

ARTICLE

Recovery time period and quality of life after hysterectomy

Raden Khairiyatul Afiyah,¹ Chatarina Umbul Wahyuni,² Budi Prasetyo,³ Didik Dwi Winarno⁴

¹Doctoral Program of Public Health; ²Department of Epidemiology, Faculty of Public Health; ³Department of Obstetrics and Gynecology, Faculty of Medicine; ⁴Master Student, Faculty of Public Health, Universitas Airlangga, Mulyorejo, Surabaya, Indonesia

Abstract

Background: Women who had undergone hysterectomy have to overcome problems related to sexual and reproductive health. They often suffer a decline in self-esteem due to sexual dysfunction and the inability to give birth, along with their quality of recovery. This study aims to describe the relationships between recovery time and the components of quality of life after hysterectomy.

Design and methods: 103 women post-hysterectomy from several community-integrated health center in Surabaya were selected using the total sampling technique.

Results: Findings show that there is relationship between recovery time period and sexual activity ($P=0.000$). However, no significant relationship exists between recovery time period personal relationships and social support.

Conclusions: It is recommended that nurses should improve their social support for women and families during recovering, to avoid pathological stress and improve quality of life.

Introduction

Hysterectomy is the most common uterine removal procedure for women. Every year, more than half a million women undergo hysterectomy for different reasons in the US alone.^{1,2} The procedure is performed once several indicators of risk are visible, including fibroids or myoma, which is one of the most common risk factors for women's health. Although it is not the only way of overcoming problems in the reproductive organs, it is the best strategy to deal with many diseases permanently.^{3,4} The uterus is a very critical reproductive organ, especially for married women.^{5,6}

The results of initial data collection at the Wonokromo Health Center on January 12th, 2019, showed that there were 15 post-hysterectomy women out of 20 reproductive health cadres in Wonokromo. In Jagir and Kebonsari, there were 8 and 7 post-hysterectomy respectively. Hysterectomy is mainly experienced by women in childbearing age, specifically 15-49 years. Among the social interactions that might be impacted by the operation, sexual relations is especially affected.

An international survey, including 4,507 women aged 18-59 who underwent a hysterectomy revealed that 34% of participants experienced a decrease in sexual interest, and 19% did not consider sexual relations necessary. A survey by Chinese University - Hong Kong in 2002 established that out of 1,656 women, 50% suffered sexual dysfunction. A study by Urology Subdivision FKUI / RSCM in 2001 shows that out of 560 healthy female respondents (not patients), data that 15% suffered sexual dysfunction. However, only 15% felt they needed help.

Hysterectomy has several impacts on women, affecting the quality of life.⁷⁻⁹ This is effects include physical, psychological, environmental and social relations.^{10,11} Social relationships refer to the interactions between different individuals and how it affects them. It includes personal relationships, social support and sexual activity.^{12,13} In the personal relations post-hysterectomy women experience changes as they adapt to the environment, such as eating and drinking, obeying regulations, building a shared commitment in a group or community, personal beliefs about strength when facing difficulties and even confidence in themselves.^{14,15} Some post-hysterectomy women receive social support from friends and family.¹⁶

Different length of recovery time period may affect quality of life after hysterectomy. Adequate help and support from friends, family and health care professionals, could improve their quality of life after surgery.^{17,18} They also had more opportunities to meet their friends and family.¹⁹ This study aims to describe the relationships between recovery time period and the components of quality of life after hysterectomy.

Design and methods

This is an analytical observational study, with 103 women post-hysterectomy were selected using the total sampling technique from three community-integrated health center in Wonokromo, Jagir and Kebonsari. Questionnaires were used to measure recovery time period and quality of life of hysterectomized women by The Indonesian version of the WHOQL-BREF (World Health Organization Quality of life). SPSS 22.0 was used to analyze the relationship between variables.

Significance for public health

Hysterectomy has several impacts on women, affecting their quality of life. Different length of recovery time period may affect quality of life after hysterectomy. Adequate help and support from friends, family and health care professionals, could improve their quality of life after surgery. Three components of quality of life are discussed, namely personal relationships, social support, and sexual activity. This study describes the relationships between recovery time period and the components of quality of life after hysterectomy.

Table 1. Relationships between recovery time period and quality of life.

