SEXUALLY SPEAKING: Sexuality and Hysterectomy: Finding the Right Words
Responding to patients’ concerns about the potential effects of surgery.

Hysterectomy is the second most frequent operation (after cesarean section) performed on adult American women; it’s been estimated that one-third of them undergo the procedure by age 60. Patient education often focuses on immediate pre- and postoperative concerns, with little information given about sexual consequences, despite the fact that the uterus is a sexual organ and plays a role in both arousal and orgasm.

My reviews of the literature on sexuality after hysterectomy indicate that many studies contain methodologic flaws, such as vague measures of sexual function and satisfaction. Sexuality is rarely formally assessed or documented as part of clinical care for hysterectomy patients, and few nursing studies have addressed sexuality in this population.

Nurses should be able to talk with patients before and after surgery, not only about the nature of the surgery and plans for recovery, but also about possible long-term consequences. Women often have questions, concerns, or perceptions about sexual functioning that they don't know how to talk about or are hesitant to discuss. The July Sexually Speaking column (“Do Ask, Do Tell”) addressed the barriers that keep nurses from initiating such conversations with patients. Nurses can also prepare themselves to present evidence-based information about sexuality and hysterectomy and offers strategies for opening a discussion.

THE NEED FOR INFORMATION
Older research suggests that until fairly recently, sexuality was rarely or never discussed with women undergoing hysterectomy. A 1984 literature review by Drummond and Field stated that “many women lack [basic] anatomical and physiological knowledge” about the female reproductive system and the effects of hysterectomy, including its possible effects on sexual response and libido. The authors cited two nursing studies that found that providing patient education before and after surgery resulted in fewer postoperative sexual problems, but acknowledged that determining which modes were most effective would require more research.

In the early 1980s, Neefus and Taylor surveyed women who had undergone successful hysterectomy and found that 20% of respondents reported...
tissue from the upper vagina may also lead to decreased arousal and reduced probability of multiple orgasms. Masters and Johnson observed that "many women will certainly describe cervical sexual pressure as a trigger mechanism for coital responsivity." Loss of the cervix and its mucous-producing glands may decrease vaginal lubrication. The reduction of sensitive tissue from the upper vagina may also lead to decreased arousal and reduced probability of multiple orgasms. Indeed, hysterectomy may increase sexual pleasure for some women, as it eliminates the possibility of unwanted pregnancy and symptoms related to menstruation (such as dysmenorrhea). For women who experience dyspareunia caused by uterine fibroids or endometriosis, hysterectomy may result in pain relief and a return to enjoyable sexual activity.

Possible adverse consequences.

Removal of the uterus affects the anatomic structures of the pelvis, including the bowel, bladder, and nerves. Changes to the nerve supply of the upper vagina may interfere with lubrication and orgasm. Mobility of the pelvic organs during intercourse, as well as the ability of the upper vagina to expand during arousal, may also be affected. Many of the nerves to the pelvic area run through the uterovaginal plexus, and excision of the cervix may result in damage to this structure. Masters and Johnson observed that "many women will certainly describe cervical sexual pressure as a trigger mechanism for coital responsivity." Loss of the cervix and its mucous-producing glands may decrease vaginal lubrication. The reduction of sensitive tissue from the upper vagina may also lead to decreased arousal and reduced probability of multiple orgasms.
contractions during orgasm, the loss of the uterus may adversely affect the experience of orgasm. 23

TALKING WITH PATIENTS

Despite the significant anatomic changes that result from hysterectomy, the evidence suggests that most women who have the surgery regain good sexual function, often better than they had before surgery. It's important that women hear this from nurses and other health care providers, especially women who may be getting their information from sources outside of health care. However, women should also know that although the surgery will alleviate many symptoms (such as pain and bleeding) that affect sexual function, the nature and quality of their sexual response may change.

The best time to provide such information will differ among patients. Some women may need this information well before surgery, so that they can prepare for the surgery and its possible effects. Some may benefit from having this information reiterated immediately after surgery. Examples of ways to communicate this information using the PLISSIT and BETTER models are provided on page 66 and page 67.

Resources for Nurses and Patients


* Hyster Sisters: The Hysterectomy Recovery Support Website http://www.hystersisters.com


The PLISSIT Model of Treatment

Permission.

Give the patient permission to talk about sexual issues related to hysterectomy. This conversation may be started either pre- or postoperatively. The nurse might begin with a general comment:

* Example: "Women having a hysterectomy often have questions or concerns about sexuality. Is there anything you would like to talk about?"

Limited Information.

Provide factual information in response to a question or observation. A good time to do so may be postoperatively, before discharge.

* Example: "While many women wait to have penetrative intercourse until after the six-week postoperative visit, it's fine to kiss and cuddle. Don't worry if you find yourself becoming aroused; it's not harmful and will actually speed healing."

Specific Suggestion.

Requires a higher level of expertise on the part of the nurse, who must be able to anticipate specific sexual concerns. Best times to offer such statements are during postoperative preparation for discharge or at later postoperative checkups.

* Example: "If you find penetrative intercourse painful, you may want to try intercourse lying side by side with your partner or with you on top. This will give you more control over the depth and forcefulness of penetration and lessen the likelihood of pain."

Intensive Therapy.

Referral to a sex therapist or a specially trained counselor may be needed for more severe or chronic problems.

* Example: "It sounds to me as though the depressed mood you describe may be a factor in your recovery. There are treatments that may help, and I'd like to refer you to a specialist who can discuss them with you."
Using the BETTER Model

Bringing up the topic.

* Example: "Before you're discharged, I'd like to give you the opportunity to ask any questions you may have about sex after hysterectomy."

Explaining that sex is a vital part of life.

* Example: "Women are sometimes shy about bringing up this topic, but the nurses here are used to talking about sexuality; we find that many women do have questions about this important aspect of their lives."

Telling patients that resources will be found to address their concerns.

* Example: "I have a list of books you might be interested in. They deal with various aspects of the hysterectomy experience, and you may find them helpful."

Timing of intervention can be adjusted according to the patient's need.

* Example: "Perhaps we can talk about this after your visitors leave this evening. Or you can call the unit at any time after discharge to ask us about this and anything else that we may have missed. Your physician should also be able to answer these kinds of questions."

Education regarding sexual side effects of treatment.

* Example: "Most women report that after surgery their sex lives go back to what they were before they had symptoms. However, you may notice a difference in the experience of orgasm because the uterus, which normally contracts during orgasm, is no longer there."

Recording. Include a note in the patient's chart indicating that the subject of sexuality after hysterectomy has been discussed.

* Example: "Potential side effects related to the planned surgery were discussed. Patient was given reading material and contact information for the local women's health resource center."


REFERENCES


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