

# Knowledge of Women on Hysterectomy

Manicheril C Elgi<sup>1</sup>, Lekha Viswanath<sup>2</sup>

## ABSTRACT

**Background:** Hysterectomy is the surgical removal of the uterus. It may involve removal of the ovaries, fallopian tube, cervix, and the surrounding structures. The objective of the study was to assess the level of knowledge regarding hysterectomy among women attending obstetrics and gynecological area in a tertiary care hospital in Kochi.

**Materials and methods:** A descriptive design was used to select 40 participants from obstetrics and gynecology area in a tertiary care hospital in Kochi. These subjects were to undergo hysterectomy. The subjects was selected using nonprobability convenience sampling technique. A semi-structured knowledge questionnaire was designed and administered.

**Results:** Of the 40 women who participated in the study, 42.5% woman had poor knowledge, 57.5% had average knowledge, and none of them had good knowledge about hysterectomy. The mean knowledge score obtained by the women was 10.1500 with a standard deviation of 4.04177. About the various aspects of hysterectomy knowledge, majority were having inadequate knowledge regarding exercise (85%), diet (80%), management (75%), investigations (82.5%), and complications (56.25%). However, 52.5% of subjects showed adequate knowledge regarding hysterectomy.

**Conclusion:** The majority of women attending gynecological area were not sufficiently knowledgeable about hysterectomy and its management. This underlines the need for the involvement of health personnel in hysterectomy and care to provide information for women undergoing hysterectomy.

**Keywords:** Hysterectomy, Knowledge, Women.

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## INTRODUCTION

Hysterectomy is the surgical removal of uterus and its surrounding structure.<sup>1</sup> Nowadays hysterectomy is the common procedure performed in the gynecological area, which aids in the reduction of many gynecological problems. The common indications for hysterectomy are uterine fibroid; uterine prolapse; dysfunctional uterine bleeding; and malignancies of uterus, ovary, and cervix. The first hysterectomy was performed by Charles Clay in November 1843. It was performed to remove large myomatous uterus.<sup>2</sup> As per the World Health Organization database in 2016, an estimate of 1,540,000 women underwent hysterectomy in the world, making hysterectomy the most common nonpregnancy-related major surgery performed on women. Hysterectomy is most commonly performed on women between 40 years and 45 years of age, and by age 65 approximately 37–39% of women have undergone this procedure.<sup>3</sup> The positive attitude of women toward hysterectomy prevents many physical, psychological, and social complications, which is possible only with adequate knowledge regarding the causes and consequences of hysterectomy.<sup>4</sup> The rate of hysterectomy has increased nowadays due to various indications. The complications are based on the type of surgery and anesthesia. During the clinical experience, the investigator has observed that many patients lacked knowledge regarding hysterectomy. A study conducted by Graw states that 42% of women had previous knowledge about hysterectomy and 58% of women received information from the doctors before surgery. About 66% of women expressed that they need more information regarding the consequences of hysterectomy.<sup>4</sup>

Hence, the investigator is interested to conduct the study on knowledge of women regarding hysterectomy.

<sup>1,2</sup>Amrita College of Nursing, Kochi, Kerala, India

**Corresponding Author:** Manicheril C Elgi, Amrita College of Nursing, Kochi, Kerala, India, Phone: +91 7558924697, e-mail: elgi.arun@gmail.com

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**Conflict of interest:** None

## Objective of the Study

To assess the level of knowledge among women on hysterectomy.

## MATERIALS AND METHODS

Data collection was started after obtaining ethical clearance and administrative permission. Written permission was taken from Head of the Department of Obstetrical and Gynecology at AIMS, Kochi.

A descriptive research design was used for this study. The source population was women undergoing hysterectomy. Forty women were selected from obstetrics and gynecology area in a tertiary care hospital in Kochi by using convenience sampling technique. A semistructured knowledge questionnaire was developed and administered to assess the knowledge regarding hysterectomy among women. The tool was divided into two parts. Demographic data were collected in Section A. Information on knowledge of a woman undergoing hysterectomy was collected using semistructured questionnaire including 27 questionnaires in Section B. Each correct response carries one mark and the total score was 27. Based on the score obtained, it is interpreted as good knowledge (17–27), average knowledge (10–19), and poor

knowledge (0–9). The content of the tool was validated by the seven expertise in the obstetrical and gynecological area. Data were collected from February 6, 2015, to April 1, 2016. Analysis was done by using SPSS version 21.

