

Surgical – Menopause: After Effect Symptoms

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ABSTRACT

Background: *Hysterectomy cause sudden drop in hormonal level result in instant surgical menopause which has an enormous effect on women's health. The present study aimed to assess extent of physical and psychological consequence symptoms experienced among women undergone hysterectomy postoperatively.*

Methods: *A descriptive study was conducted among women who experienced elective hysterectomy from District Tertiary care hospital in Salem, Tamil Nadu, India. Data were collected within the home settings after 4 months of surgery during follow-up. Totally 279 subjects participated in the study. Tools used were demographic proforma to gather demographic variables; Checklist was applied to assess occurrence (presence/absence) of physical and psychological symptoms. If symptoms present, further subjects were asked to explain its intensity in 3 point likert scale. Descriptive statistics was used in analysis.*

Results: *Majority of subjects experienced physical aftereffect symptoms like lack of libido, fatigue and sleep disturbance; only few of them reported to have urinary incontinence, hot flushes, night sweats, palpitation, and dryness of skin, nocturia and weight gain. Intensity of symptoms showed lack of libido, hot flushes, night sweats and enuresis was experienced in severe level; only weight gain was in mild level. In regard to psychological symptoms, most of them expressed to possess mood changes, increased tension and irritability; lesser number of subjects had feeling of guilty and wanting to be alone.*

Conclusion: *This study findings will help the health care professional to know about extent of aftereffect symptoms experienced in women after hysterectomy and to plan for various treatment strategies to benefit the women.*

Keywords: elective hysterectomy, physical after-effect symptoms, psychological after-effect symptoms, surgical menopause

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INTRODUCTION

The uterus is the symbolic organ and core for womanhood, also regarded as a regulator and controller of important physiological functions in the body. The female hormones estrogen and progesterone secreted from ovaries play a major role in maintaining women's health. Although estrogen is a female sex hormone, it has many functions other than reproductive function and one such

function is to protect from degenerative bone loss.

Menopause is defined as the time of cessation of ovarian function resulting in permanent stoppage of the menstrual cycles. Most women reach menopause between the ages of 45 and 55, with the average age around 50. However, about one percent of women experience menopause before the age of 40 years, which is known as premature menopause. In

some cases, early menopause is brought on by surgery to remove the ovaries or by medical treatments such as radiation therapy and chemotherapy [1]. Oophorectomy performed along with hysterectomy in pre-menopausal women makes estradiol and

testosterone levels drop by 40–50% [2]. Even though ovaries are preserved women who underwent hysterectomy, have earlier onset of menopause which is 3.7 years than average age [3].

