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Original Article: Sexual Function Before and 1 Year After Laparoscopic Sacrocolpopexy

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1. The authors 5th reference by Handa, et al., similarly looks at sexual function after sacrocolpopexy. In that study, a significant number of patients who were not sexually active before surgery became sexually active after surgery (presumably because of resolution of vaginal bulging). Why do the authors believe that none of their patients who were not sexually active before surgery became sexually active postoperatively?

2. What were believed to be the causes of dyspareunia in the 5 patients that developed new onset dyspareunia postoperatively?

3. The authors state that the use of perineorrhaphy was reserved for patients with a gaping introitus. Is there a benefit to reducing a gaping introitus with regard to prolapse success or sexual function that outweighs a possible increased risk of dyspareunia?

4. Do the authors have a sense of whether the postoperative patients have “normal” sexual function, or perhaps better or worse sexual function than a population that never had symptomatic prolapse? What questionnaire could be used to study this?

5. This study was a secondary analysis of a study powered to look at the success of reducing prolapse, not sexual function. Therefore, many comparisons did not reach statistical significance. How many patients would be necessary to appropriately power this study to look specifically at sexual function?

6. In Table 2, 16 patients responded to PISQ 12-question #6 that they had urinary incontinence during intercourse. Did all of these patients get a sling? Did the 2 patients that had postoperative urinary incontinence have a failed sling, or did urinary incontinence develop postoperatively?
7. Based on the results of this study and the original study looking at prolapse success, can the authors give a rationale for why they would choose to use porcine dermis or polypropylene in a sacrocolpopexy outside of a study protocol?