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 < 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 consequence1. However, on the basis of recent prospective studies, there is no evidence to conclude that hysterectomy causes depression4. Only small proportion of women demonstrates negative psychological consequences5.

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 function6. It is utmost important to consider the attitude of the eastern and western societies towards sexual behavior while doing assessment7.

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 vitality8,9. Impairment of body image was predominantly found in women where oophorectomy along with the hysterectomy was performed10. However in one of the study no obvious impairment in body image was found11.

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

<table>
<thead>
<tr>
<th></th>
<th>Yes N (%)</th>
<th>No N (%)</th>
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<tbody>
<tr>
<td>Previous psychiatric illness</td>
<td>28(56)</td>
<td>22(44)</td>
</tr>
<tr>
<td>Sexual dysfunction</td>
<td>7(14)</td>
<td>43(86)</td>
</tr>
<tr>
<td>Body Dysmorphic Symptoms</td>
<td>10(20)</td>
<td>40(80)</td>
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**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**

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
11 Bachman CA. Psychosexual aspect of hysterectomy women health issue1990; 41-49
13 Bellerose SB, Binik YM. Body image and sexuality in oopherectomized women Arch sex behav 1993; 22:435-459