

Reclaiming Identity: Exploring the Lived Experiences of Women After Hysterectomy and Its Impact on Their Relationships and Daily Life in Selected Tertiary Hospital

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ABSTRACT

Introduction: The surgical removal of the female reproductive system and cervix is known as a hysterectomy. A supra cervical hysterectomy is the surgical elimination of the uterine while leaving the female reproductive organ intact. These operations could also call for excising other adjacent tissues, fallopian tubes, and ovaries. Lay-terms "partial" or "total" hysterectomy mischaracterise the inclusion or exclusion of oophorectomy at the moment of hysterectomy.

Objective: The study to explore the live experiences post hysterectomy women from selected tertiary in hospital of Chengalpattu city.

Methodology: This study used qualitative Phenomenological design. A non-probability purposive sampling technique was used to select samples and with 25 post hysterectomy women between 30-50 years data go saturated. Lived experiences of women after hysterectomy and its impact on their relationships and daily life by using interview method. The eq-5d-5l questionnaire was used in this study.

Results: The participants were mostly in the 30–40 age range, with 60% married. Education levels varied, with 30% having primary education and 30% completing higher secondary. Occupation-wise, 60% were housewives and 40% worked. Half had undergone hysterectomy 2–4 years ago, 30% 4–5 years ago, and 20% more than 14 years ago. In conclusion, women experienced initial discomfort after hysterectomy, such as pain and fatigue, but most reported significant recovery over time.

Conclusion: Emotional responses varied, with many managing post-surgery anxiety. Coping strategies, including spiritual activities, helped relieve stress. Family support was crucial, with women appreciating assistance in daily tasks and emotional care. Despite challenges, family dynamics remained strong. Self-care, including balanced eating, moderate exercise, and hygiene, was emphasized as essential for successful recovery.

Keywords: Explore, live, experiences, post hysterectomy, women

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INTRODUCTION

A hysterectomy, the surgical excision of the uterus, is among the most prevalent gynaecological

procedures globally. The operation is frequently life-saving or greatly enhances the quality of life for numerous women, although it also induces severe

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physiological, psychological, and social transformations. The post-hysterectomy phase is characterized by obstacles including hormonal abnormalities, emotional turmoil, modified self-perception, and alterations in personal relationships. Despite the prevalence of hysterectomy, there is a paucity of qualitative research regarding the lived experiences of women who have undergone the procedure, particularly within urban Indian contexts. Comprehending these experiences is essential for creating thorough post-operative support systems that cater to physical healing, emotional health, and social adaptation. A prevalent surgical procedure employed to treat gynaecological disorders in women, typically performed shortly before or after menopause, is a hysterectomy, which involves the excision of the uterus. The conditions including uterine prolapse, fibroids, and cysts. The prevalence of hysterectomy varies significantly among high-income countries, ranging from 173 per 100,000 women in Denmark to 510 per 100,000 in the United States. The study demonstrated evidence of a correlation between hysterectomy and persistent health complications in women, including an elevated risk of cardiovascular events, cancer, depressive symptoms, gastrointestinal diseases, and dementia. Women who have simultaneous oophorectomy are at an elevated risk due to the loss of estrogen. The median age for hysterectomy among women aged 40-49 was 37 years, approximately ten years younger than the postmenopausal age in India, which is 48 years. The survey indicates that, among women aged 15 to 49, heavy menstrual flow was the most commonly reported self-identified reason for undergoing a hysterectomy, followed by abnormalities or tumours. In India, women who have an early hysterectomy before the age of 45 experience a markedly prolonged menopausal duration devoid of estrogen compared to those in other countries. This may elevate their chance of getting non-communicable diseases or accelerate their onset.

OBJECTIVE OF THE STUDY

The purpose of this research is to investigate the perspectives of women who have undergone a hysterectomy and are currently receiving treatment at a tertiary hospital in the Chengalpattu region of Tamilnadu. The study will concentrate on the physical, mental, and social effects of the procedure, as well as the difficulties and support systems that they encounter during the process of recuperation.

