Global Journal of Medical Research: E
Gynecology and Obstetrics
Volume 15 Issue 3 Version 1.0 Year 2015
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals Inc. (USA)
Online ISSN: 2249-4618 & Print ISSN: 0975-5888

Happy Hysterectomy? Quality of Life after in Rural Women of Central India

By Dr. Deepti Shrivasatva & Dr. Priyakshi Chaudhry
JNMC, India

Introduction- Hysterectomy Is One Of The Most Common Gynaecological Operation Performed Globally With An Incidence Of Approximately 30% In Women >60 Yrs. Of Age.

Studies Have Shown That Most Women Received Hysterectomy Due To Disabling Symptoms Such As Menstrual Pain, Menorrhagia, Unexplained Uterine Bleeding And Chronic Pelvic Pain Related With Non-Malignant Pathologies Like Simple Endometrial Hyperplasia, Fibroid, Prolapse. There Are So Many Management Modalities To Cure These Symptoms, As These Have An Adverse Effect On A Woman's Quality Of Life. Most Women Reported A Reduction In Physical Symptoms And Pain And An Increase In Health Perceptions After Hysterectomy.[2] But In Rural Set Up Hysterectomy Is Still A Treatment Of Choice Even For All These Benign Pathologies.In This Study We Tried To Assess Qol After Hysterectomy For These Conditions.

GJMR-E Classification : NLMC Code: WJ 140

Strictly as per the compliance and regulations of:

Happy Hysterectomy? Quality of Life after in Rural Women of Central India

Dr. Deepti Shrivasatva [α] & Dr. Priyakshi Chaudhry [σ]

I. Introduction

Hysterectomy Is One Of The Most Common Gynaecological Operation Performed Globally With An Incidence Of Approximately 30% In Women >60 Yrs. Of Age.[1]

Studies Have Shown That Most Women Received Hysterectomy Due To Disabling Symptoms Such As Menstrual Pain, Menorrhagia, Unexplained Uterine Bleeding And Chronic Pelvic Pain Related With Non-Malignant Pathologies Like Simple Endometrial Hyperplasia, Fibroid, Prolapse. There Are So Many Management Modalities To Cure These Symptoms, As These Have An Adverse Effect On A Woman's Quality Of Life. Most Women Reported A Reduction In Physical Symptoms And Pain And An Increase In Health Perceptions After Hysterectomy.[2] But In Rural Set Up Hysterectomy Is Still A Treatment Of Choice Even For All These Benign Pathologies.In This Study We Tried To Assess Qol After Hysterectomy For These Conditions.

II. Aims and Objectives

1) Evaluation Of Quality Of Life As A Short Term Outcome Measure Upto 3 Months After Hysterectomy.
2) To Analyze And Compare The Changes In Health Related Qol Before And After Hysterectomy For Benign Diseases In Rural Women.

III. Methodology

After Institutional Ethical Committee Approval A Prospective Observational Analytical Study Was Done Which Included 300 Patients From September 2011 To August 2013.They Were Analysed For Indications At Acharya Vinobha Bhave Rural Hospital, Sawangi (M), Wardha, Characteristics, Treatment And Clinical Short Term Outcome Measures. Prestructured Proforma Based On Euro-5d-5l Vas Was Used As Study Tool Euro -5d-5l Included 5 Health State- Anxiety/Depression, Pain/Discomfort, Mobility, Self Care, Usual Activities. Vas Scale-This Is To Know How Good Or Bad Health Is Today. This Scale Is Numbered From 0 To 100.100 Means The Best Health And 0 Means The Worst Health One Can Imagine.

Author α: MBBS, Md, Phd (Prof and Head, JNMC, DMIMS, Sawangi Meghe Maharashtra). e-mail: deepti_shrivastava69@yahoo.com
Author σ: MBBS (Resident, JNMC, DMIMS, Sawangi Meghe Maharashtra). e-mail: priyakshichaudhry@gmail.com

a) Inclusion Criteria

1. Hysterectomy Done For Benign Indication Of Pelvic Pathology
2. Any Route Of Hysterectomy I.E. Abdominal, Vaginal Or Laparoscopic
3. Any Type Of Hysterectomy I.E. Total, Subtotal Or Pan Hysterectomy.

b) Exclusion Criteria

1. Malignant Condition As An Indication Of Hysterectomy.
2. Any Major Intraoperative Or Postoperative Surgical Complication

IV. Results

Demographic Profile

Age	No of Cases (N=300)
>35-45 Years	82(27.5%)
45-55 Years	110(36.5%)
55 And Above Years	108(36%)
Education	
Primary	141(47%)
Secondary	69(23%)
Others	90(30%)
Occupation	
House Maker	141(47%)
Farmer	102(34%)
Proffession	57(19%)

