

## **200. QUALITY OF LIFE IN WOMEN OF REPRODUCTIVE AGE AFTER SURGICAL MENOPAUSE**

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**Introduction.** Surgical menopause is the cessation of menses resulting from surgical removal of the uterus, leaving one or both ovaries, or the removal of both ovaries. Estrogen deficiency, arising from surgical menopause, can have both medical and psychological adverse consequences for woman's health and as a result the quality of life (QOL) decreases significantly.

**Aim of the study.** This study aimed to analyze the cases of surgical menopause in order to identify the age, indications, technique and surgical volume and to determine its impact on QOL in women of reproductive age.

**Materials and methods.** A retrospective study was performed. It includes 131 patients who underwent hysterectomy with or without ovariectomy in the period 2016-2018 in the gynecology Department of the Municipal Clinical Hospital no. 1. The QOL-BREF questionnaire recommended by the World Health Organization (WHO) was used in order to assess quality of life of 30 women of reproductive age. The WHO QOL-BREF is structured in four main domains physical, psychological, social, and environmental, summing together 26 questions. The scores had been calculated according to the standard methods. High scores indicated a good or optimal QOL and lower scores showed a poor QOL with high effect of menopausal symptoms on QOL. Those who obtained 0-33.3% scores were considered poor QOL, scores from 33.3 to 66.7% were taken as average QOL, and scores above 66.7% were considered good QOL.

**Results.** It was found that the average age of women varied within 31-85 years. The majority of women had ages between 40-49 (56.4%), 84 patients were of reproductive age (64%). The most common indication for the surgery was uterine myoma, undertaken in 81.8%. The analysis of the data related to the surgical technique of hysterectomy showed that most hysterectomies were performed by abdominal approach, in 93.9%. In 82.4% hysterectomy without ovariectomy was performed, in 10.7% hysterectomy with unilateral ovariectomy, and only in 6.9% hysterectomy with bilateral ovariectomy. In this study, we found the WHOQOL-BREF scores for all domain to be low for women with surgical menopause. So, for domain 1 - physical health we obtained a score of 28.4%, for domain 2 - psychological 24.2%, domain 3 - social relationships 33.1% and for domain 4 - environment 15.6%. Our study shows that an acute drop in estrogen levels in women with surgical menopause leads to severe menopausal symptoms and have a significantly worse effect on QOL. However, further studies are required to clarify the role of hormones in producing the menopausal symptoms and their effect on QOL.

**Conclusions.** Surgical menopause in women of reproductive age decreases all parameters of quality life and contributes to the development of psycho-emotional, neurological, sexual, hormonal, atrophic disorders as well as a decrease in social adaptation.

**Key words:** quality of life, surgical menopause.