



Vulvar Vestibulitis Syndrome: An evaluation of long term surgical outcomes



Eanes A¹, Martin C^{2,1}, Harper K^{3,1}, Zolnoun D¹

¹UNC Division of Advanced Laparoscopy and Pelvic Pain, ²Johns Hopkins School of Medicine, ³University of North Carolina School of Public Health

BACKGROUND

VVS is a complex disorder affecting upward of 10% of reproductive age women and it is the most common diagnosis among women with persistent complaints of entry dyspareunia. Nevertheless, the etiology and optimal treatment for VVS remains unknown. A range of therapeutics is utilized for treatment of this condition with variable response rate. Surgical removal of vestibular mucosa is the most common treatment for tractable cases with a reported response rate as high as 80%. However, it is often difficult to compare effectiveness of studies for surgical treatment of VVS (i.e., postvestibulectomy) due to short duration of follow up and subjective measures of pain and quality of life. Thus, the objective of this study was to investigate long term pain report, sexual function, and psychological distress among women who had undergone vestibulectomy for the treatment of refractory VVS at our tertiary pelvic pain clinic at the U. of North Carolina, Chapel Hill.

OBJECTIVE

To assess pain, sexual function, and psychological distress among postvestibulectomy patients over the following post-surgery intervals: (1) less than two years; (2) between two and four years; and (3) four or more years.

