

The perception of hysterectomized women about the care for the disease and the surgical process

A percepção de mulheres histerectomizadas sobre os cuidados da enfermagem no processo cirúrgico

La percepción de las mujeres histerectomizadas sobre el cuidado de la enfermedad y el proceso quirúrgico

Amanda Ávila Teixeira Alves¹, Leila Batista Ribeiro², Edvane Nascimento Ferreira³, Danilo César Silva Lima⁴, Danielle Ferreira Silva⁵, Taynara Câmara Lopes Dantas⁶, Iuri Carvalho Lima Galvão⁷

How to cite: Alves AAT, Ribeiro LB, Ferreira EM, Lima DCS, Silva DF, Dantas TCL, et al. The perception of hysterectomized women about the care for the disease and the surgical process. REVisA. 2021; 10(4): 774-82. Doi: <https://doi.org/10.36239/revisa.v10.n4.p774a782>

REVisA

1. Centro Universitário Planalto do Distrito Federal. Brasília, Distrito Federal, Brasil.
<https://orcid.org/0000-0002-0521-6171>

2. Centro Universitário Planalto do Distrito Federal. Brasília, Distrito Federal, Brasil.
<https://orcid.org/0000-0001-6399-6966>

3. Centro Universitário Planalto do Distrito Federal. Brasília, Distrito Federal, Brasil.
<https://orcid.org/0000-0002-1117-7501>

4. Faculdade do Instituto Brasil de Ciência e Tecnologia. Anápolis, Goiás, Brasil.
<https://orcid.org/0000-0003-4655-1812>

5. Hospital do Servidor Público. Goiânia, Goiás, Brasil.
<https://orcid.org/0000-0002-1913-1528>

6. Centro Universitário Planalto do Distrito Federal. Brasília, Distrito Federal, Brasil.
<https://orcid.org/0000-0002-0205-3996>

7. Centro Universitário Planalto do Distrito Federal. Brasília, Distrito Federal, Brasil.
<https://orcid.org/0000-0002-0521-6171>

Received: 20/07/2021
Accepted: 21/09/2021

RESUMO

Objetivo: analisar as orientações que os pais/mães ou responsáveis pela criança recebem sobre o cuidado na fimose infantil por parte dos enfermeiros. **Método:** abordagem qualitativa e método descritivo, seguindo os pressupostos de Minayo, no qual as participantes foram entrevistadas por meio da plataforma digital do Google Forms. **Resultados:** Foram 10 entrevistadas que atenderam aos seguintes critérios de exclusão: ter filhos entre 1 ano à 2 anos de idade, onde responderam todas as categorias propostas referente a fimose. **Conclusão:** os pais/responsáveis precisam de mais orientações a respeito da fimose na infância e as complicações que podem causar se não diagnosticadas ainda na infância. Com isso podemos deixar uma alerta para os profissionais da saúde em especial aqueles que realizam atendimentos nas unidades básicas de saúde, durante as consultas de crescimento e desenvolvimento oriente os pais/responsáveis com clareza sobre essa patologia e suas possíveis complicações.

Descritores: Histerectomia; Saúde da Mulher; Assistência de Enfermagem.

ABSTRACT

Objective: to analyze the guidelines that the fathers/mothers or guardians for the child receive on the care of childhood phimosis. **Method:** qualitative approach and descriptive method, following Minayo's assumptions, no qualifications as participants were interviewed through the digital platform of Google Forms. **Results:** There were 10 interviewees who met the exclusion criteria: having children between 1 year and 2 years old, where they answered all the proposed categories referring to phimosis. **Conclusion:** parents/guardians need more guidance about childhood phimosis and the complications that it can cause if not diagnosed in childhood. With this, we can leave an alert for health professionals, especially those who provide care in basic health units, during the growth and development consultations, guide parents/guardians with clarity about this pathology and its possible complications.

Descriptors: Hysterectomy; Women's Health; Nursing Care.

RESUMEN

Objetivo: analizar las orientaciones que reciben los padres os tutores del niño sobre los cuidados en la fimosis infantil. **Método:** enfoque cualitativo y método descriptivo, siguiendo los supuestos de Minayo, en el cual los participantes fueron entrevistados a través de la plataforma digital de Google Forms. **Resultados:** Fueron 10 entrevistados que cumplieron con los siguientes criterios de exclusión: tener hijos entre 1 año y 2 años, donde respondieron todas las categorías propuestas en cuanto a fimosis. **Conclusión:** los padres / tutores necesitan más orientación sobre la fimosis infantil y las complicaciones que puede causar si no se diagnostica en la infancia. Con esto, podemos dejar una alerta para los profesionales de la salud, especialmente aquellos que brindan atención en las unidades básicas de salud, durante las consultas de crecimiento y desarrollo, orientar a los padres / tutores con claridad sobre esta patología y sus posibles complicaciones.

