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Return to sexual activity after posterior cruciate ligament reconstruction

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Faculty Disclosure Information

- The authors declare they have nothing to disclose



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Introduction

The anterior and posterior cruciate ligaments are essential for knee stability; following injuries, they can compromise knee stability and proprioceptive sensibility, resulting in instability, weakness, and diminished leg strength. Individuals may refrain from resuming their physical activity routines and may avoid exerting pressure on their knees. Furthermore, individuals may not recover the knee functions essential for sexual activity



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Purpose

The purpose of this study was to investigate changes in sexual function and quality of life following arthroscopic PCL reconstruction. It was hypothesized that sexual function improves following arthroscopic PCL reconstruction.



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Methods

The inclusion criteria were aged between 18 and 45 years, anatomical single-bundle arthroscopic PCL reconstruction, with a hamstring graft, the same rehabilitation protocol after surgery, followed for a minimum of 24 months, and less than 6 months from injury to surgery.

- **The exclusion criteria were** previous surgery (except arthroscopic meniscectomy); surgical site infection; bilateral PCL injuries; additional injuries, such as anterior 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. Concomitant meniscal treatment (meniscal suture or meniscectomy) was not considered an exclusion criterion.



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Methods

- Clinical assessments were conducted by two independent clinicians who were not involved in the clinical management of patients. At the time of hospital admission, each patient was asked to complete the New Sexual Satisfaction Scale-Short Form (NSSS-S), which was composed of questions inquiring about their sexual activity before injury (preinjury) and at the time of hospital admission (preoperative). In addition, patients were followed for a minimum 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 the 24-month follow-up visit (final follow-up).



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Results

- A total of 35 patients were included in the study, 24 (68.6%) were male and 11 were female (31.4%). The mean age at the time of surgery was 29.23 ± 7.52 years (range: 18 – 45) years, and the mean follow-up duration was 52.97 ± 22.69 months (range: 25 – 87). In all (100%) patients, the hamstring tendon was used.



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Results

- Sexual activity at the last follow-up visit was significantly different from that preoperatively ($p=0.024$), while no difference was found between that preinjury and that at the last follow-up visit ($p=0.243$). Sexual activity was more frequent preinjury than preoperatively ($p=0.009$).
- Quality of life at the last follow-up visit was significantly better than the preoperative quality of life ($p<0.001$).



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Discussion

- The main findings of our study indicate that PCL reconstruction can have a beneficial effect on sexual health, but due to limitations of the study these results should be interpreted with caution.
- Although there is evidence of abnormal tibiofemoral kinematics in people with PCL deficiency, no definitive prognostic indicators have been identified for determining which individuals may suffer from disability, discomfort, or osteoarthritis due to chronic PCL insufficiency. Moreover, inconsistencies between subjective and objective outcome assessments frequently occur in individuals with PCL injuries



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Conclusions

Reconstructive surgery after PCL injury improves the sexual health of patients regardless of age or sex.



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