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Psychosocial Impact of Hysterectomies on Patients in the Post Operative Period: A Systemic Review

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Abstract

Objective: To evaluate and gather all the recent knowledge, research, theories and information on the emotional and physical outcomes of hysterectomies on female patients in the post operative period.

Setting: Department of obstetrics and gynecology Khyber Teaching Hospital Peshawar KPK.

Design: A Systemic review of current medical literature on the topic using google scholar, PubMed, science direct and Medline as search engines was conducted. Special consideration was given to the psychosocial impact of hysterectomy on the quality of life in patients and weigh out the benefits and disadvantages of carrying out this procedure for benign diseases.

Results: Premenopausal women who are young and un married have temporary depression problems, but no anxiety, following hysterectomy as compared to post-menopausal women with completed families irrespective of the type of procedure performed. However, overall, these adverse outcomes are very minimal (only seen in a subgroup of women, 10% to 20%) and proper counselling from clinicians, gynecologists, psychologists and most importantly from the partner is paramount in achieving healthy mental and emotional results in the post-operative period.

Conclusion: Patients who undergo hysterectomies for various indications report betterment or no significant changes in their psychosocial behavior mainly because of improvement in their gynecological symptoms and quality of life in the long run. Further research is needed on the topic to establish which patients benefit the most and which patients do not.

Keywords: Hysterectomies, Patients, Pakistan

Introduction

Hysterectomy with or without oophorectomy, is a very common procedure performed for various pathologies related to the female genital tract including benign diseases such as fibroids, leiomyomas, dysfunctional uterine bleeding, endometriosis, uterine prolapse [1] and even for malignant conditions such as uterine cancer [2]. Some women will opt for a hysterectomy as part of sterilization or contraception [3]. Despite being the procedure of choice in reproductive age women, the number of hysterectomies is decreasing on an annual basis [4] and according to American College of Obstetrics and Gynecology (ACOG), 70% of hysterectomies are considered unnecessary due to improper diagnosis and lack of provision of less invasive techniques [5].

Deciding whether to remove or preserve the uterus is never a straightforward decision for the patient as well as the clinician. Therefore, relevant and proper counselling is paramount in this regard and all available options should be properly discussed with the patient before embarking upon any decision, since the procedure is not without its adverse events in the post operative period. Some of the complications of hysterectomy include, pelvic infections [6, 7], ureteric injury [8], bladder injury [9], hemorrhage [10], loss of libido [11] and psychological effects.

Surgeons tend to concentrate more on the physical liabilities of post-hysterectomy patients with little emphasis on emotional consequences. Surprisingly, post-surgery emotional stability is heavily dependent upon the patient's pre-operative state of mind [12]. The emotional response to hysterectomy varies from person to person and the most important factor is how well they are mentally prepared for it [13]. Woman who are unnecessarily persuaded to have a hysterectomy tend not to have favorable emotional outcomes in the post-operative period. Some of the reasons that are cited for this theory are low self-esteem, loss of

child bearing ability, social disruption and inadequate dealing with the loss [14]. Therefore, it is of paramount importance that these women be provided special consideration through proper counselling and support to avoid these psychological complications in the future.

Methadology

A number of studies were thoroughly investigated to study the effects of hysterectomy on women, their perception about the procedure and whether proper information sharing was done with them or not. Analysis published in various journals relevant to the topic were explored ranging from late 1990s till 2014. Various search engines that were employed for this task included google scholar, PubMed, Medline, and science direct.

Results

Our review has shown some variation in study results for various articles, depending upon the study design whether they were conducted prospectively or retrospectively. The suggestion that inclusion of appropriate control groups will give us better results has been widely accepted but, unfortunately, not properly followed. Some hysterectomy patients were lost to follow up and many of them had inefficient timing of pre-surgery and post-surgery assessments since most pelvic symptoms disappear within 6 months and by that time most patients usually regain their normal psychosocial function [15, 16].

Most of the studies that were done on the topic were case studies, sampling was done randomly and sample size chosen was a bit inadequate [17, 18]. The indication for hysterectomy and the type of hysterectomy done needed to be specified for more accuracy [19, 20]. Finally, clinicians have, on certain occasions, failed to document that hysterectomy was done with or without oophorectomy and whether patients were put on hormone replacement therapy or not, which made interpretation a bit difficult [21].

Discussion

The studies given below highlight this topic with evidence and greater detail as to how post-hysterectomy patients develop psychosocial complications during the postoperative period and what preventive measures can be adapted to control this adverse outcome.

