

# Pelvic organ prolapse – A hidden disfigurement affecting sexual function



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## ABSTRACT

**Background:** Assessment of sexual function in prolapse cases is important. Studies focusing on relationship between sexual function and pelvic organ prolapse (POP) are sparse. **Aims and Objectives:** The aim of the study was to evaluate sexual function in women with symptomatic POP. **Materials and Methods:** Women undergoing surgery for POP were interviewed. **Results:** Among the 60 cases of POP, 35% of women accepted that they used to find ways to avoid sexual intercourse due to their prolapsed organs. Difficulties faced during intercourse were – pain during intercourse (70%), bleeding/discharge (46.67%), burning sensation (20%), unable to achieve orgasm (30%), and urinary leakage in 10%. Almost 68 % of women felt that sexual frequency was decreased in their husband also. About 27 % of women felt that due to their disturbed sexual life, their husband started being irritated and frustrated with some even leaving sex in between (8%). About 30% of cases, women said that their husband was really disturbed with her problems and had started avoiding sexual activities as they feared that this might further aggravate her condition. **Conclusion:** This study emphasizes need to assess sexual profile in women with POP with a message that there is a definite scope of improvement in this regard.

**Key words:** Pelvic organ prolapse; Sexual function; Sexual frequency

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## INTRODUCTION

Pelvic organ prolapse (POP) occurs due to weakened pelvic floor muscles and ligaments. Causes remain multifactorial. Pregnancy and childbirth are important risk factors for developing prolapse.<sup>1</sup> The risk increases with the increasing number of vaginal deliveries.<sup>2</sup> Exact incidence is difficult to identify in developing countries as many of these women suffer in silence and shame and do not report to health-care providers. Clinical presentation varies widely. Women usually report when prolapse starts interfering with her bladder and bowel issues. In fact, sexual dysfunction is one such aspect where women tend to ignore her symptoms and suffer in silence and agony. Compared to women without prolapse, women with prolapse are less sexually active, have lower libido, and suffer more with vaginal dryness.<sup>3</sup> Handa et al., observed that women with advanced POP

had decreased arousal ( $P < 0.01$ ), increased dyspareunia ( $P < 0.01$ ), and infrequent orgasm ( $P < 0.01$ ).<sup>3</sup> Vaginal bulge disturbs sexual activity.<sup>4</sup> Often, the urinary and fecal incontinence hampers the frequency and enjoyment of sexual activity.<sup>5</sup> In Indian Scenario, talking about sexual needs is still considered a taboo and women hardly speak about their problems to their treating clinicians. With increasing life expectancy, considering social function assessment in these women needs attention before advocating treatment for her prolapse. The literature search has shown that in last decade studies focusing on sexual improvement following prolapse treatment have gained momentum. Van der Vaart et al., in their multicenter and prospective study compared sexual functioning in POP woman in pessary versus surgical treatment and reported that surgery was better with remarkable improvement in sexual function.<sup>6</sup> In another recent study involving 120

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women with symptomatic POP, it was seen that their quality of life including sexual function was poor at baseline and improved following surgical treatment.<sup>7</sup>

The physical changes associated with prolapse might interfere with a women's perception about her body image. The way a woman looks and feel for her private parts influences her quality of life especially sexual life. Moroni et al., in their cohort of 105 Brazilian women with POP observed that sexual function gets affected with an impaired body image and poor perception of attractiveness in woman with POP.<sup>8</sup>

Studies focusing on sexual function in POP are limited in India. With this in mind, we conducted this study to explore women's concern in terms of her sexual function.

### Aims and objectives

The aim of this study is to evaluate the sexual function in women with symptomatic Pelvic organ prolapse.

## MATERIALS AND METHODS

### Study design, setting, and duration

This was a descriptive study of women with POP presenting to a tertiary care center in Uttarakhand, India, from April 2019 to January 2020. The study was approved by the Institutional Ethics Committee.

