



Editorial

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Published online: 17 May 2024

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Dear readers of the *International Urogynecology Journal*,

In the April issue of this journal the Editorial announced the special contribution by Matthew Barber, which unfortunately was not printed in the April issue but only now in May. So please enjoy the summary of the Ulf Ulmsten lecture Dr Barber was invited to give at the annual International Urogynecological Association meeting in The Hague last year. This presentation was a truly inspiring event and so is his Special Contribution “Measuring pelvic organ prolapse: an evolution,” as Dr Barber admits that he has changed his opinion and no longer recommends composite outcomes as primary outcome measures.

Furthermore, I would like to share with you my “Editor’s pick” of this issue: “The role of vibrators in women’s pelvic health: an alluring tool to improve physical, sexual, and mental health” by Alexandra Dubinskaya et al. Many women and men will confirm that vibrators can be a very useful sex toy. Vibrators have been studied and shown to improve sexual health. However, the notion that vibrators can be considered as the “single modality that could promote and support a woman’s pelvic, sexual, and overall health” has not crossed my mind so far, although clearly, sexual health is an important part of general health. In their study the authors assess the effect of regular external genitalia vibrator use in women with a large variety of pelvic floor dysfunction such as stress and

urgency urinary incontinence, interstitial cystitis, and genitourinary syndrome of the menopause. Unsurprisingly, sexual function scores improved as the frequency of sexual activities increased and dyspareunia decreased. Urinary incontinence and objective prolapse measurements remained unchanged, but prolapse symptoms were reduced. The authors assume that less atrophy severity might have had a positive influence. Beyond sexuality, subjectively assessed depression, as well as health-related quality of health, improved.

It is a pilot study and there is no sample size or power calculation, which limits the interpretation of the results. Defining a clinically important change in symptoms or findings when planning a study should always be considered in order to be able to judge the results, especially of patient-centered outcome measures.

I would not go as far as the authors, who suggest that vibrators might be the “ideal device for pelvic rehabilitation.” But it may be a very simple, useful (and pleasurable) supporting instrument in the management of some pelvic floor disorders in some or even many women.

I hope that you will enjoy reading every article in this issue and particularly those mentioned above.

Publisher’s note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

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