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A CLINICAL STUDY ON POST-HYSTERECTOMY SEXUAL DYSFUNCTION

Gynaecology

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ABSTRACT

AIM: This study was conducted to study post hysterectomy sexual dysfunction in women in North India.

MATERIALS AND METHODS: This was a hospital based observational study done on 100 women who underwent hysterectomy for benign diseases and who were re assessed for sexual dysfunction at 3 months and 6 months after surgery.

RESULTS: From our study, we found 65% had sexual dysfunction- dyspareunia being the most common problem (66.15%), anorgasmia (29.23%), loss of libido (30.76%), decreased lubrication (29.23%).

CONCLUSION: We found a significant percentage of hysterectomized women suffered from sexual dysfunction.

KEYWORDS

Hysterectomy, Sexual dysfunction, Dyspareunia, Anorgasmia

INTRODUCTION:

A women's overall health is closely related to her sexual well-being and when she is having sexual difficulties or dysfunction, it can have a significant negative impact on her genital health status. (1).Sexual dysfunction is classically defined as difficulty experienced by an individual or a couple during any phase of a normal sexual activity, including physical pleasure, desire, preference, arousal or orgasm. (1) According to Burman JR (2004), national health and social life survey scores over 1749 women (18-59 years), the prevalence of female sexual dysfunction (FSD) was reported to be 43% in the united states of America- with sexual dysfunction higher in females than males (43% vis-a-vis 31%). (2)Female sexuality is a highly complex phenomenon with several factors influencing the sexual response e.g., ethnicity, educational level, socio-economic status, psychological well-being, husband or sexual partner characters and the presence of and severity of common or uncommon menopausal complaints.(2).As it is a recognised fact, the human sexual response is regulated by a complex set of biological interactions, physiological inputs and other variable factors, all of which are conditioned by cultural and interpersonal relationships. (4) Menopausal status along with its associated symptomatology and pelvic surgeries are the 2 most important conditions which affect the sexual response in women. (1)

Hysterectomy- being one of the most common gynaecological surgeries undertaken worldwide, with figures of around 600,000 annually in the USA. In India, though we do not have an accurate annual statistics of hysterectomies but, a study from Haryana stated 7% incidence in women above 35 years of age, another study from Gujarat (2011) stated 7-8% of rural and 5% of urban women had already undergone hysterectomy at an average age of 37 years. (1)The general notion among women is that hysterectomy may affect or alter sexual wellbeing or sexual attractiveness and thus this surgical procedure has been reported as having averse as well as some beneficial effects on a woman's sexual health. (1)

This study was undertaken with the objective of evaluating the incidence of sexual dysfunction among women undergoing hysterectomies for benign conditions and to explore the factors which might be related to sexual dysfunction in these women, thus helping us to formulate measures for preventing and treating these symptoms.

MATERIALS AND METHODS:

- Study type: hospital based observational study
- Study population: women undergoing hysterectomy for benign conditions
- Study duration: 1 year and 6 months
- Study period: January 2015 to June 2016

Our study included 100 sexually active women who were between 40-50 years of age, attending the gynaecology OPD after undergoing hysterectomy for benign conditions, in our tertiary care medical college in North India.

All the patients were made to sign a written informed consent form, and were enrolled in the study. A detailed history taking, thorough physical examination, systemic evaluation and gynaecological examination were done. All the participants were surveyed according to FSFI and data were recorded on a pre designed questionnaire containing columns pertaining to socio demographic data and other factors. All the data thus collected were tabulated, co-related and statistically analyzed.

RESULT AND OBSERVATION: From our study on 100 hysterectomized patients, we observed that, 65% had some or other form of sexual dysfunction. Out of these, the most common were-dyspareunia (43), loss of libido (20), anorgasmia (19), majority were from urban areas-49%, maximum in the age group of 40-49 years, Hindus-68%, belonged to middle and lower socio economic status-78%; FSFI score was lower in menopausal women as compared to premenopausal women. In the 65 patients who had SD, the most common indication for hysterectomy was AUB-L (leiomyoma) in 36%.

