

# HIP ARTHROSCOPY IMPROVES SEXUAL FUNCTION IN RECEPTIVE PARTNERS WITH FEMOROACETABULAR IMPINGEMENT SYNDROME

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# Disclosures

- Thomas Youm: Arthrex, Inc: IP royalties; Paid consultant; Paid presenter or speaker

# Background

- Femoracetabular Impingement (FAI) often manifests as hip pain in young to middle-aged adults during positions of deep flexion
- The age group afflicted by FAI is one in which sexual satisfaction is particularly important
- Sexual dysfunction is a sensitive subject, often not broached by the patient or surgeon in the preoperative setting
- A recent study of 131 patients undergoing hip arthroscopy found 66% of patients reported FAI interfered with their sexual relations preoperatively, compared to only 10.8% at a minimum of 1-year follow-up.
  - Lee et al. (2015) *AJSM*

# Purpose

1. To determine if femoracetabular impingement (FAI) interferes with sexual relations and influences patient interest in surgical intervention
2. To determine when patients return to sexual intercourse after hip arthroscopy
3. To compare preoperative to postoperative improvement in sexual function.

# Materials and Methods

- Study Design: Retrospective review of a prospectively collected database
- Inclusion criteria
  - $\geq 18$  years of age
  - Primary hip arthroscopy for FAI
  - Minimum 6-month follow-up
- Questionnaire ascertaining:
  - Identification of patient as primarily a penetrative or receptive partner
  - Details of sexual dysfunction due to FAI preoperatively
  - Hip symptoms during sexual intercourse before and after surgery with 12 common sexual positions
  - Time of return to sexual intercourse postoperatively
- Receptive partners were compared to penetrative partners

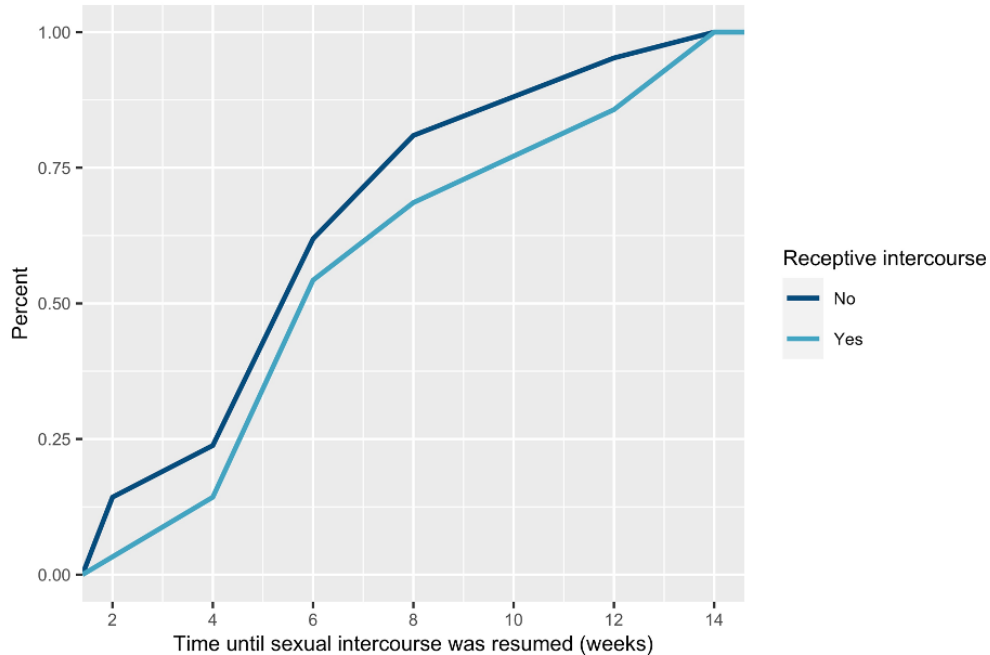
# Results: Demographics

	<b>Overall (N=61)</b>
<b>Age (years)</b>	33.8 (8.48)
<b>Sex (% female)</b>	35 (57.4%)
<b>Male</b>	26 (42.6%)
<b>Mean follow up time (years)</b>	1.96 (0.88)
<b>Primary role during intercourse</b>	
<b>Penetrative partner</b>	22 (36.1%)
<b>Receptive partner</b>	29 (47.5%)
<b>A mix of both</b>	8 (13.1%)

