



بسم الله الرحمن الرحيم

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تم رفع هذه الرسالة بواسطة / سامية زكى يوسف

بقسم التوثيق الإلكتروني بمركز الشبكات وتكنولوجيا المعلومات دون أدنى

مسئولية عن محتوى هذه الرسالة.

ملاحظات: لا يوجد





Quality of Life for Women at Reproductive Age Post Hysterectomy in Rural Area

Thesis

*Submitted For Partial Fulfillment of Master Degree
In Community Health Nursing*

By

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2022**



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Acknowledgment

Thanks to our merciful Allah for the various and numerous blessing, best owed for us. Thanks to Allah for once more for enabling me to prepare this thesis, hoping that it may be useful for all those who will need it.

It is a pleasure for me to express my profound gratitude and appreciation to Prof.Dr.Nadia Hamed Farahat, Professor of Community Health Nursing, Faculty of Nursing, Ain-shams University, for her kindness, genuine guidance and very keen supervision in revising every part of this thesis.

With considerable appreciation, I express my deepest gratitude to Dr. Nadia Ibrahim Abd-El-Aty Lecturer of Community Health Nursing, Faculty of Nursing, Ain-shams University, for her help, stimulating enthusiasm and unlimited help which were encouraging towards the accomplishment of this work.

Last but not least, I am grateful to all who directly or indirectly helped me to accomplish this research work especially the subjects who participated in this study.

Kariman Ismaiel Mahmoud Bahnsy





✍ To those people who have never stopped
believing in me

Those who are always supporting me

✍ I dedicate this work to

My father

My mother

My husband

My son

✍ My sisters

My brother

For their support and encouragement

Kariman Ismaiel Mahmoud Bahnsy



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List of Abbreviations

Abbreviation	Term
AH	Abdominal Hysterectomy
CPP	Chronic Pelvic Pain
CH	Community Health
CHN	Community Health Nursing
DUB	Dysfunctional Uterine Bleeding
DBM	Double Burden of Malnutrition
FGM/C	Female Genital Mutilation or Cutting
HPV	Human Papillomavirus
IUGR	Intrauterine Growth Retardation
LAVH	Laparoscopically Assisted Vaginal Hysterectomy
LARVH	Laparoscopic Assisted Radical Vaginal Hysterectomy
LBW	Low Birth Weight
LH	Laparoscopic Hysterectomy
PACU	Post Anesthesia Care Unit
PCOS	Polycystic Ovary Syndrome
PMS	Premenstrual Syndrome
QOL	Quality of Life
RLH	Radical Laparoscopic Hysterectomy
STDs	Sexually Transmitted Diseases
TLH	Total Laparoscopic Hysterectomy
UK	United Kingdom
USA	United States of America
VH	Vaginal Hysterectomy
WHO	World Health Organization
WHO -QOL	World Health Organization-Quality of Life

Quality of Life for Women at Reproductive Age post Hysterectomy in Rural Area

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Abstract

Background: Hysterectomy is the most common procedure for women with gynecological problems both benign and malignant tumors. It is done to save women from uterus-related life-threatening problems and for a better and healthy life, Hysterectomy has several impacts on women, affecting their quality of life. **Aim of the study:** To assess the quality of life for women at reproductive age post hysterectomy in rural area. **Design:** A descriptive design was utilized to conduct this study. **Setting:** This study was conducted at outpatient gynecological clinics in two hospitals Kafr Elsheikh University Hospital affiliated to Kafr Elsheikh University, and Kafr Elsheikh General Hospital affiliated to the Ministry of Health and Population. **Sample:** A purposive sample composed of 125 women post hysterectomy. **Tools of data collection:** Two tools was used: **First tool: An interviewing questionnaire: Part 1:** Socio-demographic characteristics of women post hysterectomy; **Part 2:** Health history of women post hysterectomy; **Part 3:** Women's knowledge regarding hysterectomy; **Part 4:** Women's health problems post hysterectomy. **Part 5:** Women's health needs post hysterectomy. **Second tool: Quality of life scale: it consisted of:** Quality of life for women's post hysterectomy such as (physical, psychological, social and sexual domains). **Results:** 40% of women were in the age group 30-39 years, with mean age of 34.28 ± 7.185 . 71.2% of them had unsatisfactory knowledge regarding hysterectomy, 54.4% of them suffer from anxiety. While, 42.4% suffer from vaginal dryness, 40.8% suffer from constipation, and urinary incontinence. 53.6% didn't maintain body weight, 56.0% didn't expose daily to sun, and 57.6% didn't get enough rest and sleep.while, 46.4% didn't follow-up after the operation, and 44.8% didn't take HRT after operation; .92% of women had poor total quality of life. **Conclusion:** More than two thirds of women had unsatisfactory knowledge regarding hysterectomy. More than half of them suffer from anxiety. While, less than half suffer from vaginal dryness, constipation, and urinary incontinence. More than half didn't maintain body weight didn't expose daily to sun, and didn't get enough rest and sleep.while, less than half didn't follow-up, and didn't take HRT after operation, the majority of them had poor total QOL post hysterectomy. **Recommendations:** Provide effective educational programs to increase rural women's awareness regarding hysterectomy health problems, health needs, and healthy life style programs to improve womens'QOL post hysterectomy.

