

LEARNING NEEDS FOR WOMEN WITH
HYSTERECTOMY TO RESTORING
SEXUAL HEALTH

Thesis

**Submitted for Partial Fulfillment of Requirement of Master
Degree in Science of Nursing
Maternal and Neonatal Nursing**

By

Loula Farouk Mohamed Hassan
B.sc Nursing (2000)
Cairo University

**Faculty of Nursing
Ain Shams University
2013**

LEARNING NEEDS FOR WOMEN WITH
HYSTERECTOMY TO RESTORING
SEXUAL HEALTH

Thesis

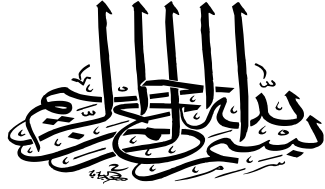
**Submitted for Partial Fulfillment of
Master Degree in Maternal and Neonatal Nursing**

Under Supervision of

Dr. Nadia Mohamed Fahmy
*Professor of Maternal and Neonatal Nursing
Faculty of Nursing Ain Shams University*

Dr. Aziza Ahmad Attia
*Professor, Chairman of Maternal and Neonatal Nursing Department
Faculty of Nursing Ain Shams University*

**Faculty of Nursing
Ain Shams University
2013**



ط ر ط ر ك ك ك ك ك ك
ك ك ك ك ك ك ك ك ك ك

صدق الله العظيم

:

Dedication

To

My Mather, My big brother

For their love, support, sacrifice and encouragement

that allowed me to do this work.

Acknowledgements

First and foremost praise and thanks are given to ALLH who provided me, in his unlimited generosity with knowledge, and by his abundant aid this work has been done

Words are inadequate in offering my thanks to **Prof. Dr. Nadia M. Fahmy**, Professor of Maternity & Neonatal Nursing . Faculty of Nursing, Ain Shams University. I am indebted to her meticulous supervision, constructive criticism, unlimited help, motherly attitude that has made the easiest at this work.

I am especially indebted and feel appreciation to **Prof. Dr. Aziza A. Attia** Professor, chairman of Maternity and Neonatal Nursing Department, Faculty of Nursing. Ain Shams University, for her close supervision, cooperation, encouragement, constructive criticism and available guidance. She has always been and will continue to be a great personal pleasure being a student for her

My sincere and gratitude and appreciation goes' to **Dr. Amel Ahmed Hassun Omran**, professor assistant of Maternity and Neonatal Nursing, Faculty of Nursing, Benha University, for her continuous spiritual encouragement and fruitful comment

Words can never express my special indebtedness and ever-lasting gratitude to **Dr. Fatten Khirat Elgendy**, Professor of Community Health Nursing, Faculty of Nursing, Ain Shams University, for her close, painstaking, supportive and meticulous supervision during the conduction of this work

I would like to express my gratitude to every woman who participated in this work for their co-operation.

Last but not least I thank sincerely my family members, ,my mother, my father my sisters, my brothers ,my husband for being always tolerant and encouraging during the time of stress .

Loula

LIST OF CONTENTS

Title	Page No
Abstract	
Introduction & Aim of the Study	1
Review of literature.....	4
Chapter I. Female Sexual Anatomy and Physiology	
- External Structures.....	4
- Internal Structure	5
Chapter II. Hysterectomy	
- Types of Hysterectomy	8
Indications for hysterectomy	12
A - Gynecological Indication	
B - Obstetrical Indication	
Chapter III. Stages of Female Sexual Response cycle	
Excitement	18
Plateau	18
Orgasm	18
Resolution.....	19
- Factors affecting on sexual response	20
- Sexual rights	22
Chapter IV. Effects of hysterectomy on sexual health	
- Sexual health.....	23
- Effect of hysterectomy on life conditions	26
• Physical condition	
• Psychological condition.	
• Social condition	
• Sexual condition	
Chapter (V) earning	
Learning needs for women with hysterectomy	29
Chapter (VI) Management	
- Medical management	30
- Nursing intervention for women under going to hysterectomy.....	31
Subjects and Methods	42
Results.....	48
Discussion	85
Conclusion & Recommendations	94
Summary	96
References	99
Appendices	
Protocol of thesis	
Arabic summary	

