

THE PHYSICAL AND EMOTIONAL RESULTS OF HYSTERECTOMY

A REVIEW OF 162 CASES

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Our interest in the physical and emotional results of hysterectomy was stimulated by recent letters in the *British Medical Journal*^{1,2} concerning the psychological preparation of patients for hysterectomy and especially by Dr. K. Dalton's dismal picture of the aftermath of the operation.³

In our practices we deal mainly with a rural community in the Eastern Cape consisting of wool, apple and citrus farmers and their families. This report is a follow-up of patients treated by hysterectomy during the last 5 years.

PROCEDURE

We explain to the patient and her husband pre-operatively, if possible, what the operation involves. Routine check-ups are made 6 weeks and 6 months after the operation, but for our present purpose we sent out simple questionnaires and asked for any further comments. The response was satisfactory and most patients appreciated the interest shown. A few, mostly those in the older age group, considered the questions about marital relations impertinent. One questionnaire was returned with the note: 'Your questionnaire is returned herewith. I regret my wife will not participate'. Many patients, however, wrote letters with their questionnaires, largely in the following vein: 'Geagte dokter, Ek is doodgelukkig, spekvat en so gesond soos 'n vis in die water'.

QUESTIONNAIRE

The questionnaire contained the following questions and the patients were asked to make a ring round the answer they considered correct in each instance:

1. How long was it before you were able to resume your normal duties?: *6 weeks, 3 months, 6 months.*
2. Is your general health: *better, same, worse?*
3. Are you satisfied with the results of your operation?: *yes, no.*
4. How do you feel about not having a flow of blood every month?: *pleased, unconcerned, displeased.*
5. How do you feel about not being able to fall pregnant?: *pleased, unconcerned, displeased.*
6. Have you been told everything you want to know about the operation?: *yes, no.*
7. How much weight have you gained?: *under 10 lb., under 20 lb., under 30 lb.*
8. How soon did you resume marital relations?: *6 weeks, 3 months, 6 months.*
9. Has the operation made marital relations: *worse, better, same?*
10. Do you have any pain with intercourse?: *yes, no.*
11. Was intercourse satisfactory before operation?: *yes, no.*

12. What is your husband's attitude to your operation?: *pleased, unconcerned, displeased.*

13. What is the attitude of your friends to your operation?: *in favour, not in favour.*

14. Did you get hot flushes?: *yes, no.*

15. Did you benefit from treatment of the hot flushes?: *yes, no.*

16. Do you think headaches and depression worse than before the operation?: *yes, no.*

ANALYSIS OF REPLIES

We divided the patients into 3 groups: (1) those who had had total hysterectomy and bilateral salpingo-oophorectomy, (2) those who had had total hysterectomy but who remained with one or both ovaries, and (3) those who had had vaginal hysterectomy.

1. Total Hysterectomy and Bilateral Salpingo-oophorectomy (108 Patients)

Gynaecologists are still divided on the subject of removal of healthy ovaries in women after the age of 40 years. It has been our practice (influenced by opinion at the Chicago Lying-in Hospital, where one of us did a residency) to remove both ovaries after the age of 40. All these patients were in the over-40-years age group.

Question 1. Of the 108 patients in this group, 44 took up to 6 weeks, 60 up to 3 months and 4 up to 6 months to resume their normal duties. It seems that the average patient requires from 6 weeks to 3 months to resume normal duties.

Question 2. Two patients replied that their health was worse, and 106 that it was better. Therefore the operation, despite ablation of both ovaries, appears to be most successful in restoring a woman's health and even in improving it. We doubt whether the general health is adversely affected by castration, although this is contrary to the belief of many British gynaecologists.

Question 3. All the patients in this group were satisfied with the results of the operation, including those who maintained that their general health was worse. These replies are in direct contrast to those of Dr. Dalton who reported that, of her patients, 83% were satisfied less than a year after the operation and only 33% were satisfied after from 6 to 10 years. Our groups of patients had their operations between 6 months and 5 years before the questionnaire was sent out and we see no reason why this group of women, past the child-bearing age, need be expected to be unhappy about their operations.

Question 4-6. All these women were either pleased or unconcerned at being infertile and not menstruating. This was to be expected in this age group. Six patients replied that they had not been told all they wanted to know about the operation. Our records indicate that psychogenic factors played a large part even before the operation in these patients, but we feel that more should possibly have been done to explain the operation.

