



Prospective follow-up of women undergoing uterine-preserving surgery for symptomatic pelvic organ prolapse

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ABSTRACT

Objective: Approximately 25% of all women will suffer from pelvic organ prolapse (POP), with its incidence increasing with age. Treatment includes pelvic floor physical rehabilitation, and pelvic floor surgical reconstruction. The aim of this study is to evaluate the post-surgical anatomical and functional status of the patients when presenting up to 6 months after uterine-preserving reconstructive surgeries.

Materials and Methods: This prospective study included women above the age of 30, suffering from symptomatic POP who had undergone uterine-preserving vaginal approach surgery with Mesh. The Pelvic Floor Impact Questionnaire-7 (PFIQ-7) was used to assess the women's subjective perception regarding urinary, bowel and psycho-sexual function. The questionnaire was undertaken 6 months after surgery via a telephone interview. A positive effect rate, representing an improvement in the quality-of-life following surgery, was defined as 80% of the cohort ranking '0' or '1' (reflecting the "no at all" to "somewhat" effects on the questionnaire) regarding a specific question about symptomatic POP.

Results: The study cohort included 41 women with an average age of 66.87 ± 10.61 years old. In 87.8% (35/41) of the patients, a posterior repair was made using a PROLIFT© mesh. In 7.5% (5/41), a posterior PROLIFT and anterior PROSIMA© were used. One patient (1/41) had an anterior and posterior repair using a PROLIFT mesh. Vaginal uterine-preserving surgery improved urinary symptoms by 58%–70%, bowel symptoms by 82.6%–92.7%, and vaginal and pelvic symptoms by 82.9%–87.8%. The success rate was higher above the age of 60. The age of the patient had a small/moderate positive correlation with urinary symptoms ($p=0.416$), a small positive correlation with vaginal-pelvic symptoms ($p=0.367$) and no correlation with bowel symptoms ($p=0.149$).

Conclusion: Uterine-preserving surgical interventions are an effective method for treating symptomatic POP. Women undergoing reconstructive pelvic surgery reported a high post-operative resolution rate of intestinal and vaginal symptoms. Urinary symptoms are more challenging to overcome by surgical interventions.

Keywords: Pelvic organ prolapse, uteri-preserving surgery, PFIQ-7, hysterectomy

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INTRODUCTION

Pelvic organ prolapse (POP) is a condition of growing medical importance as its occurrence is increasing with an aging world population. The lifetime risk for POP is estimated to reach about 50% among women in the western world,¹ while the lifetime risk for surgical intervention due POP and incontinence is around 11%–19%.² POP is a leading cause for gynecological surgery in general and particularly for hysterectomy in women over the age of 50 years.³ The importance of an appropriate treatment for symptomatic POP cannot be overemphasized. The spectrum of symptoms includes urinary⁴ and fecal⁵ incontinence, reduced sexual satisfaction^{6,7} and reduced psychological value of the reproductive system as well as a desire to preserve fertility.

Hysterectomy has been long considered as the treatment of choice for symptomatic POP.⁸ However, its necessity at the time of prolapse surgery is being questioned with the progress of novel surgical techniques and an understanding that hysterectomy might be an independent risk factor for POP.^{9,10} Its use as a “gold standard” procedure for the treatment of symptomatic POP has declined.¹¹ The need for recurrent surgical intervention in women who have undergone hysterectomy and have developed post-operative POP symptoms played a key role in the efforts for the trend to preserve the uterus. However, no clear guidelines exist concerning the use of hysterectomy with POP repair, and the operative approach is primarily made according to the experience and preference of the surgeon and the patient.^{12,13} Uterine-preserving procedures for the treatment of POP had comparably long-term follow-up outcomes in terms of recurrence of POP symptoms in contrast to those reported following hysterectomy. The aim of this study was to evaluate the post-surgical anatomical and functional status of the patients when presenting up to 6 months after uterine-preserving POP reconstructive surgeries.

MATERIALS AND METHODS

This study was a cohort prospective descriptive study. The patients' data was collected from the medical records. The study population included women who had had uterine-preserving POP reconstructive surgeries at the participating medical centers during 2016.

The inclusion criteria consisted of women above the age of 30 with full medical records available, including their obstetric history. Previous caesarean section or pelvic surgical intervention not due to POP causes were included. All women underwent a urodynamic/stress cough test with prolapse reduction for the diagnosis of urinary stress incontinence. The diagnosis was made if the patient had at least stage 2 prolapse. Exclusion criteria

were previous pelvic procedures due to POP or insufficient medical records. The study was approved by our institutional IRB committee, and patients who met the inclusion criteria signed informed consent prior to participation in the study.

