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By Yndri Frota Farias Marques, Jessica de Medeiros Carpaneda, Lindson Mühlmann, Stephanie de Sousa, Maria Gabriella Cunha Batista, Pedro Santiago Madruga Ferreira, Francisco Rodrigues Nascimento Junior, Monia Bresolin & Nicole Xavier de Oliveira
University of Rio Verde

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INFLUENCE OF PSYCHIATRIC DISORDERS ON RECOVERY AND PROGNOSIS FROM GYNECOLOGICAL SURGERY

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Influence of Psychiatric Disorders on Recovery and Prognosis from Gynecological Surgery

Yndri Frota Farias Marques ^α, Jessica de Medeiros Carpaneda ^σ, Lindson Mühlmann ^ρ,
Stephanie de Sousa ^ω, Maria Gabriella Cunha Batista [¥], Pedro Santiago Madruga Ferreira [§],
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Purpose: The purpose of this study was to investigate the influence of psychiatric disorders on the recovery and prognosis of gynecological surgery, analyzing the relationship between these disorders and complications postoperative conditions, long-term results and quality of life of patients.

Methodology: A systematic review was carried out according to the PRISMA checklist (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). The search comprehensive survey was conducted on major medical databases, including PubMed, Embase and Scopus, using the following MeSH terms (Medical Subject Headings) and their combinations: "psychiatric disorders", "gynecological surgery", "recovery postoperative", "prognosis" and "quality of life". Published studies were included over the last 10 years, with relevant data on the influence of psychiatric disorders in gynecological surgery.

Results: The analysis of the included studies revealed that the psychiatric disorders are associated with significant postoperative complications in gynecologic surgery, including higher rates of infection, wound dehiscence, pain chronic and recurrence of gynecological symptoms. Furthermore, these disorders can negatively influence the quality of life of patients in the long term, leading to greater dissatisfaction and functional limitations.

Discussion: The presence of psychiatric disorders in population of patients undergoing gynecological surgery requires an integrated approach among the surgical, psychiatric, and postoperative care teams. early identification and the proper management of psychiatric disorders are essential to optimize the post-operative recovery, minimize complications and improve functional outcomes and quality of life.

Conclusion: This review emphasizes the importance of an evaluation comprehensive assessment of patients' mental health before gynecological surgery, as well as the implementation of multidisciplinary strategies for perioperative care. A Identification and appropriate treatment of psychiatric disorders are crucial to improve surgical outcomes and promote a successful recovery. Furthermore, the integration of psychosocial interventions such as emotional support, therapy cognitive-behavioral and relaxation interventions, may play a role important in mitigating the negative effects of psychiatric disorders in surgery gynecological.

Keywords: "psychiatric disorders", "gynecological surgery", "recovery postoperative", "prognosis" and "quality of life".

I. INTRODUCTION

The approach to psychiatric disorders in medicine has always been a concern relevant, especially when it comes to the surgical context. Throughout history, the patients with psychiatric disorders were often stigmatized and neglected in relation to general medical care, including recovery postoperative period of gynecological surgeries. However, recent research has highlighted the crucial importance of considering psychiatric aspects during the perioperative period, recognizing the significant influence these disorders can have on outcomes procedures and the quality of life of patients.

Gynecological surgery involves complex procedures that require a period of adequate recovery to optimize results. During this period, factors psychosocial disorders, including psychiatric disorders,

Authors α: Educational institution: Institute of Higher Education of Vale do Paraiba (IESVAP). e-mail: yndrifrota@hotmail.com

Authors σ: Medical student University of Rio Verde Campus Aparecida de Goiânia Address: University Campus (Faz. Fontes do Saber S/N), Rio Verde, GO. e-mail: jessicacarpaneda03@gmail.com

Authors ρ: Medical student FMB-UNESP Botucatu-SP Address: R. Raymundo Putti, 13 - Jardim Sao Jose, Botucatu - SP. e-mail: l.muhlmann@unesp.br

Authors ω: Graduated in Medicine Nine of July Educational Association (UNINOVE) Av. Duque de Caxias 2, Bauru, SP, 17030-520. e-mail: stephanie.sousaa@gmail.com

Author ¥: Graduated in Medicine UniRV Campus Goianésia Address: Rua Doze 288, Goianésia, GO, 76380-000. e-mail: maria_gabriellaa@hotmail.com

Authors §: Medical degree Nova Esperança College Paraiba, Av. Frei Galvão 12, João Pessoa, PB, 58067-695. e-mail: pepeusantiago@hotmail.com

Authors χ: Graduated in Medicine Tiradentes University Center/afya Av. Commander Gustavo Paiva 5017, Maceio, AL, 57038-000. e-mail: francisco.nascimento@souunit.com.br

Authors ν: Psychiatrist and Psychogeriatrician Hospital Dona Helena Joinville/SC Address: Rua Blumenau 123, Joinville, SC, 89204-250. e-mail: dra.moniam.bresolin@gmail.com

Authors θ: Medical student Unirv FAMEF Address: University Campus (Faz. Fontes do Saber S/N), Rio Verde, GO. e-mail: nicolexdoliveira02@gmail.com

can directly influence the recovery and postoperative prognosis. Disorders such as anxiety, depression and post-traumatic stress disorder have been associated with surgical complications, length of stay, persistent chronic pain and reduced quality of life.

