

ORIGINAL ARTICLE

Colpoperineoplasty in women with a sensation of a wide vagina

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Abstract

Background. In women complaining of a wide vagina and decreased sexual satisfaction we performed colporrhaphy – including perineoplasty in most cases. **Methods.** Between November 2003 and October 2004, a total of 53 patients were selected for operation at the Urogynecology and Vaginal Surgery Unit, Las Condes Clinic, Chile. The patients were requested to assess the results of surgery in terms of experienced vaginal tightening and regained or enhanced sexual satisfaction. **Results.** Six months after surgery, 94% experienced a tighter vagina and said they were able to achieve orgasm. Expectations were fulfilled in 74%, partially fulfilled in 21%, and not met in 5%. Only two patients (4%) regretted surgery, and two patients had minor surgical complications. **Conclusion.** In a selected group of women with acquired sensation of a wide vagina, colporrhaphy seems to improve symptoms and enhance sexual gratification in a majority of the women. A controlled trial with a longer follow-up is needed for a proper evaluation.

Key words: Colporrhaphy, wide vagina, vaginal relaxation, female sexual dysfunction

Traditionally, colporrhaphy is a surgical procedure to correct genital prolapse. An abnormal or subjectively wide vagina may be associated with sexual dysfunction, and recently some gynecologists have performed colporrhaphy on patients with a sensation of a wide vagina who had lost the ability to experience orgasms as the main symptom. To the best of our knowledge the result of colporrhaphy in these patients has not been published. The aim of this study was to report our preliminary experience in this area, and the results in terms of general acceptability and satisfaction, and whether the procedure enhanced the sensation of vaginal tightness and sexual gratification reported by the woman.

Patients and methods

Between November 2003 and October 2004, 53 women with sexual dissatisfaction and a sensation of a wide vagina were selected for colporrhaphy. The Ethics Committee of Clínica Las Condes approved

the study. As no valid questionnaire on the sexual consequences of a wide vagina exists, a new questionnaire was designed.

Patient characteristics were as follows: age, mean 45 years (range: 30–66); parity, median 3 (range: 0–7); vaginal deliveries, median 3 (range: 0–7); cesarean deliveries, median 0 (range: 0–3).

All patients but two had previous vaginal deliveries. Of these two, one had three previous cesarean deliveries, and the last was a nulliparous woman.

Inclusion criteria were a sensation of a wide vagina in combination with a decrease or lack of ability to reach orgasm. Both conditions should have been present for at least one year. The majority, 96%, had experienced the change in vaginal width after one or more vaginal deliveries.

Exclusion criteria were symptomatic genital prolapse, primary anorgasmia, dyspareunia, spinal lesions, psychiatric treatment, or use of psychotropic drugs. All participants had a preoperative psychological evaluation, consisting of an interview applied

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by the same physician who performed the surgery with the intention of excluding sexual dysfunctions that could interfere with the indication, expectations, and results of the surgery. Patients who revealed personality upheavals or classic sexual dysfunctions such as vaginismus, dyspareunia, primary anorgasmia, and/or sexual partner dysfunction were not considered candidates for this treatment.

All patients had a site-specific anterior and posterior repair. In all cases paravaginal stitches (three or four each side) were placed during the anterior repair (1). The fasciae were dissected by means of a Yag laser. In all but one case, an additional perineoplasty was performed. After finishing the surgery the surgeon was able to insert just two fingers in at least the lower two thirds of the vagina. All surgical procedures were performed by two of the authors (JP and VS). Regional (spinal) anesthesia was used in 36 patients and general anesthesia in 17 patients.

Patients were discharged on the following day and were seen 7 days and 6 weeks later by the surgeons. Six weeks subsequent to surgery the women were allowed to resume sexual activity.

To assess the patients' satisfaction, identical questionnaires was used before and 6 months after the surgery. The questionnaire was answered by e-mail by 19% and the rest gave information by telephone (which is far from ideal regarding the type of question asked). None of the patients was interviewed by the surgeons or other members of the surgical team.

Results

Before surgery 96% of 53 women experienced a decrease in vaginal sensation, 73% described difficulties achieving orgasm, 27% had no orgasm, and 49% felt a decrease in libido. All had a sensation of a wide vagina with a median duration of 8 years (range 1–30 years). This information was obtained at the physician's office during the first interview.

Before surgery, expectations were as follows: 92% wanted a tighter vagina, 91% wanted their partner to feel a tighter vagina, and 74% looked forward to improvement in sexual gratification.