METHODS

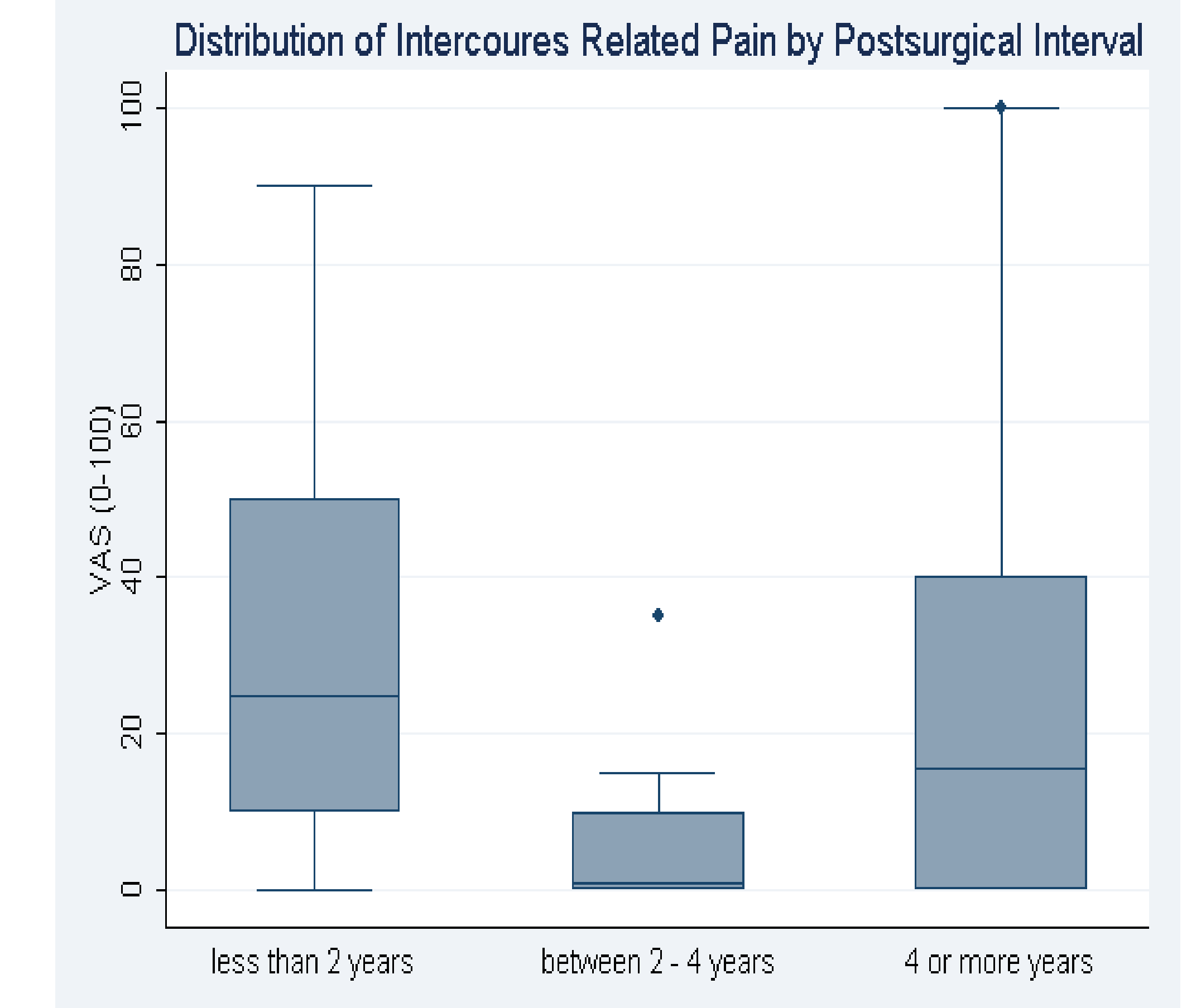
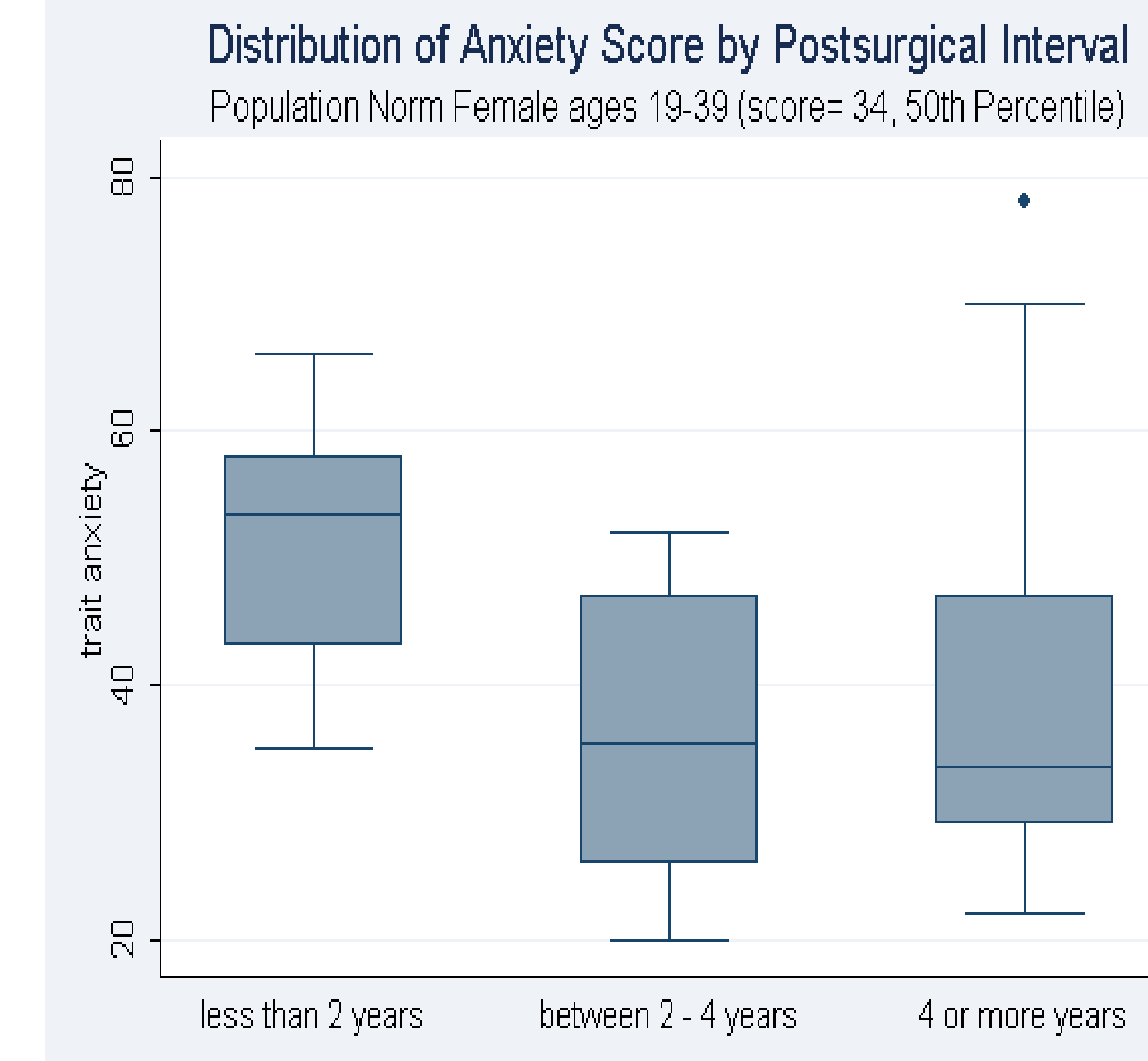
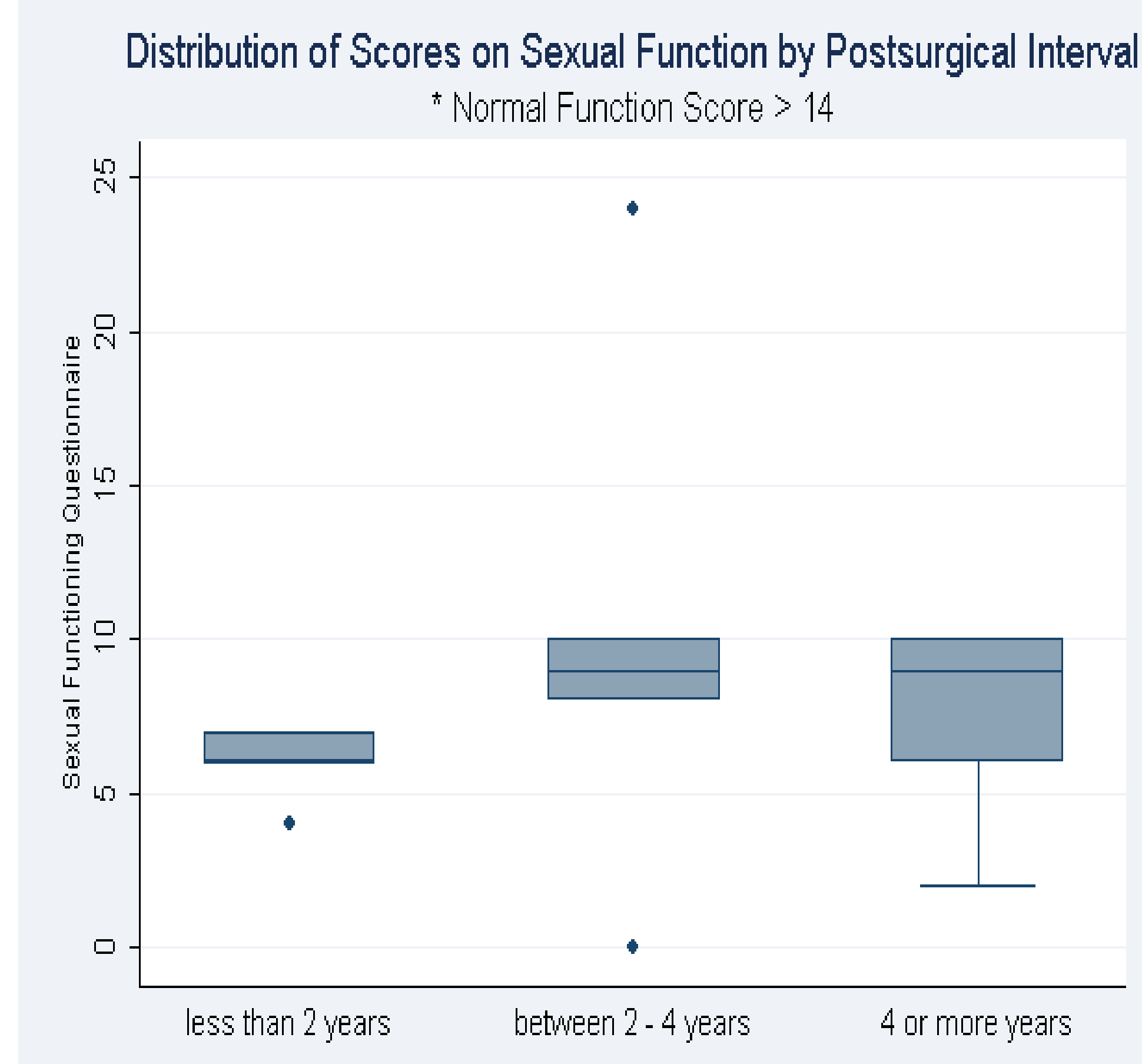
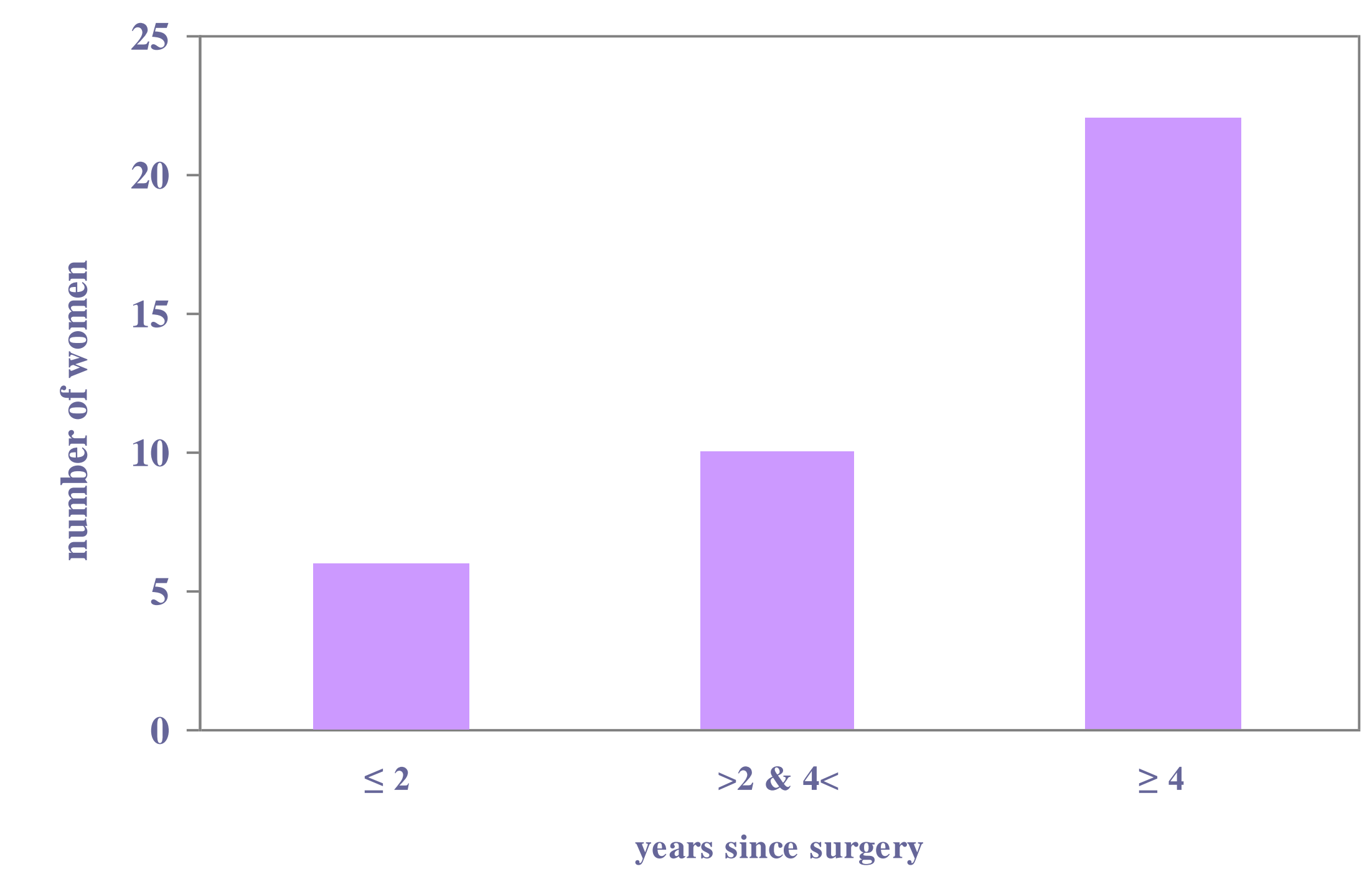
This cross sectional study was conducted over a four-month period (May - August 2008) and was approved by the Institutional Review Board at the University of North Carolina at Chapel Hill. Our cohort consisted of women who had undergone vestibulectomy between 1989 and 2007. We mailed questionnaires to collect information on demographics, provoked (i.e. intercourse related) and unprovoked (e.g. generalized vulvar) pain using Gracely Pain Assessment Scale (VAS subscale for Average Pain, 0 “no pain” and 100 “worse imaginable pain”), Sexual Function Questionnaire (SFQ), and psychological distress (e.g. Spielberger trait anxiety). Descriptive statistics and ANOVA were used to examine the distribution of these variables over time and their respective relationship with one another.

