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COMPARISON BETWEEN PREOPERATIVE AND POSTOPERATIVE SEXUAL FUNCTION OF THE JAPANESE WOMEN WHO UNDERWENT TRANSVAGINAL MINIMAL MESH SURGERY FOR THE TREATMENT OF PELVIC ORGAN PROLAPSE

Hypothesis / aims of study
It is reported that the Japanese people have sexual intercourse extremely less often compared with the other countries [1]. Actually, Japan is the country where dyspareunia after TVM surgery has seldom been a problem so far [2]. However, since the FDA's alert, the use of Prolift-type TVM has also declined and the use of minimal mesh repair as well as laparoscopic sacrocolpopexy (LSC) and native tissue repair (NTR) is on the increase in Japan. We aimed to clarify the preoperative and postoperative sexual function of the Japanese patients who underwent transvaginal minimal mesh surgery.

Study design, materials and methods
A longitudinal case series of 232 consecutive patients operated between January 2015 and June 2016. The mesh used was not a commercially available kit but an originally designed self-made small mesh which was cut from Polyform TM (Boston Scientific 15×20cm). This mesh is smaller in size by 56 % as compared with the mesh widely used in Japan. It has semicircle head (5×7cm) and 2 arms (2cm width) and through about 5 cm of longitudinal anterior vaginal incision, the head portion of mesh is implanted beneath the anterior vaginal wall and two arms are delivered into each right and left sacrospinous ligament (SSL) using special needle. The data were obtained from the clinic records retrospectively. Sexual function before and 6 months after surgery were evaluated using the Japanese version of the Female Sexual Function Index (FSFI). Patients who failed to answer FSFI were confirmed by medical interview that they were not dissatisfied with their sexual activity/sexual life even though they had no sexual intercourse. Then, the estimated values, supposing that non FSFI response patients had no sexual intercourse and dissatisfaction, were also calculated.

Results
The average age of all the patients who underwent POP repair surgery was 67.7±8.8 years; the preoperative FSFI collection rate was 70.8% (223/315); and the vaginal intercourse rate was 12.3% (estimated value: 8.5%).
The average age of the patients who underwent the tranvaginal minimal mesh surgery was 67.9±7.3 years. At 6 months after surgery, the rate of recurrence accompanying subjective symptom was 0.9% and the rate of mesh erosion was 0.4%. The FSFI collection rate before and after surgery was 72.4% (168/232) and 58.7% (132/225), respectively. Compared between the patients who responded to the questionnaire before surgery and after surgery, the vaginal intercourse rate remained unchanged from 15.3% (estimated value: 8.6%) to 15.3% (estimated value: 8.4%), whereas the vaginal dyspareunia rate decreased from 8.1% (estimated value: 5.1%) to 4.8% (estimated value: 2.6%) and the sexual dissatisfaction rate increased from 6.1% (estimated value: 3.0%) to 8.2% (estimated value: 4.0%), showing no statistical significant differences between before and after surgery. Neither exacerbation of postoperative vaginal dyspareunia nor sexual dissatisfaction caused by the mesh was observed.

Interpretation of results
Neither exacerbation of postoperative vaginal dyspareunia nor sexual dissatisfaction caused by the mesh was observed.

Concluding message
Based on our data, which covered only up to the early-postoperative period, our original TVM surgery using only anterior wall mesh would be a preferable option as POP repair surgery for patients who don't value sexuality as well as those who have vaginal intercourse even though less often.

References
1. The 2005 Global Sex Survey by Durex. 2005. http://www.data360.org/pdf/20070416064139.Global20Sex20Survey.pdf (accessed March 29, 2017)
2. Takahashi S, Obinata D, Sakuma T, Nagane Y, Sato K, Mochida J, Ichinose T, Yamaguchi K. Tension-free vaginal mesh procedure for pelvic organ prolapse: a single-center experience of 310 cases with 1-year follow up. Int J Urol. 2010; 17(4):353-8.

Disclosures
Funding: None **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics Committee:** Ethics Committee of Yotsuya Medical Cube (code: YMCIRB-17R005) **Helsinki:** Yes **Informed Consent:** Yes