

QUALITY OF LIFE AND SOCIALIZATION OF WOMEN OF REPRODUCTIVE AGE AFTER HYSTERECTOMY

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Abstract

The article presents data on the study of the quality of life and socialization of women of reproductive age after hysterectomy. The work was performed in the maternity complex and the gynecological department of the clinic of the Samara State Medical University No. 1 in Samarkand. We analyzed 50 birth histories that underwent hysterectomy for the period from 2017 to 2020.

Keywords: - Hysterectomy, quality of life, reproductive age, body mass index (BMI), socialization, prenatal rupture of membranes (PROM), bleeding, uterine atony.

Introduction:-

The reproductive age is one of the best years for women when they bloom. Surgical menopause at this age is very stressful for a woman both emotionally and physically. Most often, the causes of hysterectomy are complications of childbirth with massive bleeding, uterine atony, Cuveler's uterus, severe ruptures, and so on. The frequency of bleeding in the afterbirth and early

postpartum periods ranges from 2.5 to 8%. In case of postpartum hemorrhage, hysterectomy (HE) is performed in 0.1% of cases, in 0.27% - after caesarean section [1].

Rehabilitation of patients after hysterectomy with their social adaptation remains important. The following factors adversely affect the rehabilitation of patients after surgery and the restoration of social function: lack of psychological preparation for surgery, lack of relatives when making a decision before surgery, lack of information about the operation, lack of psychological assistance after surgery [1,3].

Kachanova L. A. (2015) in her study indicates that the inclusion in the rehabilitation system of patients who have undergone hysterectomy, along with hormone replacement therapy, breathing exercises, vibration massage, simple dynamic general strengthening exercises for small and medium muscle groups, simple exercises for coordination and exercises for training the vestibular apparatus, physiotherapeutic procedures, has a pronounced positive effect on women's health, contributing to the preservation of their everyday roles, normal social activity and improving the quality of life [5].

Objective: to assess the quality of life and socialization of women who underwent hysterectomy at reproductive age for obstetric and gynecological indications, to analyze the risk factors that led to the need for hysterectomy at this age.

Materials and methods of research: The work was carried out in the maternity complex and the gynecological department of the clinic of the Samara State Medical University No. 1 in Samarkand. We analyzed 50 birth histories that underwent hysterectomy for the period from 2017 to 2020. The average age was 32.3 ± 0.7 years. The research methods were: general clinical examination, gynecological examination, hormonal background study, questionnaires for assessing the quality of life SF36, PISQ and a questionnaire for identifying signs of vegetative changes.

According to the anamnesis, the age of menarche was 13.2 ± 1.4 years, from 3 to 7 days, the cycle was from 25 to 35 days. There was a large number of pregnancies, childbirth, abortions and miscarriages in the examined patients. 8 (16%) patients were primigravida and primipara. Chronic pyelonephritis was registered in 22%, anemia of moderate and mild degree in 76%, diseases of the cardiovascular system (AH, NCD) in 10%, obesity in 12% of patients.

52% of the surveyed had inflammatory diseases of the uterus and appendages, 15 (28.8%) had

ectopia of the cervix, 3 (6%) had a combination of them, 16 (32%) had a scar on the uterus. Multiple pregnancy in 4 (8%) patients. Uterine fibroids were detected in 14%, endometriosis was detected in 40% of women, which was manifested more often by pain in the lower abdomen.

In the first half of pregnancy, anemia, the threat of miscarriage, vomiting of pregnant women, OP3 were recorded, and in 16% of them there was a combined pathology of pregnancy.

In the third trimester, 16 (32%) patients had pre-eclampsia and eclampsia, 3 (6%) had placenta previa, 8% of patients had a complication in the form of DRPO, 12 (24%) were diagnosed with chronic FPI and fetal growth retardation syndrome, 30 (60%) had a combination of several complications.

In 20 (40%) patients, the delivery was premature and in 2 (4%) late. In 42 (84%) patients, delivery was performed by caesarean section. Premature discharge of amniotic fluid was in 4 (8%), weakness of labor in 5 (10%).

Four deliveries were multiple, 7 (14%) patients had a large fetus according to the examination of the upper chest cavity and abdominal circumference. I-II degree of blood loss was determined in 9 (18%) patients, III degree in 24 (48%), IV - in 18 (36%) patients.

In 3 (6%), the cause of massive bleeding was atony of the uterus, in 4% of the rupture of the cervix of the II degree and in 2% of the incomplete rupture of the uterus. In 7 (14%) women there was suppuration of the postoperative wound and suture divergence, in 3 (6%) postoperative focal pneumonia and in 1 - deep vein thrombophlebitis of the lower extremities with thrombosis.

Indications for the need for hysterectomy in the postpartum period were such indications as uterine atony, peritonitis, Cuveler's uterus, true placenta accreta, placenta previa with fusion, uterine rupture, multiple myomatous nodes and endometriosis of the uterus.

Results: All patients 5 years after the operation had somatovegetative disorders - the appearance of hot flashes with severe sweating, weakness. In 31 (62%) patients, manifestations of urogenital disorders (vaginal dryness, dyspareunia, urethral syndrome) were noted. Urinary function significantly deteriorated in 47 (94%) women... The data indicates the onset of early menopause, which significantly worsened the condition of women, since women perceived this phenomenon as premature aging. BMI 25-29 was diagnosed in 16 (32%), BMI - 31-39 in 24%.

There was an increase in S.A.D., hypercholesterolemia, a significant increase in FSH and a decrease in estradiol levels. Irritability, tearfulness, difficulties in communication and in the family,

sleep disturbance were noted in all women. 46 (73%) were in a stable marriage and 12 (26%) of them had limited sexual contact, which affected their self-esteem.

Conclusions: In the late postoperative period, the quality of life deteriorates significantly, which is manifested by neurovegetative and psychoemotional disorders in 60%, urinary system dysfunction in 62%, deterioration in the quality of intimate life in all patients. Changes in hormonal levels were also observed, as well as an increase in body weight. 24% of women under the age of 35 suffered from obesity.

Based on the data, we can say about the complexity of social adaptation of women of reproductive age. Women experienced psychological stress and had an inferiority complex, considering this fact a flaw. 8% of women divorced after a hysterectomy, the reason for which was indicated as the inability to have children in the future.

All this indicates the need for timely treatment of pathologies of the reproductive system and careful preparation of the pregravid period in order to prevent such formidable complications as hysterectomy.

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