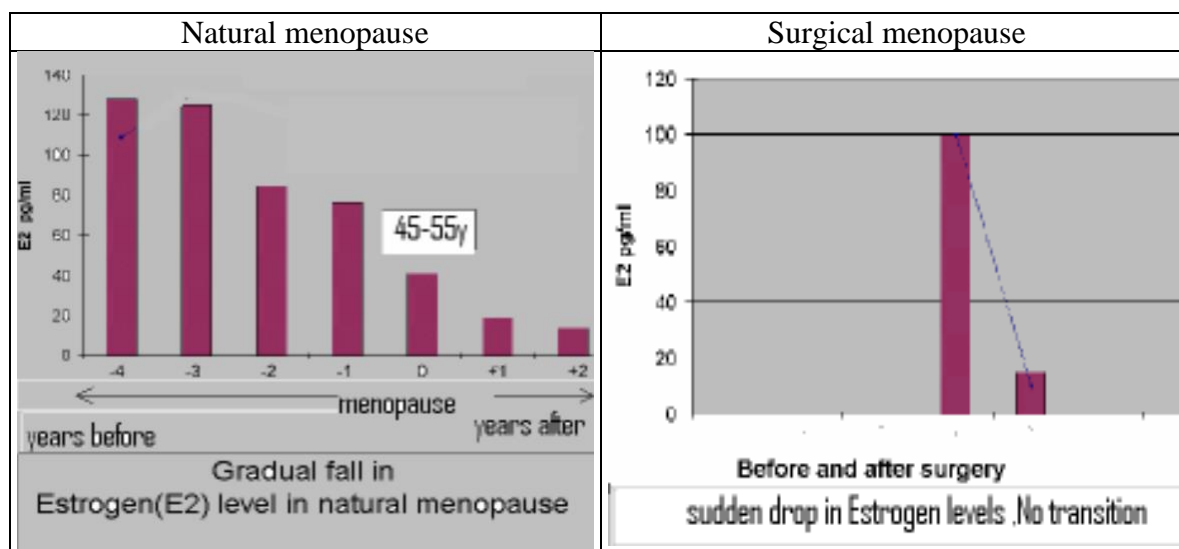


Fig. 1. Changes in estrogen level during natural menopause and surgical menopause.

Figure 2 shows the impact of TAH+BSO on estrogen (E2) levels in natural menopause as opposed to the sudden drop in estrogen levels without any transition in surgical menopause. Removal of ovaries is the biological equivalent of castration and results in the immediate and sudden onset of menopause in contrast to natural menopause which is a gradual process.

Hysterectomy combined with oophorectomy makes women to experience all the physiological changes of menopause after undergoing this surgery. Hormonal imbalance in surgical menopause alters the biological and sexual clock of women and exposes them to physical and psychological symptoms. Physical effects include permanent cessation of menstruation, moderate to severe fatigue, headache, tendency to gain weight, joint pain, hair loss, hot flushes, dryness of vagina, changes in sexual sensation, low sexual drive, painful coitus, etc. Emotional effects are sense of loss after surgery, mood swings, irritability,

and inability to produce children may cause depression, excessive frustration due to profound fatigue, difficulty in concentration and the like. Induced menopause from bilateral oophorectomy is highly associated with serious health consequences including premature death, cardiovascular disease, neurological disease and osteoporosis in addition to menopausal symptoms, psychiatric symptoms, and impaired sexual function [4].

The present study aimed to assess the extent of aftereffect symptoms including its intensity experienced in Indian women after hysterectomy.

MATERIALS AND METHODS

A descriptive study was conducted among women who underwent elective hysterectomy from District Tertiary care hospital in Salem, Tamil Nadu, India. Data were collected in the home settings after 4 months of surgery during follow-up. Totally 279 subjects participated in the study. Informed written consent was

obtained from subjects before data collection. Demographic proforma was used to collect demographic variables. Checklist that was developed by the researcher with probable list of physical and psychological after-effect symptoms related to surgery was used. Physical symptoms include hot flashes, night sweat, palpitation, fatigue, sleep disturbance, dryness of skin and hair, weight gain, increase in urinary frequency, nocturia, urge incontinence, stress incontinence and lack of libido. Psychological symptoms include sudden mood changes, increased tension, irritability, wanting to be alone and feeling of guilt. Firstly, the subjects were assessed for occurrence of symptoms (Present/Absent). If present further they were asked to describe it, in terms of intensity in 3 point rating scale. (1) Mild (present but does not interfere with activities); (2) Moderate (present and interfere with activities, but not disabling); (3) Severe (Disabling). Collected data were analyzed with descriptive statistics

and presented in tables and composite bar diagram.

RESULT

Demographic data of subjects revealed majority (33%) of them were belonged to 36–40 years; 50.9% of subjects were illiterate; most of them (61.3%) were coolie workers; 53.8% of them earned lesser than 2000 rupees as monthly income; 48.4% had 2 children in the family; Only few (17.2%) attained natural menopause before hysterectomy; About 20.4% suffered with symptoms of urinary incontinence ahead of the operation; Nearly half of them (45.2%) was diagnosed with fibroid uterus; Majority (48.7%) underwent TAH+BSO.

Majority of the physical after-effect symptoms listed was experienced by most of the subjects. However, the highest symptoms seen were lack of libido, fatigue, sleep disturbance; Least was weight gain and nocturia.