Question 7. Fifty-eight patients gained under 10 lb. in weight, 30 under 20 lb., and 20 under 30 lb. We feel that more stress should be laid on a normal diet in the post-operative months and the patients should be weighed more regularly.

Questions 8-11. Marital relations were of particular interest to us. Nearly 50% in this group replied that marital relations were not satisfactory before the operation. After the operation, 38% maintained that marital relations were improved, 47% that there was no change, and 15% said that they were worse. Of this 15%, half belonged to the group where relations were not satisfactory before the operation. We are of the opinion that the operation does little or nothing to mar the normal libido but we have been troubled by the complaint of lack of libido in general — a very common one. We are of the opinion that the lack of libido is so frequent that it must be considered a normal condition, and we believe this despite what most books on sex in the female have to say. We stress the need for coquetry and bluff as far as the husbands are concerned but have been disappointed with our results. Most women in this group resumed marital relations between 6 weeks and 3 months after operation and a common request at the 6 weeks' check-up is that we should say that intercourse should be postponed as long as possible.

Questions 12 and 13. Most husbands were pleased about the operation, some unconcerned and 6 displeased. This was rather surprising since we had anticipated that more husbands would be concerned. A few husbands asked whether their wives would be 'any good' after the operation. Except for a few who did not reply, all the patients stated that their friends were in favour of the operation. We have a strong impression that patients in this rural community are satisfied with the results.

Questions 14 and 15. Of these patients, 75% had hot flushes to some degree, and all but 12 benefited from treatment.

2. Total Hysterectomy — One or Both Ovaries Remaining (36 Patients)

Questions 1-5. This group resumed their normal activities from 6 weeks to 3 months after operation, and the general health of all except 1 was better — she replied 'the same'. All were satisfied with the results of the operation but 2 were displeased about the loss of their menstruation and child-bearing function. One unfortunate girl, a trained nurse, was only 21 years of age, and a hysterectomy had been advised by many gynaecologists to control her functional bleeding. The other was a divorced woman who had gross endometriosis and had already had 2 previous abdominal operations in which conservative surgery was done.

Questions 6 and 7. All replied that they had been told

all they wanted to know about the operation. Most gained under 10 lb. in weight and 4 over 30 lb.

Questions 8-11. Marital relations were commenced in from 6 weeks to 3 months, but only 20 of this group commented on these questions. Six of these said relations were worse, 6 better and 8 the same. None of those who said they were worse complained of dyspareunia. Four stated that intercourse was satisfactory before the operation and 1 dissatisfied patient was having marital problems before the operation because of her husband's excessive drinking.

Questions 11-16. All the husbands were either pleased or unconcerned about the operation. The attitude of the patients' friends was largely in favour. Thirty patients had hot flushes, i.e. only 6 did not. Removal of the uterus no doubt interferes with the blood supply to the ovaries and is the most likely cause of the hot flushes. About a third of the patients thought headaches and depression were worse after the operation.

3. Vaginal Hysterectomy and Anterior and Posterior Repair (18 Patients)

The response to the questionnaire in this group was rather poor and only 18 out of 36 patients replied. They were largely over the age of 50 years and the questions caused a good deal of consternation to some patients, particularly those who were really old and widowed — and many were. The oldest was 90 years of age. The patients' own doctors kindly explained to them that only those questions which were applicable should be answered and that we were trying to ascertain the benefits of surgery.

Almost all had a marked degree of prolapse. The 18 who answered had returned to their usual activities in about 3 months. All said that their general health was better, and they were satisfied with the results of the operation. However, 1 patient, who takes care of her spastic adult son, said that she was well for 2½ years but that her prolapse had returned. None of them suffered from headaches. One patient presented with an enterocele 2 years after her vaginal hysterectomy. This was obviously missed at the first operation and has since been satisfactorily repaired.

CONCLUSIONS

We feel that, when a hysterectomy is performed for adequate indications and an effort is made to explain what the procedure involves, the results should be satisfactory. Pre-operative and postoperative advice and reassurance is most important and it is a wise move to warn the patient before operation about the probable onset of climacteric symptoms.

SUMMARY

Questionnaires were returned by 162 patients who had had an abdominal or vaginal hysterectomy. These questionnaires asked about their general health, their marital relations, and their own and their husbands' attitude to the operation. An overwhelming majority were completely satisfied with the results of the operation.

REFERENCES

1. Correspondence (1959): *Brit. Med. J.*, 1, 436.
2. *Idem* (1959): *Ibid.*, 1, 859.
3. Dalton, K. (1957): *Proc. Roy. Soc. Med.*, 50, 415.