Stress Urinary Incontinence & Sexual Function

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Disclosures

No Disclosures
Introduction

Increasing interest in the field of SF especially by female urologist and gynecologists

Over the last 3 decades, more than 400 studies in the field of urinary incontinence and sexual function have been published
Introduction

- Sexual problems are not discrete and often co-occur.
- Co-morbidity between female sexual disorder and medical conditions - urologic, gynecologic, proctologic, cardiovascular etc.
Urine Incontinence

- Urinary incontinence is a common and distressing problem in women, with a reported prevalence of 45%
- 43% of women who had urinary problems stated that this problem influenced their sexual function
- Sexual dysfunction varies among different types of incontinence
Stress urinary incontinence

Symptom is the complaint of involuntary leakage on exertion or on sneezing or coughing. Sign is the observation of involuntary urinary loss from the urethra synchronous with exertion, sneezing, or coughing.

UI & FSD

- Direct affect:
  Desire
  Lubrication
  Orgasm, and sexual satisfaction
  Indirectly:
  Dermatitis and vulvar irritation
  Dyspareunia
  Fear engaging in sexual
Coitus & Incontinence

• Major concerns of women with urinary incontinence is having an episode of urine leakage during intercourse

• The exact prevalence of this problem is unknown:
  - Epidemiologic study that surveyed 2860 women randomly selected from a civil registration in Denmark found a rate of 10%

Coitus & Incontinence

• Other studies conducted on different types of populations, age groups, and severity of incontinence found a wide range of prevalence from 16% to 56%

• CUI during orgasm is most likely due to DO, however, if it occurs at penetration or during thrusting, it is more likely related to SUI
Types of Sexual dysfunction

- 34% reported hypoactive sexual desire
- 23% of the incontinent women reported sexual arousal disorder
- 11% reported orgasmic deficiency
- Patients with urinary incontinence also had lower desire, lubrication, and sexual satisfaction compared with continent

Behavioral Tx.

• Emptying the bladder before sexual activity, avoiding ingestion of fluids for 1 hour before lovemaking
• Having intercourse in the female recumbent position (which decreases prolapse pressure and leakage)
• Using a water-soluble lubricant or vaginal estrogen before penetration can decrease trauma
Physical Tx.

- Pelvic floor rehabilitation, none of the patients reported UI during sexual activity, and 25% of subject experienced complete remission of UI symptoms.
- All patients showed improvement of the FSFI scores in all domains at 5 months after the conclusion of pelvic floor rehabilitation.
- Both the orgasm and arousal function are related to better PFM function.

Lowenstein L, Gruenwald I, Gartman I, Vardi Y.Int Urogynecol J. 2010 May;21(5):553-6
Pessary
Pessary

• Treatment of urinary incontinence with a combination of pessaries and pelvic floor muscle exercises
• Successful treatment of urinary incontinence was associated with a significant improvement in sexual function
• Less incontinence with sexual activity
• Less restriction of sexual activity due to fear of incontinence compared with women who were not successfully treated.

TVT-O
Table 2  Stress Urinary incontinence and Sexual function

<table>
<thead>
<tr>
<th>References</th>
<th>Type of repair</th>
<th>Study type</th>
<th>Number of patients</th>
<th>Validated questionnaires</th>
<th>Sexual function</th>
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<tbody>
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<td>BCS or sling</td>
<td>Prospective</td>
<td>655</td>
<td>PISQ 12</td>
<td>Improved</td>
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<td>Ghezzi et al. [95]</td>
<td>TVT</td>
<td>Prospective</td>
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<td>Bekker et al. [92]</td>
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<td>Retrospective</td>
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<td>FSFI</td>
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</tbody>
</table>

BCS = Burch colposuspension; FSFI = Female Sexual Function Index; PISQ = Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire; TOT = transobturator tape; TVT = tension-free vaginal tape.
Due to its proximity to the dorsal clitoral nerve a possible impact on genital sensation exists. An ongoing study is currently evaluating the impact of incontinence surgery on genital sensation and sexual function.
Adverse events

• Surgical dissection may result in tissue damage, devascularization, and denervation involved, the result can be decreased vaginal blood flow and increased fibrosis

• Slings repairs may cause dyspareunia due to mesh erosion into the vagina

• De novo OAB symptoms
SUI surgery and SF

- Burch colposuspension, 81% described no further CUI
- SISTEr trial, at 2 years after surgery, PISQ-12 scores improved from baseline in both groups
- Women with CUI showed a significantly better improvement in sexual function after surgery compared with women without


Hispareunia

Brubaker L, Editorial: partner dyspareunia (hispareunia)
De novo dyspareunia

• Analgesics, anti-inflammatory drugs, and muscle relaxants
• Local infiltration of anesthetics, nerve blocks, and steroid injections at the trigger points
• Transvaginal injection of botulinum toxin A (Botox) for relief of the spasm can be efficacious
Thank you