Data was collected by phone interview and from the patient's medical records. On the first post-operative day, the patients were interviewed regarding any post-operative complications. Physical examination was conducted one month after surgery, including POP-Q evaluation. The information collected from patients' medical records included anamnesis and the patients' physical examination results. The mined data included age, parity, body mass index, general health, length and nature of their complaints, personal and familial medical history, previous surgical procedures, and pre-surgical physical examination – including POP-Q system status, full medical history and the surgery performed. All women underwent post-operative follow-up within 3–6 months postoperatively to assess recurrent prolapse or mesh exposure or other potential complications of the surgery.

A telephone interview 6 months after surgery was carried out by an obstetrics and gynecology resident. In this interview, the patients were requested to answer a PFIQ-7 questionnaire.¹⁴ This (PFIQ-7) questionnaire was previously tested and validated in Hebrew and used in a similar setting and for patients with pelvic floor disturbances.^{14,15} The interview was held in Hebrew after translating the PFIQ-7 questionnaire (Appendixes 1 and 2). The patients graded the success of their surgery in terms of the level of the urinary, bowel and vaginal/pelvic symptoms. Each of the systems received a specific score of 0–100 (the lower, the better) and a total score which summarizes all the symptoms was calculated for each patient. The data collected at the 6th month interview included the patient's ability to perform house chores. Success for every examined parameter in the questionnaire was defined as an 80% improvement rate. This success rate included the patient's rating 0 which reflects “no effect at all” or mild effect for each given aspect of the questionnaire.

Statistical Analysis

Continuous variables are described by mean and standard deviation, median and range, and compared by student's t-test or Mann-Whitney tests as appropriate. Dichotomy variables are presented as frequencies and percentages and compared by chi-square test or Fisher's exact test as appropriate. The correlation between the age and the effect on the different systems was calculated using Spearman's correlation coefficient test. The results reliability for every system examined (i.e. urinary, intestinal and vaginal) was calculated with Cronbach's alpha. The calculation was made prior to calculating the mean. A

value greater than 0.7 indicates reliable results – which allows the collected data to be further averaged. Statistical significance is determined as $p\text{-value} < 0.05$. Data was analyzed using SPSS, V.21. The reliability value was calculated using the Cronbach's Alpha.

RESULTS

A cohort of 63 patients who met the inclusion criteria was recruited. Of them, 13 patients could not be reached using the listed phone number in the medical file. Fifty patients were reached, and among them, 41 questionnaires were obtained (a compliance ratio of 82%) comprising the cohort for analysis.

Demographic data: The mean women's age of the study cohort was 66.87 years old (± 10.61). All the patients had undergone anterior and posterior colporrhaphy and mesh kit surgery for apical suspension. In 87.8% (35/41) of the patients, a posterior repair was made using a PROLIFT® mesh. In 7.5% (5/41), a posterior PROLIFT and anterior PROSIMA® were used. One patient (1/41) had an anterior and posterior repair using PROLIFT mesh. There were no intra and post-operative mesh complications.

Six months after surgery, 92.6% of the patients stated that intestinal symptoms and 83% stated that pelvic/vaginal symptoms did not limit their ability to perform physical activity, while 58.5% stated that urinary symptoms did not limit their ability to perform physical activity. Among the parameters examined with the PFIQ-7 questionnaire, urinary symptoms during physical activity had the lowest success rate (Figure 1a). Similar success rates were also reported regarding outdoor activity. When asked, 90.2% and 82.9% of the patients stated that they were able to enjoy movies and concerts without any significant intestinal and pelvic bothering symptoms, respectively (Figure 1b). Similar rates of intestinal and vaginal symptoms were reported for a driving-time of up to 30 minutes from the patient's residence (Figure 2a) and for outdoor social gatherings (Figure 2b).

As for urinary symptoms, 61% of the patients felt comfortable enough to enjoy a concert or a movie (Figure 1a), and similar rate felt comfortable about going for a drive (Figure 2a). A higher rate of 68.7% stated that they had up to a mild disturbance at social gatherings (Figure 2b).