METHODS AND MATERIALS

The researcher utilized a qualitative technique that was based on a phenomenological design with the

intention of investigating the lived experiences of women who had undergone a hysterectomy and were in selected tertiary hospital chengalpattu district. Women between the ages of 30 and 50 who had undergone a hysterectomy within the previous one to five years were included in the group that was accessible. In order to choose samples for the purpose of data collection, a non-probability purposive selection strategy was utilized as the sampling method. The data was collected through the use of a tool that was divided into two sections: Section A focused on demographic details such as age, marital status, educational and employment status, duration since hysterectomy, and its medical indication; Section B European Quality of Life Five Dimension Scale (EQ5D) 5L questionnaire used and the tool consisted of open-ended questions that were designed to capture the participants' physical, psychological, social, and spiritual experiences following the procedure. The department successfully achieved a high Scale-Content Validity Index (SCVI) of 0.98, which was achieved by ensuring that the content validity of the tool was ensured through expert evaluation. By collecting a total of 25 samples, it was possible to reach data saturation for the final data collection.

CONCEPTUAL FRAMEWORK

This comprehensive framework, known as the Biopsychosocial-Spiritual (BPSS) Model, is designed to assist in the exploration of the lived experiences of women who have undergone a hysterectomy by gaining an understanding of their physical, mental, social, and spiritual well-being. **The Biopsychosocial-Spiritual Model provides a complete framework for investigating the lived experiences of women who have undergone hysterectomy.** This model takes into account the biological, psychological, social, and spiritual characteristics of these experiences.

RESULTS

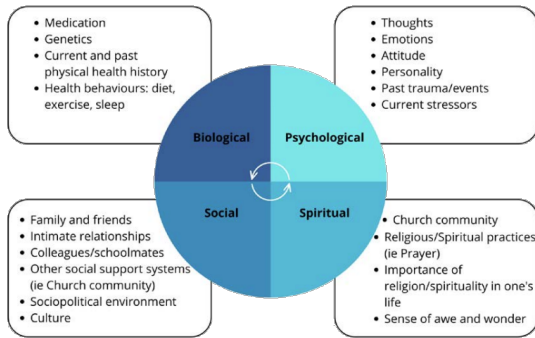
Section-I Analysis of the demographic variables in form of frequency and percentage distribution.

Out of the 25 samples, 60% of the people who took part were between the ages of 30 and 40. Sixty percent of them were married, while the rest were either single or separated. There was a range of schooling levels. Most had completed primary school through higher secondary school, and some had graduate or postgraduate degrees. 60% were stay-at-home moms, and 40% had jobs. In terms of how long it took to have the surgery, 50% had it within 2-4 years, 30% within 4-5 years, and 20% within 1 year, showing that people had different post-operative timelines.

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Section II -Analysis related to the live experiences of post hysterectomy women

Fig 1: Biopsychosocial-Spiritual (BPSS) Model



S. No.	Theme	Sub-Theme	Codes	Verbatim Examples
01.	Social and Emotional Support System	Family support	- Family care and involvement -Rest support	"Yes, I get a lot of support from them... Yes, they give me time to rest. I don't feel tired."
		Emotional Stability	-No emotional change post-op - Stable relationships	"My family is the same as before.. I didn't feel any changes in my emotional life after the operation."
		Spiritual Coping	- Listen	"I used to

			ing to spiritual songs - Routine leisure	listen to prayers . Yes, I listen to songs."
02.	Pain/Discomfort	Post-operative Discomfort	-Pain and fatigue - Stomach ache	"After the operation, I had a stomach ache... Now I don't feel any pain or discomfort."
		Recovery Progress	- Regained energy -No discomfort now	"I feel fresh now. I used to feel tired before."
03.	Anxiety/Depression	Emotional Changes Post-Op	-Anxiety post-surgery	"I used to feel anxiety after the operation for a few days."
		Stress Management	-No stress post-op - Emotional normalcy	"No, I don't feel any stress now. I feel the same as before."

