

# COMPARISON BETWEEN PREOPERATIVE AND POSTOPERATIVE SEXUAL FUNCTION OF THE JAPANESE WOMEN WHO UNDERWENT TRANSVAGINAL MINIMAL MESH SURGERY FOR THE TREATMENT OF PELVIC ORGAN PROLAPSE

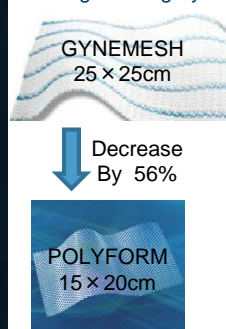
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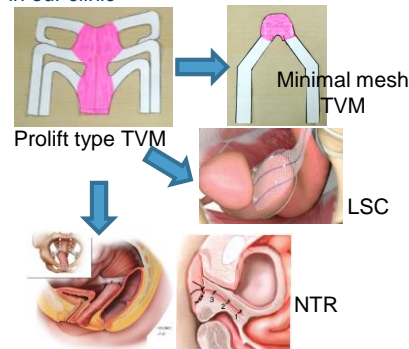
## Background 1.

Since the FDA's alert, the use of Prolift-type TVM has also declined and the use of minimal mesh repair as well as laparoscopic sacrocolpopexy (LSC) and native tissue repair (NTR) is on the increase in Japan.

Change in mesh for transvaginal surgery



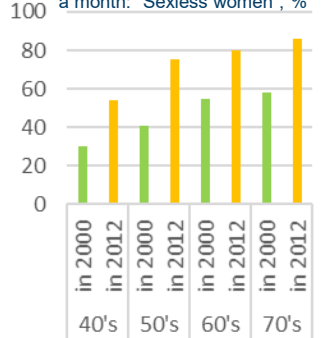
E.g. Current operation for vault prolapse in our clinic



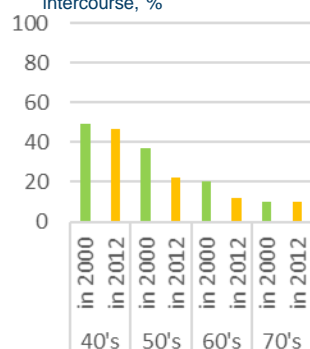
## 2.

It is reported that the Japanese women have sexual intercourse extremely less often.

Rate of Japanese women who have sexual intercourse or sexual activity less than once in a month: "Sexless women", %



Rate of married Japanese women who long for a romantic relationship with sexual intercourse, %



Jpn J sexology. Vol.32 suppl. 2014.

## Aim

To clarify the preoperative and postoperative sexual function of the Japanese patients who underwent transvaginal minimal mesh surgery.

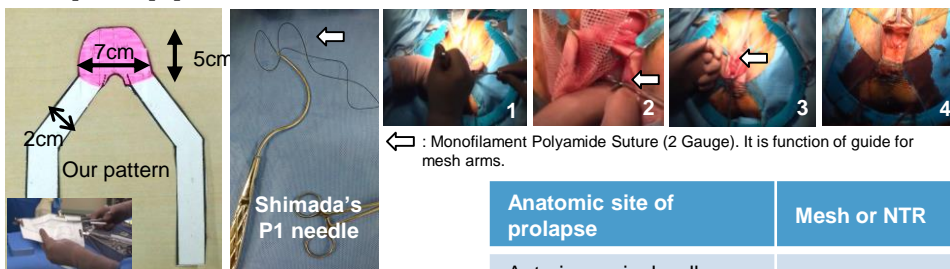
## Methods

- Patients who underwent POP surgery were retrospectively examined via chart review.
- Sexual function was evaluated twice per patient- once before the surgery and once more 6 months after the surgery, and we use Japanese version of the Female Sexual Function Index (FSFI). (J Sex Med 2011; 8:2246-54)
- Japanese version of the FSFI asked respondents about their sexual activities for the past 3 months, instead of the original 1 month.
- No vaginal intercourse: FSFI Q17=0
- No vaginal dyspareunia: FSFI Q17=0, 5
- No sexual dissatisfaction: FSFI Q16=3, 4, 5
- Because of the interview results, the estimated values (EV) supposing that non FSFI response patients had no sexual intercourse and dissatisfaction, were also calculated.