The last two questions of the PFIQ-7 questionnaire relate to the mental effect of the POP symptoms. Urinary symptoms had the highest effect on the mental health status of the patients, 66.8% of the cohort stated minimal mental influence due to urinary symptoms (Figure 3a), and following surgery there was a reduction of 73% in frustration levels. More than 90% of the patients stated that intestinal symptoms had none to minimal effect on their mental health (Figure 3b) and an even higher rate

felt almost no frustration at all (Figure 3b). The negative effect of vaginal/pelvic symptoms was found to be lower than that of bowel symptoms and above the desired 80% success rate, as around 83% of patients stated none to minimal effect on their mental health or feelings of frustration from it. The reliabilities calculated were 0.97, 0.993, and 0.981 for the urinary, intestinal and vaginal system, respectively.

Following uterine preserving procedure, the level of (1) urinary symptoms were scored as a median of 33.33 (range: 0–100); (2) bowel symptoms were scored as a median of 0.00 (range: 0–100); (3) vaginal/pelvic symptoms were scored as a median of 0.00 (range: 0–100); and the total score of the symptoms had a median of 42.86 (range: 0–300).

Subsequently, we tested the association between women's age and the level of the symptoms following surgery according to their grading by the patients. There was a significant association between women's age and the level of: (1) urinary symptoms ($r^2=0.326$, $p=0.019$); (2) vaginal/pelvic symptoms ($r^2=0.266$, $p=0.046$); and (3) total score ($r^2=0.367$, $p=0.009$). Women's age was not associated with the level of bowel symptoms following surgery.

DISCUSSION

The principal finding of this study was that uterine-preserving surgery significantly improves intestinal and pelvic/vaginal functional status and the daily activity of those patients with POP, suggesting that the preservation of the natural anatomical structure while repairing the damaged connective tissues and using surgical mesh as a support has a key role in this improvement.

Our study demonstrated that uterine sparing surgery resulted in an impressive improvement in the urinary symptoms of these patients. Nevertheless, the beneficial effect of surgery did not reach our desired level of 80%. This is in accord with previous reports^{1,2,7,16,17} and may require a continuation of treatment – whether conservative or surgical. The resolution of urinary symptoms are more challenging due to the proximity of the prolapsed uterus and the urinary bladder, especially in women with impaired supporting connective tissue.

We found a correlation between the women's age and her symptoms. Younger patients gain a higher level of benefit from the surgery. A possible explanation for this observation is that due to their younger age, these patients' connective tissue is more functional than that of older patients, which contributes to the higher success rate. Older patients, in spite of their relatively high success rates, demonstrated variable results, suggesting that a single surgical intervention for prolonged prolapse for

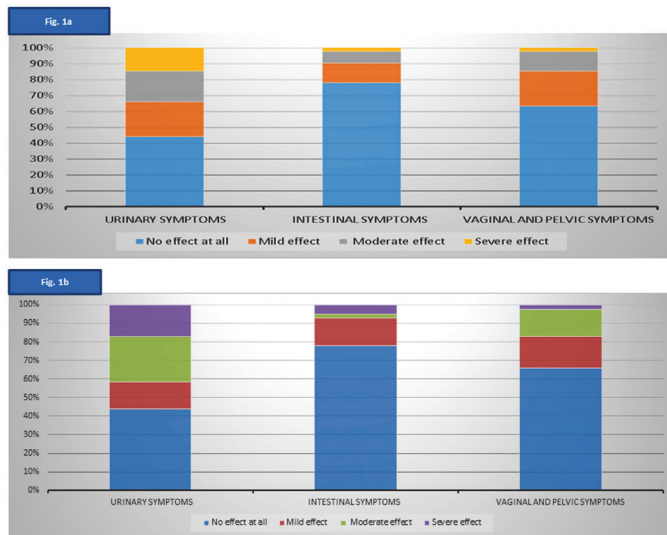


Figure 1. The effect of reconstructive surgery for pelvic organ prolapse on urinary, intestinal, vaginal and pelvic symptoms during: (a) house chores; and (b) physical activity.

these women might not be sufficient.

Our results are compatible with other results found in medical literature regarding uterine-conserving surgery for POP^{1,2,7,16,17} where a significant percentage of the operated patients experienced recurrence of stress urinary incontinence and prolapse-recurrence.

The data and results collected in this study can serve as a reference for future follow-up on the same cohort with the same tool, namely the PFIQ-7 questionnaire. This might shed some insights regarding the long term post-operative progression and change in functional status, including prolapse recurrence rates. Including the same questionnaire in future studies containing different surgical techniques for POP repair will allow for objective and valid comparison between the techniques.

