
Required Information and Self Perceptions of Women Undergoing Hysterectomy at Women's Health Hospital, Assiut University

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Abstract

Background: The most prevalent gynaecological operation today is the hysterectomy, which helps to alleviate numerous gynaecological issues. **The aim:** This study aimed to assess required information and self-perceptions of women undergoing hysterectomy. **Research design:** A Descriptive, cross sectional design was used. **Setting:** This study was carried out in gynecological department at Women's Health Hospital, Assiut University. **Sample:** The sample size was 114 women who chosen as convenient. **Data collection:** Data were collected by an interview questionnaire consisted of three parts: **Part 1:** Included Personal data, obstetric history, gynecological history and menopause status. **Part 2:** Included 13 questions regarding required information. **Part 3:** Included 10 questions regarding self-perceptions. **Results:** The current study findings illustrated that total information required before surgery were fulfilled in more than half of the studied women 64.0%. Total information required after surgery were not fulfilled in more than two-thirds of the studied women 71.1%. Self – perception of women undergoing hysterectomy had been affected negatively after hysterectomy on the half of the studied women in varying degree 50%. **Conclusion :** Information needs before surgery were fulfilled in more than half of the studied women but information needs after surgery weren't fulfilled in more than two-thirds of the studied women and self – perception had been affected negatively after hysterectomy on half of the studied women in varying degree. **Recommendation:** Use media channels to introduce adequate knowledge about hysterectomy for women undergoing hysterectomy from the start of diagnosis.

Keywords: *Hysterectomy, Required Information & Self- Perception*

Introduction:

The uterus is a particularly important organ for many women because, in addition to serving reproductive purposes, It also has associations with femininity and sexuality. For women, uterine removal has a particular meaning and has a tremendous impact on cultures, beliefs, and attitudes (Ramage et al., 2022).

Hysterectomy is the surgical removal of uterus and its surrounding structure.

The most prevalent gynaecological operation today is the hysterectomy, which helps to alleviate a number of gynaecological issues (Elgi & Viswanathan., 2020).

Uterine fibroid, uterine prolapse, dysfunctional uterine bleeding, and cancers of the uterus, ovary, and cervix are among the common reasons for hysterectomy. Charles Clay carried out the first hysterectomy in November 1843. It was done to get rid of a big myomatous uterus. (Rusch et al., 2020).

Hysterectomy can be performed in a number of ways, including partial, total, and radical.. In a partial hysterectomy, the cervix is still present but the top portion of the uterus is removed. The entire uterus, including the cervix, is removed during a

total hysterectomy (Carugno & Fatehi., 2022). Additionally, during a radical hysterectomy, the entire uterus as well as its sides, cervix, and upper vagina are removed. In cases of cancer, women are typically advised to have a radical hysterectomy. The main reasons for undergoing a hysterectomy are to protect women from potentially fatal uterus-related conditions and to improve their overall health (Kwame & Petrucka ., 2020).

Prior research studies on hysterectomy have used standardized quality-of-life measures, yet this approach may not necessarily have facilitated guideline development influenced by patient-desired outcomes. It is possible that women may have different goals for their surgery than information that is reflected in standardized quality-of-life assessment. For example, some women might prefer an “open” hysterectomy in which the incision is made very low beneath the waistline versus having the appearance of multiple small-port incision scars on the abdomen from a laparoscopic procedure — even if the laparoscopic procedure might be associated with a quicker return to work or reduced blood loss.(Bossick et al ., 2018).

The positive attitude of women toward hysterectomy prevents many physical, psychological, and social complications, which is possible only with adequate knowledge regarding the causes and consequences of hysterectomy (Elgi & Viswanathan., 2020).

Body image reflects a direct personal perception and self-appraisal of one's physical appearance, whereby negative thoughts and feelings related to one's body indicate a disturbance of body image and lead to dissatisfaction with one's self. A high personal investment in one's body image can act as a source of self-worth. Scarring following hysterectomy can be interpreted as a form of mutilation and may result in impaired body image (Hussein & Padhy., 2022).

