Commentary on “Sexual function after robot-assisted prolapse surgery: a prospective study”

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This article by van Zanten et al. is a report on a prospective cohort study of 107 patients who underwent a robot-assisted sacrocolpopexy (RASC) or supracervical hysterectomy with sacrocervicopexy (RSHS). The median follow-up was 15.3 months. While no difference was found in the total number of sexually active women before and after surgery [63 (58.9%) vs. 61 (63.5%), $p = 0.999$], significantly fewer women avoided sex postoperatively compared with preoperatively. The authors found no significant difference in pre- and post-operative complaints of dyspareunia. Total mean Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire-12 (PISQ-12) scores improved significantly 1 year after prolapse correction (33.5 vs. 37.1; $p = 0.004$), mainly due to improved scores on the physical and behavioral–emotive domains.

Patient-reported functional outcomes are increasingly becoming the yardsticks for surgical success, and counseling for prolapse surgery and sexual function is now emerging as an important variable. Abdominal sacrocolpopexy (ASC) preserves vaginal length and minimizes the risk of dyspareunia. When performed successfully, sacrocolpopexy is most likely to preserve or improve sexual function, but de novo sexual dysfunction can occur due to mesh complications. Postoperative sexual dysfunction has been reported in multiple laparoscopic sacrocolpopexy (LSC) and RASC series, although not consistently; it is reported in 0–9% of patients [1]. Often in clinical practice, during the period of follow-up, participation in sexual activity may change different responses to questions regarding sexual activity at each visit. This is often a result of changing personal and partner circumstances. Hence, asking questions regarding sexual function at each visit is imperative.

In one of the earlier prospective studies of this surgical approach, North et al. [2] commented that sexual function

was not well documented preoperatively. Also, a condition-specific questionnaire with regard to sexual function, such as the PISQ, was not used. This made it difficult to draw firm conclusions about the effect of surgery on sexual function. This study by van Zanten et al. of a fairly large sample size has covered the research gap in this specific area, i.e., sexual function following robotic prolapse surgery, which is often underreported in clinical trials and reviews. While it does not compare robotic versus vaginal versus laparoscopic approaches to surgery for pelvic organ prolapse (POP), often, recruitment to comparative trials for POP is difficult due to patient and surgeon preferences and individual patient circumstances, necessitating tailoring the procedure accordingly. The authors have noted that not all sexually active patients filled in the questionnaire, resulting in loss to follow-up, which has been encountered in the setting of other well-designed trials due to patient's cultural or personal views toward such questions, including feelings of shame and guilt [3].

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