

Sexual Function May Improve After Hip Arthroscopy: A Systematic Review

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INTRODUCTION: Femoroacetabular impingement (FAI) can be associated with pain during sexual intercourse and negatively impact quality of life due to extensive flexion and internal rotation. Hip arthroscopy may correct bony impingement in FAI patients and potentially alleviate pain during sexual activity. The purpose of the current study was to provide an aggregate of literature on patient-reported outcomes concerning with regards to postoperative sexual function after hip arthroscopy.

METHODS: This systematic review followed The Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines. PubMed, Cochrane Controlled Register of Trials (CENTRAL), and Scopus were queried in March 2024. Original research articles were included if they reported on qualitative or quantitative outcomes of sexual function after hip arthroscopy. Articles reporting on nerve-related complications without explicit mention of sexual function were excluded. This review was registered in Prospero (Blinded ID). Statistical significance was defined as $P < 0.05$.

RESULTS: Six studies reporting on 3253 (1975 female, 1278 male) hips were included in the review. Two studies reported 97.7% and 95% of patients respectively returned to sexual activity postoperatively. Additionally, one study reported the mean time for patients to resume sexual activity was 29.2 days, while another reported a median time of 42 days. One study reported significant improvements between mean preoperative and postoperative PROs in males using the

International Erectile Function Score (20.3 to 21.9, $P < 0.001$) and females using the Female Sexual Function Scale (21.6 to 23.0, $P < 0.001$). Another study reported significant improvement between median preoperative and postoperative patient scores for the Sexual Activity Question of the International Hip Outcome Tool-12 (35 to 70, $P < 0.001$).

DISCUSSION AND CONCLUSION: Hip arthroscopy may result in high rates of resumption of sexual activity with favorable sexual activity-related patient-reported outcomes. However, heterogenous outcomes should warrant caution when interpreting these results and futures studies should seek to standardize reporting on sexual activity and outcomes after hip arthroscopy.