Prior to discharge, the patient and her family must receive verbal and written instructions on nutrition, wound care, personal hygiene, activity limits, medication administration recommendations, signs and symptoms of infection to report, and follow-up appointments (Kwame & Petrucka., 2020).

The main aim of our study was to examine the subjective perceptions of life among women after hysterectomy. It was found that, despite some negative effects, women perceive their life after the surgery positively. They were also satisfied with support mainly from husband/partner and their children. Since the social support is one of the important factors affecting women's good recovery and mental health after surgery as well as their quality of life, healthcare professionals should also focus on building and strengthening patient's support network when working with these groups of women (Banovcinova & Jandurova., 2018).

Information needs of women after hysterectomy were not fulfilled completely and hysterectomy had a negative effect on women's self-perceptions. Type of surgery also had an influence on pre and post-operative information needs and social support influenced self-perceptions and pre-operative information needs in the women undergoing hysterectomy. Therefore, it is of great importance that comprehensive and individual training should be given by health professionals to increase women's quality of life after discharge (Gercek et al., 2016).

Significant of the study:

In Egypt, there were 165,000 hysterectomies performed annually, with roughly 40% of those being performed for dysfunctional uterine bleeding unrelated to gynaecological pathology (Ezzat., 2019).

Hysterectomy may affect the ability of women to conceive and this worry is a primary cause of preoperative anxiety. Having a hysterectomy or mastectomy has a significant impact on how women are perceived in terms of their femininity, sexuality, and body image. The purpose of this study is to shed light on how having a hysterectomy affects women's perceptions of their bodies, sense of self, and sexual experience (Abd el Gwad et al., 2020).

This study has been conducted because many women have a little awareness about surgery particularly in developing countries like Egypt and very little study has been conducted on patients having elective hysterectomies in rural settings. also hysterectomy have serious side effects on women's life either physical or psychological and to give pre-hysterectomy and post-hysterectomy counseling in order to improve women's self-perception after hysterectomy.

Aim of the study: This study aimed to

Assess required information and self-perceptions of women undergoing hysterectomy at women's health hospital Assiut University.

Research questions:

To fulfill the aim of the present study, the following questions are formulated:

Q1.What is the required information for women undergoing hysterectomy?

Q2. What is the perception of women undergoing hysterectomy?

Subjects and Methods

Subjects and methods of this study divided into four designs technical, operational, administrative and statistical design.

Technical design:

It involved research design, setting, sample and tools of the study.

Research design:

This study is: A Descriptive, cross sectional design that was used to assess required information and self-perceptions of women undergoing hysterectomy.

Study Setting

The study was conducted in gynecological department, at Woman's Health Hospital, Assiut University. It is one of the Upper Egypt's largest teaching hospitals and a tertiary referral center. Where both urban and rural women are served. The gynecological section could accommodate (70) beds, including those for gynecological cases, and (9) nurses were assigned to care for these women over the course of three shifts.

Study Sample:

A Convenient sample of 114 women was recruited for this study according the following inclusion criteria.

Inclusion criteria

- Women undergoing both abdominal and vaginal hysterectomy

Exclusion criteria

- Women who are not willing to participate in the study.

Sample Size Calculation

A Convenient sample technique of women undergoing hysterectomy at woman`s Health Hospital. Using the Epi-info statistical software, version 3.3, with a power of 80%, the sample was computed. A value of 2.5 was selected as the acceptable limit of precision (D) at 95% level of confidence (CI), with an expected prevalence of 8%.

Data collection Tools

A structured interview questionnaire was adopted from (Gercek et al., 2016). To assess required information and self-perceptions of women undergoing hysterectomy at women`s health hospital, Assiut university

Part (I): was composed of 9 questions regarding the descriptive features of women (age, education, marital status, income, employment status, people with whom women live), obstetrics (the number of pregnancies) and gynecological history (type of surgery, menopausal status).