Descritores: Histerectomía; La Salud De La Mujer; Cuidado De Enfermería.

Introduction

According to the Unified Health System (SUS) hysterectomy is the second most frequent surgery in the cycle of women of reproductive age preceded only by a surgical delivery, it is a procedure with minimally invasive technique that consists of total or partial removal of the uterus and can be performed through the vagina, an abdominal incision or also by laparoscopy in small cuts.¹

Biopsychic modification can have a psychosocial impact for two main reasons: by relating to organ loss with the impossibility of reproduction, which usually happens in nulliparous women or who want to have more than one pregnancy and the connection of the organ with the reference of female identity, and the complexity of the fear of the procedure. Women who will submit acquire questioning conflicts in their own self, generating conflicts in the quality of sexual life and in the relationship with the conjugal, beginning to suffer a psychological rejection with the feeling that it will no longer be the same, causing symptoms of anxiety and depression in the difficulty of accepting the modification of their body integrity, becoming totally vulnerable.²

Nursing has an essential role to provide care to women in a differentiated and comprehensive way, maintaining a relationship between professional-subject in order to provide comprehensive care, promoting reconstruction in the process of self-acceptance and agreement with the performance of surgery.³

The nursing team should be able both to know the pathology Leiomyoma and endometriosis and to the hysterectomy procedure; so that it can provide information necessary for questions and doubts; welcoming women with active and qualified listening to the reported pains and difficulties, as well as promoting tranquility, alleviating their concerns. In view of the above, the study proposes the following research question: What perception do women have hysterectomized about nursing care in the surgical process?

The study is relevant because it can equip health professionals who assist women in the hysterectomy process, as well as subsidize humanized practices for the implementation of care and follow-up of these women from diagnosis to postoperative completion. Finally, it may stimulate further studies in the area of women's health, in addition to strengthening public policies aimed at women's care.

The study aims to describe the perception of hysterectomized women regarding nursing care in the surgical process.

Method

The methodology used for this study was qualitative approach and descriptive method according to Minayo's assumptions.⁴

Data collection was performed only after the authorization of the Ethics Committee and the signing of the Informed Consent Form (TCLE), whose opinion is number 5,117,295. The research scenario was through the virtual environment; using the support group for hysterectomized women from the Facebook social network, where a formal invitation was sent individually to women who met the inclusion criteria.

For the participation of the research, the following inclusion criteria were used, such as: women of reproductive age over 18 years with or without children;

women who underwent the hysterectomy procedure regardless of the type resulting from the involvement of myoma or endometriosis; accept to participate in the study, through the free and informed consent term (TCLE); have access to the Hysterectomy group on Facebook; enjoy mental health, i.e. women who have cognitive capacity oriented in time and space. The following exclusion criteria were considered: any acute, chronic or psychological pathological condition that limits the woman's ability to participate in the research; for ethical reasons will be will not be interviewed women under 18 years; hysterectomy with diagnosis of Adenomyosis or other clinical pathologies that are not delimited to Endometriosis and Leiomyoma; women who for personal reasons refuse to sign the TCLE and participate in the survey even if they meet the inclusion criteria will be excluded.

A questionnaire was proposed in google forms and sent individually to each of them. Participants were six women undergoing hysterectomy due to pathologies: endometriosis and uterine leiomyoma.

For data analysis, the division by stage was performed starting with the pre-analytic phase of the content that was addressed in the research for the demonstration of its domain and, knowledge that determined theoretical concepts when guiding for analysis, then the transcription was performed in full, followed by a systematized reading that gave knowledge to the grouping of the data and finally originating the categories presented below.

Results and Discussion

The results that will be presented were achieved through 6 women over 18 years of age interviewed in a virtual scenario environment on Google Forms.As participants were given social names of planets to maintain the confidentiality of anonymity, as described in Table 1.

Table 1 - Characterization of women interviewed goiás, 2021.

Name	Age	Education	Children	Primary Diagnosis
Pluto	39	Higher education	0	Uterine Leiomyoma
Mars	39	Higher education	2	Uterine Leiomyoma
Saturn	40	Higher Education/Graduate	2	Uterine Leiomyoma
Uranus	40	Middle school	0	Uterine Leiomyoma
Neturno	40	Middle school	0 Filhos Vivos 2 Abortos	Uterine Leiomyoma
Jupiter	36	Middle school	0	Uterine Leiomyoma

After data analysis, 8 thematic categories emerged, to be: Impact of diagnosis, Knowledge of procedure; Reason that provoked the decision of the surgery; Family Support; Private network or SUS?; Nursing reception and acceptance of hysterectomy; and Nursing care.