### Study participants

Women presenting with complaints of something coming out per vaginam or a bulge in the vaginal area and those who demonstrated prolapse of stage more than or equal to II according to POP quantification system<sup>9</sup> at their first visit were asked to participate in the study. Those having recurrent prolapse, vault prolapse, and those who were sexually inactive were not included in the study group. Malignant POP or those suspicious to be malignant will be excluded from the study.

### Data collection

In depth, interviews were conducted on 60 women with symptomatic POP waiting for surgical management. Questionnaire constituted information regarding the sociodemographic characteristics. Sexual activity or inactivity was assessed by asking the question – Are you sexually active. Those answering – Yes were included in the study. Sexual activity was considered if there was sexual relationship in the past 6 months. A semi-structured questionnaire was used to assess the sexual profile (Supplementary Data 1). Open-ended questions were asked to address the effect of prolapse on their body image and relationship with husband (Supplementary Data 2 and 3).

The participants were verbally informed regarding the method of conducting the study. Verbal informed consent was obtained from each participant before the interview and it was clearly informed to the participants that this was just a research study and not a medical consultation. They were given free choices as to withdraw at any time of the interview without affecting their further treatment plan. The privacy and confidentiality of the participant were taken care of and the interview was conducted in a separate room by a senior gynecologist and a postgraduate student. Each interview lasted for around 15–20 min, keeping in mind about the trust conferred by the participant on the interviewer. Baseline demographic characteristics were noted in a tabular form.

### Data analysis

Descriptive statistics were used to calculate simple frequency and percentage.

## RESULTS

During the specified time period, there were a total of 70 women with POP in our outpatient department. Seven women were sexually inactive (3 were widowed) and three women refused to participate in the study. As absence of partner is one of the main factors behind sexual inactivity in older women; hence, those without partner were not included in the study.<sup>5,10</sup>

Face to face interviews were conducted on 60 women with symptomatic POP.

### Sociodemographic profile

The mean age group of the study population was 51.5 years. About 75% belonged to hilly areas and 25% came from plains. Uttarakhand comprises both hilly and plain areas. Majority of the study group were from hilly areas. Such women are used to hard manual works. Carrying heavy weights such as buckets of water, bundles of grass, and wood for household purposes is part of their daily routine purposes. Approximately 83% of women in our study were illiterate with around 92% being homemaker. Almost 80% of our study group had parity above 2 (Tables 1 and 2).

### Sexual functioning

As evident from Table 2, it is seen that sexual life is affected in women with POP. About 35% of women accepted that they used to find ways to avoid sexual intercourse due to their prolapsed organs. Almost 75% needed special positions during sex like putting a pillow below hips (50%) and side lying in rest 25%. Difficulties faced during intercourse were mainly- pain (70%), bleeding/discharge (46.67%), burning sensation (20%), unable to achieve

orgasm (30%), and urinary leakage in 10%. About 8.33% used lubricants before intercourse such as K-Y jelly, Vaseline jelly, and coconut oil. About 30% of women reported unable to achieve orgasm after their prolapse got increased.

### Effect of POP on relationship

About 68% of women felt that the sexual frequency was decreased in their husband also while 32% felt that there was no change in sexual frequency of their husbands. Two women told that their husband had developed extramarital relationship as they were unable to satisfy their husband needs. About 27% of women reported that sexual dissatisfaction was often the result of quarrels as their husband used to get irritated and frustrated, with around 5% leaving sex in between due to difficulties. In 30% cases women told that their husband was really disturbed with her problems and had started avoiding sexual activities as they feared that this might further aggravate her condition (Table 3).

