

ANFAL BIBI**Supervisor: Assistant, PhD Mamatkulova M.J.****USING OF THE PISQ-12 QUESTIONNAIRE
IN PATIENTS OF NEOVAGINAL PROLAPSE AFTER
SIGMOIDAL COLPOPOIESIS**

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To assess the effectiveness of surgical and medical interventions for urinary incontinence and/or pelvic organ prolapse, psychometric questionnaires are important to assess the quality of change in women's lives. Although long forms of questionnaires are useful for research, short forms may be more widely used in clinical and practice research where it is important to minimize patient burden as well as reduce cost. We present a validated and reliable short form PISQ-12 questionnaire for the assessment of pelvic organ prolapse/urinary incontinence that accurately predicts and scores the problem.

Key words: neovagina, questionnaire, genital prolapse, sigmoid colpoiesis

Condition-specific questionnaires to evaluate quality of life changes in women with urinary incontinence and/or pelvic organ prolapse are important to assess the efficacy of surgical and medical interventions. We have previously developed a condition-specific, self-administered, valid and reliable scale evaluating sexual function in patients with incontinence and/or uterovaginal prolapse, the Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-31) [1]. Although long forms of questionnaires are helpful for research, short forms may have wider applicability in clinical and research settings where it is important to minimize respondent burden and cost. We present a validated and reliable short form of the Pelvic

Organ Prolapse/Urinary Incontinence Sexual Questionnaire that accurately predicts long form scores, the PISQ-12.

Pelvic floor dysfunction (PFD) affects one-third of adult women, and neovaginal prolapse after sigmoid colposcopy is no exception. However, various authors describe such a rare complication of sigmoid colposcopy as neovaginal prolapse [1; pp. 56-60]. Djordjevic ML et al. (2011) reported in their series of studies that the incidence of prolapse was 8.1% [2; pp. 3487-3494]. According to Neron Met al. (2017), the incidence of neovaginal prolapse is approximately 2.3% [3; pp. 41-47]. Although these pathologies are not life-threatening, their symptoms can change everyday life, including physical, social, and sexual functioning. Sexual function is an important indicator of quality of life and depends on a number of physical, psychological, and social factors.

It has been proven that the more symptoms of pelvic floor dysfunction a woman has, the more problems she will have in her sex life; therefore, gynecological care should include an analysis of sexual function that covers both the characteristics of the woman and her partner.

The Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-31), developed by Rogers and colleagues, assesses the sexual function of women with pelvic floor dysfunction [4; pp. 552–558] and was originally developed as a specific, reliable, practical, self-administered tool for sexually active women with pelvic organ prolapse (POP), urinary incontinence (UI), or fecal incontinence (FI). Elements of this tool were developed by surveying sexual health experts and taking into account previously validated tools that assessed sexual health in the general population. The tools used as standardization criteria in the creation of the PISQ-31. The 31 questions assess three areas (behavioral/emotional, physical, partner-related) using a Likert-type scale (0 = always and 4 = never) - except for question 5, which is rated from 0 to 5 (0 = no masturbation and 5 = always). The assessment is made by adding up the scores for each question, and therefore higher scores reflect better sexual functioning.

Later, the same author and her team reduced the original questionnaire to 12 items (PISQ-12), with a validated Spanish translation in 2008. This questionnaire covers three areas: sexual response (items 1-4, 12), female sexual problems (items 5-9), and male sexual problems (items 10-11). The scores correspond to a Likert-type scale, where 0 is always and 4 is never, with reverse order for items assessing behavior and emotions during sexual response (items 1-4), and then all scores are summed. The final score ranges from 0 to 48, and the higher the score, the better the sexual function, with a response of 0 or 1 to any question being considered an abnormal sexual response, i.e., female sexual [5; p. 58, 24; p. 53-55, 6; p. 206-210, 7; pp. 48-52]. The questionnaire consists of questions with five possible answers, and the results are scored on a scale of 0 to 48, with 48 indicating good sexual function.

Pelvic Organ Prolapse/Urinary Incontinence Sexual Function Questionnaire (PISQ-12)

Instructions: Following are a list of questions about you and your partner's sex life. All information is strictly confidential. Your confidential answers will be used only to help doctors understand what is important to patients about their sex lives. Please check the box that best answers the question for you. While answering the questions, consider your sexuality over the past six months. Thank you for your help.