Part (II): Included 13 questions regarding required information before & after surgery.

Part (III): Included 10 questions regarding self-perceptions after surgery.

Each question regarding the evaluation of women's information before and after hysterectomy received a point value between one and three. Each question on the survey was graded to determine its importance: "1 = item is necessary," "2 = item is useful but lacks sufficient substance "and" 3 = item is not required." Each question on the questionnaire that assessed one's own perception was given a score between 0 and 4. Each questionnaire item was graded using the following scale: 0 = Not at all, 1 = A little bit, 2 = Somewhat, 3 = Quite a little, and 4 = Very much.

Validity of questionnaire

Reliability of a tool (part I) was carried out using the Cronbach alpha test. It was found to be $r = (.622)$ and for (part II), it was found to be $r = (.716)$ and for part (III), it was found to be $r = (.661)$.

Operational design:

The data collection started from first of March, 2022 to the end of August, 2022. (8 months).

Pilot study

The pilot study carried out in February, 2022 to test the feasibility and applicability of the study tool. It was conducted on 10% of the sample (11 women) to estimate the time needed to fill out the tools. The data obtained from the pilot study were analyzed and there is no changes were done, so the sample of the pilot study wasn't excluded from the main study.

Procedures:

Procedures of this study of this study involved three phases:

1. Administrature phase.
2. Interviewing phase.
3. Assessment phase.

Administrative phase

Before implementation of the study an official letter approval was obtained from the dean of faculty of nursing and the director of women`s health hospital. The letter included a permission to carry out the study.

Interviewing phase

The researcher met each women in the study separately to explain the purpose and nature of the study and to ask participation.

Women were informed that completion of the study will be completely voluntary.

After obtaining verbal consent, the study tool was filled by researcher through face to face interview to assess required information and self-perception. The researcher greeted the woman and introduced herself. Data collection was carried out while the women were on gynecological department during morning and evening shifts. The time interval which involved in individual interview with each woman took from half an hour to more than hour in some times. According to the severity of the women`s condition and their education level.

Assessment phase

Data were collected with a questionnaire adopted from (Gercek et al., 2016). Each question on the questionnaire was graded to determine its importance: as " 1 = item is required," "2 = item is useful but not enough substance," "3 = item is not required "Each question on the questionnaire that assessed one's own perception was given a score between 0 and 4. Each questionnaire item was graded using the following scale: 0 = Not at all, 1 = A little bit, 2 = Somewhat, 3 = Quite a little, and 4 = Very much.

Ethical considerations

1. Research proposal was approved from Ethical Committee in the Faculty of Nursing.

2. There was no risk for the studied women during application of research.
3. The study followed the common ethical principles in clinical research.
4. Oral consent was obtained from critically ill obstetric women that were willing to participate in study, after explaining the nature and purpose the study.
5. Confidentiality and anonymity were assured.
6. The studied women had the right to refuse or withdraw from the study without any rational any time.
7. The study women privacy was considered during the collection of data.

Administrative design

This study was carried out under the approval of faculty of nursing ethical Committee, Assiut

University; also an official permission was obtained from the director of women's health hospital. Verbal consent was taken from each woman who involved in the study also, confidentiality was assured. The women were freely to withdraw from the study at any stage.

Statistical design

Statistical Package for Social Sciences (SPSS) V.26 was used to organize, categorize, code, tabulate, and analyze the acquired data. Numbers, percentages, averages, and standard deviations were used to portray data in tables and charts. The Pearson correlation between variables was employed, to determine statistical significance. T-test was used to compare means of variables. A P-value of 0.05 was declared statistically significant.

