

Research Article

Sexual Function in Female of Reproductive Age Posttotal Hysterectomy***Fungsi Seksual pada Perempuan Usia Reproduksi Pascahisterektomi Totalis*****Yonathan Onibala, Bismarck J. Laihad, Rudy A. Lengkong**

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Abstract

Objective: To determine the effect of sexual function on women of reproductive age after a total hysterectomy.

Method: This study is a descriptive retrospective study with a cross-sectional study design.

Results: Based on the data of 23 samples that met the inclusion criteria. With 11 samples increasing FSFI score, 11 samples with a decreasing of FSFI score and 1 sample had an unchanged sexual function before and after surgery. Then from those 23 samples, 16 samples with Female Sexual Dysfunction (FSD) have FSFI score of ≤ 26.55 before surgery, and 17 samples with FSD after surgery. Based on the T-Test, there were significant differences between the Female Sexual Function Index (FSFI) before and after the surgery. Most of the respondents experienced decreasing sexual satisfaction (14 samples), while only five samples experienced increased sexual satisfaction and the other four samples had unchanged sexual satisfaction. In our study, most of the respondents (17 samples) claimed that there were better or decreased pain after the hysterectomy procedure. While there were only three samples that claimed an increase of pain, and only three samples claimed that there was unchanged pain scale.

Conclusion: There were changes in sexual function before and after hysterectomy as measured by Female Sexual Function Index (FSFI).

Keywords: after hysterectomy, before hysterectomy, fsfi, sexual function.

Abstak

Tujuan: Untuk mengetahui pengaruh fungsi seksual wanita usia reproduksi pasca histerektomi totalis.

Metode: Penelitian ini merupakan penelitian deskriptif retrospektif dengan menggunakan rancangan potong lintang.

Hasil: Berdasarkan data yang telah diambil sebanyak 23 sampel yang memenuhi kriteria inklusi. Dengan total 11 orang mengalami peningkatan skor FSFI, 11 orang mengalami penurunan skor FSFI dan 1 orang tidak terdapat perubahan. Kemudian dari total 23 sampel, terdapat 16 sampel yang memiliki Female Sexual Dysfunction (FSD) yaitu mendapatkan skor FSFI $\leq 26,55$ sebelum operasi, dan 17 sampel yang memiliki FSD sesudah operasi. Berdasarkan Uji T, menunjukkan perbedaan yang bermakna antara skor Female Sexual Function Index (FSFI) pada saat sebelum operasi dan sesudah operasi. Sebagian besar responden merasakan penurunan kepuasan seksual (14 sampel), sedangkan yang merasakan peningkatan kepuasan seksual hanya 5 responden dan sisanya tidak merasakan adanya perubahan yaitu 4 responden. Dalam penelitian ini sebagian besar responden mengaku terjadi perbaikan atau penurunan rasa nyeri setelah operasi histerektomi yaitu sebanyak 17 responden. Sedangkan hanya 3 responden yang mengaku terjadi peningkatan rasa nyeri dan hanya 3 responden yang mengaku tidak terdapat perubahan.

Kesimpulan: Terdapat perubahan fungsi seksual sebelum dan sesudah histerektomi yang diukur berdasarkan Female Sexual Function Index (FSFI).

Kata kunci: FSFI, fungsi seksual, sebelum histerektomi, sesudah histerektomi.

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INTRODUCTION

Sexuality is an essential part of most women life. Although it is essential, most of them find it challenging to share their sexual problems with their doctors, and many doctors also inconvenient to discuss sexual problems with their patients.¹ Hysterectomy is one of the most commonly performed surgical procedure. In the United States, hysterectomy is the second most common major surgical procedure after section Caesarea.¹ About 600,000 women underwent hysterectomy annually in the United States, and this number remains constant.² Incidence of hysterectomy performed mostly in women aged 40 to 49-year-old with the mean age of 46,1 years old.¹

The impact of hysterectomy towards sexual function is still uncertain. Many women reported an improvement of sexual function after hysterectomy, which may be because of the relieving symptoms, while others complained about sexual dysfunction after hysterectomy. Female Sexual Function Index is a multidimensional instrument that consists of a validated self-report questionnaire and reliable in calculating the sexual function in women.³⁻⁶

Sexuality is an essential factor in strengthening a marriage, so our study aims to determine the effect of sexual function on women of reproductive age who have undergone a total hysterectomy in Prof. dr. R. D. Kandou Manado Provincial General Hospital.