Understanding the relationship between psychiatric disorders and postoperative recovery is key to developing more effective therapeutic approaches and improving care of patients. Researches have demonstrated that the multidisciplinary approach, involving mental health teams and gynecological surgeons, can lead to better outcomes. A early identification of psychiatric disorders, proper assessment and interventions integrated approaches are essential to minimize negative effects on recovery and improve patients' quality of life.

In addition, it is important to consider the specific risk factors associated with psychiatric disorders in the postoperative period of gynecological surgeries. For example, patients with post-traumatic stress disorder may be more sensitive to pain, which may influence the need for adequate analgesia during recovery. Anxiety, in turn, can affect immune response and wound healing of wounds, resulting in slower recovery and potentially complications additional.

Considering these aspects, it is essential that health professionals adopt a holistic and integrated approach in the postoperative period of gynecological surgeries, recognizing the importance of proper assessment and management of disorders psychiatric. Collaborative care strategies involving multidisciplinary teams and effective communication between health professionals, are crucial to ensure a successful recovery and improve the patients' quality of life. In this literature review, we will explore the most recent studies on the influence of psychiatric disorders in recovery and postoperative prognosis of surgeries gynecological. In addition, we will make a correlation between psychiatric disorders and surgical outcomes, with the aim of providing a comprehensive and up-to-date view of the theme. Understanding these interactions is crucial to improving the clinical approach and ensure an effective and quality recovery for patients undergoing surgery gynecological.

a) *Goal*

The aim of this literature review is to analyze and summarize recent studies on the Influence of psychiatric disorders on recovery and prognosis from surgery gynecology, as well as exploring the effects of these disorders on the quality of life of patients. In addition, we intend to make a correlation between the results of the main articles found in order to provide a comprehensive view of this relationship.

II. METHODOLOGY

This literature review was performed using PubMed, Embase and Scopus. The search was conducted to identify studies that investigated the influence of psychiatric disorders in recovery and prognosis from gynecological surgery. They were the following MeSH terms (Medical Subject Headings) and their combinations were used: "psychiatric disorders", "gynecological surgery", "post-operative recovery", "prognosis" and "quality of life".

The search strategy was developed according to the relevant MeSH terms and adapted for each database. The inclusion criteria were established based on in the PRISMA checklist (Preferred Reporting Items for Systematic Reviews and Meta-Analyses), ensuring the rigorous selection of relevant studies.

The inclusion criteria adopted were the following: Studies published in journals peer-reviewed scientific; studies that investigated the influence of mental disorders psychiatric in the recovery and prognosis of gynecological surgery; studies that involved patients undergoing gynecological surgeries; studies that evaluated outcomes related to postoperative recovery, such as surgical complications, pain, quality of life and prognosis; studies published in the last 10 years, considering the timeliness of the evidence.

The following types of studies were excluded: studies in a language other than English, Spanish or Portuguese; studies with exclusively male or mixed samples (as long as the female subsample could not be analyzed separately); studies that did not present relevant results for the outcomes of interest; studies of review, meta-analyses, letters to the editor and case reports.

The initial search was performed in each database using the search strategy preset. Results were exported and duplicates were removed. The selection of studies was carried out in two stages: initial screening of titles and abstracts, followed by complete evaluation of the selected texts. The studies were selected according to the inclusion and exclusion criteria previously established.

After selecting the studies, relevant data were extracted and organized into a narrative synthesis. The results of the selected studies were analyzed and correlated to provide a comprehensive view of the influence of disorders psychiatric patients in recovery and prognosis of gynecological surgery.

III. RESULTS

This systematic literature review selected a total of 15 articles the main ones articles selected in this review indicated a clear relationship between psychiatric disorders and postoperative recovery in gynecological surgeries. Several studies highlighted that the presence

of psychiatric disorders, such as anxiety and depression, is associated with an increased risk of postoperative complications, including infections, impaired wound healing and hospital readmissions.

In addition, psychiatric disorders have also been linked to an increase in pain postoperative period, need for more intense analgesia and prolonged duration of hospitalization. These factors can negatively impact the recovery of patients and their quality of life, leading to less satisfaction with surgical results.

The correlation between the results of the studies underscores the importance of an approach integrated into the care of patients undergoing gynecological surgeries. The identification early diagnosis of psychiatric disorders, multidisciplinary assessment and appropriate management by through psychotherapeutic, pharmacological or combined interventions can contribute for a more effective recovery and an improvement in the quality of life.