Results

Table (1): Distribution of the studied women according to their socio- demographic characteristics (n= 114)

Socio- demographic characteristics	N=114	%
Age/ years		
Less than 40 years	25	21.9 %
40 < 50 years	42	36.9 %
50 years and over	47	41.2 %
Age mean±SD	46.79±8.84	
Level of education:		
Illiterate	59	51.8 %
Literate	19	16.7 %
Basic education	18	15.7 %
High school or a higher level of education	18	15.8 %
Marital status:		
Married	91	79.8 %
Single	3	2.6 %
Divorced	10	8.8 %
Widow	10	8.8 %
Income:		
Income lower than expenses	40	35.1 %
Income equal to expenses	74	64.9 %
Employment status:		
Employed	13	11.4 %
Unemployed	101	88.6 %

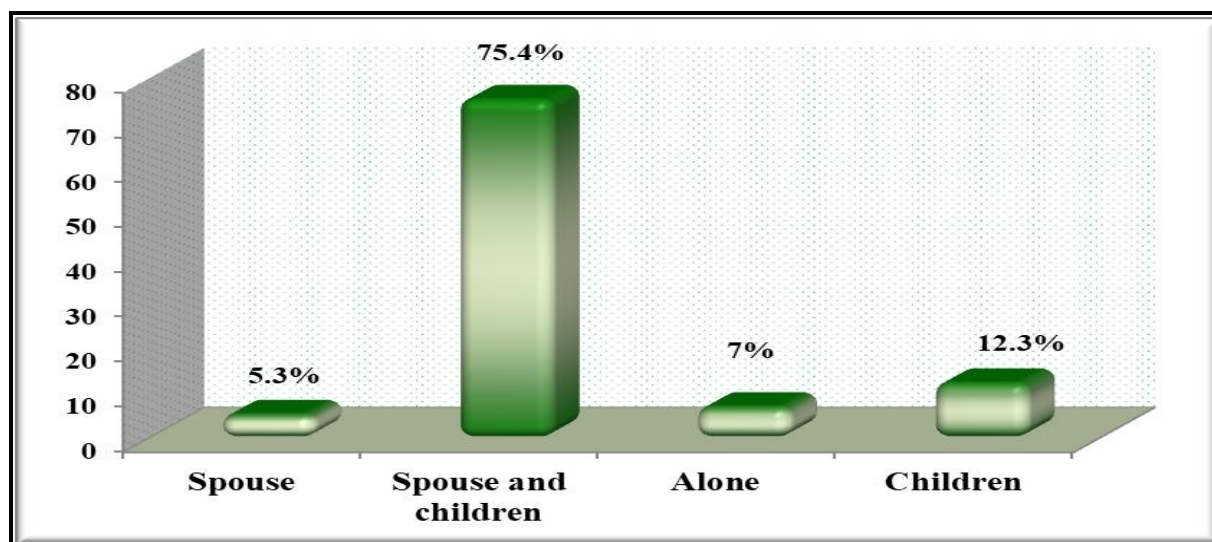


Figure (1): Distribution of the studied women according to their family members' women stayed with

Table (2): Distribution of the studied women according to obstetric and gynecological history:

Items	N=114	%
Gravidity:		
Non	8	7.0 %
Primigravida	7	6.2 %
Multigravida	99	86.8 %
Type of surgery:		
VAH	1	0.9 %
TAH	71	62.3 %
TAH+ BSO	42	36.8 %

- VAH (Vaginal assisted hysterectomy).
- TAH (Total abdominal hysterectomy).
- TAH+ BSO (Total abdominal hysterectomy + bilateral salpino oophorectomy).

Table (3A): Distribution of the studied women according to information required before surgery

Information required before surgery	N=114	%
Know what type of surgery was performed.		
Required	26	22.8 %
Useful but not enough substance	10	8.8 %
Isn't required	78	68.4 %
Know which of my organs were removed.		
Required	16	14.0 %
Useful but not enough substance	11	9.7 %
Isn't required	87	76.3 %
Know the location of the organs removed.		
Required	16	14.0 %
Useful but not enough substance	14	12.3 %
Isn't required	84	73.7 %
Know the functions of the organs removed.		
Required	12	10.5 %
Useful but not enough substance	16	14.0 %
Isn't required	86	75.5 %

Table (3B): Continuing Distribution of the studied women according to information required before surgery

