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Effect of Counseling on Post-Operative Health of Women Undergoing Elective Hysterectomy in Southern Rajasthan

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Abstract:
Background: Hysterectomy is a routinely done surgical procedure. However there have been documented psychological impacts on the women in the post-operative period. The impact can have a significant effect on the long term recovery and quality of life. The present study was designed to assess if education and counselling can aid in removing immediate stressors in these patients. Methodology: A pool of 60 women who were undergoing elective hysterectomy were selected for the study. The consent was obtained for inclusion. The subjects were equally divided in two groups. One was provided with detailed education and counselling regarding the surgery , while the second was not. HADS questionnaire was used to assess the anxiety and depression in the subjects. Observations: There were no statistically significant differences in the age and diagnosis of the subjects in both the groups. Statistical analysis revealed that women who were provided with pre-operative counselling and education had a lower mean score of anxiety and depression in the pre and post operative period. Conclusion: Education and Counselling can aid in a better psychological impact in cases of elective hysterectomy.

Keywords: *Counselling, Education, Hysterectomy, Psychological Imoact*

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I. Introduction:

Hysterectomy is a physically and emotionally demanding procedure for a female. The stresses of losing an essential component of feminine identity is especially tough on the females who hail from a relatively rural background and have a lower index of education and soio-economic strata. [1] The literature review in psychological effect of gynaecological surgeries has revealed that the lack of exercise in the affective domain, namely the counseling part by the surgeon plays a role in increase of this negative mental effect. [2]

In few cases pre-operative counseling is a key to optimizing post-operative psychological and sexual outcomes. Few studies shows pre-surgical psychopathology is a predictive of post-surgical psychopathology. The extent to which each patient manifests anxiety related to operative experiences depends on many factors such as age, gender, type and extent of the proposed surgery, previous surgical experience, and personal susceptibility to stressful situations. [3]

While it is established that side effects of hysterectomy include both positive and negative physical or emotional aspects, there have been little empirical studies examining these effects among Indian rural women. No psychological preparation for the operation, absence of closest people in the decision making before the operation, lack of knowledge on the surgical operational span, lacking psychological aid after the operation can significantly affect the rehabilitation and the process of regaining the social functions. [4]

With this in mind, the present study was formulated to comparatively assess the effect of pre-operative counseling and education on women who have undergone hysterectomy electively.

II. Methodology:

The present study was conducted over a period of one year (August 2020 to August 2021) in the Dept of Obstetrics and Gynecology at Pacific Institute of Medical Sciences, Udaipur. The study proposal was submitted and approved by the Institutional ethical committee prior to start of the study. The study was a cross sectional interventional study employing a total of 60 participants divided equally in two groups. The division was done to ensure that age wise distribution is similar in both the groups. The groups A and B were divided randomly. The Group A consisted of women who were provided detailed counselling and education regarding the procedure they are planned to undergo, the risks involved, what to expect post operatively, means to prepare oneself etc. the information was provided in a language of their understanding using images, posters and

discussions. The subjects were asked to feel free in asking queries regarding the surgery, additionally a departmental information booklet was provided to all group A participants for query resolutions.

Group B participants were provided with standard pre-operative advice and consent related information without a special emphasis on education. The subjects from both the groups were asked to fill a Questionnaire in the pre-operative stage and post operatively on fourth or fifth day.

The questionnaire consisted of a pre-validated Hospital Anxiety and Depression Scale (HADS) which is used to assess anxiety and depression. There was no difference of any kind in the type of questions for both the groups, women of both the group were asked questions in same pattern with no variation or stressing upon certain points, thus interviewer's bias was avoided. The pre-operative monitoring in women was focussed on the knowledge about hysterectomy and social as well as family support for the surgery.

Statistical analysis: Data was analysed using SPSS-16 software. A "P"-value less than 0.05 were considered significant. Analysis was done to determine central tendency and significance of corelation between the two groups.

III. Observations:

The study was conducted in the Dept of Obstetrics and Gynecology at Pacific Institute of Medical Sciences, Udaipur with 60 participants having a mean age of 46.77 years. The mean age of group A was 46.16 years, while mean age in Group B was 47.11 years. There was no statistically significant difference in the ages of participants in the two groups. The diagnosis of the subjects was as shown in Table 1.

Table 1: Diagnostic Differences in Study Participants.

Diagnosis	Group A	Group B	P value
DUB	13	15	NOT SIGNIFICANT
Fibroids	8	7	
Adenomyosis	1	1	
Ovarian Cyst	3	3	
Prolapsed Uterus	5	4	

There was no statistically significant difference in the frequency of diagnosis in the two study groups.
In terms of the pre and post operative HADS score, the observations are as tabulated in table 2.

Table 2: HADS Score of Study Participants.

Parameter	Group A (Mean Value)	Group B (Mean Value)	P value
Pre-op Anxiety	6.12	8.34	<0.05
Post-op Anxiety	6.22	9.13	<0.05
Pre-op Depression	7.18	7.26	NS
Post-op Depression	8.27	9.97	<0.05

Based on the observations, it was determined that the mean anxiety and depression levels as assessed by HADS score in both pre and post operative stages were elevated in Group B which was not subjected to detailed counselling and education, while Group A had a better score in all areas.
Except in case of Pre-operative depression score, all other scores had a statistically significant difference when chi square test was applied for significance.
None of the study subjects had any adverse outcomes or complications in the post-operative period.

IV. Discussion:

The present study was done to ascertain the effect of education and counselling on the mental health of the patient in the post-operative period as compared to a control group. The study gave a positive observation in the fact that women who were subjected to counselling and education prior to the surgery had a lower level of anxiety and depression as compared to women who were not.

In a study conducted by Callaghan and Li, it was concluded that the use of cognitive distraction and reappraisal may have significant clinical benefits in aiding a smoother recovery in both the physical and psychological sense. This is in line with our findings wherein the psychological aspect was better in the educated and cognitively aware candidates. [5]

Williams and Clark conducted a study to ascertain the qualitative aspects of hysterectomy in women, and had concluded that a better educated and aware patient is prone to have a fair outcome in terms of quality of life as compared with a unaware one owing to a surprise in elevated anxiety and depression incidences. [6]

A similar study by Cohen et al stated that anxiety, depression, and hostility were highest in the immediate post- operative period and decreased over the eight week period. This is also consistent with our study wherein the levels as determined by the HADS score were found to be elevated in the same period following surgery. [7]

It is evident that anxiety scores in accordance with HADS were significantly less both pre-operatively and post- operatively in the intervened group as compared to the control group, the same was seen in case of depression scores. The results are consistent with previous studies. These findings support the view that, information plus cognitive interventions will decrease anxiety levels in the post-operative period. [8]

Breemhaar et al in their study stated that the education and support provided pre-operatively to the women had positive effect on their physical and psychosocial well being before and after surgery because education and support maintain and increase the patient's feelings of control. This is similar to the observations in our findings wherein a better psychological state was observed in the subjects of Group A who had this education and support. [9]

V. Conclusion:

The present study concludes that there is a positive impact of pre-operative education on post-operative recovery, in women undergoing elective hysterectomy. This study concludes that by providing women with basic information and adequate counselling about the surgery there is significantly less anxiety and depression experienced by the women both pre-operatively and post-operatively.

The study is limited by the small sample size. The limitation can be overcome by a wider study with more participants.

Conflict of Interest: Nil

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