Quality of life	Recovery time period (N= 103)						P value
	6-24 months		25-48 months		>49 months		
	n	%	n	%	n	%	
Personal relationships							
Satisfy	15	14.5	15	14.5	45	43.7	0.083
Moderate	16	15.5	12	11.6	0	0	
Social support							
Satisfy	8	7.7	8	7.7	10	9.7	0.402
Moderate	15	14.5	20	19.4	35	33.9	
Not satisfy	0	0	0	0	7	6.7	
Sexual activity							
Moderate	0	0	7	6.8	8	7.8	0.000
Not satisfy	0	0	10	9.7	40	38.8	
Very dissatisfied	20	19.4	10	9.7	8	7.8	

Result and discussion

The quality of life aspects include personal relationships, social support and sexual activities. Findings show that there is relationship between recovery time period and sexual activity ($P=0.000$) (Table 1). The results show that out of the three aspects of quality of life, post-hysterectomy women experienced a significant decrease in sexual activity. This may happen as they had passed the adaptation time after losing one of their essential organs. However, no significant relationship exists between recovery time period and personal relationships and social support. Additionally, their personal relationship was quite well after 12 to 24 months. They can resume their activities and obligations as housewives. Women can adapt to maintain their integrity in personal relationships. Difficulties in maintaining personal relationships are characterized by insecurity, not daring to try new things, fearing failure, pessimism, and feeling worthless: only a few individuals can get through it. The positive individuals are always optimistic,²⁰ dare to try new things, confident, set life goals, and behave and think positively to be meaningful in the surrounding.^{21,22} The most significant support received is from the family, especially their husband and children. During the post-hysterectomy adjustment,²³ their family needs to help them cope with discouragement.²⁴ Family and social support from the surrounding environment affect the quality of life. One aspect of social support is instrumental support,²⁵ which involves direct assistance and financial help. According post-hysterectomy women report received social support from friends and family.²⁶

Meanwhile, regarding sexual activity, post-hysterectomy women often refuse to have sexual relations due to anxiety and depression. Based on in-depth interviews with it is necessary to improve the integrity of the structure and function of defending themselves with the initial adaptation of sexuality after hysterectomy.^{27,28} Some respondents stated that after the hysterectomy, sexual activity was different. Respondents often consulted doctors on sexual activity, and even some had hormone therapy for sexual stimulation.^{29,30}

Conclusions

It is recommended that nurses should improve their social support for women and families during recovering, to avoid pathological stress and improve quality of life.

Correspondence: Chatarina Umbul Wahyuni, Faculty of Public Health, Universitas Airlangga, Kampus C Mulyorejo Surabaya 60115, Indonesia.
Tel.: +62315920948 - Fax: +62315924618
E-mail: chatarina.uw@fkm.unair.ac.id

Key words: Recovery Time; Quality of Life; Hysterectomy.

Contributions: RKA developed a theoretical concept and framework of research concepts. DDW collect and process data and resolving the research report. CUW and BP both are consultants for the drafting, data processing and analysis of data.

Conflict of interests: The authors declare no potential conflict of interests.

Funding: This study was supported by Universitas Airlangga.

Acknowledgements: We would like to thank the teachers of the University for their friendly support.

Clinical trials: The study is not involved in any clinical trials.

Conference presentation: Part of this paper was presented at the 4th International Symposium of Public Health, 2019 October 29-31, Griffith University, Gold Coast, Australia.

Received for publication: 6 March 2020.

Accepted for publication: 13 June 2020.

©Copyright: the Author(s), 2020

Licensee PAGEPress, Italy

Journal of Public Health Research 2020;9:1837

doi:10.4081/jphr.2020.1837

This work is licensed under a Creative Commons Attribution NonCommercial 4.0 License (CC BY-NC 4.0).

References

- Miao J, Fleury AC, Kushnir CL, et al. Post fellowship training in "new-to-them" surgical techniques: Assessment of learning curve characteristics. *Gynecol Oncol* 2011;121:620-4.
- Chou YJ, Shih CM. Acceptance of sexual behavior and orgasm frequency in premenopausal women. *Sexol* 2019;28:e6-10