LIST OF TABLES IN RESULT

Tab. No	Title	Page .No
Table (1):	Number and Percentage distribution of the study sample according to their socio demographic data.....	49
Table (2):	Number and Percentage distribution according to their family history data	50
Table (3):	Number and Percentage distribution of the study sample according to their obstetric history data	51
Table (4):	Number and Percentage distribution of the study Sample according to their gynecological history.....	52
Table (5):	Number and Percentage distribution of the study sample according to their sexual concept before hysterectomy.....	56
Table (6):	Number and Percentage distribution of the study Sample according to their awareness regarding information about before ,during and after hysterectomy which received	57
Table (7):	Number and Percentage distribution of the study sample according to their physical, psychological, social, sexual complains before operation	58
Table (8):	Number and Percentage distribution of the study sample according to their physical, psychological, social complains during 48 hours after operation.....	60
Table (9):	Number and Percentage distribution of the study sample according to their physical ,psychological , social and sexual complain after 3 months of operation ..	61
Table (10):	Number and Percentage distribution of the study Sample according to their physical, psychological, social and sexual complains after 6 months	63
Table (11):	Mean Percentage distribution of the study Sample according to comparison between their physical problems before, during 48 hours, 3, 6 months after hysterectomy	67

Tab. No	Title	Page .No
Table (12):	Mean Percentage distribution of the study Sample according to comparison between their psychological problems before during 48 hours, 3, 6 months after hysterectomy	69
Table (13):	Mean Percentage distribution of the study Sample according to comparison between their social problems before during 48 hours, 3, 6 months after operation.....	71
Table (14):	Mean Percentage distribution of the study Sample according to comparison between their Sexual problems before, 3 and 6 months after	73
Table (15):	Number and Percentage distribution of the study Sample according to their physical, psychological Social needs during 48h after operation	76
Table (16):	Number and Percentage distribution of the study Sample according to their physical, psychological, social and sexual needs after 3, 6 months	77
Table (17):	Correlation between levels of women's problems before operation and their age	80
Table (18):	Correlation between levels of women's problems before operation and their parity	81
Table (19):	Correlation between levels of women's problems before operation and their residence	82
Table (20):	Correlation between levels of women's problems before operation and their type of children	83
Table (21):	Correlation between levels of women's problems before operation and their education	84

LIST OF FIGURES IN RESULT

Tab. No	Title	Page .No
Figure (1)	: Women needed for hormonal replacement and received as prescribed	54
Figure (2)	: Women's knowledge about contents of reproductive system	55
Figure (3)	: Women's knowledge about function each part of reproductive system	55
Figure (4)	: Common physical problems before, during 48 hours, 3 and 6 months after hysterectomy	65
Figure (5)	: Common psychological problems before, during 48 hours, 3 and 6 months after hysterectomy.....	65
Figure (6)	: Common social problems before, during 48 hours, 3 and 6 months after hysterectomy	66
Figure (7)	: Common sexual dysfunction before 3 and 6 months after hysterectomy	66
Figure (8)	: Total Women's physical problems before, during 48 hours, 3 and 6 months of hysterectomy	68
Figure (9)	: Total Women's psychological problems before, during 48 hours, 3 and 6 months of hysterectomy....	70
Figure (10)	: Total Women's social problems before, during 48 hours, 3 and 6 months of hysterectomy	72
Figure (11)	: Total Women's sexual dysfunction before, after 3 and 6 months of hysterectomy.....	74
Figure (12)	: Total comparison between physical, psychological and social improvement at periods before, after 3 and 6 months of hysterectomy.....	75
Figure (13)	: Women's physical needs after 3 and 6 months of hysterectomy.....	78
Figure (14)	: Women's psychological needs after 3 and 6 months of hysterectomy.....	78
Figure (15)	: Women's social needs after 3 and 6 months of hysterectomy.....	79
Figure (16)	: Women's sexual needs after 3 and 6 months of hysterectomy.....	79

LIST OF FIGURES OF REVIEW

Fig . No	Title	Page. No
Figure (1):	External structure of female reproductive Organs	4
Figure (2):	Cross-sectional diagram of the female reproductive organs	6
Figure (3):	Cross-section to internal female reproductive system	6
Figure (4):	Type of Hysterectomy	9

LIST OF APPENDICES

No	Title
Appendix (I) :	protocol
Appendix (II) :	Structure Interviewing Questionnaire
Appendix (III) :	Female Sexual Function Index Scale (FSFI)
Appendix (IV) :	Administrative Letter

LIST OF ABBREVIATION

Abbrev.	Full term
B.S.O	Bilateral Salping Oophorectomy,
U.S.O	Unilateral Salping Oophorectomy .
LSH	Laparoscopy - Assisted Vaginal Hysterectomy
FSFI	Female Sexual Function Index
UTSW	University of Texas Southwestern Medical Center
DUB	Dysfunctional Uterine Bleeding
WHO	World Health Organization.
SDPDS	Socio Demographic and Personal Data Sheet
HRT	Hormonal Replacement Therapy
LAVH	Laparoscopic Assisted Vaginal Hysterectomy
D&C	Dilatation and Curettage
USA	United States of America
VH	Vaginal Hysterectomy
ACOG	American College of Obstetricians and Gynecologists