This study has a several limitations. The follow-up period is 6 months after the surgery. A longer follow-up is required in order to evaluate functional status for the long-term. This study though, as mentioned, can be an initial reference point for any future follow-up. On the other hand, 6 months after surgery is a conventional period to assess POP uterine-preserving surgeries and previous studies have shown high symptom recurrence during the first year after surgery.¹⁷ Although mesh kits have been removed from further clinical utilization in most parts of the world, our study presents important information regarding the success of uterine preserving pelvic organ prolapse reconstructive surgery.

Out of the 64 women who met the inclusion criteria, 41 women agreed to participate in the study (82% compliance rate with regards to the women contacted). This is a relatively small cohort

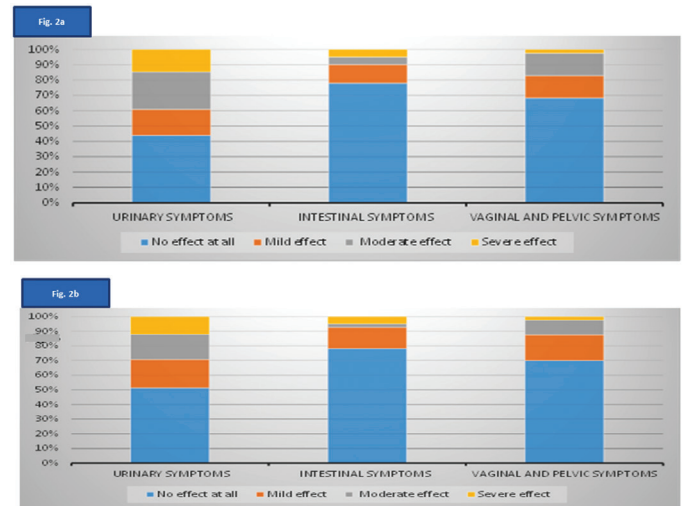


Figure 2. The effect of reconstructive surgery for pelvic organ prolapse on urinary, intestinal, vaginal and pelvic symptoms during: (a) distance driving; and (b) attending concert/movie.

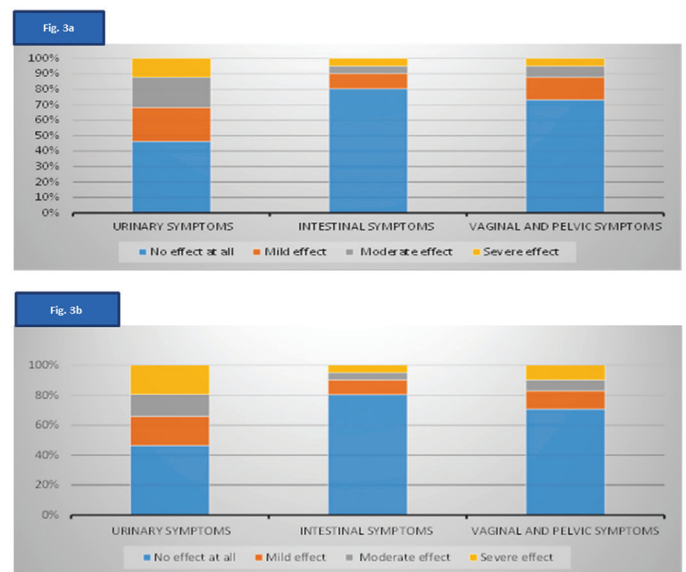


Figure 3. The effect of reconstructive surgery for pelvic organ prolapse on urinary, intestinal, vaginal and pelvic symptoms during: (a) an outdoor social activity; and (b) mental health.

although many of the studies in the field have a similar sample size.¹⁴ Since POP has a profound effect on both the physical and emotional state of the patients, we presume some refused to precipitate due to inconvenience and reluctance to address their experience while answering personal questions.

The patients' satisfaction and their perception of quality-of-life improvement is the major key point in the assessment of the success of POP surgeries. Given the fact the POP repair surgeries are quality-of-life interventions, the subjective perception of the patient matters even more than the object POP-Q score/measurements. Our observation is in accord with the approach of the posterior fornix syndrome that correction of POP will

improve urinary, vaginal and bowel symptoms.¹⁸ Although mesh implants are no longer approved by the FDA and some European countries, the overall improvement and patients' satisfaction from a uterine preserving surgery is an important topic that supports the continuing practice of sacrospinous fixation for POP with or without small mesh implants.