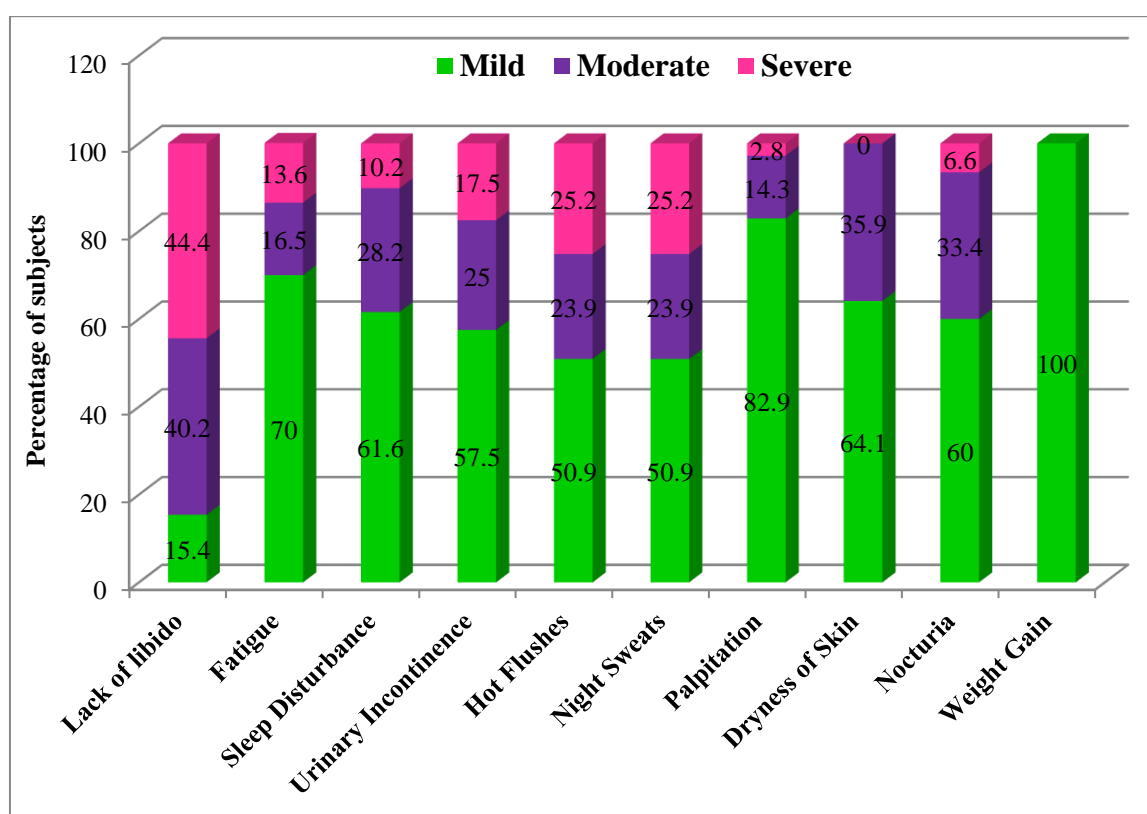


Fig. 2. Intensity of physical aftereffect symptoms experienced in the subjects.

Table 1. Distribution of physical after-effect symptoms in the subjects. (N = 279).

S. no	Physical aftereffect symptoms	Present		Absent	
		No	%	No	%
1	Lack of libido	236	84.6	43	15.4
2	Fatigue	210	75.3	69	25.7
3	Sleep disturbance	194	69.5	85	30.5
4	Urinary incontinence	85	30.5	194	69.5
5	Hot flushes	70	25.1	209	74.9
6	Night sweats	70	25.1	209	74.9
7	Palpitation	67	24	212	76
8	Dryness of skin	58	20.8	221	79.2
9	Weight gain	50	17.9	229	82.1
10	Nocturia	25	9	254	91