**Inclusion Criteria**

- Women aged between 35 years and 60 years.
- Patients undergoing both abdominal and vaginal hysterectomy.
- Patients who are available at the time of data collection.
- Women who are willing to participate in the study.
- Women who can read and write Malayalam or English.

**Exclusion Criteria**

- Women who had undergone other gynecological surgery
- Women with gynecological cancer.

**RESULTS**

Table 1 shows that most (42.5%) women were in the age-group between 45 years and 55 years and most (50%) had primary education. Most of them (62.5%) were nonworking and reported to have obtained information on hysterectomy from friends (about 42.5%). Among the subjects, 70% (28) women were Hindus. Majority (67.5%) of mothers belong to village area. Most of them (57.5%) had vaginal delivery.

Figure 1 shows that main indication for hysterectomy. In 55% woman, hysterectomy was done due to uterine fibroid. Other indications for hysterectomy were uterine bleeding (17.5%), uterine prolapse (12.5%), adenomyosis (10%), and endometriosis (5%).

Figure 2 shows that most of the women have underwent total laparoscopic hysterectomy (TLH) + bilateral salpingo-oophorectomy (BSO) (40%), total abdominal hysterectomy (TAH) + BSO (20%), (27.5%) have TLH and total vaginal hysterectomy (TVH) (7.50%).

Figure 3 shows that majority (92.5%) of women were administered general anesthesia for hysterectomy. Followed by spinal + epidural anesthesia in 5% and spinal anesthesia in 2.5%.

The distribution of knowledge among women undergoing hysterectomy is depicted in Figure 4. The study results revealed that among women undergoing hysterectomy, 42.5% had poor knowledge, 57.5% had average knowledge, and none of them had good knowledge. The mean knowledge score obtained by the women was 10.1500 with a standard deviation of 4.04177.

Data represented in Table 2 show the mean score of knowledge in different areas among the subjects. The total knowledge score of different areas was  $18.95 \pm 11.129$ . The least score of knowledge was identified for the section on investigations ( $1.3 \pm 1.462$ ). The maximum score on knowledge was noted for the section undergoing hysterectomy ( $5.3 \pm 2.323$ ).

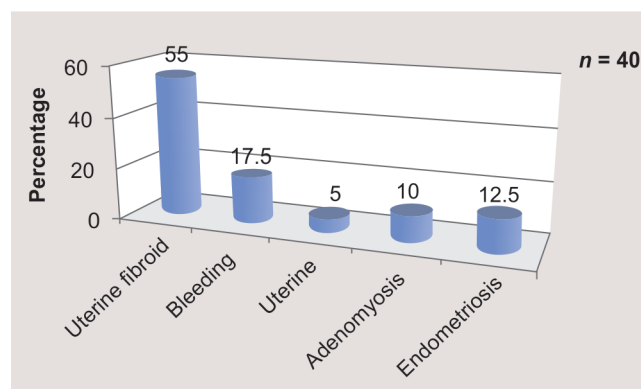
Figure 5 shows that the majority were having inadequate knowledge regarding various aspects of hysterectomy, such as exercise (85%), diet (80%), management (75%), investigations (82.5%), and complications (56.25%). However, 52.5% subjects showed adequate knowledge regarding hysterectomy.