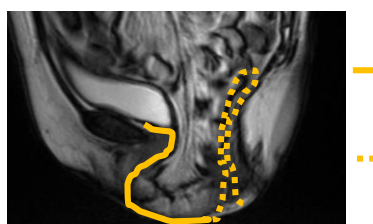
## Surgical procedures of our minimal mesh transvaginal surgery

- Although ready-to-use mesh kit is commonly used in most western country, the kit is yet to be approved by the authority in Japan. Therefore Japanese surgeons need to cut out a free-form mesh using pattern papers and scissors.

Incision is made in anterior vaginal wall, and then the head portion of the mesh is implanted beneath the anterior vaginal wall and two arms are put through both side of sacrospinous ligaments (SSL) using a special-purpose needle called "Shimada's P1 needle", which is made by a Japanese manufacturer.



◀ : Monofilament Polyamide Suture (2 Gauge). It is function of guide for mesh arms.



E.g. Operation for vault prolapse

| Anatomic site of prolapse                       | Mesh or NTR                                  |
|---|--|
| Anterior vaginal wall cystocele                 | Mesh   |
| Apical vaginal wall Uterine prolapse Enterocele | Mesh Mesh+ NTR (highperitonization)          |
| Posterior vaginal wall Rectocele                | NTR (posterior colporrhaphy/ perineorrhaphy) |

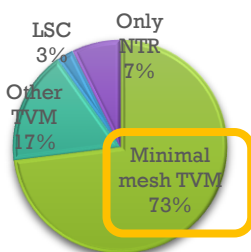
Where required, mid urethral sling procedure was simultaneously performed.

## Results

Subjects: Patients who underwent transvaginal minimal mesh surgery (N=230)

### All POP patients

Between January 2015 and July 2016, 315 patients underwent POP repair surgery.



All POP patients' Average age : 67.7 ± 8.8 years. Preoperative FSFI collection rate: 70.8% Vaginal intercourse rate: 12.3% (EV: 8.5%)

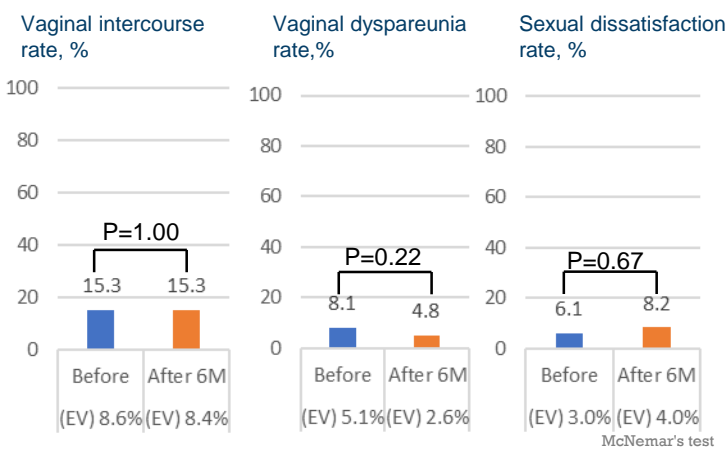
### Subjects' characteristics

| Variable                 | Mean or % | SD   |
|--------------------------|-----------|------|
| Age                      | 67.9      | 7.4  |
| BMI, kg/m <sup>2</sup>   | 23.7      | 3.0  |
| ASA risk                 | 1.7       | 0.5  |
| Parity                   | 2.2       | 0.7  |
| Prior hysterectomy       | 4.3       |      |
| Aa                       | 2.3       | 1.0  |
| Ba                       | 3.6       | 1.6  |
| C                        | 2.8       | 2.2  |
| TVL                      | 7.8       | 0.9  |
| Bp                       | 2.7       | 2.3  |
| Operation time, min      | 54.3      | 20.0 |
| Concurrent TVT           | 53.5      |      |
| Bladder or rectum injury | 0.0       |      |
| Recurrence               | 0.9       |      |
| Mesh erosion             | 0.4       |      |

### The FSFI collection rate

|          | %    |
|----------|------|
| Before   | 72.6 |
| After 6M | 58.9 |

We made sure that all patients who did not fill out the form have no intercourse and did not see it as an issue in their sexual life from interview.



## Concluding message

Though covering only the early postoperative period, this study leads us to believe that our minimal mesh transvaginal surgery is a preferred option for Japanese POP patients, as many Japanese patients have no inclination to have sexual activity due to low sexual desire.

Conflict of Interest (COI) of the Presenters : No potential COI to disclose  
Ethics Committee: code: YMCIRB-17R005

