

SURGICAL MENOPAUSE: PSYCHOLOGICAL ASPECTS IN THE PERIOPERATIVE PERIOD

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Introduction. Hysterectomy is one of the most common gynecological interventions. The uterus as a target hormonal organ has not only a physiological role, but also a social, sexual and psychological role, but diseases and surgeries on this organ can increase the incidence rate of mental disorders.

Keywords. Surgical menopause, depression, anxiety.

Purpose. The aim of the study was to analyze the trend, extent and impacting factors of the change in the psychological status before and after hysterectomy.

Material and methods. The study was conducted at Municipal Clinical Hospital Gheorghe Paladi (Chisinau). 16 cases of hysterectomy were examined. The following methods were used: the questionnaire, the Greene Climacteric Scale and the Beck Depressive Inventory used both preoperatively and on the 10-12th postoperative day.

Results. Analyzing the degree of depression of the patients in connection with the hysterectomy, it was found preoperatively in 37.5% the absence of depression and in 56.25% a depression of minimum degree. Postoperatively, these patients experienced a decrease in depression so that 50.0% of women reported no depression, and 31.25% of patients reported minimal depression (Table 1).

Table 1. Degree of depression according to the Beck Depressive Inventory

IDB, the value	Preoperatively (n = 16)		Postoperatively (n=16)	
	number of cases	%	number of cases	%
≤4	6	37,5	8	50,0
5-13	9	56,25	5	31,25
14-20	1	6,25	3	18,75
≥21	0	0	0	0

The analysis of the total scores of the Greene Climacteric Scale showed that they tended to decrease from 0.73 preoperatively to 0.69 postoperatively due to the psychological and somatic profile. It is noteworthy that already on the 10th -12th postoperative day patients reported higher scores of vasomotor profile (0.68 vs 1.25).

Conclusions. Patients included in the study had an increased degree of psychological problems especially in the preoperative period, which can be explained by the development of depression, in response to the physical symptoms for which the hysterectomy was planned, and anxiety, caused by future surgery.