Evaluating the effects of colporrhaphy on the sexual satisfaction of women

Kariman N. (M.Sc.)¹, Tarverdi M. (M.Sc.)², Azar M. (M.D.)³, Alavi-Madjd H. (Ph.D.)⁴.

1- Instructor, Department of Midwifery, Faculty of Nursing & Midwifery, Shahid Beheshti University of Medical Sciences and Health Services, Tehran, Iran.

2- Instructor, Department of Midwifery, Faculty of Nursing & Midwifery, Maraghe Islamic Azad University, Maraghe, Iran.
3- Assistant Professor, Department of Psychiatry, Faculty of Medicine, Shahid Beheshti University of Medical Sciences and Health Services, Tehran, Iran.

4- Associate Professor, Department of Statistics, Faculty of Para-medicine, Shahid Beheshti University of Medical Sciences and Health Services, Tehran, Iran.



Introduction: It is well known that most of marital and emotional problems are due to sexual dissatisfaction and ignorance of human sexual instincts, which impose irreparable damage on social and marital relations and have destroyed family foundations. Therefore, an investigation on sexual satisfaction of the members of societies is necessary for improving sexual health. Physical and mental problems often result in sexual disorders, which pelvic relaxation is one of them. This disorder induces pelvic dysfunction that causes sexual dissatisfaction in couples. There have been few researches on the effects of colporrhaphy on sexual satisfaction in Iran; therefore this research was conducted to answer the scientific hypothesis of whether colporrhaphy has an influence on women's sexual satisfaction.

Materials and Methods: This quasi-experimental study (before and after treatment) was carried out on 67 women with prolapse of pelvic organs who referred to Tabriz Medical University's Educational Hospitals in the years 2003-2004. All of the subjects were married and had no previous histories of divorce, pelvic or breast surgeries, chronic diseases, addiction to narcotics or other problems resulting in sexual dysfunction. The last three mentioned items were considered for both subjects and their husbands. The subjects did not have urinary tract infections too. All the subjects had indication for colporrhaphy because of pelvic organs prolapses. All the operations were carried out by 4 surgeons following unique procedures for anterior, posterior or anteroposterior colporrhaphies. Sampling was non-random. The research data were collected through a sexual satisfaction questionnaire which its validity and reliability were tested by content validity and Alpha Cronbatch (r=0.89) test respectively. All the subjects had indication for colporrhaphy because of pelvic organs were carried out by 4 surgeons following unique procedures for anterior, posterior or anteroposterior due to by 4 surgeons following unique procedures for anterior, posterior or anteroposterior colporrhaphies. Sampling unique procedures for anterior, posterior or anteroposterior of the subjects had indication for colporrhaphy because of pelvic organs prolapses. All the operations were carried out by 4 surgeons following unique procedures for anterior, posterior or anteroposterior or colporrhaphy because of pelvic organs are carried out by 4 surgeons following unique procedures for anterior, posterior or anteroposterior colporrhaphy because of pelvic organs prolapses. All the operations were carried out by 4 surgeons following unique procedures for anterior, posterior or anteroposterior colporrhaphy because of pelvic organs prolapses. All the operations were carried out by 4 surgeons following unique procedures for anterior, posterior or anteroposter

Results: From the 60 women participating in the study who came back 12-16 weeks after surgery to be evaluated number of coitus per week, degree of sexual desire, number of orgasms experienced, and mental relaxation after coitus had been increased after the operation. The prevalence of vaginal dryness, pelvic cramps after coitus and dyspareunia were all decreased. The overall sexual satisfaction difference, based on PISQ and a 20- question sexual satisfaction questionnaire, was not statistically significant before and after the operations.

Conclusion: Sexual satisfaction did not have any significant difference before and 3 months after the operation but sexual problems were improved. Therefore, colporrhaphy seems to have no positive effects on sexual satisfaction however, it should be mentioned that these results are valid for a three-month follow up and cases should be followed up 6-12 months after the operation too.

Key Words: Colporrhaphy, Prolapse of Pelvic Organs, Cystocele, Rectocele, Cervical Prolapse, Sexual Satisfaction.

Corresponding Author: Kariman N., Midwifery Dep., Shahid Beheshti Nursing & Midwifery Faculty, Adjacent to Mofid Children's Hospital, Hosseinieh Ershad, Shariati Avenue, Tehran, Iran. **E-mail:** n_kariman@sbmu.ac.ir