Part of the studies investigated the relationship between preoperative anxiety and complications postoperative care in patients undergoing hysterectomy. The results showed that patients with higher levels of anxiety had a higher incidence of complications such as wound infections and impaired healing. Furthermore, these patients reported greater intensity of postoperative pain and less satisfaction with the surgical results.

Other studies have explored the impact of depression in the postoperative period of surgeries gynecological. The results revealed that patients with preoperative depression had more likely to experience surgical complications, such as bleeding, in addition to have a slower recovery and longer hospital stay. These findings emphasize the importance of identifying and treating depression as an integral part of care perioperative period, aiming to improve the surgical outcomes and the quality of life of patients.

Regarding post-traumatic stress disorder (PTSD), some studies have investigated its association with chronic pain after gynecological surgeries. The results indicated that patients with previous PTSD had a higher incidence of persistent chronic pain, negatively impacting their long-term quality of life. Furthermore, these patients also reported greater need for analgesia and greater difficulty in fully recover from the surgical procedure.

With regard to bipolar mood disorder, studies have shown that patients with this psychiatric syndrome can present unique challenges in the postoperative period of surgeries gynecological. It was noticed that, the fluctuation of mood and episodes of mania or depression may interfere with adherence to treatment, wound healing and general recovery. Part of the research highlighted the importance of monitoring care of these patients during the perioperative period.

A large part of the studies indicated that patients with personality disorder borderline may be

more vulnerable to complications in the postoperative period of gynecological surgeries. Therefore, there is an association between borderline personality disorder and a higher risk of surgical complications, such as infections and wound dehiscence. In addition, these patients tend to have difficulties emotional and behavioral changes during recovery, which can negatively affect results and adherence to postoperative instructions.

The presence of generalized anxiety disorder has also been associated with unfavorable outcomes in the postoperative period of gynecological surgeries. It was identified that patients with GAD had a higher incidence of chronic pain, less satisfaction with surgery and a longer recovery compared to patients without GAD. These results suggest that adequate management of anxiety in these cases is fundamental to a more effective recovery.

Furthermore, the literature has shown that patients with eating disorders such as anorexia nervosa or bulimia nervosa, may present increased risks in the postoperative period of gynecological surgeries. There was a higher incidence of surgical complications, such as malnutrition, vitamin deficiencies and hydroelectrolytic disorders, in patients with eating disorders. Furthermore, these patients may face additional challenges related to adherence to the postoperative diet and body image management.

The correlation between the results of the studies suggests that the presence of disorders psychiatric tests before gynecological surgery may compromise recovery postoperative period in different ways. Physiological and psychosocial mechanisms are involved in this complex interaction. For example, anxiety and depression can trigger exacerbated inflammatory responses, negatively affecting healing wounds and increasing the risk of infections. In addition, psychiatric disorders can lead to an altered stress response, which can result in a greater degree of pain perception and difficulties in adapting to the postoperative period.

It is important to highlight that, although the association between psychiatric disorders and postoperative recovery in gynecological surgeries has been widely documented, the identification and management of these disorders are still clinical challenges. A multidisciplinary approach, involving mental health professionals, surgeons gynecologists and anesthesiology team, is fundamental to improve the surgical outcomes and patients' quality of life.

IV. CONCLUSION

It is concluded that there is a notorious influence of psychiatric disorders on recovery and prognosis of gynecological surgeries. The studies addressed a variety of disorders, including anxiety,

depression, post-traumatic stress disorder, bipolar mood disorder, borderline personality disorder, generalized anxiety and eating disorders.

Regarding anxiety, several studies have shown that patients with anxiety disorder have a higher incidence of surgical complications, postoperative pain intense and prolonged recovery. The presence of depression was also shown to be harmful, with a higher rate of hospital readmission, need for analgesia and impact negative impact on health-related quality of life. Post-traumatic stress disorder was associated with greater pain intensity and difficulty coping with stress. perioperative.

Patients with bipolar mood disorder presented unique challenges, including mood fluctuations that can interfere with wound healing and adherence to treatment. Borderline personality disorder was related to a higher incidence of surgical complications, whereas generalized anxiety disorder was associated with persistent chronic pain and less satisfaction with the surgery. The eating disorders were related to nutritional complications and difficulties in fulfilling the post-operative instructions.

In view of these results, it is crucial to adopt an integrated approach to the care of these patients, involving both the mental health team and the gynecological surgeons. Early identification of psychiatric disorders, comprehensive perioperative evaluation and proper management are essential to optimize surgical results and quality of care patients' lives. Furthermore, the development of clinical guidelines based on evidence and personalized therapeutic strategies are key to improving outcomes surgical outcomes in these populations.

However, it is important to emphasize that more research is needed in this area to deepen our understanding of the influence of psychiatric disorders on recovery and prognosis of gynecological surgeries. Additional studies may provide more specific information about the underlying mechanisms, better approaches therapies and strategies to prevent complications in patients with mental disorders psychiatric. The continuous search for scientific evidence will contribute to improve the care offered to these patients and promote more positive results in their surgical recovery days.

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