CONCLUSION

Uterine-preserving surgery is an effective interventional method for treating symptomatic POP. A high post-operative success rate was found for intestinal and vaginal symptoms. Urinary symptoms are more challenging to overcome, with a lower success rate for those symptoms.

ETHICS

Ethics Committee Approval: This study was approved by Galilee Medical Center IRB (decision number: 0015-16-NHR, date: 06.07.2016).

Informed Consent: Informed consent form was obtained from the patients.

Peer-review: Both internally and externally peer-reviewed.

Contributions

Surgical and Medical Practices: M.N., Concept: M.N., Design: M.N., Data Collection and/or Processing: B.S., Analysis and/or Interpretation: E.L., O.E., J.B., Writing: E.L., B.S., M.N., O.E., J.B.

DISCLOSURES

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study received no financial support.

REFERENCES

1. Veit-Rubin N, Dubuisson JB, Lange S, Eperon I, Dubuisson J. Uterus-preserving laparoscopic lateral suspension with mesh for pelvic organ prolapse: a patient-centred outcome report and video of a continuous series of 245 patients. *Int Urogynecol J* 2016; 27: 491-3.
2. Marschalek J, Trofaier ML, Yerlikaya G, et al. Anatomic outcomes after pelvic-organ-prolapse surgery: comparing uterine preservation with hysterectomy. *Eur J Obstet Gynecol Reprod Biol* 2014; 183: 33-6.
3. Wright JD, Herzog TJ, Tsui J, et al. Nationwide trends in the performance of inpatient hysterectomy in the United States. *Obstet Gynecol* 2013; 122(2 Pt 1): 233-41.
4. Marinkovic SP, Stanton SL. Incontinence and voiding difficulties associated with prolapse. *J Urol* 2004; 171: 1021-8.
5. Whitcomb EL, Lukacz ES, Lawrence JM, Nager CW, Luber KM. Prevalence of defecatory dysfunction in women with and without pelvic floor disorders. *Female Pelvic Med Reconstr Surg* 2009;15: 179-87.
6. Weber AM, Walters MD, Schover LR, Mitchinson A. Sexual function in women with uterovaginal prolapse and urinary incontinence. *Obstet Gynecol* 1995; 85: 483-7.
7. Weber AM, Walters MD, Piedmonte MR. Sexual function and vaginal anatomy in women before and after surgery for pelvic organ prolapse and urinary incontinence. *Am J Obstet Gynecol* 2000; 182: 1610-5.
8. Giarenis I, Robinson D. Prevention and management of pelvic organ prolapse. *F1000Prime Rep* 2014; 6: 77.
9. Altman D, Falconer C, Cnattingius S, Granath F. Pelvic organ prolapse surgery following hysterectomy on benign indications. *Am J Obstet Gynecol* 2008; 198: 572.e1-6.
10. Blandon RE, Bharucha AE, Melton LJ, et al. Incidence of pelvic floor repair after hysterectomy: a population-based cohort study. *Am J Obstet Gynecol* 2007; 197: 664.e1-7.
11. Jones KA, Shepherd JP, Oliphant SS, Wang L, Bunker CH, Lowder JL. Trends in inpatient prolapse procedures in the United States, 1979-2006. *Am J Obstet Gynecol* 2010; 202: 501.e1-7.
12. Maher CF, Cary MP, Slack MC, Murray CJ, Milligan M, Schluter P. Uterine preservation or hysterectomy at sacrospinous colpopexy for uterovaginal prolapse? *Int Urogynecol J Pelvic Floor Dysfunct* 2001; 12: 381-4; discussion 4-5.
13. van IMN, Detollenaere RJ, Kampen MY, Engberts MK, van Eijndhoven HW. Practice pattern variation in surgical management of pelvic organ prolapse and urinary incontinence in The Netherlands. *Int Urogynecol J* 2015; 26: 1649-56.
14. Barber MD, Walters MD, Bump RC. Short forms of two condition-specific quality-of-life questionnaires for women with pelvic floor disorders (PFDI-20 and PFIQ-7). *Am J Obstet Gynecol* 2005; 193: 103-13.
15. Due U, Broström S, Lose G. Validation of the Pelvic Floor Distress Inventory-20 and the Pelvic Floor Impact Questionnaire-7 in Danish women with pelvic organ prolapse. *Acta Obstet Gynecol Scand* 2013; 92: 1041-8.
16. Dietz V, van der Vaart CH, van der Graaf Y, Heintz P, Schraffordt Koops SE. One-year follow-up after sacrospinous hysteropexy and vaginal hysterectomy for uterine descent: a randomized study. *Int Urogynecol J* 2010; 21: 209-16.
17. Gutman R, Maher C. Uterine-preserving POP surgery. *Int Urogynecol J* 2013; 24: 1803-13.
18. Goeschen K. Posterior Fornix Syndrome: Comparison of original (2004) and modified (2015) post-PIVS anatomic and symptomatic results: a personal journey. *Pelviperineology* 2015; 34: 85-91.