**DISCUSSION**

Hysterectomy is the removal of woman’s womb performed in the gynecological area. The common indications of hysterectomy are uterine fibroid followed by abnormal uterine bleeding,

**Table 1:** Distribution of subjects based on sociodemographic variables *n* = 40

| S. no | Demographic variable                  | F                 | (%)  |
|-------|---------------------------------------|-------------------|------|
| 1     | Age in years                          |                   |      |
|       | Less than 35 years                    | 2                 | 5    |
|       | 35–45 years                           | 13                | 32.5 |
|       | 45–55 years                           | 17                | 42.5 |
| 2     | Marital status                        |                   |      |
|       | Married                               | 39                | 97.5 |
|       | Unmarried                             | –                 | –    |
|       | Divorced                              | 1                 | 2.5  |
| 3     | Education                             |                   |      |
|       | Primary education                     | 20                | 50.5 |
|       | Secondary education                   | 6                 | 15   |
|       | Diploma                               | –                 | –    |
| 4     | Occupation                            |                   |      |
|       | Working                               | 15                | 37.5 |
|       | Nonworking                            | 25                | 62.5 |
|       | 5                                     | Area of residence |      |
| Town  |                                       | 13                | 32.5 |
| 6     | Religion                              |                   |      |
|       | Hindu                                 | 28                | 70   |
|       | Christian                             | 10                | 25   |
|       | Muslim                                | 2                 | 5    |
| 7     | Type of delivery                      |                   |      |
|       | Normal delivery                       | 16                | 40   |
| 8     | Source of information on hysterectomy |                   |      |
|       | LSCS                                  | 23                | 57.5 |
|       | Television                            | 9                 | 22.5 |
|       | Health worker                         | 13                | 32.5 |
|       | Friends                               | 17                | 42.5 |
|       | Newspaper                             | 1                 | 2.5  |



**Fig. 1:** Distribution of subjects based on the indication for hysterectomy

endometriosis, and uterine prolapse.<sup>5</sup> The results of the present study show that most of the women had (42.5%) poor knowledge, 57.5% had average knowledge, and none of them had good knowledge regarding hysterectomy.

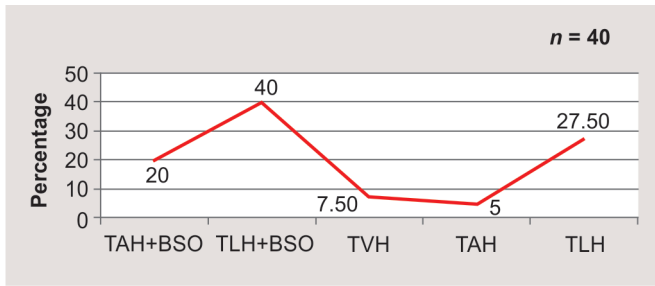


Fig. 2: Distribution of subjects based on the type of hysterectomy

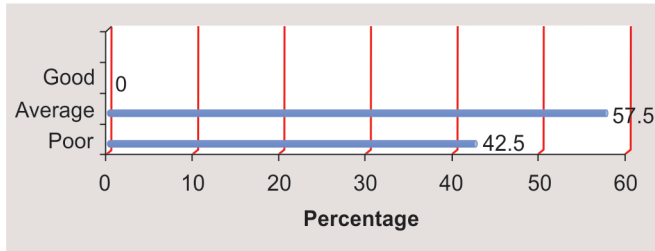


Fig. 4: Distribution of subjects based on the level of knowledge

Table 2: Mean score of knowledge in different areas of hysterectomy

| S. no | Components     | Maximum score | Mean $\pm$ standard deviation |
|-------|----------------|---------------|-------------------------------|
| 1     | Hysterectomy   | 5             | 5.3 $\pm$ 2.323               |
| 2     | Exercise       | 5             | 2.55 $\pm$ 2.234              |
| 3     | Diet           | 5             | 3.2 $\pm$ 0.979               |
| 4     | Management     | 5             | 3.55 $\pm$ 1.417              |
| 5     | Investigations | 3             | 1.3 $\pm$ 1.462               |
| 6     | Complications  | 4             | 3.05 $\pm$ 1.691              |
|       | Total          | 27            | 18.95 $\pm$ 11.129            |

