



Full length article

Dutch women's attitudes towards hysterectomy and uterus preservation in surgical treatment of pelvic organ prolapse



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ABSTRACT

Objective: To investigate Dutch women's attitudes and preferences towards hysterectomy or uterus preservation in surgical treatment of pelvic organ prolapse.

Study design: Women's attitude was assessed by a structured questionnaire in one university hospital and one non-university teaching hospital in the Netherlands. Between December 2013 and November 2014, 102 women referred with prolapse complaints, without previous prolapse surgery, responded to the questionnaire received by mail prior to gynaecological consultation. Main outcome was the preference for uterus preserving surgery versus hysterectomy. Furthermore we studied the impact of uterus preservation and hysterectomy on body image and sexual function and the importance of treatment success, risk of urinary incontinence after surgery, complication risk, recovery time, length of hospital stay, costs and the risk of developing endometrial cancer.

Results: Assuming that functional and anatomical outcomes after hysterectomy and uterus preserving surgery were equal, more women expressed preference for uterus preservation (43%, 44 out of 102 women) compared to hysterectomy (27%, 27 out of 102 women). The majority of women expected a similar improvement in sexuality and body image after the two treatment modalities. Treatment success, risk for urinary incontinence after surgery and complication risk were the most important factors. Taken the future risk of endometrial cancer into account, 18% of the women preferred hysterectomy because of this risk.

Conclusions: This study demonstrated that women referred with prolapse complaints have a preference for uterus preservation in case outcomes after both interventions are expected to be equal. The majority of women expected that body image and sexual function would equally improve after both interventions.

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Introduction

Different surgical techniques are available to treat pelvic organ prolapse (POP). Whether or not the uterus should be preserved in case of uterine prolapse is still a matter of debate. Well-executed randomized controlled trials to evaluate these therapies are limited and based on current literature no clear superiority in favour of uterus preserving surgery or hysterectomy is known [1–3].

In the Netherlands, a trend towards uterus preserving surgery was found during the last decade [4]. A similar change was observed in Taiwan and the US [5,6]. A possible explanation for this phenomenon could be that gynaecologists have become more familiar with the different operative uterus sparing techniques. Also women's belief and opinion about the treatment of uterine prolapse may have changed. In literature it is often stated that more women want to preserve the uterus in case of surgical management of uterine prolapse. However, little is known on women's attitude, preference and belief with respect to uterus preservation or hysterectomy in surgical management.

The aim of this study was to explore attitude towards hysterectomy and uterus preservation in Dutch women referred with POP complaints. Patient's perception and belief on the impact of uterus preservation and hysterectomy on body image and sexual

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function were also studied. Furthermore we studied the importance of treatment success, risk of urinary incontinence after surgery, complication risk, recovery time, length of hospital stay, costs and the risk of developing endometrial cancer when choosing one of the treatment options.

Materials and methods

Women's attitude towards hysterectomy or preservation was assessed by a structured preference questionnaire in a cross-sectional study during one year. The study took place in a large teaching hospital (Isala Zwolle) and a university hospital (Radboud University Nijmegen Medical Centre) in The Netherlands from December 2013 to November 2014. Both hospitals obtained approval for this study from the central medical ethical committee of the Isala (March 8, 2012, registration number 12.0326)

All women aged 18 years or older, referred with POP complaints by their general practitioner (GP), without previous prolapse surgery or hysterectomy, could participate in the study. Eligible patients were identified and selected based on the referral letters by the investigators (MvIJ, MG and KK). Prior to the scheduled gynaecological consultation, eligible patients received written and oral study information and were asked to participate. Written informed consent was obtained from all participants. Demographic data were collected and prior to the consultation all patients were requested to complete two questionnaires: 1) a self-developed questionnaire and 2) a standardized validated quality of life and disease-specific questionnaire as recommend by the Dutch Urogynaecological Society including the Urogenital Distress Inventory (UDI) [7–9].

Primary objective of the study was to assess women's attitudes towards uterus preservation versus vaginal hysterectomy in surgical treatment of uterine prolapse. Secondary objectives were women's perception and opinion on: 1. Impact of uterus preserving surgery and vaginal hysterectomy on body image and sexuality, 2. Importance of treatment success, risk of urinary incontinence after surgery, complication risk, recovery time, length of hospital stay, costs and sexual functioning after surgery in choosing a surgical POP procedure and 3. Influence of future risk to develop endometrial cancer on the preferred treatment.