- How frequently do you feel sexual desire? This feeling may include wanting to have sex, planning to have sex, feeling frustrated due to lack of sex, etc.
 Always Usually Sometimes Seldom Never
- Do you climax (have an orgasm) when having sexual intercourse with your partner?
 Always Usually Sometimes Seldom Never
- Do you feel sexually excited (turned on) when having sexual activity with your partner?
 Always Usually Sometimes Seldom Never
- How satisfied are you with the variety of sexual activities in your current sex life?
 Always Usually Sometimes Seldom Never
- Do you feel pain during sexual intercourse?
 Always Usually Sometimes Seldom Never
- Are you incontinent of urine (leak urine) with sexual activity?
 Always Usually Sometimes Seldom Never
- Does fear of incontinence (either stool or urine) restrict your sexual activity?
 Always Usually Sometimes Seldom Never
- Do you avoid sexual intercourse because of bulging in the vagina (either the bladder, rectum or vagina falling out)?
 Always Usually Sometimes Seldom Never
- When you have sex with your partner, do you have negative emotional reactions such as fear, disgust, shame or guilt?
 Always Usually Sometimes Seldom Never
- Does your partner have a problem with erections that affects your sexual activity?
 Always Usually Sometimes Seldom Never
- Does your partner have a problem with premature ejaculation that affects your sexual activity?
 Always Usually Sometimes Seldom Never
- Compared to orgasms you have had in the past, how intense are the orgasms you have had in the past six months?
 Much less intense Less intense Same intensity More intense Much more intense

Scoring:

Scores are calculated by totaling the scores for each question with 0=never, 4=always. Reverse scoring is used for items 1,2,3 and 4. The short form questionnaire can be used with up to two missing responses. To handle missing values the sum is calculated by multiplying the number of items by the mean of the answered items. If there are more than two missing responses, the short form no longer accurately predicts long form scores. Short form scores can only be reported as total or on an item basis. Although the short form reflects the content of the three factors in the long form, it is not possible to analyze data at the factor level. To compare long and short form scores multiply the short form score by 2.58 (12/31).

Below is a sample questionnaire PISQ-12 (Prof. Rebecca Rogers, 2002) (Fig. 1)

Objective: to study the effectiveness of the PISQ-12 questionnaire in patients with neovaginal prolapse after sigmoid colposcopy.

Materials and methods. Our data obtained as a result of the examination showed that there were 22 (62.86%) cases of grade II prolapse, 6 (17.14%) cases of grade III prolapse, and 7 (20%) cases of grade IV prolapse. In terms of the type of prolapse, prolapse of the artificial vaginal mucosa occurred in 28 (80%) patients, and apical prolapse occurred in 7 (20%) women.

One of the main methods for determining the degree of neovaginal prolapse prior to surgical correction was the POP-Q system.

According to the studies conducted, two types of prolapse were identified: prolapse of the neovaginal mucosa in 28 (80%) patients and apical prolapse of the neovagina in 7 (20%) patients.

The average age of the patients studied was 30 years \pm 1.68, and the age range varied from 17 to 40 years, with the pathology often detected in the 21 to 30 age group.

In our studies, patients with prolapse filled out the questionnaire before and after, where we found that 68.6% of patients considered it necessary to answer the questions; 14.3% of patients refused to fill it out for ethical reasons, and 17.1% of patients were not sexually active and did not need to fill out the questionnaire.

The questionnaire results were evaluated by summing up the total scores, with 0 to 10 points indicating a poor result, 11 to 20 points indicating no change, 21 to 30 points indicating positive change, 31 to 40 points indicating a positive result, and 41 to 48 points indicating good sexual function.

The results of the survey conducted to assess the sexual well-being of patients according to PISQ-12 after surgical treatment of neovaginal prolapse in the study groups did not differ, which indicates that sexual function does not depend on the type of surgical intervention. On the contrary, in some cases, improvement in this function was often noted after the elimination of prolapse. The figure shows the results in numbers and percentages (Fig. 3) 6 and 12 months after surgery. Thus, 95.8% of patients resumed sexual activity, and only one patient did not resume sexual activity

due to pain during intercourse (dyspareunia), a symptom that was present before the operation.

In these patients, the PISQ-12 score was 6 ± 2 before surgery and 27 ± 6 after 6–12 months. The examined patients noted that their sex life had improved significantly in 15 out of 24 patients (66.7%) and slightly in 8 out of 24 (33.3%).

Diagnosis of artificial vaginal prolapse is not difficult with a properly selected examination algorithm and further determines the course of tactical actions regarding the proposed treatment.

Conclusion. Psychosexual adaptation, as determined during conversations with patients, showed that most patients achieved acceptable results in terms of the appearance of the neovagina. Of the 35 patients under regular observation, 15 were married and satisfied with the quality of their sex life. The effectiveness of these techniques was demonstrated by a statistically significant ($p < 0.05$) improvement in the length of the neovagina, the location of the point on the anterior wall, and the tendinous center of the perineum after 1 month compared to the traditional surgical technique.

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