

Psychological experience of women post total abdominal hysterectomy bilateral salpingo-oophorectomy

Experiencia psicológica de mujeres post histerectomía abdominal total salpingo-ooforectomía bilateral

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SUMMARY

Introduction: Total abdominal hysterectomy bilateral salpingo-oophorectomy (TAH BSO) is still a severe problem for women, especially in psychology. Women will feel inferior because their existence does not have several vital reproductive organs. This study explores women's psychological experiences after TAH BSO surgery.

Methods: The research design used was a qualitative phenomenological study. This study used seven women after TAH BSO surgery as participants. The method used to withdraw participants was based on objectives (purposive sampling). The research instrument was the researcher's assisted in-depth interview guide and a voice recorder. The data analysis used was the interpretative phenomenological analysis method.

Results: This study resulted in 2 themes, including the psychological response to the TAH BSO operation and self-concept. Five sub-themes were obtained about

women's psychological experiences after TAH BSO surgery. They were 1) feelings when going to undergo TAH BSO surgery, 2) feelings after TAH BSO surgery, 3) negative self-concept, 4) concept of positive self and 5) maintaining socialization and interaction.

Conclusion: The initial psychological response shown by patients who will undergo TAH BSO surgery based on the results of this study was a response of shock, fear, and sadness. This appears reflexively and only immediately accepts and switches to the desire to undergo the healing process.

Keywords: Psychological experience, TAH BSO, women

RESUMEN

Introducción: La histerectomía abdominal total salpingooforectomía bilateral (TAH BSO) sigue siendo un grave problema para las mujeres, especialmente en la psicología. Las mujeres se sienten inferiores porque en su existencia no tiene varios órganos reproductivos vitales. Este estudio explora las experiencias psicológicas de las mujeres después de la cirugía TAH BSO.

Métodos: El diseño de investigación utilizado fue un estudio cualitativo fenomenológico. Este estudio utilizó como participantes a siete mujeres después de la cirugía TAH BSO. El método utilizado para retirar a los participantes se basó en objetivos (muestreo intencional). El instrumento de investigación fue la guía de entrevista en profundidad y una grabadora de voz. El análisis de datos utilizado fue el método de análisis fenomenológico interpretativo.

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Resultados: *Este estudio resultó en 2 temas, incluida la respuesta psicológica a la operación TAH BSO y el autoconcepto. Se obtuvieron cinco subtemas sobre las experiencias psicológicas de las mujeres después de la cirugía TAH BSO. Eran 1) sentimientos al ir a someterse a la cirugía TAH BSO, 2) sentimientos después de la cirugía TAH BSO, 3) autoconcepto negativo, 4) concepto de sí mismo positivo y, 5) mantener la socialización y la interacción.*

Conclusión: *La respuesta psicológica inicial mostrada por los pacientes que serán sometidos a cirugía TAH BSO basada en los resultados de este estudio fue una respuesta de shock, miedo y tristeza. Este aparece reflexivamente y solo se acepta inmediatamente y cambia al deseo de someterse al proceso de curación.*

Palabras clave: *Experiencia psicológica, TAH BSO, mujeres.*

INTRODUCTION

Hysterectomy is the surgical removal of the uterus. There are many surgical and conservative treatment options in medical science. However, a hysterectomy is the most common gynecological procedure performed worldwide (1,2). A hysterectomy procedure was performed because of malignant and benign diseases. It is included pelvic pain, dyspareunia, uterine myoma, adenomyosis, endometriosis, and menometrorrhagia (3-5). This disease is very dangerous for women. The impact of hysterectomy on sexual function is of great concern to women. Moreover, it is a major source of preoperative anxiety (6-8).

Hysterectomy surgery is still high in some countries, such as the United States, at around 600 000 per year. Denmark had 98 484 surgeries from 2000 to 2015 (9). An amount of 40 % of women worldwide will undergo a hysterectomy at the age of 64 years. The indications mostly relieve symptoms due to benign pathology, improving quality of life (10). Hysterectomies treat diseases such as cervical cancer, uterine myoma, and ovarian cancer (11).

Sexuality due to Total Abdominal Hysterectomy Bilateral Salpingo-Oophorectomy (TAH BSO) surgery includes sexual desire disorders, sexual arousal disorders, orgasm disorders, and pain during sexual intercourse (12). Thus, it affects the decrease in satisfaction and desire disorders

that women often experience after TAH. BSO in the life of the woman's sexuality. The response to women's sexuality after TAH BSO is that they often feel anxious about their sexual life. This disturbs the psychology of women after TAH BSO surgery; therefore, sexuality problems for women after the removal of the uterus, cervix, tubes, and ovaries, and the woman having a husband will become separate problems. This is related to women's psychology, which can harmonize husband and wife relationships. Sexual health is a condition that shows a person's physical and emotional (13,14). Social well-being is related to his sexuality, meaning that a person's health and illness are not only seen by disease but also by impaired sexual function, sexually weak or strong. But also, sexual health includes positive and respectful views and attitudes toward sexuality and sexual relationships. Hysterectomy can affect a woman's sexual function due to psychological factors (15,16). This study studied in depth the psychological experience of the patient after the TAH BSO procedure was conducted. This study aimed to explore women's psychological experience after TAH BSO.

