



Editorial/Unusสุนักร

## Sexual Function in Women with Pelvic Organ Prolapsed and Urinary Incontinence

**Manonai J, MD.**

*Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok 10400, Thailand*

Pelvic floor disorders (PFDs), including urinary incontinence (UI), pelvic organ prolapse (POP), and fecal incontinence (FI), are common and affect up to one third of premenopausal and 45% of postmenopausal women. Their incidence increases dramatically with age and menopause<sup>(1)</sup>. Problems with sexual functioning are common among women with PFDs<sup>(2)</sup>. Women with pelvic organ prolapse report an impact of their condition on sexual function. Women with urinary incontinence, both stress and urgency urinary incontinence, also typically report impaired sexual function compared to those without urinary incontinence. However, data regarding the effects of PFDs on women's sexual function is limited and conflicted especially in Thai women. The cultural differences, degree of concern, research methodology and definitions used for clarifying sexual dysfunction might explain this.

The simplest way to identify and begin to assess sexual function in the clinical setting is to ask the patient a series of simple questions: Are you sexually active? Another way of assessing sexual function in women with PFDs is to use a validated questionnaire. Dr Rujura Wattanayingcharoenchai has reported the impact of pelvic organ prolapse and urinary incontinence on sexual function. The validated questionnaires: Pelvic Floor Bother Questionnaire and Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire were used. The information gained from this study may help further educate healthcare providers about sexual activity and sexual dysfunction in women they manage with and without PFDs. Moreover, physicians and health care providers should open the lines of communication with their patients with respect to sexual function and discuss the impact of their condition and its treatment on their sexual function.

### References

1. Mannellaa P, Palla G, Bellini M, Simoncinia T. The female pelvic floor through midlife and aging. *Maturitas* 2013;76:230-4.
2. Fashokun TB, Harvie HS, Schimpf MO, Olivera CK, Epstein LB, Jean-Michel M, et al; Society of Gynecologic Surgeons' Fellows' Pelvic Network. Sexual activity and function in women with and without pelvic floor disorders. *Int Urogynecol J* 2013;24:91-7.