Keywords: Reproductive age; Hysterectomy; Quality of life; Rural area

Introduction

Hysterectomy is the surgical removal of uterus and its surrounding structure, to reduce gynecological disorders such as menstrual pain, menorrhagia, unexplained uterine bleeding, dyspareunia, dysmenorrhea, hypermenorrhea, pelvic mass, and chronic pelvic pain related with non-malignant pathologies like simple endometrial hyperplasia. It is the most common procedure performed globally in the gynaecological area, with an incidence of approximately 30% in reproductive age women <60 Yrs (*Afiyah et al., 2020*).

The most common indications for hysterectomy are uterine fibroids, uterine prolapse, endometriosis, a dysfunctional uterine bleeding, and malignancies of uterus, ovary, and cervix. It is done to save women from uterus-related life-threatening problems and for a better and healthy life, especially for married women (*Doganay et al., 2019*).

“Quality of Life” (QOL) is an important outcome in the health care system. World Health Organization (WHO) defines Quality of Life as “Individuals’ perception of their position in life in the context of the culture and value systems in which they live, and concerning their goals, expectations,

standards, and concerns”. WHO-QOL consists of 4 domains; physical health, mental status, social relationships, and sexual state, women who had a hysterectomy may affect directly to four domains of their quality of life (**WHO, 2018**).

Quality of life is an important outcome variable especially in surgery for benign gynaecological conditions, as medical interventions can affect it in both positive and negative ways. Most women reported a reduction in physical symptoms and pain and an increase in health perceptions after hysterectomy. However, hysterectomy may also result in the development of new problems such as pelvic/abdominal pain, urinary problems, constipation, weight gain, fatigue, earlier onset of menopause, lack of interest or enjoyment in sex, depression, anxiety and negative feelings about oneself as a woman that may impacts on women’s quality of life (**Nicholson et al., 2019 & Bahri et al., 2016**).

Hysterectomy is not the only way of overcoming problems in the reproductive organs, there are many alterantives nowadays, for benign diseases of uterus which is advocated and recommended globally (**Bogani et al., 2015**). Hysterectomy is still the first treatment of choice even for all these benign pathologies in rural area, due to

lack of awareness, counseling and knowledge deficit regarding prevention and alternatives. Rural women considering hysterectomy plays A large role due to benefit of cost, feasibility, permanent solution and less need of follow up along with excellent satisfaction that reoccurrence is least (*Fortin et al., 2019*).

Community health nurses should be able to talk with women before and after surgery not only about the nature of the surgery and plans for recovery, but also about possible long-term consequences. Health education includes pre-postoperative care, provides women with information at home about adaptation with hysterectomy to improve their QoL. Women often have questions, concerns or perceptions about sexual functioning that they don't know how to talk about or are hesitant to discuss (*Dodds et al., 2015*).

Significance of the study

About 40% of women all over the world will have a hysterectomy by the age of 64 years, its incidence rate varies between 6.1 to 6.8 per 1000 female, and in Egypt, the annual incidence rate of hysterectomy was 165,107 cases annually all over governorates, divided between the upper and lower Egypt, that means that a considerable

number of women suffering from the proposed problem in the Egyptian community (*Health grades, 2019*). Hysterectomy is the therapeutic effect that leading to a cure of both malignant and benign uterine disorders, Studies reported that this operation could reduce those symptoms suffering, and also increase the quality of life among these women (*Nicholson et al., 2019*).