No Link Found Between IBS and Elective Gynecologic Surgery

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MILWAUKEE — Irritable bowel syndrome did not result from elective gynecologic surgery in a large prospective institutional study of 255 women.

There was no significant difference in the development of irritable bowel syndrome (IBS) at 3 and 12 months follow-up among 132 women who underwent elective gynecologic surgery for disorders not related to pain and 123 age-matched controls who went for consultation at a gynecology clinic but did not undergo surgery. None of the women had IBS at baseline.

However, significantly more surgical patients than controls developed persistent abdominal pain (14% vs. 2%, respectively), Dr. Ami D. Sperber reported at an international symposium sponsored by the International Foundation for Functional Gastrointestinal Disorders.

The development of persistent pain was predicted by psychosocial factors, but not by sociodemographic or clinical variables, according to an analysis that included surgery type (hysterectomy, tubal ligation, cystectomy); laparotomy versus laparoscopy; surgery duration; amount of postoperative analgesia; and surgical complications.

“One might think—and this is still speculative—that the development of persistent pain could be associated more with central registration and amplification of the afferent signal via cognitive and emotional input, rather than with the degree of the actual peripheral injury per se,” said Dr. Sperber, associate professor of medicine, Soroka Medical Center, Ben Gurion University of the Negev, Beer-Sheva, Israel.

Women who anticipated difficulty in recovering from surgery were more than five times as likely (odds ratio [OR] = 5.2) to develop persistent abdominal pain, according to results from psychosocial evaluations that included the Implicit Models of Illness Questionnaire, Client Satisfaction (CSQ) scale, and Sense of Coherence (SOC) scale.

Persistent pain also was more likely to occur among women with a strong personal need for control (OR = 1.2), those who perceived their disease as being more severe or constant (OR = 1.9), and those who had lower coping skills (OR = 1.09), reported Dr. Sperber and coinvestigator Dr. Douglas Drossman, professor of medicine and psychiatry and codirector of the Center for Functional GI & Motility Disorders, University of North Carolina at Chapel Hill.

Although the findings are still preliminary, they could be used to identify women with a similar profile and to conduct interventions before surgery that would improve coping skills or reduce catastrophizing, Dr. Sperber said in an interview.

Prior studies show that patients with IBS undergo more gynecologic operations, particularly hysterectomy, than women in the general population. But it’s unknown whether women with IBS undergo more surgery or whether gynecologic surgery can cause IBS or new bowel symptoms such as constipation.

Constipation was increased among the women in the study, but it did not differ significantly between groups, said Dr. Sperber at the meeting, which was cosponsored by the University of Wisconsin.