Table N0 2 : Indications

Indications	No of Cases N=300
Fibroid	60(20%)
Dub	120(40%)
Prolapse	45(15%)
Others	75(25%)

Table No 3 : Mode of Hysterectomy-

Mode of Hysterectomy	No of Cases
Abdominal	183(61%)
Vaginal	114(38%)
Laproscopy	3(1%)

Table No 4 : Patient Having Extreme Problem

	Pre Op (N=300)	Day 7(N=300)	Day 14 (N=258)	6 Weeks (N=220)	3 Months (N=183)
Mobility	30(10%)	60(20%)	30(11.7%)	15(6.6%)	0(0%)
Self Care	30(10%)	60(20%)	46(17.6%)	22(10%)	9(4%)
Usual Activity	30(10%)	105(35%)	46(17.6%)	22(10%)	15(8.1%)
Pain And Discomfort	120(40%)	135(45%)	23(8.8%)	10(4.6%)	3(1.6%)
Anxiety And Depression	120(40%)	60(20%)	14(5.8%)	12(5.3%)	9(4%)

Table No 5 : Visual Analogue Scale

Vas	Pre Op(N=300)	Day 7(N=300)	Day 14 (N=258)	6 Weeks (N=220)	3 Months (N=183)
0-20	120(40%)	45(15%)	30(11.7%)	22(10%)	4(2.4%)
20-40	30(10%)	75(25%)	61(23.5%)	15(6.6%)	15(8.1%)
40-60	45(15%)	90(30%)	61(23.5%)	22(10%)	15(8.1%)
60-80	60(20%)	60(20%)	61(23.5%)	88(40%)	44(24.3%)
80-100	45(15%)	30(10%)	45(17.6%)	73(33.3%)	104(57.1%)

V. Disscussion

This Study Showed That Maximum Patients Out Of 300 Patients Belonged To The Age Group Of 45-55 Years And Were Homemakers And Had Received Only Primary Education 120 Patients Were Reported With Dub ,Pain And Discomfort Was The Common Complaint Due To Which There Day To Day Activity Was Hampered At Day 7 Of The Treatment 255 Had No Problem There Was No Pain And Discomfort ,Post-Surgery, On Day 14 We Lost 42 Patients In Follow Up And 42% Patients Got Relived From Pain And Discomfort, Past Surgery In 6 Th Week We Again Lost 38 Patients So Total No Patients Left Were 220 Out Of Which 128 Patients Got Relieved Of Pain And Discomfort, After 3 Months Of Surgery We Lost 37 More Patients And Total Left Were 183 Out Of Which 137 Got Completely Relived From Any Discomfort And Were Able To Do Their Day To Day Activity So Overall Self-Rated Health Status And Hrqol Significantly Improved At 6 Weeks And Then Remained Constant Throughout 3 Months And Onwards After Hysterectomy.

Within 6 Weeks After Hysterectomy, Patients Had Returned To Normal Health And Bodily Functions. Symptom Relief After Hysterectomy Is Associated With A Marked Improvement In Hrqol.

Y.L Yang Et Al Had Done A Prospective Follow-Up Study Which Recruited 38 Women (Age Range, 33–52 Years) Who Underwent Abdominal Hysterectomy For Non-Malignant Causes In University Of Taiwan The Result Showed That Patients' Attitudes Toward Hysterectomy And Subsequent Sexual Activity Were Influenced By The Surgery. All Patients Showed Significant Improvements In The Physical Component Summary (Pcs) Of Sf-36 (Mean, 42.1–51.0), But There Was No Significant Difference In The Mental Component Summary (Mcs). The Significant Improvements Were Found From The Five Repeated Measurements Of The Self-Rated Health Status (Mean, 6.0–7.3). Haemoglobin Level Was The Most Important Predictor Of Hrqol Before Surgery. Women In Employment, With More Years Of Education And Previous Blood Transfusion Had High Mcs Scores After Surgery. Conclusion: The Overall Self-Rated Health Status And Pcs Showed Significant Improvements After Hysterectomy. Having Had A Blood Transfusion, Being Educated And Employed Were Positively Associated With Mcs Score After Surgery. These Findings Are Vital For Preoperative Counselling For Women Undergoing Hysterectomy.[2]