METHODS

This study used a qualitative design with the phenomenological method of Interpretative Phenomenological Analysis (IPA). This aimed to analyze the psychological experiences of women after TAH BSO. The IPA phenomenological method focused on the psychological experiences of participants' feelings and found patterns of participant characteristics. The research sample was taken using the purposive sampling method. In this case, the participants obtained were seven women after TAH BSO surgery. The research was conducted in May 2017. Participants were selected according to the inclusion criteria, including 1) Women with ovarian cysts and uterine myomas (benign tumors) without adhesions, who had completed TAH BSO surgery for more than six weeks; 2) Women who were still actively menstruating before the TAH BSO operation; 3) Having a partner (married), and living in the same house; 4) Understanding Indonesian language and be able to tell the experiences of women's sexuality after BSO TAH; 5) Domiciled in the

RESULTS

city of Surabaya. Exclusion criteria included 1) Post-TAH BSO women with malignant disease; 2) Post-TAH BSO women with endometriosis, uterine prolapse, and pelvic infection; Direct interviews with participants were conducted in separate rooms in a quiet atmosphere without disturbance. The researcher’s interviews were recorded and kept confidential. Interviews occurred last 30-80 minutes per person. The data obtained from in-depth interviews with participants were analyzed using the IPA method to clarify the situation experienced by women after TAH BSO (17). It was performed by exploring the women’s psychological experience in detail and depth and finding the meaning contained in a phenomenon. The Surabaya Hajj Hospital Ethics Committee reviewed and approved this study with Ethics Number 073/09/KOM.ETIK/2017. Each participant has signed the informed consent.

The results of this study were obtained through in-depth interviews with participants, field notes were taken at the time of the interview, and a study of archival data. Based on the results of data analysis, researchers got two themes and five sub-themes that became the results of this study. The themes obtained about the experience of women’s sexuality after TAH BSO surgery was 1) Psychological responses to TAH BSO surgery and 2) Self-concept. The sub-themes obtained about the experience of women’s sexuality after TAH BSO surgery was 1) feelings when going to undergo TAH BSO surgery, 2) feelings after TAH BSO surgery, 3) negative self-concept, 4) positive self-concept, and 5) maintaining socialization and interaction.

Table 1
Psychological Response to TAH BSO Surgery

Theme	Sub-theme	Category	Keyword
		Denial	Shock
Psychological Response to TAH BSO Surgery	Feelings before TAH BSO Surgery	Accepted	Afraid Sad Sincere
	Feelings after TAH BSO Surgery	Denial	Shock
		Bargaining	Regret
		Accepted	Relief
Self-Concept	Negative Self-Concept	Low Self-Esteem	Insecure after TAH BSO surgery Afraid of not being able to make her husband happy Feeling inferior because you cannot give offspring anymore
			Positive Self-Concept
	Maintaining socialization and social interaction	Social and social interaction	Negative self-concept but able to maintain socialization and social interaction Negative self-concept and unable to maintain socialization and social interaction Positive self-concept and ability to maintain socialization and social interactions

Theme 1. Psychological Response to TAH BSO Surgery

The psychological response to the TAH BSO surgery shown by the participants was an inner mood or feeling that was expressed expressively and verbally. Data were obtained from direct observation of physical symptoms and participant expressions, in-depth interviews, and written archive data in patient medical records.

Sub-Theme 1.1 Feelings When Going to Undergo TAH BSO Surgery

Most participants' first response was fear when they heard that they would undergo TAH BSO surgery because they were worried that the surgery failed and caused death. As stated by the participants as follows:

"Yes, I'm afraid, (while holding my chest with both palms) afraid of being taken by the God. I'm afraid the surgery will fail, and I will die. Moreover, I still have small children" (P3)

"Yes, I'm afraid (convincing tone of voice) of surgery again, I just finished giving birth, so I have to wait three months" (P4)

"I do not dare to have surgery. I'm afraid to be surgery on" (P5)

The responses felt by the participants were shock, fear, sadness, and sincerity, which were shown by verbal and non-verbal expressions.