ABSTRACT

The aim of this study is assess the learning needs for women with hysterectomy to restoring sexual health. Study was conducted at gynecological ward at Ain Shams Maternity Hospital, interview with women in their house, clinical out patient .**Study Design** was descriptive study. **Tools of** data was collected through one year started from June 2007 to June 2008 in Obstetric & Gynecological ward, hysterectomy females were interviewed to fill out the structure interview questioner sheet - Forty eight hour post operatively, hysterectomies' females were interviewed to fill out the assessment for complain sheet and also to identify the physical complain such as degree of pain, the women's complaints, and the cause of pain. Also psychological complain and social condition were assessed. - Three and six months post operatively, females were interviewed by the researcher again in home or by phone to fill out female sexual function index , and also to assess the physical ,psychological , social complains if present for determining the women's learning needs to restoring sexual health .**Sample type** was Purposive sample . **Hypothesis** there are lack of women knowledge about sexual life and negative effects on sexual health after hysterectomy. **The main results** of study showed that the majority of women in study sample had lack of knowledge about expected effects of hysterectomy lead to sexual dysfunction and difficult coping of those changes. **Conclusion** show that the hysterectomy causes unfavorable effects on sexual functions at least in the first 6 postoperative months and this negative effect more common with women who low socioeconomic, illiteracy or low educated and young age. **Recommendation** are to meet the leaning needs for women with hysterectomy through program regarding Increase the women awareness about physiological changes which reflect on expected sexual impairment after hysterectomy to restoring sexual health

Key words: hysterectomy – learning needs - sexual health

INTRODUCTION

The loss of uterus can be synonymous with the loss of femininity. If both ovaries are also removed, an immediate surgical menopause occurs. The uterus is as necessary for the fulfillment of roles ordinarily construed as feminine in the individual 's personal life and as member of society. It is valued as childbearing organ; a cleaning instrument; a sexual organ; a source of strength, youth, and feminine attractiveness; and a regulator of general body health and well being anxieties surround the imminent loss of this valued organ are responsible for delays in treatment and irrational preoperative fears and, at times, may contribute to prolonged postoperative invalidism which is out of proportion to the actual tissue impairment. These emotional reactions derive from the patient 's beliefs about the effects of the loss of the uterus (womb) upon their bodies, their lives, and their total adjustment (**Pillitteri ., 2007**).

The indication for hysterectomy and the choice of the surgical technique have been the subject of an ongoing discussion among gynecologists, as well as among women themselves. Because the majority of hysterectomies are performed electively, patient satisfaction with treatment has been considered one of the main outcome measures worries about the steadily increasing hysterectomy rates and reports of negative sequel after hysterectomy by the patients (e.g., psychiatric illness, such as depression, difficulties in sexual functioning) led the gynecologists to re-evaluate their criteria for the procedure. As a consequence, alternatives to hysterectomy, especially in the case of dysfunctional bleeding, have been introduced (**Maas, et al., 2003**).

The removal of the uterus in the united states approximately 650,000 hysterectomy are performed each year , making it the most common non pregnancy –related surgical procedure that women in the united states undergo (**Olds ,et al., 2004**) .

Historically the uterus has been regarded as the regulator and controller of important physiological functions, a sexual organ, a source of energy and vitality, and a maintainer of youth and attractiveness, Women are concerned (**Kalaichandran ., 2005**) .

This disfiguring procedure is associated with psychosexual disturbances. Most women report decreased sexual arousal levels and low self –image. Sexual activity can be resumed within 3months however, significant adjustment will be necessary owing to loss of sensory perception for foreplay (Olds ,et al., 2004) .

Whenever women consider any medical procedure that is life changing, including a hysterectomy she should be sure to consult with her doctor. Together the two of them can decide what if any procedures her need and what steps she can take to overcome any adverse side effects associated with the procedures. Planning ahead of time and making an informed decision will help him recover more quickly and feel empowered to take charge of her sexuality and life after surgery (Brann., 2008) .

Nurses can pave the way for a more effective convalescence by dealing with a woman’s special learning needs during the preoperative and post operative process and then doing everything possible to ensure comprehensive follow-ups for patients at home (Winer,et al.,2009) .

Justification of the study:

Hysterectomy is serious health problem that threatened women’s sexual life and by sequence affect on all the life conditions, it is consider one of the leading causes of maternal morbidity.

The hospital incidence rate of hysterectomy in Ain Shams Maternity hospital during 1995-1996 was 9.8/1000 admission, while it rose to 13.8/1000 in the year 2000 and rose to 14.4 / 1000 in the year 2005.

Hysterectomy has a negative impact on female sexual functioning, possibly as the result of a multi factorial interplay of post surgical changes in pelvic anatomy, hormonal influences, and psychological factors.

Some studies indicated to hysterectomies women not received information before surgery about its impact on sexual functioning after surgery .Thus this study carried out to explore learning needs and problems of women with hysterectomy which effect on sexual health