3. Doğanay M, Kokanal D, Kokanal MK, et al. Comparison of female sexual function in women who underwent abdominal or vaginal hysterectomy with or without bilateral salpingo-oophorectomy. *J Gynecol Obstet Human Reprod* 2019;48:29-32.
4. Fortin C, Hur C, Falcone T. Impact of laparoscopic hysterectomy on quality of life. *J Minim Invasive Gynecol* 2019;26:219-32.
5. Stein A, Sauder SK, Reale J. The role of physical therapy in sexual health in men and women: evaluation and treatment. *Sex Med Rev* 2019;7:46-56.
6. Thakar R. Is the Uterus a Sexual Organ? Sexual Function Following Hysterectomy. *Sex Med Rev* 2015;3:264-78.
7. Thompson JC, Rogers RG. Surgical management for pelvic organ prolapse and its impact on sexual function. *Sex Med Rev* 2016;4:213-20.
8. Ye S, Yang J, Cao D, et al. Quality of life and sexual function of patients following radical hysterectomy and vaginal extension. *J Sex Med* 2014;11:1334.
9. Lonnée-Hoffmann R, Pinas I. Effects of hysterectomy on sexual function. *Curr Sex Health Rep* 2014;6:244-51.
10. Goktas SB, Gun I, Yildiz T, et al. The effect of total hysterectomy on sexual function and depression. *Pakistan Journal of Medical Sciences* 2015;31:700.
11. Siedhoff MT, Carey ET, Findley AD, et al. Post-hysterectomy dyspareunia. *J Minim Invasive Gynecol* 2014;21:567-75.
12. Kho KA, Walsh TM, Schaffer JI, et al. 2912 Quality of Life Following Hysterectomy: A Randomized Clinical Trial of Laparoscopic vs Abdominal Hysterectomy. *J Minim Invasive Gynecol* 2019;26:S109.
13. Aerts L, Enzlin P, Verhaeghe J, et al. Sexual functioning in women after surgical treatment for endometrial cancer: a prospective controlled study. *J Sex Med* 2015;12:198-209.
14. Kokcu A, Kurtoglu E, Bildircin D, et al. Does surgical menopause affect sexual performance differently from natural menopause? *J Sex Med* 2015;12:1407-14.
15. Darwish M, Atlantis E, Mohamed-Taysir T. Psychological outcomes after hysterectomy for benign conditions: a systematic review and meta-analysis. *Eur J Obstet Gynecol Reprod Biol* 2014;174:5-19.
16. Borimnejad L, Mohadeth Ardebili F, Jozee Kabiri F, et al. Comparison of quality of life after hysterectomy in pre and post menopause period in Iranian women. *The Iranian Journal of Obstetrics, Gynecology and Infertility* 2011;13:39-45.
17. Selcuk S, Cam C, Asoglu MR, et al. Effect of simple and radical hysterectomy on quality of life—analysis of all aspects of pelvic floor dysfunction. *Eur J Obstet Gynecol Reprod Biol* 2016;198:84-8.
18. Radosa JC, Meyberg–Solomayer G, Kastl C, et al. Influences of different hysterectomy techniques on patients' postoperative sexual function and quality of life. *J Sex Med* 2014;11:2342-50.
19. Van Gent MDJM, Romijn LM, van Santen KE, et al. Nerve-sparing radical hysterectomy versus conventional radical hysterectomy in early-stage cervical cancer. A systematic review and meta-analysis of survival and quality of life. *Maturitas* 2016;94:30–38.
20. Bougie O, Suen MW, Pudwell J, et al. Evaluating the Prevalence of Regret With the Decision to Proceed With a Hysterectomy in Women Younger than Age 35. *J Obstet Gynaecol Can* 2019. Available from: <https://doi.org/10.1016/j.jogc.2019.08.006>. Accessed on 15 October 2019.
21. Theunissen M, Peters ML, Scheepers J, et al. Prevalence and predictors of depression and well-being after hysterectomy: An observational study. *Eur J Obstet Gynecol Reprod Biol* 2017;217:94-100.
22. Carter J, Sonoda Y, Baser RE, et al. A 2-year prospective study assessing the emotional, sexual, and quality of life concerns of women undergoing radical trachelectomy versus radical hysterectomy for treatment of early-stage cervical cancer. *Gynecol Oncol* 2010;119:358-65.
23. Ercan Ö, Özer A, Köstü B, et al. Comparison of postoperative vaginal length and sexual function after abdominal, vaginal, and laparoscopic hysterectomy. *Int J Gynecol Obstet* 2016;132:39-41.
24. Lonnée-Hoffmann R, Pinas I. Effects of hysterectomy on sexual function. *Curr Sex Health Rep* 2014;6:244-51.
25. Pauls RN. Impact of gynecological surgery on female sexual function. *Int J Impot Res* 2010;22:105-14.
26. Danesh M, Hamzehgardeshi Z, Moosazadeh M, et al. The effect of hysterectomy on women's sexual function: A narrative review. *Medical Arch* 2015;69:387.
27. Verbeek M, Hayward L. Pelvic Floor Dysfunction and Its Effect on Quality of Sexual Life. *Sex Med Rev* 2019;7:559-564.
28. Nappi RE, Cucinella L, Martella S, et al. Female sexual dysfunction (FSD): Prevalence and impact on quality of life (QoL) *Maturitas* 2016;94:87-91.
29. Santosa A, Öhman A, Högberg U, et al. Cross-sectional survey of sexual dysfunction and quality of life among older people in Indonesia. *J Sex Med* 2011;8:1594-602.
30. Tutuncu B, Yildiz H. The influence on women's sexual functions of education given according to the PLISSIT model after hysterectomy. *Procedia Soc Behav Sci* 2012;47:2000-4.