Information required before surgery	N=114	%
Know about the treatment to be implemented after surgery and its effects and side-effects.		
Required	74	64.9 %
Useful but not enough substance	24	21.1 %
Isn't required	16	14.0 %
Know why do I need hysterectomy		
Required	12	10.5 %
Useful but not enough substance	17	14.9 %
Isn't required	85	74.6 %
Total information required before surgery		
Required	26	22.8 %
Useful but not enough substance	15	13.2 %
Isn't required	73	64.0 %

Table (4A): Distribution of the studied women according to information required after surgery

Information required after surgery	N=114	%
Know when I have to come to hospital for the follow-up.		
Required	61	53.5 %
Useful but not enough substance	35	30.7 %
Isn't required	18	15.8 %
Know when the sutures will be removed.		
Required	69	60.5 %
Useful but not enough substance	36	31.6 %
Isn't required	9	7.9 %
Know lifting heavy objects causes damage to the surgical wound.		
Required	61	53.5 %
Useful but not enough substance	25	21.9 %
Isn't required	28	24.6 %
Know what I should care about when I go back home (increased temperature, redness around the surgical wound, leakage, hernia, pain).		
Required	79	69.3 %
Useful but not enough substance	13	11.4 %
Isn't required	22	19.3 %

Table (4B): Continuing Distribution of the studied women according to information required after surgery

Information required after surgery	N=114	%
Know when I can have a bath.		
Required	102	89.5 %
Useful but not enough substance	12	10.5 %
Isn't required	0	0.0 %
Know when I can have a sexual relationship.		
Required	105	92.1 %
Useful but not enough substance	9	7.9 %
Isn't required	0	0.0 %
Know complications that I should report to gynecologist after surgery.		
Required	91	79.8 %
Useful but not enough substance	14	12.3 %
Isn't required	9	7.9 %
Total information required after surgery		
Required	81	71.1 %
Useful but not enough substance	21	18.4 %
Isn't required	12	10.5 %

Table (5): Correlation between total information required and socio-demographic characteristics of the studied women

Socio- demographic characteristics	Total information required	
Age/ years	Pearson Correlation	.022
	Sig. (2-tailed)	.819
Level of education	Pearson Correlation	.081
	Sig. (2-tailed)	.393
Marital status	Pearson Correlation	-.086-
	Sig. (2-tailed)	.363
Income	Pearson Correlation	.373
	Sig. (2-tailed)	.000**
Family members' women stayed with	Pearson Correlation	-.087-
	Sig. (2-tailed)	.355
Employment status	Pearson Correlation	-.086-
	Sig. (2-tailed)	.364

(**) highly statistical significant difference

Table (6): Correlation between total self-perceptions and obstetric and gynecological history of the studied women

Obstetric and gynecological history	Total self-perceptions	
Gravidity	Pearson Correlation	-.229
	Sig. (2-tailed)	.014*
Type of surgery	Pearson Correlation	.139
	Sig. (2-tailed)	.141
Menopausal status	Pearson Correlation	-.109-
	Sig. (2-tailed)	.250

(*) statistical significant difference.

Table (7): Correlation between total information required and total self-perceptions of the studied women

Total information required	Total self-perceptions	
Total information required	Pearson Correlation	-.038-
	Sig. (2-tailed)	.686

