Most women facing gynecologic surgery don't worry about its effects on sex

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Most women scheduled for gynecologic surgery to address noncancerous symptoms said in a recently published survey that they were not worried about the effects of the procedure on their sex lives.

However, a surprising 37 percent of women planning to be sterilized did express concern in this study that they might have less sexual desire after the operation - even though that surgery does not affect hormone levels.

Among those in the study who were having reproductive organs surgically removed, fewer than 15 percent expressed concerns about sex. Women scheduled for ovary removal were more likely to expect to lose sexual desire and enjoy sex less after surgery than were women scheduled for hysterectomies.

"Most women were not very concerned, and among any women who do have these worries, I think we can reassure them that they don't necessarily have to fear a detriment to sexual function," said Jonathan Schaffir, a clinical associate professor of obstetrics and gynecology at Ohio State University and senior author of the study.

"Some women who have their ovaries removed might have a decrease in hormone levels and might have a problem, but that is certainly not the rule."

Ovary removal leads to menopause in women, which can be characterized by such symptoms as hot flashes, night sweats, sleeping

difficulties, irritability and vaginal dryness, as well as the possibility of reduced interest in sex, Schaffir said. He added that doctors can offer remedies, especially a variety of therapies to replace lost estrogen, for most of those symptoms.

Hysterectomy - removal of the uterus - and sterilization through tubal ligation or other, less invasive methods do not affect hormone levels.

Schaffir said the findings also pointed to differences in counseling proficiency between long-term attending physicians and medical residents, suggesting that residents could benefit from additional training in how to address sexual function concerns with patients who are scheduled for these surgeries.

The survey findings are detailed in a recent issue of the *Journal of Sexual Medicine*.

Schaffir and colleagues collected data over six months from women admitted for benign gynecologic surgeries at Ohio State University Medical Center. During that time, 150 women were admitted for eligible surgeries, and 75 women completed the surveys.

Demographically, the women were not all that different, except in age. Patients undergoing sterilization were significantly younger than those having their ovaries or uteruses removed, and women undergoing oophorectomy - ovary removal - were generally older than those having a hysterectomy. Between 68 percent and 74 percent of the women reported that they were sexually active.

Though the patients were not questioned about symptoms or circumstances that led to their surgeries, Schaffir said most benign hysterectomies and oophorectomies are done to treat fibroid tumors, abnormal bleeding or chronic pain.

Sterilization options for the women included either tubal ligation or a nonsurgical procedure that involves permanently blocking the fallopian tubes with an instrument inserted through the vagina.

The questionnaire contained 10 statements about sexual function and asked the women to answer whether they agreed or disagreed with the statements on a scale of 1 through 5, with 1 representing strong agreement and 5 representing strong disagreement.

Women undergoing oophorectomy were the most likely to agree with two statements regarding sexual function: "I may have less sexual desire after surgery" and "This surgery will make me less able to enjoy sex." Women having hysterectomies were the least likely to agree with those statements.

Overall, 10 percent of women having hysterectomy and 13 percent of women having oophorectomy thought they would have lower sexual desire following surgery, and 13 percent in each group agreed that they would feel less feminine after the procedures.

The 37 percent of women facing sterilization who believed they would have less sexual desire after the procedure took Schaffir by surprise.

"The opposite is often true. And research has also been done that shows that women who have an effective method of contraception feel free to participate more sexually because they no longer have fear of pregnancy," he said. "These procedures don't change the hormone levels or the anatomy. So it's a little unclear where that fear might come from."

He also noted that reproductive organ removal, and even ovary loss, should also improve sex for some women, depending on their symptoms leading to the surgery.

"Hormones contribute to sexual desire, but there are so many other issues that influence how a woman is able to function sexually and how much she will want to have sex, a large part of it being confounding medical issues," Schaffir said. "If someone is bleeding all the time, she's not going to want to have sex, and the same is true if she's in horrible pain and sex causes discomfort. So surgery can relieve a lot of problems and improve her sex life even if there is some hormonal disruption."

On average, the women surveyed did not wish for more time to discuss the sexual effects of the surgeries. Most also did not initiate the discussion with their doctors about sexual effects of surgery.

"If it was going to happen, the doctor probably initiated the discussion," Schaffir said.

The researchers also gauged women's reactions to certain issues based on whether they were referred for surgery by a private attending physician or a medical resident practicing in the Medical Center clinic.

More than half of patients seeing private doctors agreed that their physicians spoke to them about how the surgery could affect their sex life, compared to just 19.5 percent of patients counseled by residents. Almost 20 percent of the women counseled by residents expressed the wish for more discussion about sexual effects of surgery, vs. just 6.3 percent of patients seen by private doctors expressing the same wish.

One in four women counseled by private physicians also looked elsewhere for information about sexuality and sexual function, compared to 7.3 percent of patients counseled by residents.

Schaffir said most resident training, especially in the first two years of a four-year program, emphasizes treating pregnant women because they constitute the majority of patients seen in the clinic. Performing

surgeries and counseling patients facing major surgery typically come later in training, particularly during the fourth year, Schaffir said.

"This is just one questionnaire at one hospital, but I would guess it could be generalized to the typical training schedule at other academic centers," he said. "This survey suggests residents should probably be getting that training earlier on to be sure they raise important points with patients."

Because the study was small, Schaffir said researchers could get a better idea of women's perceptions of their sexual function after surgery if they were questioned before the procedure and again a few months later.

"A lot of sexual topics are under-researched. But it is more openly discussed than it was 50 years ago," he said.

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