In the self-developed questionnaire the aim of the study was explained and information on POP and surgical treatment was given. First, women were questioned whether they preferred uterus preserving surgery or vaginal hysterectomy assuming equivalence. Furthermore we counselled women based on what was known from literature at that time based on the latest reviews regarding this subject: 1. Complication risk during and short after surgery (bleeding, infection, damage to the bladder or bowel and problems with micturition) appears to be equal after both interventions [10]; 2. Some women need repeat surgery because of recurrent prolapse. It is not clear whether this is more frequent after uterus preservation or hysterectomy [1,2,10]; 3. It is possible that surgery relieves symptoms but also other complaints can occur. A small number of women will suffer from urinary incontinence after surgery for POP. Removal of the uterus is possibly more often associated with urinary incontinence in comparison to uterus preservation, but this need further investigation [11]; 4. Some uterus preserving procedures are associated with a shorter hospital stay (about a day shorter) and a faster recovery after surgery [10,12,13]. Women were asked whether this information affected their preferred surgical approach. Subsequently, there were specific questions about the influence of the type of surgical approach on the expected change in improvement of body image and sexual functioning after surgery. Furthermore, women rated on a 5-point Likert scale (1 = not important, 5 = very important) the importance of the following factors when choosing

surgery: 1. treatment success, 2. risk of urinary incontinence after surgery, 3. post-operative recovery, 4. costs, 5. length of hospital stay, 6. complications, and 7. sexual functioning after surgery. Finally, patients were explained that with uterus preservation there is a small risk of getting endometrial cancer. Information was given that in The Netherlands every year approximately 1900 women develop endometrial cancer and this type of cancer is usually discovered at an early stage due to blood loss. The 5-year overall survival of this early stage disease is 95%. Women were asked whether the risk of endometrial cancer influenced their preferred treatment.

A pilot study was performed among 15 women referred with POP complaints. These women completed the preference questionnaire under supervision of one of the study investigators (RJD) and several modifications were made to increase the readability and to clarify some questions. The results of this pilot study were not used in the final analysis. The POP-Q score and UDI questionnaire scores were collected from the medical record to describe baseline characteristics.

All statistical analyses were performed in SPSS for Windows version 22.0.0.1 (SPSS Inc., Chicago, IL, USA). Patient characteristics were summarized using descriptive statistics for continuous variables presented with medians, means, range and standard deviations as appropriate. Differences were compared using one-way analysis of variance (ANOVA).

Results

During one year, a total of 200 women were asked to participate of which 102 women (52%) actually responded and filled out the questionnaire. In 30 women (29%) UDI scores were missing. Table 1 shows the baseline characteristics. Of the participating women, 36 (35%) were aged 18 to 50 years and 66 (65%) over 50 years of age. Furthermore, 32 (33%) appeared to have a uterine prolapse POP-Q stage two or higher assessed by POP-Q examination. Anterior vaginal wall prolapse stage two or higher was found in 68% of the women and 24% had posterior vaginal wall prolapse stage two or higher.

Outcomes on preference for hysterectomy or uterus preservation assuming equivalence are shown in Table 2. In case of equal outcome 43% (44 out of 102) preferred uterus preservation, 27% (27 out of 102) preferred hysterectomy and 30% (31 out of 102) had no preference.

Table 3 demonstrates the relation between the women's preference and their characteristics. In the hysterectomy preference group, the percentage of postmenopausal women is higher as

Table 1
Baseline and anatomical characteristics.

Characteristics	n = 102
Age, years	56.2 (12.7)
Parity	2.6 (1.2)
Body mass index, kg/m ²	27.0 (4.1)
Postmenopausal	65 (63.7%)
Highest educational level:	
Primary/secondary school	19 (26.8%)
High school	38 (53.5%)
Bachelor, master or academic degree	14 (19.7%)
VAS general health (0–100)	70.9 (15.6)
UDI subscale prolapse ^a	35.0 (31.2)
Overall POP-Q stage prolapse ^b	2 (0.8)

Data are presented as mean (SD) or number (percentage) as appropriate. Percentages were calculated using non-missing data. UDI: Urogenital Distress inventory; VAS: visual analogue scale score.

^a UDI: 0 = no symptoms or not bothersome and 100 = most bothersome symptoms.

^b Evaluated by Pelvic Organ Prolapse Quantification (POP-Q) examination.

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