# Results

- A significantly greater proportion of patients participating in receptive intercourse reported hip symptoms that interfered with sexual intercourse compared to patients participating in penetrative intercourse.
- A greater proportion of patients in the receptive group reported that the hip pain during intercourse contributed to the decision to pursue hip surgery.
- 52.2% of patients (both penetrative and receptive) reported no pain or little pain with sexual intercourse at the time of latest follow-up.
- Postoperatively, patients in the receptive group continued to report worse pain symptoms during intercourse compared to the penetrative group.

# Results

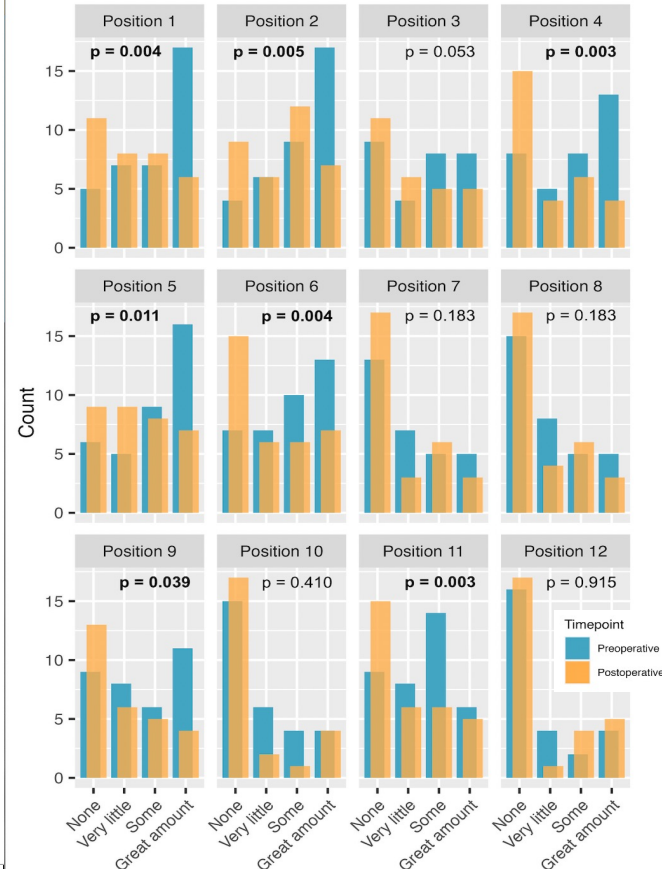
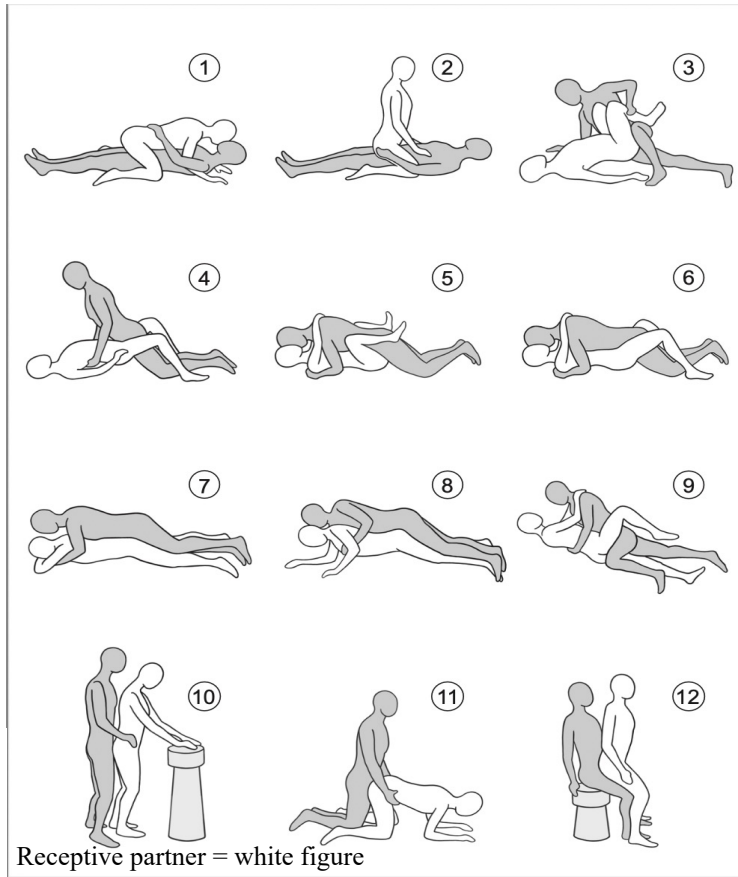