There was an inverse relation between the age of the patient and the FSFI score.

In the women having sexual dysfunction because of decreased libido, the FSFI score was lower as compared to those having inadequate lubrication and dyspareunia.

Dyspareunia was the most common complaint followed by decreased libido, inadequate lubrication and anorgasmia.

Table 1 : Complaints encountered in the patients

Complaint	No. of patients	percentage
Dyspareunia	43	66.15
Decreased libido	20	30.76
Decreased lubrication	19	29.23
Anorgasmia	19	29.23

Many patients had more than one of the above complaints.

DISCUSSION: Sexuality is a dynamic process that is affected by a woman's everyday life changes as it is a universally accepted fact that there has to be a continuity and synchronization of different organs in the reproductive system to concede sexual functions and health. (6). Therefore, there exists a high degree of subjectivity and overlapping phenomenon that pose difficulty when it comes to assessment of the factors that are involved in the normal sexual response. (1) Despite these practical limitations, in day to day clinical practice, assessment of these subjective feelings has been attempted by adopting means e.g. open and structured interviews and questionnaires. (6) . In 2010, Peter Chedrari et al in collaborative groups of research of the climacteric in Latin America (REDLINC) reported very significant inverse

relationship between FSFI and MRS scores (especially for FSFI- total, pain and lubrication scores) (7) total FSFI scores also had significant positive correlation with the educational level and HT use and inverse relation with partner age and female parity. (7).In a study by Karthikayan et al- the most common indication for hysterectomy was leiomyoma (41%), followed by adenomyosis (15.5%), mean age of hysterectomized patients was 44.6 years and the average parity was 1.7 (8). The results were comparable with those found in our study- most common indication for hysterectomy was AUB-L (36%) followed by AUB-A (26%) and AUB-E (22%) and UV prolapse (19.2%). Sujan Vaidya et a stated fibroid uterus to be the commonest indication for hysterectomy (42.94%) followed by UV prolapse (18.93%). (9). Husnu Celika et al reported that hysterectomy, whether abdominal or vaginal, reduced FSFI score significantly. ERT prevented detioration of FSFI score in women who had VH compared to TAH. (9). A.M Abdelmonen et al reported post operative dyspareunia more in VH compared to TAH. (10) . Jyoti et al reported that TAH patients experienced more post hysterectomy sexual dysfunction as compared to subtotal hysterectomy patients- when compared with respect to frequency of sexual intercourse and overall sexual satisfaction. Irrespective of the type of hysterectomy, it was seen that those women who had had bilateral salpingo-oophrectomy experienced worst sexual dis-satisfaction. (11).In their study, Cindy et al suggested the hypothesis that physiological sexual arousal might have been interfered with hysterectomy. (12) R.L. Hoffmann et al reported sexual dysfunction in only 20% of hysterectomized patients. (13) Our study revealed a significant negative impact on the sexual health and the function of the woman after undergoing hysterectomy.

CONCLUSION: As seen from the present study, the female sexual dysfunction is a multifactorial and a complex problem seen in a significant percent of hysterectomized women. With the rising number of women undergoing hysterectomy, the problem of post hysterectomy female sexual dysfunction is also on the rise. Therefore, in order to reduce the overall incidence and allay the female sexual dysfunction among the women undergoing hysterectomy, measures which are imperative are- proper selection of patients who actually require hysterectomies, regular counselling- before and after then surgical procedure, along with the use of hormone replacement therapy in patient warranting the same. These measures will surely reduce the burden of post hysterectomy sexual dysfunction among these women to a large extent.

ABBREVIATIONS:

- AUB : Abnormal Uterine Bleeding
- TAH: Total abdominal hysterectomy
- VH: Vaginal hysterectomy
- NDVH: Non Descent Vaginal Hysterectomy
- FSFI: Female Sexual Function Index

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