

Hysterectomy and Psychiatric Illness

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Abstract

Aim: To find the extent of psychological impact on women after hysterectomy.

Method: 50 women who had undergone hysterectomy within six months of the surgery were assessed.

Result: Women within the age group of 30-50 yrs [30-40: 27(54%), rest were \leq 50 years.] who underwent surgical procedure of hysterectomy with conservation of ovaries in 20 cases and ovarian removal in 30 cases were diagnosed to have, post hysterectomy psychiatric illness: depressive illness 20(40%); anxiety disorders 15(30%) and others 15(30%). Some of them (56%) had some form of psychiatric problem prior to hysterectomy, while sexual dysfunction was found in 14% of them after hysterectomy.

Conclusion: Very weak connection between the primary psychiatric illness and hysterectomy emphasizes on the need of pre and post hysterectomy counseling in order to reduce negative psychological consequences.

Key words: Pre and post hysterectomy psychiatric status, primary psychiatric illness, pre and post hysterectomy counseling

Introduction

Depressive illness, anxiety disorders and body image disturbances, all of the commonly mentioned psychological problems are psychiatric risk after hysterectomy. There are various studies with different outcome in terms of psychological consequences. This is important as hysterectomy is one of the most common operations performed for improving quality of women life so there should not be morbidities still tagged after surgery¹. For simple reasons that 90% of the hysterectomies are done for benign conditions². So, apart from patient being free from gynecological symptoms, a due importance should be given for psychological outcome³.

Depressive illness, anxiety disorders are the most commonly mentioned psychiatric risk after hysterectomy. Earlier Depression had been suggested as a negative consequence⁴. However, on the basis of recent prospective studies, there is no evidence to conclude that hysterectomy causes depression^{5,6}. Only small proportion of women demonstrates negative psychological consequences⁷.

Sexual functioning after hysterectomy has been one of the prime concerns of women. Despite the prevailing myth among general population that hysterectomy decreases sexual function in women studies have failed to prove so. On the contrary it was revealed in these studies that majority of the women after hysterectomy had improved general sexual function^{8,9}. It is utmost important to consider the attitude of the eastern and western societies towards sexual behavior while doing assessment¹⁰.

Another important psychological factor can be the women's perception about the loss of uterus and scar made by the surgery and also loss of fertility and vitality^{11,12}. Impairment of body image was predominantly found in women where oophorectomy along with the hysterectomy was performed¹³. However in one of the study no obvious impairment in body image was found¹⁴.

Methods

Total 50 patients who had undergone hysterectomy within the last six months and attended Psychiatry

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OPD of Om Hospital and research center from the day of assessment were enrolled for the study. Data such as hysterectomy performed alone or combined with oophorectomy were collected from the surgical record.

Those having co morbid physical illness and hysterectomy performed for malignant conditions were excluded from the study.

Detail psychiatric evaluation was done. All the aspects including past history of psychiatric illness, detailed family history of mental illness and other existing psychosocial stressor were obtained.

Problem related to sexual dysfunction were interrogated with “yes” or “no” answer without much elaboration.

Results

Demographic data showed women to be within the age group of 30-50 yrs. Surgical procedure of hysterectomy with conservation of ovaries were done in 20 cases and in 30 cases removal of ovaries was done, as the women in the age group of 30 - 40 yrs were 27(54%), rest were \leq 50 years.

Gynecological and other variable are shown in table 1.

Psychiatric illness after hysterectomy was found to be of depressive illness 20(40%); anxiety disorders 15(30%) Others 15(30%).

