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WHAT HAPPENS TO COITAL INCONTINENCE AFTER TREATMENT? THE EFFECT OF CONSERVATIVE TREATMENT AND SURGERY ON COITAL INCONTINENCE AND QUALITY OF LIFE

Hypothesis / aims of study:

Coital incontinence has been standardized for the first time in 2010 by IUGA/ICS. It is a frequent but underreported problem and has a strong effect on female sexuality.

Our aim is to analyze the effect of conservative and surgical treatment methods on coital incontinence and quality of life.

Study design, materials and methods:

Women applying with urinary incontinence and suffering from coital incontinence and treated with pelvic floor rehabilitation or surgery were included. Urogynecologic evaluation, urodynamics, posttreatment results, and quality of life were analyzed.

Results

74 women were included. Mean age was 53.0±7.5. 28 women (37.8%) suffered from stress, 9(12.2%) from urge, 37(50%) from mixed UI, and 14 (18.9%) had concomitant POP. Stress test was positive in 21(28.4%) women. 37 women had urodynamic stress incontinence. 24 women(32.4%) had detrusor overactivity. 43 women had pelvic floor muscle strength less than 3/5 whereas 31 women had pelvic floor muscle strength above 3/5. The mean perineometer result was 22.3±10.6cmH₂O. 4 women had anticholinergic treatment only, 46 underwent pelvic floor rehabilitation, 24 underwent surgery and 14 of these underwent concomitant prolapse surgery. Two women suffered from UI after treatment, only one woman suffered from coital incontinence after treatment in the conservative treatment group. Post-treatment mean perineometer result in conservative group was 27.2±17.0cmH₂O. There was significant improvement in quality of life in all women. There was no significant difference in the quality of life between conservative treatment group and the surgery group. (Table 1)

Interpretation of results

Some authors advocate that coital incontinence-both at penetration and at orgasm is almost invariably a symptom of urodynamic stress incontinence and treatment with midurethral slings resulted in 87% cure rate in some series. [1,2] However, as seen in our group of patients, coital incontinence may accompany detrusor overactivity as well as urodynamic stress incontinence.

In our study, similar success rate was observed between the group that underwent pelvic floor rehabilitation and the group that underwent surgery. Pelvic floor rehabilitation is the first line treatment for urinary incontinence and it is also effective in the presence of coital incontinence.

Concluding message

Conservative treatment and surgery are both effective in the treatment of coital incontinence symptoms with improvement in quality of life. However, larger studies, especially studying the timing of incontinence during coitusa and its correlation with treatment and the evaluation of the effect on sexual functions after treatment are needed.

Table 1: Comparison of King's Health Questionnaire Results of the Conservative Treatment Group and Surgery Group.

	Conservative treatment			Anti-incontinence surgery			P1 ¹	P2 ¹
	Pretreatment	Posttreatment	P^2	Pretreatment	Posttreatment	P^2		
General Health Perceptions	49.8 ± 23.7	25.0 ± 16.7	0.07	60.1± 25.4	17.9 ± 18.9	0.07	0.1	0.5
Incontinence impact	73.2 ± 26.7	29.2 ± 13.0	0.04	81.1 ± 24.2	38.9 ± 32.8	0.05	0.2	0.7
Role limitations	56.7 ± 35.0	22.2 ± 15.0	0.03	58.0 ± 37.6	11.9 ± 24.9	0.04	0.8	0.4
Physical limitations	53.6 ± 37.3	20.4 ± 13.2	0.008	60.9 ± 35.4	23.8 ± 25.2	0.01	0.4	0.8
Social limitations	42.7 ± 31.1	19.8 ± 13.4	0.021	54.3 ± 35.8	17.5 ± 22.0	0.03	0.2	0.9
Personal relations	32.2 ± 32.1	14.8 ± 12.6	0.02	58.7 ± 34.4	26.2 ± 38.3	0.06	0.03	0.7
Emotions	49.1 ± 39.2	19.8± 19.1	0.05	70.5 ± 26.7	19.0 ± 27.0	0.02	0.03	0.8
Sleep/Energy	39.5 ± 30.7	25.9± 19.6	0.05	41.3 ± 28.4	9.5 ± 8.9	0.05	0.7	0.09
Symptom severity	64.3 ± 26.2	34.1 ± 23.7	0.02	69.6 ± 27.1	20.0 ± 13.9	0.02	0.4	0.7
Total	463.9 ± 195.0	218.0 ± 116.0	0.015	556.4 ± 167.4	183.9± 126.1	0.02	0.07	1.0

¹ Mann-Whitney U test

² Wilcoxon Signed Rank Test

References

- 1. El-Azab AS, Yousef HA, Seifeldein GS. Coital incontinence: relation to detrusor overactivity and stress incontinence. Neurourol Urodyn 2011. DOI: 10.1002/ nau.21041
- 2. Ghezzi F, Serati M, Cromi A, et al. Impact of tension-free vaginal tape on sexual function: results of a prospective study. Int Urogynecol J Pelvic Floor Dysfunct 2006;17:54–9.

Disclosures

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