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

Dr. Priyakshi Chaudhry[1] and Dr. Deepti Shrivasatva[2]

[1] JNMC (Jawaharlal Nehru Medical College)

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Abstract

Hysterectomy Is One Of The Most Common Gynaecological Operation Performed Globally With An Incidence Of Approximately 30

Index terms—

1 I. Introduction

ysterectomy 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.

2 II. Aims and Objectives

No

	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%)

Figure 1: Table No 4

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 Table No 5 : Visual Analogue Scale 33.1%). Dyspareun
Vas Compared With Women Who Had Neither Pain Nor Pre Op(N=300) Day
7(N=300) Depression, Women With Depression And Pain Had 3
0-20 To 5 Times The Odds Of Continued Impaired Quality Of 120(40%) 45(15%)
20-40 Life: Odds Ratio (Or) 2.73, 95% Confidence Interval (Ci) 30(10%) 75(25%)
40-60 1.78-4.19 For Limited Physical Function; 61(23.5%)
Or 3.41, 95% Ci 45(15%) 90(30%)
60-80 2.13-5.46 For Impaired Mental Health; 61(23.5%)
Or 5.76, 95% Ci 60(20%) 60(20%)
80-100 2.79-11.87 For Limited Social Function; 45(17.6%)
Or 4.91, 95% Ci 45(15%) 30(10%)
V. Disscussion 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

Day 14
(N=258)
30(11.7%)
61(23.5%)
61(23.5%)
61(23.5%)
45(17.6%)

Surgery. Women In Employment, With More Years Of Educ

2 (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)] Followe

Within 6 Weeks After Hysterectomy, Patients Had Returned To Normal Health And Bodily

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