

Surgery for back pain reduces problems with sex life-related pain

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For patients with degenerative spinal disease, surgery is more effective in reducing pain that interferes with sexual activity, compared to nonsurgical treatment, reports a study in the November 15 issue of *Spine*.

"Sex life is a relevant consideration for the majority of [patients](#) with degenerative spondylolisthesis and [spinal stenosis](#)," write Dr. Shane Burch of University of California-San Francisco and colleagues.

"Operative treatment leads to improved sex life-related [pain](#)," in addition to reducing pain and disability from degenerative spinal conditions.

Lower Rate of Sex Life-Related Pain after Spinal Surgery

The researchers analyzed data from the [Spine Outcomes Research Trial \(SPORT\)](#)—one of the largest clinical trials of [surgery](#) for spinal disorders. Patients meeting strict criteria for [spinal stenosis or degenerative spondylolisthesis](#) were randomly assigned to surgery or [nonsurgical treatment](#).

Patients with spinal stenosis or degenerative spondylolisthesis have narrowing of or pressure on the spinal canal, causing back pain, leg pain, and other symptoms. In the SPORT study, patients who did not improve with initial nonsurgical treatment were offered the opportunity to "cross over" to surgical treatment.

In response to questionnaires, about 30 percent of patients indicated that sexual function was not relevant to them. These patients were older (average 70 versus 63 years), more likely to be female and unmarried, and more likely to have coexisting joint problems.

Of 825 patients who said that sexual function was relevant, 531 underwent some kind of surgery (spinal decompression or spinal fusion) 294 received nonsurgical treatment. Before treatment, 55 percent of patients said they had at least some pain affecting their sex life.

Three months after back surgery, less than 20 percent of patients still had sex life-related pain. In contrast, about 40 percent of patients treated without surgery still had pain with sexual activity. The improvement persisted through four years' follow-up, and was significant for patients undergoing spinal decompression versus fusion.

The SPORT study was designed to clarify the benefits of surgical compared to nonsurgical treatment in patients with carefully defined [spinal disorders](#). Previous results in patients with spinal stenosis/degenerative spondylolisthesis suggested that surgery provides greater improvement in pain and functioning.

Chronic back pain has known negative consequences for sexual function, contributing to decreased quality of life. Previous research has suggested that sexual function is improved after surgery for back pain. The new study is the first to include a large number of patients undergoing back surgery, and the first to include a comparison group of patients treated without surgery.

"The impetus behind our study was to initiate the process of understanding how back surgery affects patients' lives," says Dr. Burch. "An important aspect for many patients includes [sex life](#). We have very limited data to discuss this topic, and we need to do a better job for our

patients to inform them of what to expect after surgery."

Future studies will provide more complete information on how back surgery can improve [sexual function](#) and activity. Meanwhile, Dr. Burch and colleagues suggest that surgeons and other professionals caring for patients with back pain should be aware of and discuss the impact on sexual functioning. They conclude: "Sex-life function is relevant to patients with spinal pathology and should be addressed."

More information: Patrick K. Horst et al. Sex Life and Impact of Operative Intervention on Sex Life-related Pain in Degenerative Spinal Conditions, *SPINE* (2016). [DOI: 10.1097/BRS.0000000000001851](https://doi.org/10.1097/BRS.0000000000001851)

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