Evaluation of Sexual Dysfunction in the Female Following Rectal Resection and Intestinal Stoma

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Problems of sexual dysfunction were surveyed by questionnaire mailed to women who had undergone rectal resection and ostomy surgery over a ten-year period. Completed questionnaires were returned by 30 respondents, 19 to 54 years of age, who indicated both physical and psychological problems. Many of the problems were solved by the patients themselves, but the way can be made easier with the help of an understanding surgeon and knowledgeable stoma therapist who can create a climate in which the patient may feel at ease asking for guidance concerning sexual matters. [Key words: Ostomy(ies); Sexual dysfunction]

The Problem of Sexual Dysfunction following resection of the colon and rectum with the formation of a stoma occurs in both men and women. The effects of rectal resection on male potency have been well recorded in the surgical literature, but authors have given only modest attention to female sexual dysfunction following surgery. Professional publications dealing with sexuality and ostomy care acknowledge the potential for female sexual dysfunction following creation of a stoma and excision of the rectum.

When questioned postoperatively, female patients believe they have significant sexual problems. Discussions with stomal therapists, gynecologists, and psychiatrists confirm that disturbances in the woman's sexuality may be more prevalent than originally had been thought. A study by Stahlgren and Ferguson1 in 1959, revealed that two out of 24 female ostomates whose sexual function could be evaluated, complained of sexual disturbances. Burnham et al.2 of Great Britain and Ireland, reviewed the postoperative progress of 175 female ileostomy patients. Thirty-three per cent of the patients reported having dyspareunia after excision of the rectum.

Method and Materials

It was our intent to study the degree of sexual dysfunction in the female patient following rectal resection and formation of an ostomy.

Sexual function in men consists of desire, erection, orgasm, and ejaculation.3 Sexual function in women is related to more subjective qualities consisting of desire, pleasure, orgasm, and satisfaction, characteristics difficult to evaluate in an objective and scientific manner. For the purposes of this study, female sexual dysfunction is defined as any condition that may interfere with sexual response such as pain, fear, loss of desire, loss of sensation, lack of pleasure, lack of orgasm, or decreased satisfaction. Much of the woman's sexual concern is with being accepted and desired, while the man is concerned with his ability to perform.4

The survey was not designed to provide scientific analysis but rather to determine from the patients what they regarded as sexual dysfunction, what they had done to overcome the problem and what recommendations they had for other women and the health professionals involved in their care.
To obtain this information, we developed a questionnaire consisting of 28 questions (below), which was mailed to female patients who had undergone ostomy surgery in the past 10 years. The patient answered factual questions by making a check mark in front of the appropriate answer. Open-ended questions were used to extract more sensitive information and to avoid suggestions that might influence the patient’s answers; this technique encouraged patients to use their own words to describe their sexual feelings, problems and solutions.

Patients were instructed not to sign the questionnaires nor to identify themselves in any manner. However, they were offered the opportunity for a personal interview with one of the authors.

**Results of the Survey**

The results of the survey are based on information obtained from 30 completed questionnaires and personal interviews. The age range of the respondents at the time of operation was from 14 to 53 years; the