Impact of diagnosis

In this category, the participants of this study reported different feelings regarding the diagnosis received in relation to hysterectomy. Most of them described feelings of fear and a minority declared less negative feelings, as follows:

I felt a deep sadness (PLUTO)
Fear, for having had post-cesarean complication (MARS)
I was afraid to die because any surgery is scary (SATURN)
Despair scare (URAN)
Shock, fear and relief (NETURNO)
Fear and at the same time relief (JUPITER)

Frailties and sensations are evidenced in the life of each one, and may be positive or negative when interconnecting the sexual organ as defining characteristics of the female sex promoting attributes of changes in their self-concept, self-esteem, psychosomatic alteration and among others.⁵ As well as can be experienced positively correlating surgery with the appreciation of the absence of typical symptoms of the disease, providing quality of life.⁶

Knowledge of the Procedure

In this category, the participants of the interview reported whether they were aware of the hysterectomy procedure. In the vast majority of them, they answered that after being diagnosed and exposed to the procedure, they went to search for information on the Internet and one of the participants claimed to have a higher education in nursing and already had knowledge about the procedure.

I already knew about the procedure, I have a nursing degree (PLUTO)

I didn't know anything about it(MARS)

When I started to feel sick, with bleeding I went to research and always came across women who was going through the same situation was at that time i discovered that hysterectomy would be my salvation (SATURN)

Nothing, I went after after i found out what to do (uranus)
I knew it would be irreversible (NETURNO)
Little, I was informed later (JUPITER)

Typically, patients entering medical institutions for surgery do not have clear information and guidelines. Lack of understanding of the surgery to which the patient will undergo can lead to a number of personal emotions. Therefore, these emotions are directly related to the distressing feeling by questioning his post-surgery life.⁷

Reason that provoked the decision of the surgery

In this category the participants state the reason that led the doctor to make the decision to perform the surgical treatment. Most participants had a diagnosis of uterine myomatosis without success to hormonal treatment, and the minority of them reported secondary diagnoses such as: endometriosis and impairments that implied the clinical decision by surgery, as follows:

Disease, I had to diagnose uterine myomatosis in fact I believe that most women do not have much choice, except to undergo surgery or let the disease advance (PLUTO)

Because I didn't want to have more children, I preferred surgery than hormone treatment, I already had several fibroids (MARS)

Bleeding from several fibroids, was dying a week at home and another in the hospital doing blood transfusion (SATURN)

Leiomyoma, Salpingitis, endometriosis, infected ovaries (URANE)

Myoma that was unsuccessful with hormone treatment, choice for quality of life (NETURNO)

Uterine myomatosis with accelerated growth, compromising the kidney (JUPITER)

Definitive treatment of symptomatic fibroids is a surgical procedure. Indications for hysterectomy are: symptoms, medical failure related to abnormal uterine bleeding, which does not constitute a desire for pregnancy or who already has children. Hysterectomy eliminates symptoms and the chance of problems in the future. It shows reduced intensity of symptoms, depression and anxiety and improved quality of life. Depending on the physician's choice, location and severity of fibroids, the operation can be performed through the abdomen, vaginal or vaginal with the aid of a laparoscope.⁸

Uterine myomatosis, also known as fibroids, leiomyomas, fibromyomas, fibromas and fibroids, are common benign neoplasms that affect most women, originating in smooth muscle cells of the uterus, commonly derived from myometrium. They are nodules surrounded by pseudocapsules of areolar tissue and extensive and elastic muscle fibers, and may be smooth or yawned of whitish color and firm contexture. Being essentially locating in the region of the body of the uterus, sporadically in the cervix.⁹

Endometriosis is characterized by a chronic, inflammatory and benign gynecological disease caused by the presence of ectopic endometrial tissue. Endometrial tissue includes endometrial glands and stroma outside the uterine cavity causing chronic pain and infertility in some women.¹⁰

Family Support

In this category, the study participants reported family life and support in the surgical process. All participants claimed satisfaction stating family support, as follows:

Yes, my family supported me a lot, were present throughout the process, from surgery to recovery (PLUTO)
Yes (MARS)
Yes at all times (SATURN)
Yes(URAN)
Yes(NETURNO)
Yes (JUPITER)

The moments involved in the surgery pre-postoperatively cause sudden and unexpected changes that will not only affect the patient, but also any family environment of the same, this family will play an important role in supporting the patient to deal with the difficulties of transmission and response to the disease as well as the best treatment and rehabilitation. Affective and family participation plays an important role in the acceptance process and enables recovery in better and healthy conditions, and further intensifying the link and strength between them.¹¹

Private network or SUS?