Total x 100 x 100 x 100**Scoring the PFIQ-7: =**

All of the items use the following response scale:

0, Not at all; 1, somewhat; 2, moderately; 3, quite a bit **PFIQ-7 Score**

Scales:

Urinary Impact Questionnaire (UIQ-7): 7 items under column heading “Bladder or urine”

Colorectal-Anal Impact questionnaire (CRAIQ-7): 7 items under column heading “Bowel / rectum”

Pelvic Organ Prolapse Impact Questionnaire (POPIQ-7): Items under column “Pelvis / Vagina”

Scale Scores: Obtain the mean value for all of the answered items within the corresponding scale (possible value 0 – 3) and then multiply by (100/3) to obtain the scale score (range 0-100).

Missing items are dealt with by using the mean from answered items only.

PFIQ-7 Summary Score: Add the scores from the 3 scales together to obtain the summary score (range 0-300).

Pelvic Floor Impact Questionnaire—short form 7 (PFIQ-7)

Name _____ DATE _____

DOB _____

Instructions: Some women find that bladder, bowel, or vaginal symptoms affect their activities, relationships, and feelings. For each question, check the response that best describes how much your activities, relationships, or feelings have been affected by your bladder, bowel, or vaginal symptoms or conditions **over the last 3 months**. Please make sure you mark an answer in **all 3 columns** for each question.

How do symptoms or conditions in the following usually affect your	Bladder or urine	Bowel or rectum	Vagina or pelvis
1. Ability to do household chores (cooking, laundry housecleaning)?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
2. Ability to do physical activities such as walking, swimming, or other exercise?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
3. Entertainment activities such as going to a movie or concert?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
4. Ability to travel by car or bus for a distance greater than 30 minutes away from home?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
5. Participating in social activities outside your home?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
6. Emotional health (nervousness, depression, etc)?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
7. Feeling frustrated?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit

מס' סידורי _____ תאריך _____ תאריך לידה _____

עד כמה המשפטים הבאים מתארים את תחושתך בהתאם לסוג הסימפטום?	שלפוחית ומתן שתן	יציאות ופעילות מעי	ואגינה ואגן
היכולת לבצע מטלות בית? (בישול, כביסה, ניקיון)	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה 	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה 	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה
היכולת לבצע פעילות גופנית דוג' הליכה, שחייה או פעילות מאומצת אחרת?	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה 	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה 	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה
השתתפות בפעילויות דוג' יציאה לסרט או הופעה?	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה 	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה 	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה
היכולת לנסוע עם רכב או תחבורה ציבורית למרחק העולה על 30 דקות נסיעה מביתך?	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה 	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה 	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה
השתתפות במפגשים חברתיים מחוץ לביתך?	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה 	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה 	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה
מידת ההשפעה על בריאות מנטלית (דיכאון, עצבנות וכו')	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה 	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה 	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה
מידת תחושת התסכול שאת חשה	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה 	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה 	<ul style="list-style-type: none"> • כלל לא • במידה מועטה • במידה בינונית • במידה רבה

הוראות למילוי: חלק מהנשים מרגישות שסימפטומים הקשורים לשלפוחית השתן, לפעילות המעי ולואגינה משפיעים על הפעילויות, היחסים והרגשות שלהן. עבור כל שאלה, בחרי בתגובה המתארת בצורה הטובה ביותר בנוגע למידה בה הפעילויות, היחסים והרגשות שלך מושפעים מהתסמינים הקשורים לשלפוחית השתן, לפעילות המעי ולסימפטומים הואגינליים **במשך 3 החודשים האחרונים**. הקפדי לסמן תשובה בכל 3 העמודות עבור כל שאלה.

Appendix 2. The translated version of the PIFQ-7 to Hebrew (used while interviewing patients by phone)