Taipale K Et Al Conducted A Prospective Observational Study At University Referral Hospital In Helsinki.A Total Of 337 Women Entering For Routine Hysterectomy Due To A Benign Disease (210 Benign Uterine Or Ovarian Cause, 20 Endometriosis, 51 Uterovaginal Prolapse, 56 Menorrhagia) Were Taken And The Result Came Out Were Mean [Standard Deviation (Sd)] Hrqol Score (On A 0-1 Scale) In The Whole Group Improved From The Preoperative Of 0.905 (0.073) To 0.925 (0.077) Six Months After The Operation ($P < 0.001$). The Largest Mean (Sd) Improvement Was Seen In Patients With Endometriosis [0.048 (0.067)] Followed By Those With Menorrhagia [0.024 (0.054)], Benign Uterine Or Ovarian Cause [0.018 (0.071)], And Prolapse [0.017 (0.055)]. In The Whole Group, The Intervention Produced A Mean (Sd) Of 0.222 (1.270) Qalys At Mean (Sd) Direct Hospital Cost Of Euro3, 138 (2,098). Consequently, The Cost Per Qaly Gained In The Whole Group Was Euro14,135 Varying From Euro3,720 To 31,570 In The Disease Groups.And Concluded That The Cost Per Quality Gained For Hysterectomy For Benign Uterine Disorders Is Strongly Dependent on The Indication For Surgery.[3]

Hartmann Conducted Cohort Study of 1249 Patients, Participants Were Interviewed, Before Surgery And At 5 Intervals After, Regarding Pelvic Pain, Depression, Quality of Life, And Sexual Function. We Compared Quality Of Life And Sexual Function At 6 And 24 Months Among Women With Preoperative Pelvic Pain Alone, Depression Alone, Both Pelvic Pain And

Depression, Or Neither.At 24 Months, Women With Pain And Depression Had Reduced Prevalence Of Pelvic Pain (96.7% Decreased To 19.4%), Limited Physical Function (66.1% To 34.3%), Impaired Mental Health (93.3% To 38.1%), And Limited Social Function (41.1% To 15.1%). Women With Pain Only Improved In Pelvic Pain (95.1% To 9.3%) And Limited Activity Level (74.3% To 24.2%). The Group With Depression Only Had Improvement In Impaired Mental Health (85.1% To 33.1%). Dyspareunia Decreased In All Groups. Compared With Women Who Had Neither Pain Nor Depression, Women With Depression And Pain Had 3 To 5 Times The Odds Of Continued Impaired Quality Of Life: Odds Ratio (Or) 2.73, 95% Confidence Interval (Ci) 1.78-4.19 For Limited Physical Function; Or 3.41, 95% Ci 2.13-5.46 For Impaired Mental Health; Or 5.76, 95% Ci 2.79-11.87 For Limited Social Function; Or 4.91, 95% Ci 2.63-9.16 For Continued Pelvic Pain; And Or 2.41, 95% Ci 1.26-4.62 For Dyspareunia. And Concluded That Women With Pelvic Pain And Depression Fare Less Well 24 Months After Hysterectomy Than Women Who Have Either Disorder Alone Or Neither. Nevertheless, These Women Improve Substantially Over Their Preoperative Baseline In All The Quality Of Life And Sexual Function Areas Assessed.[4]

Quality Of Life Was Measured In 348 Women Attending Gynaecological Outpatients Using Euroqol 5d. . Quality Of Life Was Then Measured In 131 Women Before And After Hysterectomy. Of The Outpatient Group 50% Of The Women Reported Problems With Pain And 40% With Depression. Women Undergoing Hysterectomy Reported Similar Preoperative Levels Of Pain And Depression. However, 6 Months Postoperatively There Were Significantly Fewer Women Complaining Of Both Pain And Depression. Mean Calculated Scores Of Self-Rated Quality Of Life Improved Significantly From 0.72 Preoperatively To 0.89 Postoperatively ($P < 0.0001$). In Conclusion, Quality Of Life Can Be Simply Quantified Using The Euroqol Instrument And Is Suitable For Gynaecological Patients. Hysterectomy For The Treatment Of Benign Conditions Improves The Overall Quality Of Life For The Majority Of Women.[5]

VI. Conclusion

More And More Conservative Management For Benign Diseases Of Uterus Is Advocated And Recommended Globally, But In Rural Setup Still Hysterectomy Plays A Large Role Due To Benefit Of Cost, Feasibility, Permanent Solution And Less Need Of Follow Up Along With Excellent Satisfaction That Reoccurrence Is Least And It Is A Permanent Method In Women As Follow Up Is Difficult.

References Références Referencias

1. Chueh C, Chu-Hui C, Shu-Fen K, Et Al. A Preliminary Study on Hysterectomy Rate In Taiwan. Chin J Public Health (Taipei) 1995; 14: 487–93. [In Chinese]
2. Y.L. Yang Et Al J Formos Med Assoc | 2006 • Vol 105 • No 9
3. Taiple Et Al Acta Obstet Gynecol Scand. 2009; 88 (12):1402-10.
4. Hartmann Et Al Obstet Gynecol. 2004 Oct; 104 (4): 701-9.
5. Davis Et Al J Obstet Gynaecol. 2002 Sep; 22 (5): 523-6.