**Table 1: Sociodemographic profile**

Variable	Number (%)
Mean age	51.5 years
Resident of	
Hilly areas	45 (75)
Plain areas	15 (25)
Mean age at marriage	17.69 years
Education	
Unable to read and write	50 (83.33)
Class 1–5	7 (11.67)
Class 6–10	0
High school	2 (3.33)
Graduate	1 (1.67)
Occupation	
Working	5 (8.33)
Homemaker	55 (91.67)
Parity	
≤2	12 (20)
More than 2	48 (80)

**Table 2: Impact on sexual function**

Variable	Total (%)
Avoid being intimate due to prolapse	21 (35)
Frequency of sexual intercourse	
<40 years	2–3 per week
40–50 years	2–3 per week
50–60 years	1–2 per week
60–70 years	2–3 per month
More than 70 years	1–2/3 months
Prolapse needs to be reduced before intercourse	45 (75)
Presence of pain during intercourse	42 (70%)
Bleeding/discharge during intercourse	28 (46.67)
Burning sensation during intercourse	12 (20)
Use of lubricants	5 (8.33)
Needs special position for sex (raising hip by putting pillow and side lying position)	31 (51.67)
Leakage of urine during sex	6 (10)
Leakage of stool during sex	1 (1.67)
Orgasm not achieved	18 (30)

### Views about body image

When asked to discuss their views regarding the changes associated with prolapse on their body image or physical appearance, 75% of women felt that prolapse made them feel different from before. About 53% of women reported being more conscious and facing difficulties in routine works whereas rest 25% had no issues in terms of body appearance as it was hidden underneath clothes (Table 4).

## DISCUSSION

Sexual satisfaction is directly related to marital harmony for many couples. POP is known to affect issues of sexuality in terms of desire, orgasm ability, and arousal.<sup>11–13</sup> Sexuality is dependent on various factors such as body image, sexual perception, partner's desire and competency, and quality of relationship with partner.<sup>5</sup> Psychological factors due to change in her body image perception also affect her sexuality. The bulge in the vagina makes sexual intercourse difficult and painful. The presence of urinary and fecal incontinence further aggravates sexual problems. This further adds to anatomic abnormalities and difficulties related to intercourse. It often becomes embarrassing for the women to continue sexual activity in this condition and they try to avoid being intimate and finding ways to avoid intimacy and this further creates rifts in their marital relationship.

Studies have shown that women experiencing more pelvic floor symptoms have poorer sexual function.<sup>3,14</sup> Women with advanced prolapses feel less feminine and less physically and sexually attractive in comparison to women with normal pelvic support.<sup>15</sup>

**Table 3: Effect of prolapse on sexual relationship**

Perceived effect of reduced sexual activity on partner	Number (%)
Husband shows change in sexual interest	41 (68.33)
Irritated and frustrated	16 (26.66)
Sex left in between	5 (8.33)
Extramarital affair	2 (3.33)
Afraid of hurting me and so avoids sex	18 (30)
Husband has no change in sexual frequency due to prolapse	19 (31.67)

**Table 4: Views about body image**

Views	Number
Feel different than before-	45 (75)
Less confident and more conscious in normal situations due to prolapse as it interferes with routine works	32 (53.33)
Feel aged due to prolapse	13 (21.67)
Does not matter much as it is hidden under clothes	15 (25)

In our study, around 35% of women avoided being intimate due to prolapse. However, despite having prolapse, women continued with their sexual function as long as they managed in around 65% cases. Answers like – I push my uterus inside before sex was quite common (75%). This implies that prolapse *per se* was not the cause for sexual inactivity. The previous studies have reported that poor sexual functioning was associated with severe pelvic floor symptoms and not with the prolapse stage. Reasons for avoiding sexual activity were mainly – bleeding/discharge (47%) and pain during intercourse (70%). In fact, in one of the women, the reason for avoiding sex was involuntary leakage of stool. To continue with their sexual function, women started using alternate ways to avoid difficulties. Use of lubricants to avoid dryness and burning in vagina was seen in 8.33% and positions like using a pillow below hips and side lying position were seen in more than 50% cases.

Women in rural areas are mostly dependent on their husband and children for financial support. Illiteracy and lack of financial support prevent these women to live an independent life. In around two cases, disturbed sexual life resulted in extramarital affair of their partners which also disturbed them emotionally and leaving them to suffer in pain and shame. They were unable to take decisions and continued living in disturbed marriage. They felt that they were no longer useful to their husband.