- On average, patients resumed sexual intercourse at 7.6 +/- 3.4 weeks postoperatively
- No difference in time to resume intercourse between patients participating in receptive intercourse and those participating in penetrative intercourse ( $p = 0.277$ ).



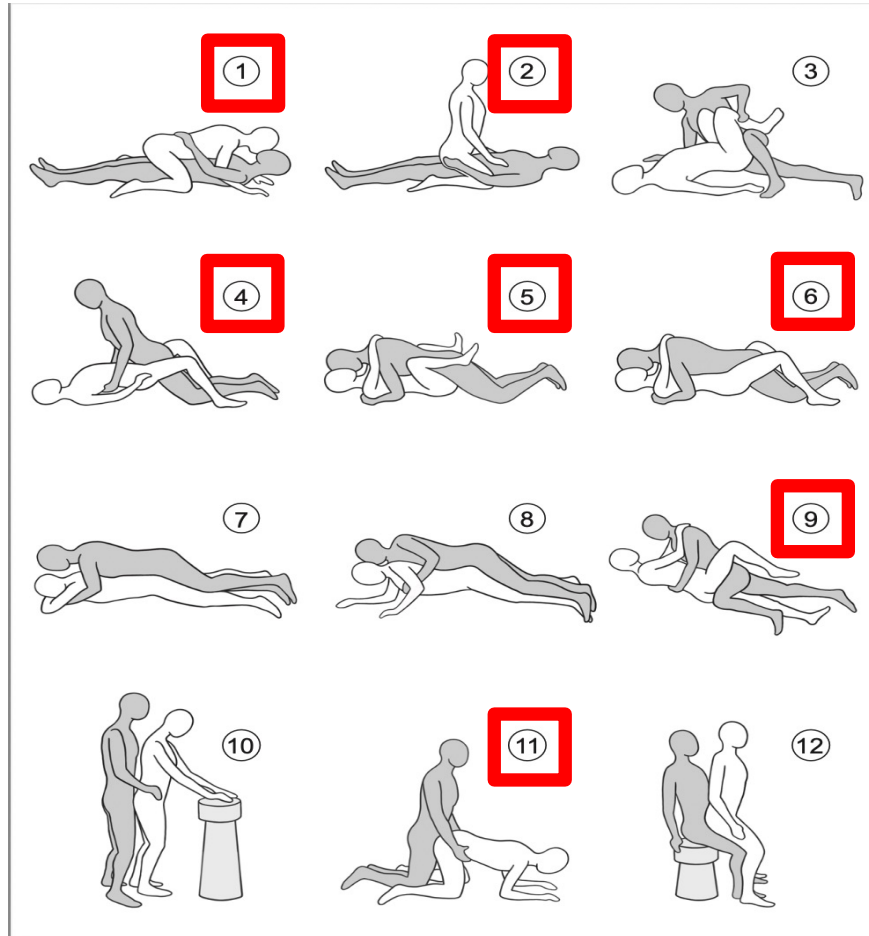
# Results: Receptive Role

Preoperative to postoperative change in hip pain varied based on sexual position.



