

# A Study to Assess the Quality of Life among Post Hysterectomy Women Attending GYNAEC OPD at Govt. Maternity Hospital, Tirupati

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**Abstract:-Background:** Health-related Quality of Life (QoL) is a multidimensional concept, which encompasses physical, emotional and social aspects associated with a given disease or its treatment. Quality of life following hysterectomy might be impacted by the duration of the recovery phase, the indication, and any complications that may arise following operation. If they receive enough assistance and encouragement from friends, family, and medical experts, their Quality of Life following surgery may be improved.

**Objectives:**

- To Determine the Quality of Life among Post Hysterectomy women.
- To find out association between Quality of Life among post Hysterectomy women with selected demographic variables.

**Methods:** In the present study descriptive design was adopted to conduct a study on 100 post hysterectomy women who attended to government maternity OPD, Tirupathi. The sample were selected by non-probability sampling technique and interview method was used for data collection.

**Results:** The present study results showed that most of the post hysterectomy women 63% had moderate Quality of Life, 35% had high Quality of Life and only 2% showed poor Quality of Life with a mean score of 103.94 indicates that there was significant relationship between all the domains of the Quality of Life at  $p < 0.01$  level. Results also indicate that there was significant relationship between Age, Education, Occupation and Monthly family income of the sample at  $p < 0.01$  level of significance whereas there was no significant relationship between marital status, Religion, type of family, menopausal status, co morbidities, No. of children, parity, previous history of surgery, type of hysterectomy and indications of hysterectomy.

**Conclusions:** Health related Quality of Life significantly improved after hysterectomy. It also showed significant improvement in all subscales after hysterectomy. These findings are important and may be useful for patients and health care provider in giving guidance and counselling to women. It was concluded that after hysterectomy the health of the hysterectomy women had moderate in quality of life.

**Keywords:** Hysterectomy, quality of life, women, reproductive health.

## INTRODUCTION

Many people think of “women’s health” and “reproductive health” as somewhat synonymous concepts. While it’s true that some health conditions, predominantly or solely affect women over men, there are plenty of health issues that affect both men and women in different ways.<sup>1</sup>

All cause mortality for women who underwent hysterectomy before age 50 and without hormonal therapy. As a result, the common use of hysterectomy is a critical issue for women’s health through the life course, both as a reflection of inequitable access to health services and for its long- term consequences for women’s health <sup>2</sup>. Population-based research on hysterectomy has largely focused on high-income settings, with limited understanding of the prevalence, risk factors and long- term health effects of hysterectomy in low and middle-income countries.<sup>3</sup>

Quality of life is an important outcome variable in clinical research as medical intervention can affect it

in both positive and negative ways.<sup>4</sup> Health-related QoL is a multidimensional concept, which encompasses physical, emotional and social aspects associated with a given disease or its treatment.<sup>5</sup> Hysterectomy is the most commonly performed gynecological surgery, which results in sterility, absence of menstruation and consequences in sexual, psychological, hormonal and social sphere. Many women receive hysterectomy due to nonmalignant symptoms such as menstrual pain, menorrhagia, unexplained uterine bleeding and chronic pelvic pain, which 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 and quality of life after hysterectomy.

During clinical posting investigator had seen many patients with post hysterectomy. General health related, Physical functioning, role – physical, bodily pain, vitality, social functioning, role emotional, mental health. This made the investigator to conduct study on post hysterectomy.

#### MATERIALS AND METHODS

This study was carried out in Government Maternity Hospital, OPD, Tirupati., the target population of this study consisted of includes all women who underwent Hysterectomy in Government Maternity Hospital, attending Gynaec OPD, Tirupati, Andhra Pradesh. The sample of the present study includes post hysterectomy women who were attending Gynaec OPD during the period of data collection.

Adjusted Sample Size Formula was adopted,  $A = n / (1 + (n-1)/p)$  to calculate the sample size.

A = Assumed Hysterectomy women, n =No. of sample size 100, p = Total number of women who underwent hysterectomy in the preceding year.

$$A = n / (1 + (n-1)/p)$$

$$A = 100 / (1 + (100-1)/660)$$

$$A = 100 / (1 + (99)/660)$$

$$A = 100.15$$

Sample size was 100

Tools for data collection:

The tool was organized in two sections:

Section – A: This consist of socio demographic data such as age, religion, education status, occupation, type of family, family income, menopausal status, co morbidities, number of living children, parity,

previous history of surgeries, types of hysterectomy, indications for hysterectomy.

Section -B: Rand Scale –Short Form - 36 from scale was used to collect the data on quality of life among post hysterectomy women. It consist 36 items.