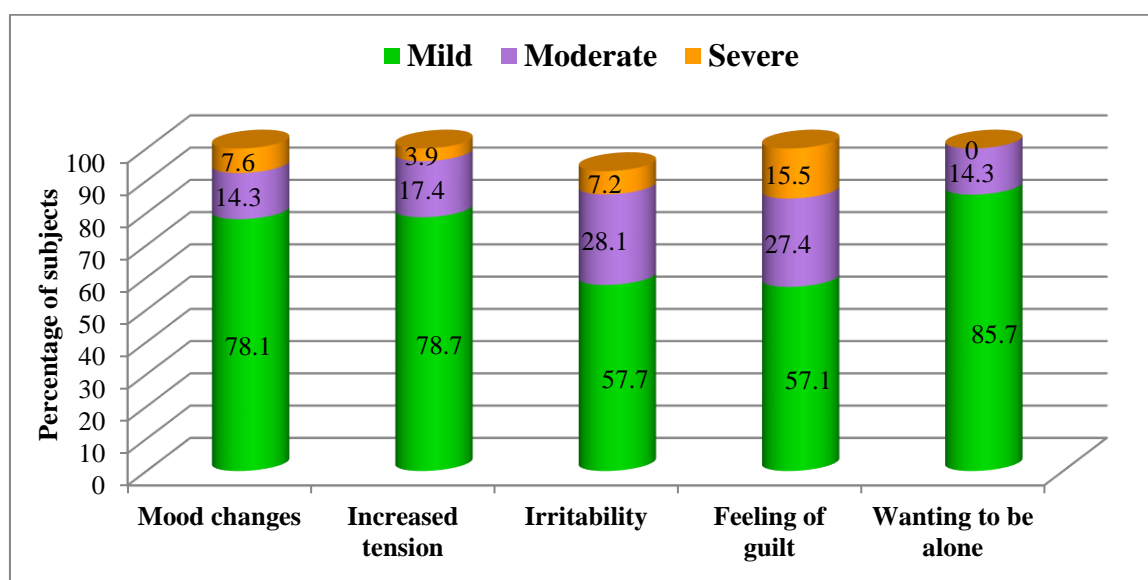
Intensity of physical symptoms revealed severe level for lack of libido, hot flushes, night sweats, urinary incontinence, fatigue

and sleep disturbance; Intensity was at mild level for weight gain. Rest of the symptoms ranged from mild to moderate level.

Table 2. Distribution of psychological aftereffect symptoms in hysterectomy women. (N = 279).

S. no	Psychological aftereffect symptoms	Present		Absent	
		No	%	No	%
1	Mood changes	164	58.8	115	41.2
2	Increased tension	124	44.4	155	55.6
3	Irritability	110	39.4	169	60.6
4	Feeling of guilt	44	15.8	255	84.2
5	Wanting to be alone	37	13.3	242	86.7

Mood changes and increased tension was revealed in majority of them; wanting to be alone was expressed in lesser number of the subjects.

**Fig. 3.** Intensity of psychological after-effect symptoms in the subjects.

Intensity of feeling of guilt was at severe level as compared to rest of the symptoms. Wanting to be alone was limited to mild to moderate level.

DISCUSSION

Out of 279 subjects, majority of them experienced the listed physical and psychological symptoms at 4 months after surgery. These after-effect symptoms were the result of hormonal changes, lack of support systems, a feeling of loss of

femininity, etc. Range of physical symptoms developed after hysterectomy affected the psychological state of women. This was also evident in a study done by Decherney (2002) in which 74% of them experienced moderate to severe fatigue within first few weeks after surgery. Fatigue was the symptom that most interfered with daily activities (37%) and also contributed to feelings of frustration (52%), depression (37%) and difficulty in concentration (42%) [5]. However, the researcher could

not exactly support this study's findings with other studies because of lack of literature available in this aspect.

CONCLUSION

The present study findings at Indian settings have revealed the aftereffect symptoms experienced both physically and psychologically including its intensity. This study will serve as an eye opener to health care personnel to stratify the health care interventions to help the women to overcome hormonal effects of the surgery. Women's health has to be considered as vital to bring up a healthy community.

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