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Sexual function and psychological well-being after uterine artery embolization

Salvatore Giovanni Vitale¹, Valentina Lucia La Rosa², Diego Rossetti³, Agnese Maria Chiara Rapisarda⁴, Antonio Simone Laganà¹

¹Unit of Gynecology and Obstetrics, Department of Human Pathology in Adulthood and Childhood "G. Barresi", University of Messina, Via Consolare Valeria 1, 98125 Messina, Italy.

²Unit of Psychodiagnostics and Clinical Psychology, University of Catania, Via Santa Sofia 78, 95124, Catania, Italy.

³Unit of Gynecology and Obstetrics, Desenzano del Garda Hospital, Section of Gavardo, Via A. Gosa 74, 25085 Gavardo, Brescia, Italy.

⁴Department of General Surgery and Medical Surgical Specialties, University of Catania, Via Santa Sofia 78, 95124, Catania, Italy.

ABSTRACT

The aim of this work is to propose a brief comment about the impact of uterine artery embolization on sexual function and psychological well-being of women affected from uterine fibroids.

Keywords: uterine fibroids; uterine artery embolization; sexuality; quality of life.

Uterine leiomyomas are one of the most common gynecologic problems in the female population. They are benign tumors that affect approximately between 20% and 50% of adult women⁽¹⁻⁵⁾. The symptoms of leiomyomas include bleeding with possible subsequent severe anemia, pain and, in some cases, infertility and pregnancy complications^(2, 6). About 10%-40% of women

SOMMARIO

Lo scopo di questo lavoro è quello di proporre un breve commento riguardo l'impatto dell'embolizzazione arteriosa dei fibromi uterini sulla sessualità e sul benessere psicologico delle donne sottoposte a tale trattamento.

with uterine leiomyomas are symptomatic⁽³⁾. In these cases, patients usually resort to medical or surgical treatments such as hysterectomy or myomectomy^(2, 7-11).

Hysterectomy is associated with loss of infertility, possible complications of a major surgical procedure and long recovery times⁽²⁾ and may have negative effects on sexual well-being of women^(3, 8, 12). Moreover, hysterectomy has a significant impact on the woman's body image and psychological well-being so many women choose alternative treatments⁽¹²⁾.

Some patients choose myomectomy, especially to preserve fertility⁽³⁾; myomectomy is generally

Corresponding Author:

Dr. Valentina Lucia La Rosa: psicolarosa@gmail.com

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associated with increased blood loss, pain, high postoperative morbidity, long periods of hospitalization and recurrence of symptoms^(2, 13). More recently, a growing number of women resort to minimally invasive techniques for the treatment of uterine fibroids such as uterine artery embolization (UAE)^(1, 2, 8, 12). UAE was first described in 1995 by Ravina et al.⁽¹⁴⁾ and has been demonstrated to be a safe and effective technique for treating symptomatic uterine leiomyomata⁽¹⁵⁻¹⁷⁾. The advantages of this procedure are numerous and include less invasiveness, shorter hospitalization, less morbidity, minimal blood loss and preservation of the uterus^(2, 3); moreover, the approximate clinical success rate is about 85% with 40%-70% average size reduction of fibroids at 6-month follow-up⁽³⁾. According to the literature, UAE is associated with high patients satisfaction rates compared to other types of treatment for uterine fibroids^(2, 18, 19). Voogt et al. have underlined that sexual and psychological well-being improve significantly 3 months after UAE in women with uterine fibroids and that problems with sexual functioning statistically significantly decrease⁽⁸⁾. Nevertheless, little is known about sexual functioning after UAE as well as about the

effects of UAE on the psychological well-being of women^(3, 8). For this reason, we believe that a multidisciplinary approach in the treatment of women with uterine fibroids is very important and a psychological assessment with validated instruments can be of help to identify emotive diseases and sexual dysfunctions⁽³⁾.

For this purpose, we recommend to use instruments such as the Brief Index of Sexual Functioning for Women⁽²⁰⁾ or the Female Sexual Function Index (FSFI)⁽²¹⁾. It would be appropriate to evaluate also the presence of psychiatric comorbidities and psychological diseases, such as anxiety and depression, through the use of validate psychodiagnostic tests. In conclusion, further studies about the effects of UAI on sexual function are needed and will help to better identify the ideal treatment for each patient.

DECLARATION OF INTEREST

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper. No specific funding was obtained.

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