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A study of menopausal symptoms in women after hysterectomy with retained ovaries

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Abstract
Objectives: To study ovarian function after hysterectomy in pre, menopausal women less than 45 years within one year of surgery using menopausal symptoms.
Materials and methods: A total of 50 women less than 45 years who underwent hysterectomy for benign disease with conserved ovaries in the department of OBG were included. They were divided into 2 groups. One group consisted of patients who underwent hysterectomy 6 months back, the other group 12 months back. They were interviewed regarding symptoms of estrogen deficiency like hot flashes, night sweats, mood changes, urogenital changes and symptoms suggestive of osteoporosis. They were also interviewed regarding any ovarian pathology and its nature.
Results: Hot flashes were the most common symptom experienced by women in both groups. There was no statistically significant difference in the incidence of menopausal symptoms between the 2 groups. There was a very low incidence of both benign and malignant ovarian pathology in both groups
Conclusion: Ovarian function is not significantly altered in the first year of hysterectomy when assessed using menopausal symptoms.

Keywords: ovarian function, menopausal symptoms, hysterectomy, ovarian cysts

Introduction

Hysterectomy is one of the most commonly performed surgeries by gynecologists worldwide. The gynecologist is frequently required to decide between ovarian preservation versus removal when hysterectomy is performed for benign disease. This decision will be determined by the age of the lady, indication of surgery, past medical history, family history and the woman's wishes. One important question underlying the debate over oophorectomy during hysterectomy in pre-menopausal women is- what happens to ovarian function after hysterectomy? One group of gynecologists advocate that there is a rapid decline in ovarian function following hysterectomy and because of ovarian cancer risk it is good practice to remove healthy ovaries when a surgeon has easy access to them during hysterectomy. The other group believes that the ovaries contribute to hormonal wellbeing of women well past their reproductive years and should be left behind during hysterectomy if possible.

If one or both ovaries are conserved at the time of hysterectomy 3 scenarios are possible

1. Continuing normal ovarian function
2. Early ovarian failure
3. Development of ovarian pathology

Estrogen loss that occurs with the onset of menopause transition is associated with multiple physiological changes that affect quality of life[1]. The menopausal symptoms include vasomotor symptoms, mood changes, urogenital changes, sexual dysfunction and bone loss**.** Hot flashes the most prominent symptom of the vasomotor complex occurs in most of the postmenopausal women with estimates ranging from 68 to 93% of women [2]. The symptoms that accompany hot flashes contribute to the discomfort, inconvenience and anxiety associated with vasomotor symptoms particularly when these episodes occur very frequently and during the night. Thus the effect of hot flashes on the quality of life can be quite significant [3]. After menopause there is a significant decrease in the moisture and rugosity of vagina with a concomitant increase in symptoms of burning, itching and discomfort in the vulvovaginal area [4]. These symptoms and physical changes are related to a decrease in estrogen. Change in mood and behavior, commonly depression is a problem for postmenopausal women [5]. Most women report an increased level of anxiety and irritability during the premenopausal period, thus these symptoms have become a prominent part of what is termed the climacteric syndrome [6]. Urinary symptoms may include dysuria, urgency and recurrent urinary tract infections. In addition genuine stress urinary incontinence may be related to estrogen deficiency. The association between both natural and surgical menopause and osteoporosis has been clearly established. By definition osteoporosis is the reduction in the quantity of bone [7]. Some authors have narrowed this definition to include only bone loss that have progressed to an enhanced susceptibility to fractures or that fractures are already present. Although the rate of bone loss significantly increase at the time of menopause, the maximal incidence of osteoporosis related fractures appears to occur several decades later. The rate of bone loss after menopause is as high as 5% per year [8, 9].Varying types of ovarian cysts may be encountered after hysterectomy, benign or malignant.

Objectives

To study ovarian function after hysterectomy in pre-menopausal women less than 45 years within one year of surgery using menopausal symptoms.

Materials and Methods

- **Setting:** Department of Obstetrics and Gynecology, Malabar Medical College
- **Population:** The study was conducted on 50 women who underwent total abdominal hysterectomy for benign disease with conserved ovaries. They were divided into 2 groups- one group consisting of women who underwent surgery 6 months back and the other group 12 months back.
- **Inclusion criteria:** Patients less than 45 years who underwent total abdominal hysterectomy for benign disease with conserved ovaries.
- **Exclusion criteria:** Age more than 45 years
- **Methodology:** The patients were interviewed regarding symptoms of estrogen deficiency like vasomotor symptoms, mood changes, urogenital changes, sexual dysfunction and bone loss. The results were analysed using the statistical package: SPSS

Results

Hot flashes were the most common among the symptoms. 20.83% of patients in group 1 had symptoms of estrogen deficiency. 50% of the patients who had symptoms of estrogen deficiency complained of hot flashes.14.87% of patients in group 2 had symptoms of estrogen deficiency, out of which 43% presented with hot flashes. More number of patients in group 1 had symptoms of estrogen deficiency when compared to group 2, but difference in proportion of patients with symptoms of estrogen deficiency was not statistically significant. The other symptoms that were seen were urogenital symptoms and mood changes.16.87% of group 1 had symptoms suggestive of osteoporosis. This was higher than that in group 2 (12.77%) but the difference was not statistically significant. 3 patients in group 1 (6.26%) and 5 patients in group 2 (10.6%) had unilateral ovarian cysts. Proportion was not statistically significant, there was a single case of ovarian malignancy in group 2.

Conclusions

Ovarian function is not significantly altered in the first year after hysterectomy with regard to menopausal symptoms. There is a very low incidence of benign and malignant ovarian cysts at 6 months and 1 year after hysterectomy.

References

1. Sheely GT silent passage: menopause. Newyork Simon & Schuster 1991.
2. Feldman BM, voda AG Gron seth e. The prevalence of hot flash and associated variations among perimenopausal women. Res Nurse Health. 1985; 8:261-268.
3. Erlik Y, Tatarin IV, Meldrum DR, *et al.* Association of waking episodes with menopausal hot flashes, JAMA .1981; 245:1741-1744.
4. Notelovitz M, gynecological problems of menopausal women part 1 changes in genital tissue Geriatrics 1978; 33:24-30.
5. Zungww, Broad head WE, RothME. Prevalence of depressive symptoms in primary care. J fam pract 1993, 37-337-344.
6. Ballinger SE, Psychological stress and symptoms of menopause: a comparative study of menopause clinic patients and non-patients Maturitas 1985; 7:315-327.
7. Kanis JA, Editorial: osteoporosis and osteopenia J bone Miner Res 1990; 5:209-211.
8. Chow RK, Harrison JE; Brown CF, *et al.* Physical fitness effect on bone mass in post-menopausal women.Arch phys.Med Rehabil 1986; 67:231-234.
9. Richelson LS, Washner HW, Melton LJ, *et al.* Relative contributions of ageing and estrogen deficiency to post-menopausal bone loss. N.ENGL J M Med. 1984; 311:1273-1275.