Sexual Function and Dysfunction in Patients Undergoing Lumbar Disc Replacement

R. Garcia1, M. Taylor1
1Orthopedic Care Center, Aventura, FL, United States

Introduction: Impotence and retrograde ejaculation are feared complications following anterior lumbar surgery, and are sometimes cited as notable reasons for deciding against lumbar TDR. Low back pain, however, can have a devastating effect on sexual function. By alleviating or eliminating pain lumbar TDR may have a beneficial effect in sexual function.

Purpose: The purpose of this study was to document the prevalence of patients reporting low back pain interfering with sexual function prior to lumbar TDR, and to document the effect of lumbar TDR on sexual function. In addition, the study determines the incidence of sexual dysfunction following lumbar TDR.

Methods: All patients enrolled in a single site of an FDA IDE study on lumbar TDR were included in this study. All data was collected prospectively. All patients had a retroperitoneal approach by the same vascular surgeon, and a lumbar TDR by the same spine surgeon. Responses to question 8 in the Oswestry Disability Index were recorded pre-operatively, and at 3, 6, and 12 month follow-up.

Results: 57 patients were included in this study. There were 36 males, and 21 females. All 57 patients (100%) reported some degree of impaired sexual function pre-operatively secondary to pain. 42 of the patients (73.7%) reported improvement in sexual function at 12 month follow-up, 9 patients (15.8%) reported no change in sexual function, and 6 patients (10.5%) reported worsening in sexual function after lumbar TDR.

The percentage of males reporting improvement in sexual function was higher than that for women - 78% versus 67%.

4 of the 36 males (11%) reported new onset sexual dysfunction post-operatively. 3 patients (8.3%) reported retrograde ejaculation, and 1 patient (2.7%) reported erectile dysfunction. 2 of the 3 males reporting retrograde ejaculation had complete resolution of symptoms at latest follow-up. Therefore, the final incidence of sexual dysfunction among males was 5.6%.

Conclusions: The results of this study demonstrate that lumbar TDR can have a beneficial effect in sexual function in both men and women by alleviating back pain. This beneficial effect is more pronounced in men than in women. The study also documents a very high prevalence of patients reporting some degree of impairment in sexual function prior to lumbar TDR. The study also reports a relatively low rate of permanent sexual dysfunction following lumbar TDR. The authors believe that when deciding for or against lumbar TDR, the potential for sexual dysfunction must be weighed against the potential benefit in function.