

Original Article

Gynecological & Psychological Morbidities after Hysterectomy-A Retrospective Observational Study.

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Abstract

The aim of this study was to find out the gynecological & psychological morbidities after hysterectomy operation due to different types of gynecological diseases in admitted patients of Khwaja Yunus Ali Medical collage & Hospital, a rural tertiary hospital in Bangladesh. In this retrospective observational study total 190 gynecological patients were evaluated in 4 years who were admitted either from OPD or through emergency. Most of the patients were operated due to uterine fibroid, DUB, chronic cervicitis, CIN, PID with chronic pelvic pain, genital prolapse, cervical carcinoma, ovarian tumor etc. After a period of hysterectomy operation those patients were suffered from chronic pelvic pain 3%, vaginal discharge 2%, dyspareunia 1%, vault prolapse .5%, early appearance of post menopausal syndrome 13% & some psychological complaints like anxiety disorders 5% & depressive illness 2%. Those patients were observed in OPD of KYAMCH during followed up.

Keywords: Uterus, Disease, Hysterectomy, Morbidities.

Introduction

A hysterectomy is the surgical removal of the uterus usually performed by Gynecologist. Hysterectomy may be total or partial. It is most commonly performed gynecological surgical procedure. In 2003, over six million hysterectomy were performed in the United States alone, of which over 90% were performed for benign conditions¹. Removal of the uterus renders the patient unable to bear children & has surgical risks as well as long term effect, so the surgery is normally recommended when other treatment options are not available. It is expected that the frequency of hysterectomies for non-malignant indications will fall as there are good alternatives in many cases². Oophorectomy is frequently done together with hysterectomy to decrease the risk of ovarian cancer. However, recent studies have shown that prophylactic oophorectomy without an urgent medical indication

decrease a woman's long term survival rates substantially and has other serious adverse effects³, the examples & perspective in this article may not represent a worldwide view of the subject. In Canada the number of hysterectomies between 2008 & 2009 was almost 47000. The rate in for the same timeline was 338 per 100000 populations, down from 484 per one million in 1997. The reasons for hysterectomies differed depending on whether the woman was living in urban or rural location. Urban women operated for hysterectomies due to uterine fibroid and rural women had hysterectomies mostly for menstrual disorder.⁴ In United States- according to the National Center For Health Statistics 617000 hysterectomies performed in year 2004, 73% also involved the surgical removal of the ovaries. In the United States, 1/3 of women can be expected to have a hysterectomy by the age 60.⁵ There are currently an estimated 22million

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people in the United States who have undergone this procedure. An average of 62200 hysterectomies a year has been performed for the past decade. In the UK, one in five women likely to have a hysterectomy by the age of 60, & ovaries are removed in about 20% of hysterectomies⁶. Hysterectomy is a major surgical procedure that has risk- benefits & affects a woman's hormonal balance and overall health for the rest of her life. Because of this, hysterectomy is normally recommended as a last resort to remedy certain intractable uterine/reproductive system conditions. Such conditions include-certain types of reproductive system cancer or tumors, including uterine fibroids that do not respond to more conservative treatment options, severe endometriosis or adenomyosis, chronic pelvic pain where conservative treatment options are failed & several forms of vaginal prolapse⁷. Post partum to remove either a severe case of placenta praevia or placenta percreta as well as a last resort in case of excessive obstetrical hemorrhage⁸. There are several types of hysterectomy. Hysterectomy, in the literal sense of the word, means merely removal of the uterus. However other organs such as ovaries, fallopian tubes & the cervix are very frequently removed as apart of surgery. So the hysterectomies are- Radical hysterectomy, total hysterectomy with or without oophorectomy, subtotal hysterectomy. Hysterectomy may be done through abdominal or vaginal route.

Study place

Khwaja Yunus Ali Medical collage hospital. It is a tertiary hospital, located about 147 Km from Dhaka in the bank of the river Jamuna. Most of the patients came here from Rajshahi division & from greater Mymanshing district. Our study was retrospective & observational on post hysterectomy Gynecoligal & ppsychological morbidities in OPD of KYAMCH. The time period was 4 years from January-2009 to December-2012.