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04.	Self-Care & Health Maintenance	Self-Care Activities	- Personal hygiene - Exercise routine	"You should maintain your personal hygiene. You should exercise."
		Advice to Others	-Eat on time -Avoid hard work post-op	"We should take care of ourselves... We shouldn't do any hard work after the operation."
05.	Usual Activities	Decision for Surgery	- Bleeding - Stomach pain	"I had a stomach ache. I had a lot of bleeding. So I decided to get operated on."
		Medical Consultation	- Symptom progression -Family role in decision	"I had this problem for a month. So my family decided to get operated on."
06.	Mobility	Post-Surgery	-Sign of not able to walk	"I had difficulty to

		Mobilization	after surgery	walk after TAH surgery after 2 days. It takes 3-4 days to mobilize for walking"
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FINDINGS:

After undergoing a hysterectomy, participants frequently experienced acute physical discomfort, which included pain, exhaustion, and weakness. However, these symptoms gradually subsided with time. Over the course of time, several people reported experiencing an improvement in their health and alleviation from the symptoms they had previously experienced. Emotionally, responses varied; some people experienced anxiety or tension early on in the recovery process, but they gradually regained their equilibrium. Among the coping mechanisms that were utilized was the participation in spiritual activities such as listening to prayers or singing. Despite the fact that the majority of women reported little change in their family connections, the support of their families played an essential role, providing both practical assistance and emotional solace. The importance of self-care was underlined by the participants, which included eating at the appropriate times, engaging in modest exercise, avoiding hard labor, and keeping proper cleanliness. They emphasized the importance of having support from family and being able to bounce back from adversity by advising other ladies to follow the advice of medical professionals, to be patient during the healing process, and to maintain a positive attitude.

DISCUSSION

It is possible to draw parallels between this study and the descriptive study that Sheenu Gahlawat conducted, which was titled Women's Experiences Following Peripartum Hysterectomy: A Qualitative Study. The main themes of the current study placed an emphasis on the myriad of repercussions that are associated with peripartum hysterectomy. All aspects of women's well-being, including their economic, sexual, psychological, and physical health, were affected by postnatal hysterectomy. Women who have undergone peripartum hysterectomy, in addition to

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experiencing changes in their self-concept, also face increased dependency. Individuals will be able to successfully adjust to the traumatic incident with the assistance of need-based, individualized psychological therapy approaches. These approaches will help strengthen healthy coping strategies. The current research sheds light on the physical, mental, and social difficulties that women experience after undergoing a hysterectomy. The early discomfort, which included pain and weariness, was observed by a number of women. This discomfort steadily improved over time and the long-term recovery ultimately led to renewal.

There was a wide range of emotional responses, with some people experiencing anxiety and stress while others felt only a slight shift in their emotional state. In the past, coping methods such as prayers and other spiritual rituals were prevalent. The support of family members was extremely important, as many women relied on their family members for both emotional and physical assistance during the rehabilitation process. The importance of self-care activities such as upholding proper cleanliness, eating healthily, and engaging in physical activity was underlined. Participants emphasized the need of receiving emotional support and taking care of oneself, as well as the value of following medical guidelines and being patient in order to have a successful recovery.

INTERPRETATION

On the other hand, the majority of women observed an improvement in their well-being over time, despite the fact that they initially had both physical and mental difficulties following a hysterectomy. The ability to cope and recuperate was greatly aided by the presence of spiritual practices and strong support from family. Participants encouraged other women to maintain a happy attitude, be patient and continue to receive support throughout the recovery process. It was found that putting an emphasis on self-care, hygiene, and medical adherence was vital.

CONCLUSION

After undergoing a hysterectomy, women are confronted with a variety of obstacles, including those that are physical, emotional, and psychological in nature. Despite the fact that many women reported long-term gains in their physical health following surgery, many also reported experiencing mental discomfort during the recovery process. In order to facilitate the healing process, the study highlights the significance of having emotional and family support along the way. Spiritual practices, the dynamics of the

family, and self-care measures were identified as being extremely important in the process of aiding recovery. The results emphasize the importance of providing post-operative care that takes into account all aspects of the patient's well-being, including physical, emotional, and social support.

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