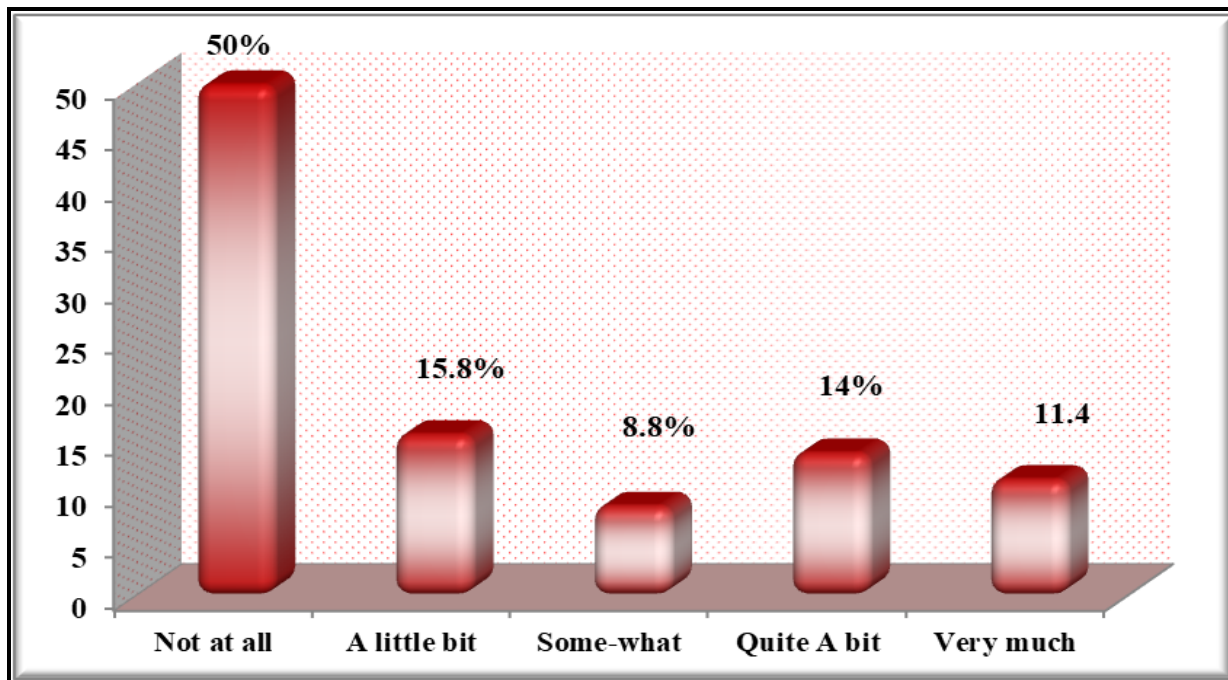


Figure (2): Distribution of the studied women according to total self-perceptions:

Table (1): Distribution of the studied women according to their socio-demographic characteristics Shows that the mean age of the studied women was 46.79 ± 8.84 year. Of 114 women included in this study about less than half of them (41.2%) were aged 50 years or more. about half of the studied women (51.8%) were Illiterate. More than three quarters of the studied women (79.8%) were married. Less than two-thirds of them (64.9%) had an income equal to expenses, more than three-quarters of them (88.6 %) were housewives.

Figure (1): Distribution of the studied women according to family members' women stayed with summarized in. Three-quarters of the studied women (75.4%) were living with their spouse and children.

Table (2): Distribution of the studied women according to obstetric and gynecological history shows that the majority of the studied women (86.8 %) were Multigravida, less than two-thirds of the studied women (62.3%) had TAH.

Table (3A): Shows that more than two-thirds of the studied women (68.4%) were found know about the type of surgery. More than three-quarters of the studied women (76.3%) were found know which organs to be removed before surgery. less than three-quarters of the studied women (73.7%) were found know the location of the organs to be removed. about three-quarters of the studied women (75.5%) were found know the functions of the organs to be removed.

Table (3B): Shows that less than two-thirds of the studied women (64.9%) were found didn't know about the treatment to be implemented after surgery and its effects and side-effects. About three-quarters of the studied women (74.6%) were found to know why do they need hysterectomy.

Table (4A): Distribution of the studied women according to information required after surgery that shows more than half of the studied women (53.5%) didn't know when they have to come to hospital for the follow-up. Less than two-thirds of the studied women (60.5%) didn't know when the sutures will be removed. more than half of the studied women (53.5%) didn't know that lifting heavy objects causes damage to the surgical wound. More than two-thirds of the studied women (69.3%) didn't know what they should care about when they go back home (increased temperature, redness around the surgical wound, leakage, hernia and pain).

