

INTRODUCTION

Hysterectomy is defined as the surgical removal of the uterus; it is considered second only to cesarean section as the most frequently performed major operation in the United States. Rates of hysterectomy vary significantly among regions, rates are highest in the South and Midwest, and are higher for African-American women. In recent years, although the number of hysterectomies performed has declined, the number of hysterectomies performed on younger women aged 30 – 40 years increasing, and 55 % of all hysterectomies are performed on women ages 35-49years (*Fairley,2009*).

Hysterectomy came into wide spread use in the early 20th century. Advances in anesthesia, aseptic technique, and antisepsis during the 19th and early 20th centuries allowed the development of safe surgical treatments for benign and malignant gynecologic disease. The rate of death due to abdominal hysterectomy decreased. Currently, the mortality rate associated with hysterectomy is less than 0.1 percent. In general, hysterectomies are performed to improve quality of life than to cure life-threatening conditions (*Schaffer and Word, 2002*).

Hysterectomies performed for preinvasive and invasive gynecologic cancer, pelvic inflammatory disease, and obstetrical hemorrhage represent only 10 to 15% of cases. The most common indications are heavy or irregular uterine bleeding, pelvic pain, and pelvic pressure. These symptoms are often associated with uterine leiomyomas, endometriosis, adenomyosis, or pelvic organ prolapse (*Beckman, 2006*).

Hysterectomy may be performed by a vaginal, an abdominal, or a laparoscopic approach. In ***a total hysterectomy***, the uterus and cervix are removed. In some cases both fallopian tubes and ovaries are removed along with the uterus, which is a hysterectomy with bilateral salpingo-oophorectomy. In ***a subtotal hysterectomy***, only the uterus is removed. In ***a radical hysterectomy***, the uterus, cervix, ovaries, oviducts, lymph nodes, and lymph channels are removed. The type of hysterectomy performed depends on the reason for the procedure. In all cases, menstruation permanently stops and a woman loses the ability to bear children (*Olds et al., 2004*).

Surgery is a situation of stress for anyone , preoperative anxiety is an anticipated response for an ordeal that may threaten body integrity, life, or social position. In obstetrics and gynecology these issues are compounded by the very nature of the organs involved.. Above all the patients must have clear understanding of the nature of the surgical procedure proposed, the options for therapy, and the risks and benefits of each procedure discussed. This is especially critical when hysterectomy is involved it is essential that the nurse volunteer to involve family members in these discussions (*Danforth and Scott, 2003*).

There is consensus among health care providers and researchers that women who Undergo hysterectomy face physical, psychological, emotional and social problems in their post-hysterectomy life. Gynecologists have looked into the physical after effects of hysterectomy and psychiatrists and psychologists have explored the Depression and other mental health problems encountered by women after hysterectomy. However few studies have explored the effects of hysterectomy on the

quality of life of women in terms of its effect on the social, familial, and emotional aspects (*Gallagher and Henley,2006*).

Pre- and post-operative care is as vital to the patient as is surgery. Adequate pre-operative preparation of the patient, both physically and psychologically, is important to provide optimum intra-operative conditions, and lays the basis for a smooth post-operative recovery. A well planned post-operative care regimen leads to a reduction in morbidity, shorter hospital stay and greater patient satisfaction (*Shafi and Doshani, 2003*).

Hysterectomy is one of the most common surgical procedures in the United States. It accounts for extraordinarily high health care costs and loss of time in the workforce, home and family management the nurse's role is critical in patient education and discharge planning and should begin as soon as the patient decides to have this procedure facilitation of care through the pre-, intra-, and post operative periods until hospital discharge will ensure continuity of care in managing of women who have a hysterectomy (*Olds et al., 2004*).

Finally, the success of surgery is as much dependent on thorough pre- and post-operative care, careful asepsis and anesthesia as the surgery itself. The patient who has been psychologically well prepared, with normal cardiovascular and renal function, tolerate her surgery well. A patient must be capable of reacting to stress trauma and potential infection resulting from surgery(*Rock and Thompson, 2006*).

Magnitude of the problem:

Reproductive health of women is considered an issue of vital importance and one that has wide spread implications on health, wellbeing and development of the entire population.

Caring for women who undergo hysterectomies are neglected in most hospitals although complications following hysterectomy may expose women to morbidity and mortality.

In Egypt, annual incidence rate for hysterectomy was 165,107(*Google site, last updated statistics for hysterectomy, 2006*).

It was found that hysterectomy rate at **Benha University Hospital** was reported to be 89 case/year (total abdominal and vaginal hysterectomy) (*Hospital Report, 2007*). On the other hand, hysterectomy rate at **Teaching Hospital** was 96 case/year (*Hospital Report, 2007*).

Also , complications following abdominal hysterectomy are 70% higher than that following vaginal hysterectomy ,similarly ,the mortality risk for hysterectomy has been quoted as 17-50 /10,000 cases for abdominal hysterectomy and 13-26/10,000 cases for vaginal hysterectomy (*judith , 2003*) .

In fact, careless of these women expose them to serious complications as bleeding, infection, urinary tract fistula, ...etc. which threaten her life.

There for this study will be conducted in order to improve nursing intervention toward caring for these women.

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