Compared to the situation prior to surgery (Table I), 35 women (66%) experienced a great improvement in sexual life, 24% experienced significant improvement, 6% experienced slight improvement, and 2 patients (4%) had no improvement at all. In no cases did the sexual life worsen, according to the questionnaire six months after surgery.

Fifty women (94%) said they were able to reach orgasm and 51 women (96%) felt an adequate

Table I. Patients' sexual activity, fulfillment of expectations, and vaginal width 6 months after surgery.

Question addressed to the patient	Number of	
	patients	Percentage
After surgery, your sexual activity		
Was much improved	35	66
Was sufficiently improved	13	24
Was poorly improved	3	6
Did not improve	2	4
Worsened	0	0
Your expectations in relation to this surgical procedure		
Were completely fulfilled	39	74
Were partially fulfilled	11	21
ere not fulfilled (specify)	3	5
With regard to the correction of the vaginal width		
You feel satisfied about undergoing the surgery	51	96
You regret having undergone the surgery	2	4
The issue is immaterial to you	0	0

tightening of the vagina. Two patients regretted having undergone surgery.

Discussion

The type of surgical intervention described in the present study is used in many settings, usually on patients' demand, but a large case series has not so far been published. To some degree this is probably due to the controversiality of the issue: Is it ethical to medicalize women's sexuality? Is the indication strong enough to balance the risk of an operation? Is a fight against the natural processes of aging an acceptable goal of health care? Is sexual education of the couple a better alternative? And what are the long-term consequences of surgery?

This study shows that in women with a sensation of a wide vagina and a secondary loss of sexual satisfaction, anterior and posterior colporrhaphy, in combination with a perineoplasty in 98%, may lead to a sensation of a tighter vagina and improve the couples' sexual gratification. Satisfaction and fulfillment of expectations was high.

As time goes by the female pelvis undergoes several anatomical changes, one of them being increased laxity of the vagina (2). Obstetric factors such as vaginal deliveries, multiparity, deliveries of large fetuses, and application of forceps, as well as collagen deficit, are risk factors in terms of genital prolapse (3–6). Little is known about the epidemiology of and risk factors for a wide vagina and the implications for sexual life subsequent to pregnancy and delivery.

Traditionally, colporrhaphy is regarded as an easy and safe procedure. In this study we found no

intraoperative complications and only two cases of minor postoperative complications. The latter were minimal surgical wound dehiscence (affecting the vagina and the perineum) that resolved spontaneously.

When discussing the results and implications of our study, we cannot stress enough that the patients belong to a highly selected group of women with a previously satisfactory sexual life, who experienced a major change subsequent to their pregnancies and deliveries, or gradually by aging.

This study has several shortcomings. First, it is a small observational study without a control group. Second, both inclusion criteria and outcome parameters are based on subjective indices, i.e. a sensation of a wide vagina. Third, applied questionnaires were neither validated nor collected in a uniform manner. And finally, six months is a very short follow-up period.

In conclusion, we report the result of an observational study showing that in women with a sensation of a wide vagina and secondary loss of sexual satisfaction, colporrhaphy may lead to a sensation of a tighter vagina and improve sexual gratification in the first months after surgery. A prospective, controlled trial using objective and validated mea-

asures is needed to confirm the results of the present study.

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References

1. Karram MM. Vaginal operations for prolapse. In: Baggish MS, Karram MM, editors. Atlas of Pelvic Anatomy and Gynecologic Surgery. Philadelphia: WB Saunders; 2001. p. 378–97.
2. Petros PE, Ulmsten UI. An integral theory of female urinary incontinence. Experimental and clinical considerations. Acta Obstet Gynecol Scand Suppl. 1990;153:7–31.
3. Deval B, Rafii A, Poilpot S, Aflack N, Levardon M. Prolapse in the young woman: study of risk factors (in French with English abstract). Gynecol Obstet Fertil. 2002;30(9):673–6.
4. Foldspang A, Mommsen S, Lam GW, Elving L. Parity as a correlate of adult female urinary incontinence prevalence. J Epidemiol Community Health. 1992;46(6):595–600.
5. Mant J, Painter R, Vessey M. Epidemiology of prolapse: observations from the Oxford Family Planning Association Study. Br J Obstet Gynaecol. 1997;104(5):579–85.
6. Buchanan S, Robertson GW, Hocking PM. The relationships between vaginal collagen, plasma oestradiol and uterine prolapse in turkeys. Res Vet Sci. 1999;67(2):153–7.