

Long term effects and the impact of nerve-sparing surgery for deeply infiltrating endometriosis (DIE) on pain and quality of sex life.

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introduction:

Endometriosis is a chronic and progressive condition of women of reproductive age. It is strongly associated with a significant reduction of quality of life (QOL) and sexual function.

The aim of this article was to investigate the long term effects and the impact of nerve-sparing surgery for deeply infiltrating endometriosis (DIE) on pain intensity and quality of sex life.

Method:

It is a prospective cohort study on consecutive 296 women, managed by laparoscopic nerve-sparing complete excision of deep endometriosis (with parametrial involvement, with or without segmental intestinal resection) recruited from our institution. Patient's clinical characteristics (age, body mass index, parity, previous laparoscopy, previous pregnancy and delivery), preoperative evaluation, intraoperative details, type of intervention, peri- and post-operative complications were noted.

Sexually active patients filled preoperatively, 6-month and 12- month postoperatively a quality of sexual life questionnaire, the Female Sexual Function Index (FSFI) and they ranked their symptom intensity using a 10-point visual analogue scale (VAS).

Results:

Surgery radicality was obtained in 84.2% of cases.

Our rate of major early complications was 4.9%, while major late complications 1.72%.

The transient bladder dysfunction occurred in 14.2% of patients undergoing bowel resection. The probably iatrogenic damage of cervico-vaginal sensibility occurred in 7.9 % of patients who completed FSFI. Major risk of postoperative complication was correlated with previous surgery, infiltration of the urinary tract and intestinal deep (major size and stenosis), ureterolysis and bowel resection.

Six months after surgery, a significant improvement was observed in the FSFI domains of pain ($P < 0.01$) and in the VAS score of pelvic pain, dyspareunia, dysmenorrhea ($P < 0.01$).

At 1-year follow-up, all scores statistically improved; FSFI total score is improved in 72.6% of our patients and 34% of the patients did not have dyspareunia and 38% of them had a decrease in its intensity.

Conclusions:

These results suggest that laparoscopic nerve-sparing complete excision of DIE, minimizing the visceral dysfunction and restoring of the normal anatomy of the pelvic cavity, significantly improved sexual satisfaction and reduced pain, psychological and physical problems interference with sex.

Mots clefs : endometriosis, nerve sparing surgery, laparoscopy

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