

Title: 11160—Male and Female Sexual Dysfunction Following Pelvic Tumor Surgery--Sexual Dysfunction Following Pelvis Surgery

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Background: Surgery of pelvic bone and soft tissue tumor leads to difficulty ambulating, bowel and bladder dysfunction. However, long-term post-operative sexual dysfunction has not been accurately characterized and quantified.

Question/Purpose: Our primary purpose was to characterize the long-term sexual dysfunction following Surgery of pelvic bone and soft tissue tumor. Our secondary purpose was to determine the relationships between sexual dysfunction and patients' age, follow up time and chemotherapy and radiation therapy.

Patients and Methods: Thirty-five patients who underwent surgery of pelvic bone and soft tissue tumor completed the questionnaire. Fourteen male participants completed the International Index for Erectile Function (IIEF) and twenty-one female participants completed the Female Sexual Function Index (FSFI). The IIEF contains 5 functional domains and FSFI contains 6 functional domains. The score of each domain was calculated to determine the patients' sexual function level before and after surgery.

Results: Eleven of the 14 males completed the IIEF. Average mean follow-up is 31 months. Compared to pre-operative sexual function, the long term post-operative sexual function (IIEF average scores) were significantly decreased in 4/5 domains. Interestingly, in soft tissue pelvic surgery group, the post-operative IIEF average scores have significant decrease in 4/5 domains, while in bony group, the post-operative IIEF average scores have no any significant change in all 5 domains. In female group, twelve of the 21 female subjects completed the FSFI. The mean follow up is 51 months. Similar to male patients, female post-operative sexual function (FSFI scores) also significant decreased in all the 6 domains. In soft

tissue group, the post-operative FSFI average scores decreased in all 6 domains. Different from male, the female post-operative FSFI scores in bony group decreased in 4/6 domains as well.

Unexpectedly, in both male and female, patients' age, follow up time and chemotherapy and radiation therapy are not associated with long term post-operative sexual function in our study.

Conclusions: Surgery for pelvic bone and soft tissue tumor has significant destructive effect on long term sexual function of both male and female. Compared to soft tissue surgery, bony surgery may have less destructive effect on long term sexual function in male.

Level of Evidence: II