In this category of this study, the participants reported the type of health system chosen for hysterectomy. Among them, 4 of these participants stated that they had performed the surgery by private health network and 2 of them reported having made a public health system, as follows:

Private Hospital (PLUTO)
Private (MARS)
Private hospital will never forget thanks to the agreement of the company CNH (SATURN)
SUS (URANUS)
SUS (NETURNO)
Private, could not wait for the SUS (JUPITER)

In 1988, with the promulgation of the current Federal Constitution, access to health through a single system became a social right. In turn, Law No. 8,080 / 1904 instituted the Unified Health System (SUS), whose main principles and guidelines are: universalization of access to medical care at all levels, equal care without any form of prejudice and privilege, comprehensive care, community participation; and the decentralization of political and administrative power. The relationship between the public and private sectors in Brazil in the provision of health services is historically significant and has been maintained during the implementation and expansion of the SUS in the last 30 years. However, due to rapid access to complex procedures such as surgery, the population still opts for care in private hospitals in search of quick access to meet their needs.¹²

Nursing reception and acceptance of hysterectomy

In this category, the participants exposed the acceptance process resulting from surgery and the changes that would occur in their body and the participation of nurses in welcoming to understand and advance a positive perspective on the procedure. Most of them described the absence of nursing care in the acceptance process and doubts about hysterectomy, and the others claimed support and reception of the same as follows:

Good acceptance, because I was suffering from many pains, I had no reception of the nurse (PLUTO)

Just explained that it could bleed a little (MARS)

No I was already convinced it was the best choice (SATURN)

Yes, they helped me (URAN)

No, apparently it was a surgery like any other. Connected on automatic (NETURNO)

It was good, after all I didn't have much choice, I didn't have the nurse's reception (JUPITER)

The National Policy for Integral Care to Women's Health imposes attributions to nurses to humanized care providing primary care, ensuring the integrality of patient care from the preoperative to the postoperative period in a friendly manner, and can provide periodic monitoring by telephone, with video calls and calls; Advise the patient to enter groups to overcome other women who were submitted to the same procedure promoting interaction and ensuring improvement in their mental health stimulating psychological preparation for surgery day, providing emotional support.¹³

Nursing care performance

In this category, the participants reported the role of nurses in nursing care in the surgical process to favor them and promote information, softening anxiety and anguish. Most women claim not to have obtained help at any point in nursing and show dissatisfaction with their performance. While the minority report having a positive perception about nursing care in the process, as follows:

I am a nurse, and during hospitalization I did not have support from the nurse or to get out of bed to the bathroom, after the surgery look that was private, All staff was negligent in relation to the information, the concern was only with medication (PLUTO)

Neutral (MARS)

It was positive (SATURN)

Positive (URANUS)

Negative (NETURNO)

I had no help from nursing (JUPITER)

The care of the surgical patient also lacks a time for lack of technical and clinical knowledge about the repercussions of hysterectomy, since the orientations and information act in the release of negative thoughts regarding the surgical act, about their emotional and health status, in the surgical process and at hospital discharge, promoting the reduction of distressing feelings and the devaluation of their female characteristics provided by the absence of information about the primary diagnosis and the decision of surgical treatment.¹⁴

Final Consideration

This study met the proposed objective, thus describing the impact that women have when receiving the diagnosis, and on undergoing hysterectomy on support networks and on the care provided by nursing at the time.

With the repercussion that the surgical caused for these women, the study can unsee secondary gains with obtaining support and family care, conducts for self-care, with the awareness of the needs of the surgical procedure to prevent future health problems.

A fact pointed out in the interview is the choice of the majority to perform the surgery through the private network, since most point out the lack of credibility in relation to the agility of the SUS for the rapid access to surgery, finding difficulty in solving the pathological problem and may even provide major aggravating factors, so they prefer to opt for private networks, in order to quickly meet their needs and solve pathological problems without complications and aggravating factors.

The data collected contain psychosocial issues and difficulties faced by these women, including related to the devaluation of their own self, by interconnecting the sexual organ as defining characteristics of the female sex, in which it could be reduced with a work focused on the entire surgical process, designating the importance that active listening and welcoming prevail and that humanized care is valued before nursing teams in order to promote the resignification of their lives.

The nursing team should feel able and qualified to better assist the once lay patients, providing differentiated and comprehensive care to hysterectomized women, meeting the needs, both in clinical care and psychosocial care, promoting an interpersonal relationship to provide necessary information in order to minimize questions and doubts, welcoming them; giving the right to active and qualified listening; watching in the reported pains and difficulties encountered and alleviating their restlessness.

From this study, it is proposed to contribute in order to promote training programs for nursing teams, focusing on psychosocial intervention in the surgical process in women's health care.

Aknowledgement

This research was funded by the authors themselves.

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Correspondent Author

Amanda Ávila Teixeira Alves
Planalto University Center of the Federal District
Pau Brasil Av. Lot 2. ZIP : 71916-000-Águas Claras.
Brasília, Federal District, Brazil.
enf.gleisiane@gmail.com