

Women's sexual experience after colporrhaphia posterior – long-term follow-up

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Introduction

Posterior colporrhaphy is a standard repair for symptomatic rectocele and may be combined with perineoplasty. While surgery generally improves vaginal symptoms and quality of life, its impact on sexual function remains sparse.

Aim

To assess long-term sexual function and vaginal symptoms after posterior colporrhaphy and to evaluate differences between procedures with and without concomitant perineoplasty.

Methods

A retrospective cohort study with prospective follow-up was conducted among women operated at Svendborg Hospital, Odense University Hospital, from 2020-2024. Eligible procedures included posterior colporrhaphy (with or without perineoplasty) and anterior colporrhaphy for comparison. 1–5-year follow-up applied validated questionnaires (ICIQ-VS). Baseline data were collected from medical records and questionnaires.

Results

Of 244 eligible women, 120 women responded (posterior $n = 56$ (with perineoplasty $n=24$); anterior $n = 64$). Overall, 45 (37.5%) were sexually active at follow-up, with no difference between posterior and anterior colporrhaphy (55.5% vs 44.5%; $p = 0.19$). Sexual inactivity due to vaginal symptoms was reported by 7.5% overall (6 after posterior (5 with perineoplasty) and 3 after anterior; $p = 0.30$). Vaginal symptom scores were similar between posterior and anterior colporrhaphia (10.0 [6.0–18.0] vs 8.5 [2.8–21.0]; $p = 0.56$), and sexual matters scores did not differ (0.0 [0–17.0] vs 12.0 [0–29.5]; $p = 0.30$). Within posterior colporrhaphia, perineoplasty was associated with higher vaginal symptom scores (13.5 [9.0–20.3] vs 8.0 [5.8–14.3]; $p = 0.03$) and higher scores on sexual matters were observed, although not statistically significant (13.0 [0–34.0] vs 0.0 [0–10.8]; $p = 0.26$).

Conclusion

Posterior and anterior colporrhaphia showed comparable rates of sexual activity and similar vaginal and sexual symptom scores. Within posterior colporrhaphia, the addition of perineoplasty was associated with higher vaginal symptom scores.