Sexual function and psychological well-being after uterine artery embolization

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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.

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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\(^9\). 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\(^5, 9\). 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\(^9\).

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 UAE on sexual function are needed and will help to better identify the ideal treatment for each patient.

DECLARATION OF INTEREST

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