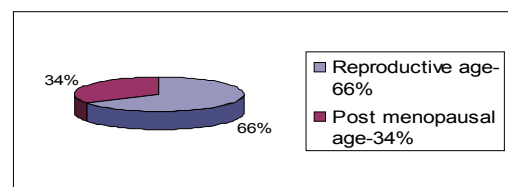
Methodology

The study group consisted of 190 patients of different ages who were suffered from different gynecological diseases & treated surgically like hysterectomy operation in Gyne. & Obst Dptt.of KYAMCH. The duration of study was 4 years. Those patients were suffered from different gynecological diseases & operated in Gyne OT of KYAMCH. We used standard materials & procedure during operation for better out come. Per operative & post operative period were good.

After operation we followed up & observed those patients regularly to find out any Gynecological & ppsychological complaints were developed or not in OPD of KYAMCH.

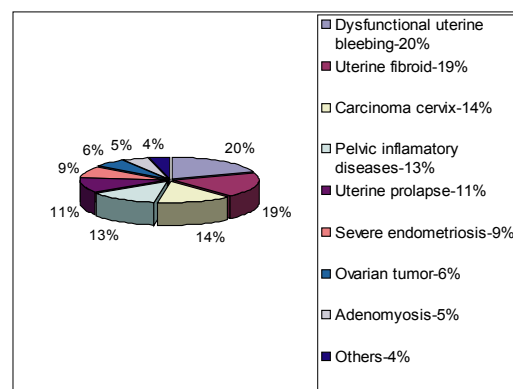
Result

The total 190 patients who were suffered from Gynecological diseases were evaluated & treated surgically within 4 years period solely in Gynae Department of Khwaja Yunus Ali Medical Collage Hospital. Patient's distribution according to their age, Indications of operation, types of operation & post hysterectomy morbidities- gynecological & ppsychological are given bellow as chart- This figure shows most of the women were in reproductive age-66%, & post menopausal age-34%.



Figur-1: This pie chart shows the age distribution.

It shows that the diseases which need hysterectomy operation. The diseases were Dysfunctional uterine bleeding-20%, Uterine fibroid-19%, Cervical carcinoma (in primary stage)-14%, PID with chronic cervicitis where medical treatment were failed-13%, Uterine prolapse-11%, Severe endometriosis-9%, Ovarian tumor-6%,Adenomyosis-5% & others (Rupture uterus, 2nd PPH, Molar pregnancy etc.) -4%.



Figur-2:This pie chart shows the diseases need hysterectomy and different indications for hysterectomy operation.

There were different types of hysterectomy operations were done for the treatment of those gynecological diseases mentioned above. The operations were Total Abdominal Hysterectomy with Bilateral Salpingoophorectomy-42%, Total Abdominal Hysterectomy -40%, Vaginal Hysterectomy-16%, & Sub total Hysterectomy-2%.

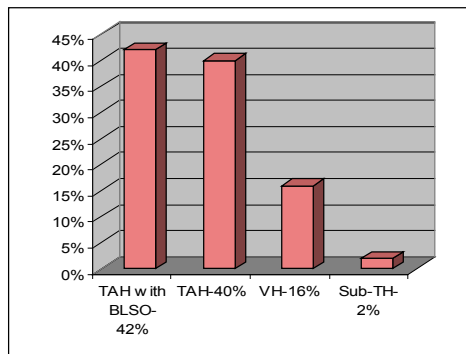
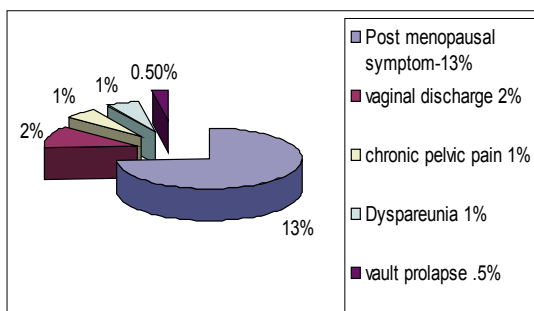


Figure-3: This bar chart shows types of hysterectomy operation.

