

# **Quality of Life for Women after Hysterectomy**

***Thesis***

*Submitted for Fulfillment of Master Degree in  
Nursing Science  
(Community Health Nursing)*

***By***

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✍ **Eman Ali**

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## List of Abbreviations

<b>Abb.</b>	<b>Full term</b>
<b>AH</b>	Abdominal hysterectomy
<b>BMD</b>	Bone Minerals Density
<b>BMI</b>	Body Mass Index
<b>BSO</b>	Bilateral Salpingoophorectomy
<b>CHDs</b>	Coronary Heart Diseases
<b>CHN</b>	Community Health Nursing
<b>CHNs</b>	Community Health Nurses
<b>CPP</b>	Chronic Pelvic Pain
<b>CVDs</b>	Cardio Vascular Diseases
<b>DEXA</b>	Dual Energy X-rays Absorptiometry
<b>DNA</b>	Deoxyribonucleic Acid
<b>HIV</b>	Human Immunodeficiency Virus
<b>HPV</b>	Human Papillomavirus
<b>HRQOL</b>	Health-Related Quality of Life
<b>HRT</b>	Hormone Replacement Therapy
<b>IUDs</b>	Intra Uterine Devices
<b>LAVH</b>	Laparoscopic Assisted Vaginal Hysterectomy
<b>LH</b>	Laparoscopic Hysterectomy
<b>NIH</b>	National Institute of Health
<b>PCO</b>	polycystic Ovarian Syndrome
<b>PPH</b>	Postpartum Hemorrhage
<b>PPR</b>	Persons-Per-Room
<b>QOL</b>	Quality of Life
<b>RALH</b>	Robotic Assisted Laparoscopic Hysterectomy
<b>RDA</b>	Recommended Dietary Allowance
<b>REM</b>	Rapid Eye Movement
<b>STIs</b>	Sexually Transmissible Infections
<b>SUI</b>	Stress Urinary Incontinence
<b>TAH</b>	Total Abdominal Hysterectomy
<b>U.S.A</b>	United States of America

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 *List of Abbreviations*

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<b>WHO</b>	World Health Organization
<b>WHO ICF</b>	World Health Organization International Classification of Functioning
<b>WHOQOL</b>	WHO Quality of Life

## Quality of Life for Women after Hysterectomy

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### Abstract

**The aim of this study was to:** assess quality of life for women after hysterectomy. **Design:** Descriptive study. **Setting:** The study was conducted at the outpatient clinics of Ain Shams University Maternity Hospital and Bab El Sha'rya University Maternity hospital. **Sampling:** Purposive sample of 160 women with hysterectomy. **Data collection:** Two tools were used; **1<sup>st</sup> tool:** An interviewing questionnaire included six parts: **Part I:** Socio-demographic characteristics, **Part II: a)** Reproductive history **b)** Health history, **Part III:** Factors related to hysterectomy, **Part IV: a)** Assessing health complaints after hysterectomy **b)** Assessing health problems after hysterectomy **c)** Assessing health needs after hysterectomy, **Part V:** Assessing women's knowledge about hysterectomy, **Part VI:** Assessing women's quality of life after hysterectomy. **2<sup>nd</sup> tool:** Follow up medical record **Results:** Family history, unhealthy life style, and obesity were found to be associated factors with hysterectomy. Most of women had unsatisfactory knowledge regarding hysterectomy. Constipation, osteoporosis, dyspareunia, and anxiety were found to be the most health problems after hysterectomy. More than three quarters of women were not compliant with follow up after hysterectomy. Less than half of women reported poor quality of life after hysterectomy. **Conclusion:** A highly statistically significant difference was found between the studied women's knowledge and their quality of life after hysterectomy. Statistical significant differences were found between the studied women's socio-demographic characteristics and their knowledge, their compliance with follow up, and their quality of life after hysterectomy. **Recommendations:** This study recommended increasing the awareness among women after hysterectomy through effective educational programs, carrying out effective discharge plans for women with hysterectomy including follow up visits schedule, the required examinations and healthy lifestyle guidelines.

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**Keywords:** Hysterectomy, Quality of life.

## Introduction

Hysterectomy is the most common gynecologic surgical procedure among women. Approximately one third of women will have a hysterectomy during their lifetime, and one quarter of women will have a hysterectomy before menopause. Among premenopausal women, most hysterectomies are performed for benign conditions, with the most frequent indications being fibroids, dysfunctional bleeding, endometriosis, and pelvic organ prolapse (**Shrivastva & Chaudhry, 2015**).

Hysterectomy may be associated with general post-surgical complications such as infections, venous thromboembolism, hemorrhage, or anesthetic complications. The most common specific complications after hysterectomy may be classified as injuries to the genitourinary tract or the gastrointestinal tract, vaginal cuff dehiscence, ovarian failure, decreased sexual desire, depression or anxiety as psychological issues after hysterectomy (**Thomas, 2015**).

Quality means "the degree to which a set of characteristics meets the demands". The connection of this definition with life allows perceiving quality of life as "the

degree to which a set of characteristics of human life meets the demands placed upon it" (**Andráško, 2013**).

The concept of health-related quality of life HRQOL and its determinants have evolved to encompass those aspects of overall quality of life that can be clearly shown to affect health. On the individual level, HRQOL includes physical and mental health perceptions and their correlates including health risks and conditions, functional status, social support, and socioeconomic status. On the community level, HRQOL includes community-level resources, conditions, policies, and practices that influence a population's health perceptions and functional status (**Centers of diseases control, 2017**).

Women who undergo hysterectomy face a multitude of physical, psychological, emotional, social, and sexual problems both before and after the surgery. The major factors contributing to these problems are lack of proper information, lack of support and counseling, and fears and apprehensions born out of wrong information. So it is important to appoint qualified community health nurses in order to interact with the hysterectomy women and their families. The aim of such interaction should be ensuring that the woman copes better with the hysterectomy and