The Domains are, General health –It indicates item 1 describe with scale-Excellent (1) to poor (5) it was Recoding and entering information. True or False – it indicates item 11 describe with scale-Definitely true (1) to definitely false (5) it was recoding and entering information. Physical functioning - It indicates item 2 describe with scale-Yes Limited a Lot (1) to No, Not limited at All (3) it was recoding and entering information. Role physical - It indicates item 3 describe with scale-Yes (1) to No (2) it was recoding and entering information. Bodily pain-It indicates item 7 describe with scale-None (1) to Very Severe (6) and item 8 describe with scale Not at all(1) to Extremely(5) it was recoding and entering information. Vitality-It indicates item 9a&9e describe with scale –All of the Time (1) to none of the Time (6) it was same coding and entering information. And item 9g &9i scale- All of the Time (1) to none of the Time (6) was recoding and entering information. Social functioning – It indicates item 6 describe with scale –Not at all (1) to extremely (5) it was recoding and entering information. It indicates item 10 describe with scale –All of the time (1) to none of the time (5) it was same coding and entering information. Role emotional –It indicates item 5 describe with scale – Yes (1) to No (2) it was same coding and entering information. Mental health-It indicates item 9b, 9c&9f describe with scale –All of the Time (1) to none of the Time (6) it was same coding and entering information. Quality of Life before and after hysterectomy.

HR QOL ( Health Related Quality Of Life ) SF-36 Items Questionnaire which measures eight health sub scales. For each sub scale, item scores are coded and summed.

#### SCORE INTERPRETATION:

- For section - I, by coding the demographic variables.
- For section – II, by coding and recoding the Quality of Life among Post Hysterectomy women.

Poor quality of life	<52%	(<33%)
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Moderate quality of life	53-72%	(34-65%)
High quality of life	>72%	(66-98%)

#### Data collection procedure:

The investigator obtained prior permission from the medical superintendent, Government Maternity, Tirupathi to conduct the study. By using non probability purposive sampling technique 100 women were enrolled. Data was gathered from minimum 5-6 cases per day. Initially established rapport with the study subjects and explained the purpose of the study. Data from the subjects was obtained and confidentially was maintained throughout the study. The duration of the total data collection was 7 weeks.

### RESULTS AND DISCUSSION

A total of 100 women were participated in the study. The socio demographic variables shown that more than half of the women (55%) were in the age group

of 40 to 44 years .one third of the sample (33%) belongs to the 35-39 years age group. Most of the sample (86%) were married, one third of the sample (13%) were widow are respondent marital status. Most of the sample (58%) were Hindu, 24 (24%) were Muslims, 18 (18%) were Christians. Most of the sample (73%) were belongs to nuclear family, one third of the sample (26%) were belongs to joint family. Most of the samples (18%) were intermediate, middle school, primary school; most of the sample (16%) was high school, Illiteracy. Most of the sample (78%) were home maker, (8%) were cooli. Most of the samples (31%) were earning Rs.17756-23673. Most of the sample (51%) were hypertension, (30%) were diabetes mellitus. Most of the sample (80%) was 1-2 members, one third of the children (16%) were 3-4 members. Most of the samples (79%) were 1-2, one third of the parity (17%) were 3-4. Most of the cases (86%) were NO, one third of cases (14%) were YES in previous history of surgeries. Most of the sample (61%). Were AUB (Abnormal Uterine Bleeding), one third of the sample (38%) was Fibroid uterus.

TABLE-1: QUALITY OF LIFE BEFORE AND AFTER HYSTERECTOMY AMONG WOMEN.

Sl. No	Level of quality of life	Before hysterectomy		After hysterectomy					
		F	%	Mean	S.D	F	Percent	Mean	S.D
1	Poor Quality of Life	38	38.00	69.08	2.99	2	2.00	71.00	1.41
2	Moderate Quality of Life	58	58.00	87.41	7.77	63	63.00	96.17	9.25
3	High Quality of Life	4	4.00	117.00	1.63	35	35.00	119.80	4.88
	Total	100	100.00	81.63	12.99	100	100.00	103.94	14.53