METHODS

This study is a descriptive retrospective study with a cross-sectional study design. This study's target population are women who have

undergone total hysterectomy with/or without unilateral salpingo-oophorectomy, whether by transabdominal or transvaginal approach without vaginal reconstructive surgery.

Inclusion criteria, women with active sexual life, women in their 30s to 50s, and were married for minimal two years before the surgery. Live at Manado or its surrounding area, with full address and reachable through phone call or home visit. Underwent total hysterectomy for ≥ three months before the study started. No sexual diversion, lived with their husbands, and could do sexual intercourse at least six months before the study. Willing to participate in this study by signing the informed consent. Exclusion criteria: Was in the medical treatment of any other disease. Total hysterectomy by transabdominal approach with bilateral salpingo-oophorectomy. Total hysterectomy by transvaginal approach with vaginal reconstruction. Radical hysterectomy. Have other comorbidities such as diabetes mellitus or other degenerative diseases.

Women who underwent total hysterectomy with/or without unilateral salpingo-oophorectomy, transabdominal or transvaginal approach with vaginal reconstructive surgery, and have met the inclusion and exclusion criteria. The samples were then picked by using the consecutive sampling methods with minimal 21 samples.

RESULTS

Table 1. Changes of FSFI after a Total Hysterectomy Procedure

Changes of FSFI after the Surgery	Total	%
Increased	11	47.83
Decreased	11	47.83
No change	1	4.34

Table 2. The T-Test (dependent variable/paired T-test)

		Paired Samples Test					t	df	Sig. (2-tailed)
		Paired Differences							
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Group-FSFI	-22.46739	5.18198	76404	-24.00625	-20.92853	-29.406	45	.000

Thus, it can be concluded that total hysterectomy is closely related to female sexual function .

Based on the data of 23 samples that met the inclusion criteria. With 11 samples increasing FSFI score, 11 samples with a decreasing of FSFI score and 1 sample had an unchanged sexual function before and after surgery. Then from those 23 samples, 16 samples with Female Sexual Dysfunction (FSD) have FSFI score of ≤ 26.55 before surgery, and 17 samples with FSD after surgery. Based on the T-Test, there were significant differences between the Female Sexual Function Index (FSFI) before and after the surgery. Most of the respondents experienced decreasing sexual satisfaction (14 samples), while only five samples experienced increased sexual satisfaction and the other four samples had unchanged sexual satisfaction. In our study, most of the respondents (17 samples) claimed that there were better or decreased pain after the hysterectomy procedure. While there were only three samples that claimed an increase of pain, and only three samples claimed that there was unchanged pain scale.

DISCUSSION

We have collected 23 samples that have to meet the inclusion criteria of our study. With a total of 11 people experiencing an increase of their FSFI score, 11 people experiencing a decrease in their FSFI score and one person with no change in FSFI score as can be seen in table.1.

There were 11 samples (47.83%) with elevated FSFI after the hysterectomy procedure in our study. These findings were similar to a study by Schiff L et al. and other studies. Besides, there were 11 samples (47.83%) with decreased FSFI after the hysterectomy procedure. These findings show that sexual function could be affected by various physiological factors and psychological factors of each woman. Whereas only one sample had an unchanged sexual function before and after surgery.^{3,7} Based on the T-Test, there were significant differences between the Female Sexual Function Index (FSFI) before and after the surgery.

CONCLUSION

There was the transformation of sexual function before and after hysterectomy calculated by the Female Sexual Function Index (FSFI). The transformation could be increased or decreased of the sexual function and could be affected by various factors.

T-Test's data analysis showed significant differences between FSFI scores before and after the surgery.

Various factors influenced female sexual functions, so it is essential to do counselling with patients and their husband before the hysterectomy procedure. Further research with different methods and more samples were needed for comparison to our study.

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