The present study conducted to assess the existing knowledge and expectations of women undergoing hysterectomy was supported by tertiary care hospitals. They had selected 150 women for the study. Their data were collected through interviews. Results of the present study showed that 42% woman had previous knowledge on hysterectomy and 58% woman received information from the doctors before surgery. However, 66% woman expressed they need more information regarding the problems after hysterectomy. The study concluded that consequences of hysterectomy are to be explained to the women who are undergoing hysterectomy.<sup>6</sup>

A study was conducted by Mathew DA in Bengaluru to assess the knowledge regarding postoperative care before and after a structured teaching program among 30 women undergoing abdominal hysterectomy. The pretest findings of the study showed that women lacked knowledge regarding selected aspects of postoperative hysterectomy care. And it reports that the mean score was 11.7  $\pm$  3.1.<sup>5</sup>

A descriptive study was conducted on the assessment of knowledge and practice of self-care among women undergoing hysterectomy in AIMS, Kochi. Retrospective survey was done on 55 women using a structured questionnaire. The result revealed that 20% had poor knowledge, 60% had average knowledge, and 20% had good knowledge. The practice of self-care after hysterectomy was good in 69%, average in 31%, and none of them had poor practice.<sup>7</sup>

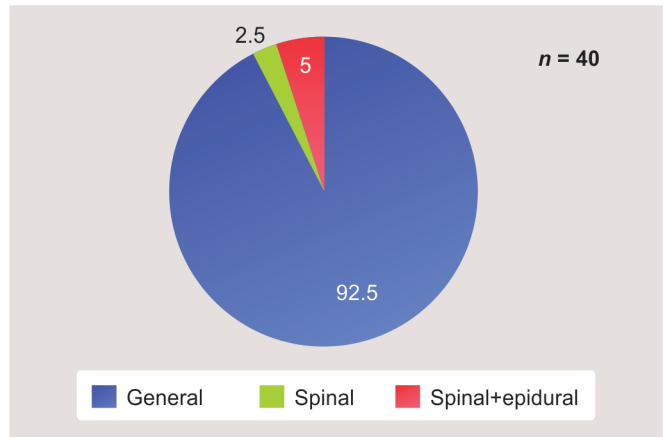


Fig. 3: Distribution of subjects based on the type of anesthesia received

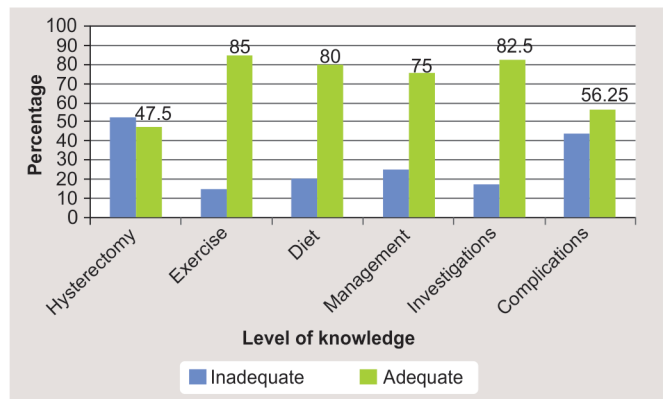


Fig. 5: Distribution of subjects based on the level of knowledge on various aspects of hysterectomy

A study has been conducted by Jennifer Daley et al. to examine the indications and surgical morbidity of women veterans who underwent hysterectomy in Chicago. The sample size was 1,722 women who had undergone hysterectomy. Findings show that most of the women are whites (62%) and their average age was 42.5 years. The type of operations included abdominal (74%), vaginal (22%), and laparoscopic-assisted methods (4%). The common indications for hysterectomy are uterine leiomyoma (31%), abnormal uterine bleeding (14%), endometriosis (13%), and genital prolapse (11%). The overall complication rate within 30 days was 9%, and the most frequent complication was urinary tract infection (3.3%).<sup>8</sup>

Another study was conducted in Saudi Arabia by Sobande et al. on the major indications for hysterectomy. The result shows that menorrhagia and abnormal vaginal bleeding were the main indications for hysterectomy (38.8%), followed by uterine prolapse (28.7%), abdominopelvic mass (15.1%), with uterine fibroid (25.8%), the most common pathology.<sup>9</sup>

In the indication for the present study, most of subjects (55%) had uterine fibroid. Other indications of hysterectomy were uterine bleeding (17.5%), uterine prolapse (12.5%), adenomyosis (10%), and endometriosis (5%).