Table 1. Analysis of psychiatric illness before or after surgery

History of	Yes N (%)	No N (%)
Previous psychiatric illness	28(56)	22(44)
Sexual dysfunction	7(14)	43(86)
Body Dysmorphic Symptoms	10(20)	40(80)

Discussion

This study revealed that about 56% of the total patients attending Psychiatric OPD had history of psychiatric illness prior to the surgery and had been receiving treatment from the same hospital or elsewhere. Only 44% of the study populations developed psychiatric illness after the surgery. This finding is consistent with the study conducted previously¹⁵. Many patients who were already receiving treatment majority reported improvement of their psychiatric symptoms. It also replicates the previous study where there was significant improvement in quality of life and decrease in psychiatric symptoms¹⁶. Very few 14% (n=7) were

found to have problem in sexual function which may or may not be related to hysterectomy and needs further exploration. Among all psychiatric illnesses, depressive illness consisted of 40% (n=20), anxiety disorder constituted 30% (n=15) and others like OCD (obsessive compulsive disorder), Psychotic illnesses etc constituted 30%(n=15). This is natural as depression and anxiety are more prevalent mental health problem than other illness among the general population. Body dysmorphic symptoms were found only on 20% of all the patients, which again shows this not to be a major psychological problem after hysterectomy. It is seen that even though the psychiatric problems were present before hysterectomy they were exaggerated more after surgery. That is why they came for psychiatric consultation only after hysterectomy.

Conclusion

Only small proportion of women after hysterectomy exhibit negative psychological consequences although many women who have undergone the surgery seek psychiatric help post procedure, this study identified the presence of psychiatric illness prior to surgery that was unrevealed.

Therefore, it is recommended to provide extensive counseling and psychological support to the women pre and post surgery to reduce possible negative psychological consequences.

References

- 1 Torpy JM, Lynn C, Glass RM. Patient page: Hysterectomy JAMA 2004; 291:1526
- 2 Farquhar CM, Steiner CA: Hysterectomy rates in the United states 1990-1997. *Obstet Gynaecol* 2002; 99:229-234
- 3 Jeruiff KH, Langenberg PW, Rhodes JC et al. Effectiveness of hysterectomy. *Obstet Gynaecol* 2000; 95:319-326
- 4 Chakravarti S, Collins WP, Newton JR et al. Endocrine Changes and symptomatology after oophorectomy in premenopausal women: *Br J. obstet Gynaecol* 1977; 84: 769-775
- 5 Baldoro B, Gentile G, Codispoti M et al. Psychological distress of conservative and non conservative uterine surgery a prospective study. *J psychosom Res* 2003; 54:357-360
- 6 Lambden MP, BellanyG, Ogburn- Russell et al. Women’s sense of well being before and after hysterectomy. *J obstet Gynaecol neonatal Nurs* 1997; 26:540-548
- 7 Flory N, Bissonnette F, Binik Y M. Psycho Social effects of hysterectomy: Literature review *J Psychosom Res* 2005; 59: 117-129
- 8 Rhodes JC, KJeruiff KH, Langenberg PW et al:

- Hysterectomy and sexual functioning. *JAMA* 1999; 282:1934-1941
- 9 Roovers JPWR, Van der Bom JG, Vander vaart CH et al. Hysterectomy and sexual well being. Prospective\observational study of Vaginal hysterectomy and total abdominal hysterectomy *BMJ* 2003; 327:774-778
- 10 Higgins LT, zheng M, Liv Y et al. Attitude to marriage and sexual behaviour: a survey of gender and culture differences in china and the United Kingdom. *Sex roles* 2002; 46:75-89
- 11 Bachman CA. Psychosexual aspect of hysterectomy women health issue 1990; 41-49
- 12 Solan D. The emotional and psychosexual aspect of hysterectomy. *Am J obstet Gynaecol* 1978; 131:598-605
- 13 Bellerose SB, Binik YM. Body image and sexuality in oophorectomized women *Arch sex behav* 1993; 22:435-459
- 14 Roussis NP, Waltrous L, Kerr A et al. Sexual response in the patient after hysterectomy total abdominal versus supracervical versus vaginal procedure *Am J obstet Gynaecol* 2004; 190: 1427-1428
- 15 Khastagir G, Studd J, Catalan J. The Psychological Outcome of hysterectomy. *Gynaecol endocrin* 2000; 14:132-142
- 16 Thakur R, Ayers S, Peter G, Stuarts C, Manyonda S. Hysterectomy improves quality of life and decrease psychiatric symptoms: *Brit J of Obstet and gynaecol* 2004; 111:1115-1120