Table (4B): Continuing Distribution of the studied women according to information required after surgery shows that the majority of the

studied women (89.5%) didn't know when they can have a bath. The vast majority of them (92.1%) didn't know when they can have a sexual relationship. More than three-quarters of them (79.8%) didn't know the complications that they should report to gynecologist after surgery.

Table (5): Represents correlation between total information required and socio-demographic characteristics of the studied women , there is correlation between total information required and income , but there is no correlation among total required information , age , level of education , marital status , family members women stayed with and employment status.

Table (6): Represents correlation between total self-perceptions and obstetric and gynecological history of the studied women, there is correlation between total self-perceptions and gravidity, but there is no correlation among total self-perceptions, type of surgery and menopausal status.

Table (7): Represents correlation between total information required and total self-perceptions of the studied women, there is no correlation between total information required and total self-perceptions.

Figure (2): Distribution of the studied women according to total self-perceptions shows that half of the studied women (50%) didn't have changes in self-perception after hysterectomy not at all. less than one-fifth of the studied women (15.8%) had a little bit changes in self-perception after hysterectomy. also 14% of the studied women had quite a bit changes in self-perception after hysterectomy , 11.4% of studied women had very much changes in self-perception after hysterectomy and the minority of them (8.8%) had some-what changes in self-perception after hysterectomy .

Discussion:

The most frequent major surgical treatment carried out in gynecology is the hysterectomy, which involves the removal of the uterus. It is, after a lower segment caesarean section (LSCS), the second most frequent surgical technique performed on women worldwide. (Ezzat., 2019). So this study aimed to assess required information and self-perceptions of women undergoing hysterectomy at women's health hospital Assiut University.

Regarding socio-demographic characteristics, the present study showed that less than half of studied women were aged fifty years and more , nearly half of the studied women were Illiterate , the majority of them were married , about two-thirds

of them had income equal to expenses , more than three- quarters of them were housewives, three-quarters of the studied women were living with their spouses and children , the majority of them multigravida , nearly less than two-thirds of them had total abdominal hysterectomy (TAH) and less than half of the studied women had menopause after surgery.

These findings are consistent with (Awal et al., 2022), who applied their study to assess information requirements and self-perceptions of Turkish women undergoing hysterectomy who reported that the majority of the women who were investigated were housewives, that their incomes were generally equal to their expenses, more than two-thirds of them lived with their partners and children, and about half of them had two pregnancies. More than half of the women in the study had TAH, and about half of them had undergone surgical menopause. Regarding required information before surgery ,the present study showed that total required information before surgery were fulfilled in about more than half of the studied women.

These findings are consistent with (Elgi & Viswanathan., 2020), who applied their study to assess knowledge of women on hysterectomy in South Asian . Interviews were used to collect their data. According to the findings of their study, about half of the women received information from doctors prior to having a hysterectomy, and less than half of the women had prior awareness of hysterectomies.

On the other hand (Getachew et al ., 2020) , who applied their study on hysterectomy in Goba Referral Hospital, Bale Zone, South East Ethiopia who reported that Women want information and guidance on the many types of surgery, potential post-operative challenges, potential hysterectomy complications, and issues with the care and healing process. In order to provide complete nursing care, it is crucial to educate patients about their needs both before and after hysterectomy and to assess how these patients see their femininity.

Regarding required information after surgery, the present study showed that total required information after surgery weren't fulfilled in the majority of the studied women.

These findings are consistent with (Karadag & Sabuncu., 2020) , who applied their studies to assess the requirements for home care of patients having surgery during discharge in Istanbul who reported that Hysterectomy patients needed education on pain management, wound care, activity restrictions, nutrition, home medication

use, measures to avoid postoperative problems, personal cleanliness, and routine physicals.