In 2008, a longitudinal study was conducted in the UK to determine the etiology, incidence, and epidemiology of fibroids. Women over the age of 45 years are considered risky (i.e., more than

60%), with the comparison of incidence rate higher in blacks than in whites. Key regulators of fibroid growth are ovarian steroids. Black race, heredity, null parity, obesity, polycystic ovaries, hypertension, and diabetes mellitus are associated with increased risk of fibroids, and the most common evidence that familial predisposition to uterine fibroids is associated with a distinct pattern of molecular features and clinical compared with fibroids in families without this prevalence.<sup>10</sup>

In the present study, the common age-group of a patient undergoing hysterectomy is 45–55 years.

### Major Findings of the Study

- Among the women undergoing hysterectomy, the most women had (42.5%) poor knowledge, 57.5% had average knowledge, and none of them had good knowledge. The mean knowledge score obtained by the women was 10.1500 with a standard deviation of 4.04177.
- Among the entire subjects, the preoperative diagnosis was uterine fibroid. Other indications of hysterectomy were uterine bleeding (17.5%), uterine prolapse (12.5%), adenomyosis (10%), and endometriosis (5%).
- The majority (92.5%) of the subjects choose general anesthesia for hysterectomy.
- Majority (97.5%) of the subjects were married.
- Majority of the subjects belonged to the age group 45–55 years.
- Majority (40%) of the subjects have TLH + BSO.

### CONCLUSION

From the findings of the present study, it can be interpreted that majority of the women undergoing hysterectomy had average knowledge hysterectomy. The finding of the study concluded the need for development of a self-care guide or conducting an education program to improve the knowledge regarding hysterectomy and its management.

### RECOMMENDATION

- A study can be done to assess the quality of life of patients with hysterectomy.
- A study can be done to assess the prevalence of complications among patients with hysterectomy.
- A study can be done to assess the postoperative complication after hysterectomy.

- A study to evaluate the effectiveness of structured teaching program on knowledge regarding postoperative exercises that the patients can perform after undergoing hysterectomy.
- A study to evaluate the effectiveness of planned structure teaching program regarding hysterectomy complications among the patients who are undergoing hysterectomy.

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### ETHICAL APPROVAL

Institutional Ethical Committee

### REFERENCES

1. DC dutta text book of gynaecology sixth edition page number: 508.2.
2. Intrafacial Hysterectomy. Available from <http://www.obgproducts.com/Hysterectomy-des.html>.
3. Available from URL <https://www.google.co.in/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF8#q=world+hysterectomy+rate+in+WHO+2016>.
4. Graw MC. Beyond the brain birth, death and transcendence in psychotherapy. *International Journal of Obstetric and Gynecology* 1988;(5):261–271.
5. Augustus CE. Beliefs and perceptions of African American women have hysterectomy. *J Transcult Nurs* 1998;13(4):296–302. DOI: 10.1177/104365902236704.
6. Mathew DA. Structured teaching programme for women undergoing hysterectomy. Available from URL: <http://www.tnaionline.org/june-11/2.htm>.
7. Blessy Laly, Chacko conducted on assessment of knowledge and practice of self care among women undergone hysterectomy in AIMS Kochi, 2014.
8. Weaver F, Hynes D, Goldberg JM, et al. Examine the indications and surgical morbidity of women veterans who underwent hysterectomies in Department of Veterans Affairs Medical Centres (VAs) Chicago.
9. Sobande AA, Eskinader M. Elective hysterectomy: A clinic-pathological review. Available from URL: <http://www.ajol.info/index.php/wajm/article/viewFile/28159/21946>.
10. Rani AB, Pratap KN. Experience with Uterine Leiomyomas at a Teaching Referral Hospital in India. *J Gynaecol Surg* 2006;22(4): 143–150. DOI: 10.1089/gyn.2006.22.143.