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About Pelvic Surgery and Sexual Dysfunction

Any kind of major pelvic surgery or injury has the potential for damaging the nerves and blood vessels leading to the vagina and clitoris. If this happens, the blood flow through the arteries may be diminished or cut off entirely, leading to a loss of sexual sensation and reduced ability to become sexually aroused.

Major pelvic trauma may potentially result from:

- ❖ **Hysterectomy:** This is the removal of the uterus along with the cervix. This is the second most common pelvic operation for women after Caesarean sections. While most gynecologists and sexologists say that a hysterectomy should not negatively affect a woman's sexual response, the research shows conflicting and contrary data. Some studies report positive and some report negative sexual outcomes after hysterectomy, but no study has shown 100 percent results either positively or negatively. We believe that injury to the uterovaginal and cervical plexus during hysterectomy may affect blood flow and lubrication thus affecting sexual and orgasmic response. Removal of the uterus can diminish or eliminate pelvic floor orgasms and scarring in the vaginal cuff can make intercourse painful.
- ❖ **Uterine Embolization:** This is a relatively new technique used in the treatment of uterine fibroids (benign tumors that can cause pain and bleeding). In this procedure, the physician inserts small plastic particles into the uterine artery to cut blood flow to the tumors. Some women who had prior pelvic floor orgasms report a loss of uterine contractions and sensation after this procedure.
- ❖ **Childbirth Trauma:** This can occur as a result of vaginal tearing due to use of suction or forceps, which can cause nerve and vascular damage to the vagina and clitoris. An episiotomy can cause sexual problems if the incision is large or not properly closed.
- ❖ **Straddle injuries:** These injuries can result from falling on a bicycle or balance beam, as well as pelvic fracture which can cause trauma not only to the pubic bone, but to other structures in the pelvic area including the vagina, clitoris, urethra, uterus, and bladder and their corresponding arteries and nerves.

What can you do?

It is important to seek evaluation and treatment from a doctor who is trained in diagnosing sexual dysfunction secondary to pelvic injury. You should be evaluated for blood flow, genital sensation, as well as receive a neurological work-up to determine the degree (if any) of nerve damage. Depending on the kind and extent of damage done, devices, as well as creams that can help restore some degree of sensation and arousal.

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