the emotional and relational well-being of women following oncological treatment.

Results:

The total number of patients in our cohort was 320 women, with a mean age of 56.0 years (standard deviation, 12.0 years). Sexual function declined, from a score of 21.3 (standard deviation, 10.4) before treatment to 15.3 (standard deviation, 10.2) after treatment (p < 0.001). Sexual activity also decreased, from 6.1 (standard deviation, 6.8) to 2.6 (standard deviation, 4.9) times per month after treatment (p < 0.001). Among the 208 women who were sexually active at the time of the study, sexual dysfunction after treatment was associated with younger age (50.9 years [standard deviation, 11.7] vs 57.3 years [standard deviation, 12.3]). Different types of gynecologic cancers were associated with sexual dysfunction, including ovarian cancer (40.7% vs 30.7%) and cervical cancer (21.0% vs 10.2%). A decrease in sexual activity was also observed following chemotherapy treatment (72.8% vs 50.4%). Among women in relationships, 27% experienced sexual dysfunction.



Factor	Percentage
YOUNG AGE	75%
OVARIAN CANCER	40,70%
CERVICAL CANCER	21%
CHEMOTHERAPY	72,80%
COUPLE STATE	97,30%

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