"Yes, I no longer have a burden (while holding my hands together). Maybe for me, if I lift it like this, it does not matter. It is like a sick person getting medicine, that is all, so there is no anxiety or anything" (P1)

"... sad to have her uterus removed (participants' eyes started to tear up)" (P2) (P4)(P7)

"...I was surprised how come (a firm tone of voice)..." (P3)

Sub-Theme 1.2 Feelings After TAH BSO Surgery

The feeling most frequently expressed by participants was a relief after undergoing TAH

BSO surgery. Participants said that what was experienced was nothing to regret. Feelings of sincerity and resignation enabled them to accept the conditions experienced at this time so that no feelings of worry were felt. As stated by participants as follows:

"Because maybe I'm all ready. So, my feelings are just normal" (P1)

"Yeah, it's normal. My two children have grown up. I don't have any feelings, the main thing is that the disease has been taken away, there is no problem whatsoever" (P6)

The uterus is an organ that is considered the most vital for a woman, especially for women who do not have children or want additional offspring. This condition was found in participants still expecting more biological offspring, while sad expressions were different for female patients who had considered enough offspring.

"Anyway, the shock feels like a grieving person from a family who died when he was told that his mother's womb was removed. I was immediately shocked. The tears never stopped and kept coming out until the recovery room was like that (while shedding tears)" (P2)

The following response found in participants was regret because as a woman with her uterus and ovaries removed, she would experience early menopause. In addition, participants felt inferior and felt old.

"I was removed from the womb, I could not menstruate anymore, or I had an early menopause, which I regret. Everything feels like it has withered, isn't it? At the age of 40, it is like 55 (pouting face)" (P4)

Theme 2. Self-concept

The self-concept in the results of this study relates to the participants' self-assessment, which affects the individual's sexual relationships and social relationships as well as interactions with the community. Self-concept is a picture of what we think about ourselves and how others view us, which consists of self-image, self-esteem, and views about sexuality.

Sub-theme 2.1 Negative Self-concept

Three participants expressed negative self-concepts, which is a feeling of inferiority after TAH BSO surgery.

"...Yes, I feel inferior, because I feel old, I have menopause early, yes, husbands first, right, we have to be like friends like brothers, husbands have to bring their wives, right, you know, I feel older like that (with frown face)" (P4)

Participants also expressed feelings of inferiority and fear of being unable to make their husbands happy when having sex. As stated by the following participants:

"Yes, I feel inferior, like I'm old (while drooling on her forehead). I don't know why it's like this, yes, sometimes I also say to Bapak (husband), what if I have changes (physically) I'm afraid I can't satisfy Bapak (while having sex) ..." (P3)

Participants also expressed feelings of inferiority due to physical changes. They were no longer able to get pregnant due to having their womb removed during TAH BSO surgery and feeling old because they experienced early menopause. as stated by the participants below:

"Yes, I want to have more children with my second husband, this is when we talk about age, especially when the womb has been removed, so I feel inferior (while crying) with my husband" (P2)

Participants also revealed that they wouldn't be open about the womb that had been removed. Participants did not want neighbors and family to know if the uterus had been removed.

"So it's for the community's problem if you can cover it up" (P4)

Sub Thema 2.2 Positive Self-concept

Participants expressed more positive self-assessment, did not feel inferior to their husbands, family, and neighbors, and perceived themselves as usual before and after TAH BSO surgery. Participants' expressions related to positive self-concept were open, optimistic, and confident. As stated by the following participants:

"Anyway, we (husband and wife) understand each other. It's not a problem. it is just normal..." (P1)

"The neighbors all know that if I am sick, the womb has been removed" (P2)(P6)

"Everyone said why didn't you have surgery from the start? It's good that you've recovered from a long time ago, everyone said that" (P5).

Sub Theme 2.3 Maintaining Socialization and Interaction

Participants in this study revealed the social relationships in the social environment. The results of in-depth interviews with participants show that most reveal social activities and interactions with the community environment to be the driving force of life. Through this research, it can also be seen that not all participants' expressions of negative self-assessment are correlated with the inability to maintain socialization and interaction. Even though the self-assessment was negative, one participant maintained socialization and interaction, such as being a Posyandu cadre, an Elderly cadre, and a Mother of Early Childhood Education. As stated by the participants below:

"...yes, I am an integrated health center cadre, initially in the elderly and in toddlers, it continues to be replaced in the elderly, now the Play Group's mother is also (with a smile)" (P2)

Other participants with negative self-assessment cannot maintain socialization and social interaction, so they are not active in their community, such as family welfare movement gatherings, recitations activities, or others. As stated by the participants below:

"Nothing, (shaking her head) I don't participate in any activities at home, yes there is a PKK gathering, but I don't participate, I'm afraid I feel inferior..." (P3)

"Yes, I'm inferior, I don't participate in the community activities, for now, I'm off ..." (P4)