Almost 68% of women felt that sexual frequency was decreased in their husband also. This could partly be due to the POP. However, advancing age could be an independent predictor of decreased sexual function in their partners and this needs further research. About 27% of women felt that due to their disturbed sexual life, their husband started being irritated and frustrated with some even leaving sex in between (8%). About 30% of women felt that their husband was very cooperative with their condition and avoided sexual intimacy as they were afraid of aggravating her prolapse.

### Views on body image

Prolapse affects some patient's self-esteem negatively. Women perceptions about her own body changes with prolapse. Lowder et al., reported that women with prolapse of Stage 2 and above feels isolated and less attractive, often changed sexual intimacy practices or starts avoiding sexual intimacy altogether.<sup>15</sup> The presence of POP had made women to feel something different from her previous appearance in around 75% cases in our study. About 53% cases felt that POP made them self-conscious in routine activities. Prolapse affected her personal activities such as cleaning floor or doing other household chores thereby resulting in loss of interest and distraction in daily activities and thereby making them self-conscious. Those with

irreducible prolapse and Stage IV were the most affected ones. In around 25% cases, POP had no effect on her views about body image as they felt it remained hidden.

### Limitations of the study

A major strength of this study was that it included sexually active women only with advanced POP. We used a simple questionnaire with many open-ended questions thereby making it interview based study. We also focused on the perceived effects of disturbed sexual life on their relationship with her partner. A major disadvantage of this study was that this study also included many menopausal women with none of them taking hormone therapy. Menopause itself leads to changes in genital organs, leading to vaginal dryness and decreased libido. Another major limitation was absence of comparison group. Moreover these patients were not evaluated after treatment of their prolapse to see if perceptions changed. These patients were also not compared to women of similar demographics without prolapse.

The results of our study add further to a better understanding of sexual function in women with POP. In Indian scenario, talking about sexual issues is still considered a taboo, more so, in women living in rural areas. Sexual life is one such issue for which women mainly suffer in silence and agony. While taking the interviews, we got to know this aspect in a very detailed way. None of the women had sexual dysfunction as her chief complaint despite the fact that many of them had disturbed sexual and as such disturbed marital life due to prolapse. This study emphasizes the need to assess sexual profile in women with advanced POP with a message that there is a definite scope of improvement in this regard.

### CONCLUSION

Being a hidden disease, women often tend to ignore POP till the time symptoms are unbearable or affects her quality of life. Sexual function remains greatly affected with both husband and wife losing interest in sex due to associated pain and discharge. Health-care providers should take initiatives in educating women regarding prolapse and to make them aware that it is a treatable condition which can improve their quality of life.

**Key message:** Integrating sexual health in clinical evaluation of POP is important.

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**Authors Contribution:**

**RM**- Concept and design of the study, prepared first draft of manuscript, and result interpretation with literature review; **AB**- Interpreted the results and manuscript preparation; **SP**- Concept, coordination, preparation of manuscript, and revision of the manuscript; **LC**- Data collection and manuscript preparation; **DG**- Literature review; **PK**- Literature review; and **SJ**- manuscript revision and literature review.

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## SUPPLEMENTARY DATA

### Supplementary Data 1: Semi structured questionnaire – (Yes/No)

1	Has frequency decreased due to prolapse
2	Do you need to reduce it prior to sex
3	Husband has less interest in sex
4	Pain during intercourse
5	Bleeding during intercourse
6	Leakage of urine during sex
7	Leakage of stool during sex
8	Any special position
9	Use of lubricants
10	Dryness in vagina
11	Burning in vagina
12	Are you satisfied

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Supplementary Data 2: Open-ended questions on the perceived effect of uterovaginal prolapse

1. How does your husband react to your change in sexual frequency?

Supplementary Data 3: Views regarding body image in women with pelvic organ prolapse

Do you consider that your body has changed after prolapse – Yes/No? If yes, specify?