After Hysterectomy the women were suffered from several form of gynecological problems like early appearance of post menopausal symptoms due to TAH with BLSO-13%, Vaginal discharge due to vault granulation tissue (with or without)-2%, Chronic pelvic pain-1%, Dyspareunia-1%, Vault Prolapse-.5% & Others were no complains about 82%.



Figur-4: This pie chart shows the post hysterectomy gynecological morbidities.

There were some patients who were suffered from psychological disorders-Anxiety disorder-5%, Depressive illness-2% & others were no complains about 92%.

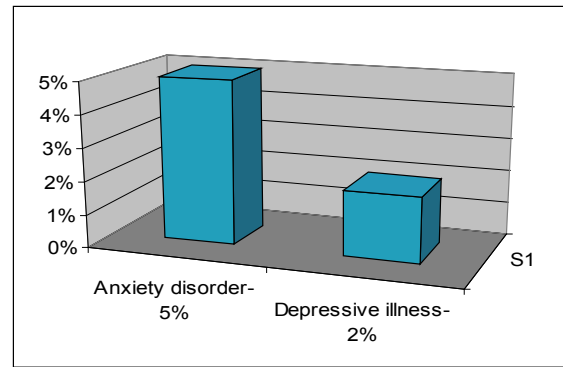


Figure-5: The bar chart shows post hysterectomy pshychological morbidities.

Discussion

Hysterectomy is usually performed for serious conditions & is highly effective in curing those conditions. The Women Health Study of 1994 followed for 12 months time, approximately 800 women with similar gynecological problems (pelvic pain, urinary incontinence due to uterine prolapsed, sever endometriosis, excessive menstrual bleeding, large fibroid, painful intercourse) around half of whom had a hysterectomy and half of whom did not. The study found that a substantial number of those who had a hysterectomy had marked improvement in their symptoms following hysterectomy as well as significant improvement in their overall physical & mental health one year out from their surgery. But a proportion of patient who undergone a hysterectomy for chronic pelvic pain will continue to suffer from pelvic pain after a hysterectomy⁹. In addition, other patients will be begin to suffer from chronic pelvic pain & painful sexual intercourse(dyspareunia) following a hysterectomy¹⁰. The cause of this pain may be development of pathologies at the top of the vagina from where the uterus was removed¹¹.

An operation known as vaginal vault excision helps many such patients achieve relief of their pelvic pain & painful sexual intercourse¹². Removal of one or both ovaries is performed in substantial number of hysterectomies that were intended to be ovary sparing¹³. The average onset of age of menopause in those who underwent hysterectomy is 3.7 years earlier than average even when the ovaries are preserved¹⁴. this has been suggested to be due to the disruption of blood supply to the ovaries after a hysterectomy or due to

missing endocrine feedback of the uterus. The function of the remaining ovaries is significantly affected in about 40% women; some of them even required hormone replacement treatment. Estrogen level fall sharply when the ovaries are removed, removing the protective effects of estrogen on the cardiovascular & skeletal system. When only the uterus is removed there is three times greater risk of cardiovascular disease. If the ovaries are removed the risks is seven times. Several studies have found that osteoporosis & increased risk of bone fracture are associated with hysterectomy^{15,16,17,18}.

Oophorectomy before the age of 45 is associated with a five fold mortality from neurological & mental disorder¹⁹. On the other hand urinary incontinence & vaginal prolapsed are well known adverse effects that develop with high frequency a very long time after the surgery. Typically, those complications develop 10-20 years after the surgery²⁰. for this reason exact numbers are not known, and risk factors are poorly understood. The risk for vaginal prolapsed depends on factors such as number of vaginal delivery; the difficulty of deliveries & the types of labor²¹. Overall incidence is approximately double after hysterectomy²².

Levels of psychiatric morbidity were significantly higher before the operation than after. Both before & after hysterectomy, levels of psychiatric morbidity were high by comparison with women in the general population, but lower than in psychiatric patient. The pre operative psychiatric morbidity had been mainly of long duration. In post hysterectomy state there was significantly increase of anxiety related disorder & reduction in the proportion of depressive illness²³.

Conclusion

This study concluded that for those patients who have intractable gynecological problems that not responded to non-surgical intervention, hysterectomy may be beneficial to their overall health & mental wellbeing with or without development of other gynecological & psychological complications.

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