DISCUSSION

The results showed a psychological response to the TAH BSO operation, namely shock, fear, sadness, and sincerity because they felt they would

lose something precious to a woman, namely the womb. Participants had a grieving response when they understood they were about to have their wombs removed. This follows the theory presented by Kubler-Ross (18), which stated that a person's grieving stages consist of denial, anger, bargaining, and depression. The grieving response experienced by participants when they were about to undergo TAH BSO surgery was more due to a feeling of loss. A previous study that supports this study's results explained that women who undergo TAH BSO surgery experience psychological stress, anxiety, and mild depression (19). The study used a sample of 40 patients who underwent hysterectomy for benign gynecological diseases, in line with the research conducted (20), which described women who undergo TAH-BSO surgery will have a high level of depression. The study was conducted on women aged 40-60 years at Haydarpasa Hospital, Turkey, using a quantitative method by measuring the level of depression in patients undergoing TAH-BSO surgery. Although methodologically different, this study's results support this study's findings, namely that women who will undergo TAH BSO surgery experience psychological pressure.

Psychological response of patients after undergoing TAH-BSO surgery. The subjects studied showed a feeling of relief in the receiving category. Patients who have not had TAH BSO surgery have problems with sexual function, which has implications for psychological conditions and makes patients easily emotional. The disappearance of the disease by undergoing TAH BSO surgery resolved the sexual dysfunction. Most sexual disorders improve after hysterectomy surgery (21). Another study supporting this study described depression, anxiety, body image, and subjective gynecological symptoms as improving after surgery (22). In the study, it was explained that before the hysterectomy surgery, the patient had a high level of stress, including after the operation, the patient still had a stress level for up to one month. After that, it would return to normal and feel happy.

This study also illustrates that most post-TAH BSO participants have positive self-concepts. The form of the assessment is that participants are open to the circumstances they are experiencing. So that all information related to the condition

of the self after the TAH BSO operation can be received, making the participants' quality of life better. A positive self-concept is manifested from an optimistic attitude. As revealed by previous research, individuals with a positive assessment of sexual self-concept will be easier to express feelings which will facilitate sexual behaviour because, in this case, the individual will have passion and romantic feelings, and openness (23). On the other hand, individuals with a negative self-concept assessment will have obstacles in expressing their feelings, ultimately affecting their sexual behaviour. A person with a positive self-concept would have a healthy self-concept, self-esteem and self-confidence so that she can modify old values with future experiences, overcome problems, and accept herself as an equal to others (24).

Post-TAH BSO patients who have a negative self-concept tend to have inferior feelings. Research illustrates that negative self-assessment is due to self-perception that they have early menopause, can no longer get pregnant, and feel old. The study's results align with research which explained that post-hysterectomy women tend to have a negative self-concept due to the role of a physical image, feeling that their physical condition is declining and making them sensitive when interacting socially with the community (25). Furthermore, regarding sexual self-esteem in this study, it is described as a result of self-assessment of participants who have negative self-responses expressing feelings of inferiority because they are afraid of being ostracized by people around them, feelings of inferiority towards their husbands because of physical changes, feelings of imperfection in their husbands because they are unable to carry out their roles as a wife and this leads to low self-esteem in sexual life. Furthermore, it causes a reduction or loss of sexual desire, even suppressing sexual feelings so that they think not to have sex again (24). The results of the study following research conducted in their qualitative approach reported that after a hysterectomy, the patient felt lost and sad because he could not have children and lost his identity as a woman, and felt he was no longer useful as a woman (26). Other supporting research explains that further effects on post-hysterectomy psychology are low self-esteem and sometimes still sad when

remembering the hysterectomy incident that has been experienced, but in the end, being able to adapt to environmental conditions (27).

Regarding the ability to maintain socialization and interaction of women after TAHBSO surgery, it is influenced by the support of the husband, family, and society. So that in the end, the person can interact again or not. As in this study, there were no significant changes in appearance. Some participants still had good self-esteem and received support from family, husbands, and people around, so they could still socialize. Therefore, most post-TAHBSO women still have a positive self-assessment of the new conditions and maintain the conditions of socialization and interaction with the environment. On the other hand, there was a dominant negative response due to the physical image of women who no longer had a uterus and experienced early menopause, but this was only slightly in the participants of this study because the age distribution was over 40 years old (28).

CONCLUSION

The findings from this research resulted in the theme of psychological responses to the TAHBSO operation and self-concept. Women after TAHBSO faced a series of important experiences that changed their perspective on life and sex but were able to return to living a normal life and building a social environment like women without TAHBSO experience. Therefore, the results of this study can be used to provide an overview of the experience of female sexuality after undergoing TAHBSO surgery on nurses. Moreover, it also can be used as a basis for developing nursing services in a supportive form after undergoing TAHBSO surgery to be able to adapt and socialize.

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