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Sexual Activity After ACL Reconstruction: Age, Gender and Graft Don't Matter!

Riccardo D'Ambrosi, MD

Amit Meena, MD

Federico Valli, MD

Srinivas Kambhampati, MD



Faculty Disclosure Information

- The Authors declare they have nothing to disclose



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Introduction

- Sexual activity significantly impacts overall quality of life. Sexual dysfunction can have profound detrimental impacts on an individual's life. It is closely linked to both physical and mental dissatisfaction as well as despair. According to the World Health Organization (WHO), sexual health is defined as a condition of overall well-being that encompasses physical, emotional, mental, and social aspects related to sexuality



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Purpose

- The purpose of this study was to investigate changes in sexual function and quality of life following arthroscopic ACL reconstruction.



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Methods

The inclusion criteria were patients aged between 15 and 65 years, who underwent anatomical single-bundle arthroscopic ACL reconstruction with a hamstring graft or patellar tendon, who underwent the same rehabilitation protocol after surgery, who were followed for a minimum of 24 months, and whose time from injury to surgery did not exceed 6 months.

The exclusion criteria were previous surgery (except arthroscopic meniscectomy); surgical site infection; bilateral ACL injuries; additional injuries, such as posterior cruciate ligament, medial collateral ligament, lateral collateral ligament, or posterolateral corner injury; no sexual activity; and additional internal, urological, or psychiatric problems that could affect sexual activity. The use of concomitant meniscal treatment (meniscal suture or meniscectomy) was not considered an exclusion criterion.



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Methods

The clinical assessment was conducted by two independent clinicians who were not involved in the clinical management of patients. Each patient was asked to complete the New Sexual Satisfaction Scale-Short Form (NSSS-S) at the time of hospital admission by asking them to respond with reference to sexual activity before the injury (preinjury) and at the time of hospital admission (preoperative). In addition, patients were recontacted at a minimum follow-up of 24 months (final follow-up).

Quality of life was measured using the Anterior Cruciate Ligament Quality of Life Questionnaire (ACL-QoL) at hospital admission (preoperative) and at a minimum follow-up of 24 months (final follow-up)



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Results

- A total of 303 patients were included in the study, of whom 233 (76.9%) were male and 70 were female (23.1%). The mean age at surgery was 31.5 ± 11.11 years, and the mean follow-up was 63.28 ± 20.08 months. In 289 (95.4%) patients, the hamstring tendon was involved, while in 14 (4.6%) patients, the patellar tendon was involved.



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Results

Sexual activity at the last follow-up was significantly different from that preoperatively ($p < 0.001$), while no difference was found between sexual activity preinjury and that at the last follow-up ($p > 0.99$). Preinjury activity was greater than preoperative activity ($p < 0.001$). The quality of life at the last follow-up was significantly greater than the preoperative quality of life ($p < 0.001$).

Discussion

- The main findings of our study were a reduction in sexual activity and quality of life after ACL injury, which improved and remained stable over the mid-term follow-up after ACL reconstruction regardless of age, sex or graft type. This is the first study in the literature to evaluate the impact of ACL injury and subsequent reconstruction on sexual activity in both male and female patients. According to the results of the current study, when deciding whether to perform surgical or conservative treatment, the patient's sexual life should be questioned along with their expectations postsurgery.



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Limitations

- This study has several limitations. First, the patients' preferred level of sexual activity was not questioned. The retrospective design regarding preinjury activity and the small number of patients with patellar tendon grafts are the main limitations. Further large-scale, prospective studies are needed to confirm these findings.

Conclusions

- ACL injury worsens sexual function scores in parallel with quality of life, and reconstructive surgery improves these scores regardless of age, sex or graft type.



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