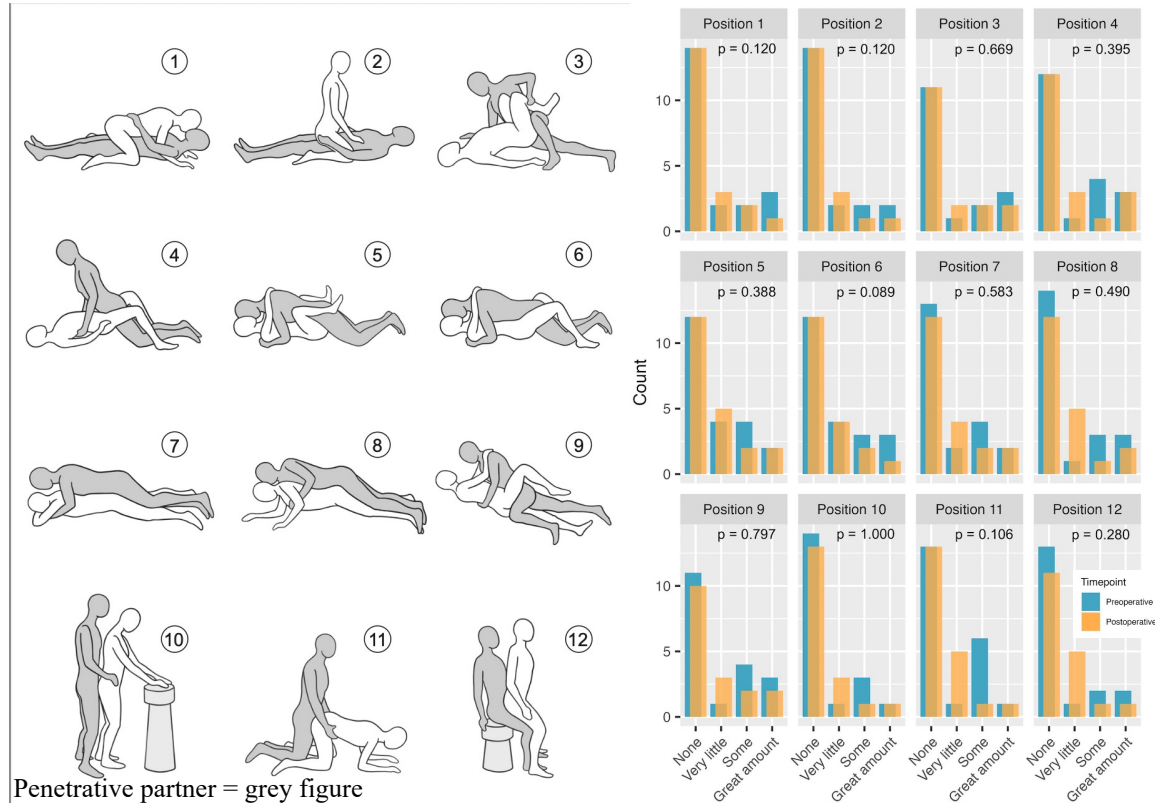
# Results: Receptive Role

- Receptive partner = white figure
- Positions that involve greater degrees of hip flexion and abduction were associated with worse pain preoperatively and significantly less pain postoperatively



# Results: Penetrative Role

Preoperative to postoperative change in hip pain was neither significantly different nor did it vary by sexual position



# Conclusion

- Hip pain secondary to FAI interferes with sexual intercourse, particularly for patients who participate in the receptive role, and it influences their decision to undergo hip arthroscopy.
- These patients experience pain specifically in sexual positions involving greater degrees of flexion and abduction.
- Hip arthroscopy successfully improves the pain experienced while participating in intercourse.

# References

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