



European Association of Urology



Letter to the Editor

Re: Annette Kuhn, Caroline Eggeman, Fiona Burkhard and Michael D. Mueller. Correction of Erosion after Suburethral Sling Insertion for Stress Incontinence: Results and Related Sexual Function. Eur Urol 2009;56:371–7

We read with attention the article by Kuhn et al on the effects of the correction of erosion after suburethral sling insertion and on the impact on sexual function in these women [1]. The paper is interesting and original, but in our opinion, some comments are necessary.

It is remarkable that in a population of 21 women (with a median age of 52 yr, range: 43–79) operated on for urodynamic stress incontinence, only 2 (9%) were not sexually active. This is in disagreement with data reported in literature [2,3]. Furthermore, to obtain significant data from this small population, the authors were obligated to collect Female Sexual Function Index (FSFI) scores pre- and postoperatively from all 21 patients (as well as from the nonoperated women and from non-sexually active women).

It is relevant to underline that the median follow-up of 6 mo, defined as “short” by the authors, is not related to the scores obtained in the FSFI, which was instead filled in by the patients at the 3-mo follow-up. The authors appropriately recommended to the women included to abstain from intercourse for at least 6 wk after intervention: This means that patients answered the questionnaire after a very short period from the restart of intercourse (at best, 6 wk). In our opinion, such a precocious administration of the FSFI does not allow one to draw reliable conclusions.

Furthermore, the authors show an improvement in all of the domains investigated by the FSFI (except the orgasm domain) after surgical repair of the erosions, but they underline that the scores in this female population were far from values obtainable in a general population of healthy women; they attribute this to the scar formation after repeat vaginal surgery. This comparison to normal populations has a limited value in absence of data on sexual function in these women before the sling operation. It has been largely demonstrated that incontinent women more frequently have their sexuality impaired,

even dramatically, independently from vaginal surgery [3,4].

The same authors recently published another article regarding the enrollment of 18 women with de novo dyspareunia after sling insertion for urinary stress incontinence (USI) [5]. These patients underwent surgical removal of the sling. Results in the two studies are almost the same: FSFI showed an improvement in all sexual domains but orgasm after 12 wk from the surgical treatment. Therefore, the same research group, in two contemporaneous and similar studies, confirms that the recurrent suburethral scar tissue impairs female sexual function but also suggests that sling removal (with obvious subsequent scar tissue) can improve dyspareunia and female sexual function. These conclusions are not consistent.

From 2002, 16 different studies on the impact of sling operations for USI on female sexuality have been published (including the 2 by Kuhn et al [1,5]). New studies investigating this topic of primary importance for female quality of life have to be encouraged, although this profusion of small populations does not always improve the knowledge of this issue.

Conflicts of interest: The authors have nothing to disclose.

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