1. According to a report by Cleveland clinic, a survey among females who underwent hysterectomies proclaimed this treatment as beneficial for both health and wellbeing, as it dealt with all the symptoms that negatively affected their quality of life. Patients who had fibroids had the best overall response and situations where cancer was the diagnosis, hysterectomy was a lifesaving procedure [13].
2. A prospective cohort by Laughlin-Tommaso SK [22] and his colleagues on 2100 woman discovered increased risk of psychological issues in patients following hysterectomies. Analysists studying the long-term risk of mental health issues identified an absolute risk increase of 6.6% for depression and 4.7% for anxiety in woman aged above 30. Younger women between the age of 18 to 35 had 12% chances of going into depression in the post-operative period, even higher [22].
3. A randomized controlled trial by Chaudhary S *et al* [23] on total 72 patients equally divided into groups of two (patients who underwent hysterectomies and those who had other gynecological procedures) was supervised in 1995. By using the Sinha anxiety scale and Hamilton depression rating scale it was determined that patients who underwent hysterectomies were relatively more anxious and depressed both pre-procedure and post-procedure as compared to control candidates however there was no long-term psychiatric morbidity noticed among patients [23].
4. It has been settled through research that women have better post-surgery psychiatric conditions if they are mentally sound and relaxed in the pre-operative state [24]. A metanalysis in a similar publication demonstrated that early identification of ovarian malignancy and remedy with hormone replacement therapy in perimenopausal women following oophorectomy yields better psychological results in women undergoing hysterectomies [25].
5. A single center randomized control trial on a similar topic was organized by Meikle S *et al* and his coworkers [26]. Fifty-five hysterectomy patients were compared with 38 cholecystectomy and 60 tubal ligation patients by means of the Profile of Mood States. The purpose of the study was to determine whether hysterectomy patients and cholecystectomy patients had similar mood disturbances in the post-operative period or not. Surprisingly, no evidence was found to suggest the theory that hysterectomy patients have special psychological significance compared to a cholecystectomy control group. Even sterilization procedures such as tubal ligation had no significant effect on the emotional state of women in the long run.
6. A systemic review of published literature related to the topic by Khastgir G *et al* [27] showed the incidence and possible risk factors for psychological problems in hysterectomy and oophorectomy patients and what measures can be adopted to prevent them. Much of the retrospective studies showed adverse outcomes however prospective cohorts demonstrated appreciable results courtesy of the fact that management of gynecological symptoms improved the mood in some patients but not all of them.
7. An experimental study on 42 women organized in the gynecological oncology surgery clinic of Samsun Education and Research Hospital in Turkey in 2018 evaluated the effects of pre-operative counselling and support on the mental health of females [28]. Variables were analyzed using the Beck Depression Inventory (BDI), State-Trait Anxiety Inventory (STAI) and Body Catherix Scale (BCS). The results declared positive impact of psychological care on depression, stress and body image of women undergoing hysterectomy.
8. An inquiry into the topic by Ewalds-Kvist SBM *et al* [29] and fellow researchers did an analysis on 65 women between the ages of thirties to fifties at 2 months pre-operative and 8 months post-operative stages following hysterectomies. By employing the Taylor's Manifest Anxiety Scale (TMAS), it was found out that young married women with no children had the highest risk of developing anxiety after surgery. Stress before surgery was more related to life issues and post- surgery hostility had correlation with loss of libido and sexual satisfaction.

9. Post hysterectomy self-perception of femininity and depression were assessed on the basis of the Bern Sex Role Inventory and Depression Adjective Check List. It was observed that woman who had their uterus removed definitely had less feminine properties (probably due to hormonal changes) as compared to a control group who had cholecystectomies done. However, the psychosocial changes were very minimal in these patients.
10. A paper by sir Toril Rannestad has declared most gynecological procedures as lifesaving specifically pelvic and reproductive organ malignancies and recent analysis has depicted a betterment in quality of life for patients during the early years following hysterectomies and the fact that this procedure does not lead to any adverse psychological problems in women who are emotionally stable at least before surgery [31].
11. A detailed systemic review on papers published before November 2012 was performed by Darwaish M *et al* in their article which highlighted any evidence of psychological problems in women undergoing hysterectomies using PubMed, EMBASE and PsycINFO as search engines. Overall, hysterectomy was associated with a decreased risk of clinically relevant depression (RR = 1.69, 95% CI 1.19–2.38). Additionally, hysterectomy was associated with a decrease in standardized depression outcomes (standardized mean difference (SMD) 0.38 (95% CI 0.27–0.49)). Conversely, there was no significant association between hysterectomy and risk of clinically relevant anxiety (RR = 1.41, 95% CI 0.72–2.75).
12. A randomized controlled trial to investigate the post operative psychosocial outcomes of subtotal versus total hysterectomy was conducted in 2006 by Nicole flory and his fellow coworkers. For both groups, overall psychological functioning did not significantly change postoperatively. Although between 3% and 16% of women undergoing hysterectomy reported adverse changes in psychosocial well-being after surgery, similar percentages of women in the control groups reported such effects.

Conclusion

There is still a lot of room for improvement on further research related to the controversy whether hysterectomies should be performed on a regular basis or not. Women's experience and knowledge related to the procedure is still limited. Educating women on the after effects of this procedure and proper counselling from multiple individuals such as the clinician, partner and support groups may ease the patients post operative anxiety and depression. It is important for doctors and nurses to recognize all the factors that affect women's experiences and those women who expect information for themselves and the partner himself need to be properly guided. In summary, only a minimal segment of the population has psychological and psychosocial problems following hysterectomies.

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Conlict of Interest

The authors declare no conflict of interest.

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