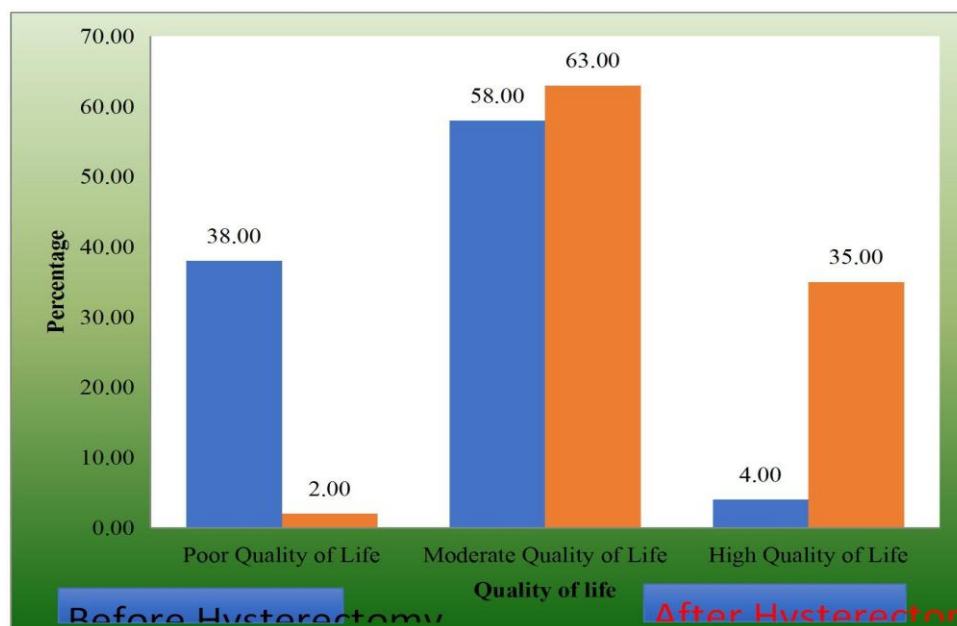


Fig 1: Percentage distribution of the respondents according to their Quality of Life

Above table shown that,

- ❖ Most of the samples (38%) (Mean: 69.08, SD: 2.99) were with poor Quality of Life, (58%) (Mean: 87.41, SD: 7.77) were in moderate Quality of Life, and (4%) (mean:117.00,SD:1.63) Were in High Quality of Life then regulated to

before hysterectomy.

- ❖ Most of the samples (2%)(mean:71.00,SD:1.41) were with poor Quality of Life, (63%)(mean:96.17,SD:9.25) were with moderate Quality of Life, and (35%) (mean:119.80,SD:4.88) were with High Quality of Life then regulated to after hysterectomy.

TABLE 2 Quality of Life before and after hysterectomy among women as per subscales.

N=100

Sl.No	Quality of Life	Before hysterectomy		After hysterectomy		t- value	P value	sig
		Mean	Std.Deviation	Mean	Std.Deviation			
1.	Physical Functioning	14.56	4.75	25.83	2.73	22.628	0.000	**
2.	Role Limitations due to physical health	5.54	1.11	6.29	1.18	4.091	0.000	**
3.	Role Limitations due to emotional problems	4.14	1.02	4.78	0.98	4.189	0.000	**
4.	Energy/Fatigue	12.53	2.84	14.76	4.16	6.252	0.000	**
5.	Emotional well being	15.99	4.07	20.15	5.83	8.518	0.000	**
6.	Social Functioning	5.99	1.14	6.67	1.58	3.547	0.001	**
7.	Pain	6.46	1.63	7.39	1.78	4.683	0.000	**
8.	General Health	16.42	3.04	18.07	2.45	5.248	0.000	**
9.	Quality of Life	81.63	13.00	103.94	14.53	19.133	0.000	**

Note : \*\* = Significant at 0.01 level @ = Not Significant

The data presented in the above Table health related Quality of Life significantly showed improved after hysterectomy [t 19.133, p.0.00 at 0.01 level].All domains showed significant,improvement in HR QOL Scores after hysterectomy.

Item wise analysis quality of life among before and after hysterectomy women in physical functioning

- Almost 62% of women expressed that their activities not at all spent work or other activities at operation.
- Almost 63% of women expressed that their activities not at all accomplished than at operation.
- More than half (52%) of the women felt not at all limited in the kind of work or other activities .
- More than half (50%) of the women felt not at all difficulty performing the work or other activities .
- More than half(35%) of the women felt none of the time have a very nervous person.
- More than half(27%) of the women felt none of the time have felt down in the dumps.

- More than half(25%) of the women felt a good bit of the time have felt calm and peaceful.
- More than half(33%) of the women felt have downhearted and blue.
- More than half(29%) of the women felt a good bit of the time have been a happy person.

Limitations: The study is limited to antenatal mothers, who are,

1. Attending Government Maternity Hospital, OPD
2. Willing to participate in the study were included
3. Speak and understand Telugu
4. Not associated with medical complications
5. Present during data collection period

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