RESULTS

Of the total 102 postvestibulectomy patients, 38 (35% response rate) returned the completed questionnaires; the final study sample included 38 women (35% response rate). This cohort consisted of white (94.7%), married (82%), college educated women (85%) aged 20-49 (mean 31) with an average of 5.5 (SD= 0.66) years since surgery.

Fully, fifty percent of those surveyed reported on going pain with intercourse; 26% experienced moderate to severe pain (VAS >30). Compared to the population norm, women in our cohort had higher levels of anxiety (41.16, SD=2.50) and scored lower on SFQ (7.94, SD=0.64), consistent with on going problem with sexual dysfunction.

Years Since Vestibulectomy



Lastly, postoperative interval was not associated with measures of pain, psychological distress, and sexual function. Women who had their surgeries within two years of study participation reported the most pain during intercourse (mean = 33.33) compared to those who had their surgeries within 2 – 4 years (mean = 7.2) and four or more years of study participation (mean = 24.82).

CONCLUSION

This exploratory study is the first to examine long- term postvestibulectomy outcomes using structured questionnaires. Regardless of duration of postoperative period, most women had residual pain, poor sexual function, and high levels of anxiety compared to population norm. More rigorous research is needed on the long-term benefits of surgery for VVS and psychosocial factors associated with chronic pain state in VVS.