Female sexual function and dysfunction: impact of surgery?

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Background: Iatrogenic Female Sexual Dysfunctions (FSD) are still a neglected area in research and clinical practice.

Aim of the study: to illustrate different doctor–patient dynamics and areas of iatragenic vulnerability leading to sexual dysfunction in women.

Method: Medline search plus Author's clinical experience.

Results: Physicians and health care providers may contribute to FSD, with different roles:

a) *predisposing*, when they do not recognize and diagnose conditions that may prelude to, precipitate in or maintain an FSD;
b) *precipitating,* through the inappropriate prescription of medications that may negatively affect women's and couple' sexuality, or through the negative outcome of surgery, obstetrics and/or of chemotherapy, hormonotherapy or radiotherapy. A lack of respect of professional boundaries in the clinician-patient relationship is another neglected precipitating co-factor of FSD, especially for women who sought professional help in a vulnerable moment of their life;
c) *maintaining*, through the most frequent mistake in the field of FSD: the *diagnostic omission*, which encompasses occasional or systematic diagnostic neglect, particularly in the area of biological/medical etiology of FSD and/or comorbidity between medical conditions and FSD.

Conclusion: Iatrogenic factors are increasingly contributing to FSD as predisposing, precipitating and/or maintaining co-factors. Further research is needed to quantify the extent of this causality, the role of confounders, the preventive measures that should be encouraged to reduce iatrogenic FSD and the legal implications of a claim of damaged sexuality. Clinicians should be encouraged to train in sexual medicine and include at least the basics of sexual history taking in their clinical practice, to reduce the iatrogenic contributors of FSD.