On the same line these findings are supported by (Nalini et al ., 2022) , who applied their study to assess Effect of structured discharge teaching after hysterectomy who reported that The study's pretest results revealed that women lacked awareness about specific postoperative hysterectomy care topics. Regarding correlation between total information required and socio-demographic characteristics of the studied women , the present study showed that there is correlation between total information required and income , but there is no correlation among total required information , age , level of education , marital status , family members women stayed with and employment status. These finding are inconsistent with (Fang et al., 2022), who applied their study on emergency hysterectomy intervention strategy in obstetrics. Who reported that there was a significant relation between education levels and which doctor (i.e. an oncologist, radiologist or an obstetrician etc.) they had to see after surgery ($p=0.013$) and knowing when to have a bath ($p=0.014$). The relation between knowing about type of surgery and knowing when their sutures to be removed ($p=0.045$). Regarding correlation between total self-perceptions and obstetric and gynecological history of the studied women, the current study showed that there is correlation between total self-perceptions and gravidity, but there is no correlation among total self-perceptions, type of surgery and menopausal status.

These findings are consistent with (Li et al., 2022), who applied their study to assess the real experience with women's hysterectomy who reported that women who have not had children are more resistant and reluctant to hysterectomy, desiring to preserve their uterus and fulfill their experience of motherhood, despite the fact that uterus-related diseases have severely affected their quality of life and even threatened their lives.

Regarding correlation between total information required and total self-perceptions of the studied women , the current study showed that there is no correlation between total information required and total self-perceptio

These findings are inconsistent with (Martínez et al., 2021). Who applied their study to assess Sexuality in Hysterectomized Patients who reported that the women who have experienced hysterectomy have fear of losing the sexual function, reproductive capability and femininity role. The main cause of these worries and fears is

that women's information needs before and after hysterectomy are not met effectively.

Regarding total self-perception, the present study showed that half of the studied women didn't have changes in self-perception after hysterectomy not at all. less than one-fifth of the studied women had a little bit changes in self-perception after hysterectomy. More than one-eighth of the studied women had quite a bit changes in self-perception after hysterectomy, about one-eighth of the studied women had very much changes in self-perception after hysterectomy and the minority of them had some-what changes in self-perception after hysterectomy.

These findings are consistent with (Collins et al., 2020), who applied their study on patients' experiences of preoperative care for benign hysterectomy and opportunistic salpingectomy in Sweden who reported that the participants displayed a range of perspectives on the role played by the uterus in how they saw their gender. Although the treatment marked the end of their reproductive period, for some participants who believed that the uterus was an organ with a definite role, removing it when it was no longer performing as planned was regarded as being simple. The time coming up to surgery was a time of thinking about who they were going to be following the procedure, which added additional stress for the participants for whom the uterus was viewed as essential to being a full woman.

On the other hand the current study are inconsistent with (Goudarzi et al., 2022), who applied their study on Iranian women's self-concept after hysterectomy who reported that, In how Iranian women were viewed, the uterus was significant. The hysterectomy affected the body. After having their uteruses removed, the majority of the women experienced feelings of inferiority that caused them to suffer. The women perceived their bodies as having changed and differed.

In the researcher point of view, as the uterus is culturally a symbol of femininity and fertility, especially for women who are still of childbearing age and want to have children, so hysterectomy affected self-perception and body image negatively.

Conclusion(s):

Based on the findings of the current study, information needs before surgery were fulfilled in more than half of the studied women, but information needs after surgery weren't fulfilled in more than two-thirds of the studied women, so information before surgery not needed by women undergoing hysterectomy, but information after

surgery needed by women undergoing hysterectomy. The study also found that half of the studied women's perceptions of themselves as women who had undergone hysterectomy had been negatively impacted to varying degrees.

Recommendation(s):

In the light of the current study findings, the following recommendations are suggested:

Utilize media outlets to provide women who are having hysterectomy with enough information on the procedure from the start of diagnosis.

Create a continual training programme for women undergoing hysterectomy in order to raise their knowledge about hysterectomy.

Future research will concentrate on the knowledge and self-perception needed by women having hysterectomies.

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