

Gynecological Surgical Interventions (Conservative and Non-Conservative): Clinical Psychological Variables and Symptomatology Pertaining to Perioperative Period

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1 **Gynecological Surgical Interventions (Conservative and Non-Conservative): Clinical**
2 **Psychological Variables and Symptomatology Pertaining to Perioperative Period**
3
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51 **Abstract**
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1 **Objective:** After considering great interindividual variability of subjective experience and
2 clinical course in reference to conservative and non-conservative gynecological surgical inter-
3 ventions, an attempt was made to evaluate potential role of several clinical and psychological
4 variables with respect to perioperative symptomatological course and illness behaviour.
5

6 **Materials and methods:** The sample consists of 58 women (mean age 41.4 ± 8.7) undergoing
7 gynecological surgical interventions (conservative and non-conservative ones) for benign pa-
8 thologies. The anamnestic and clinical data (psychological anamnesis, clinical history, indica-
9 tions, methods and typology of the intervention) were collected using a specifically designed
10 summary form. For the evaluation of pre-and post-operative symptomatological course and
11 illness behaviour, the following psychological tests were respectively used: The Symptom
12 Questionnaire (SQ), with 3 planned administrations (respectively 15 days before the interven-
13 tion, a day before the intervention and at discharge) and the Illness Behavior Questionnaire
14 (IBQ), completed before discharge. Non parametric tests (Mann-Whitney and Kruskal-Wallis)
15 were used to compare performances on independent samples.
16

17 **Results:** Results show that perioperative symptomatological course and illness behaviour in
18 the cases of gynecological surgical interventions for benign pathologies depend on clinical
19 variables, that is, typology and methods of the intervention, clinical history, psychopathologi-
20 cal anamnesis.
21

22 **Conclusion:** Findings suggest the importance of clinical-anamnestic inquiry oriented towards
23 the evaluation of variables that emerged as risk factors, with the goal of planning personalised
24 support interventions for preventing and/or reducing distress and impact on psychophysical
25 wellbeing arising after gynecological surgical interventions.
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Keywords: *Surgical Gynecological intervention - Psychology - Anxiety - Somatic complaints*

Introduction

Over the years, although it is a highly developed field of clinical research, not much has been written about the more exquisitely psychological aspects of hysterectomy surgery (Nathörst-

1 Boos et al. 1992; Carlson et al., 1994; Hartmann, 2004; Helström et al., 2005; Majumdar et
2 al., 2019; Mann et al., 2020).

3
4 For both total and total condoms, the consequences on the physical and psychological plane
5 for women are enormous. Despite this, there is not always good clinical attention due to the
6 phases immediately preceding the surgical operation and in the moments immediately follow-
7 ing this (Bellerose et al., 1993; Wechter et al, 2007; Carter et al, 2010; Lilic et al., 2011; Pel-
8 legrini et al., 2017).

9
10 The present study aimed at evaluating potential role of some clinical and psychological varia-
11 bles, that is, indications, methods and typology of the intervention, positive/negative anamne-
12 sis for psychological disorders, surgical interventions, abortions, and voluntary terminations
13 of pregnancy, with respect to pertaining symptomatology and to illness behaviour in the case
14 of conservative and non-conservative gynaecological surgical interventions for benign pathol-
15 ogies.
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22 **Materials and methods**

23
24 The sample consists of 58 women with age from 28 and 59 years (mean 41,40; SD \pm 8,78),
25 that were to undergo gynaecological surgical interventions (conservative or non-conservative
26 ones) for benign pathologies (Tab. 1).

27
28 The subjects were consecutively recruited from Obstetrics and Gynaecology Unit of Carpi,
29 Hospital, Modena province, (Italy). All subjects were assessed 15 days before hospitalization
30 for surgery.
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36 **Inclusion/exclusion criteria**

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38 The following inclusion criteria were adopted: Italian nationality or good comprehension of
39 Italian language; age from 28 to 60 years; educational level not lower than elementary school
40 diploma; either fertile age or menopause; conservative and non-conservative gynaecological
41 interventions for uterine pathologies (myometrial and endometrial), and benign adnexal pa-
42 thologies and prolapse; methods of the intervention: laparotomy, laparoscopy and vaginal pro-
43 cedure.
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48 Women that underwent gynaecological surgical interventions for neoplasm, examinations of
49 the uterine cavity, sterilisation and post-partum complications were excluded from the sample.

50 All the descriptive data are showed in Tab. 1.
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4 *Tab. 1. Sample characteristics*
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7 As in previous researches (Cosentino et al., 2018; Pruneti et al., 2020) some psychological
8 variables were assessed. For the evaluation of perioperative symptomatological course, the
9 Symptom Questionnaire (SQ) by Fava and Kellner (1981) was used. The self-administered
10 questionnaire consist of 92 items with dichotomous answers. It is possible to obtain an evalu-
11 ation by means of eight subscales (anxiety, inability to relax, depressive symptoms, inability
12 to feel contented, somatic symptoms and lack of physical wellbeing/sense of weariness, hos-
13 tility, and lack of good disposition towards others). They are also four main scales (anxiety,
14 depression, somatic symptoms and hostility) for the evaluation of prevailing symptomatology
15 reported in a determinate time. This kind of self-rating questionnaire was administered at three
16 different points in time: 15 days before the intervention, week form (SQ1), one day before the
17 intervention (SQ2) and at the moment of discharge, day form (SQ3).
18

19 Besides that, before the discharge, the administration of Illness Behaviour Questionnaire
20 (IBQ) by Pilowsky and Spence was provided for as well, the Italian version edited by Fava
21 and Bernardi (1983).
22

23 This self-administered questionnaire is composed of 62 items with dichotomous answers.
24

25 Data are distributed in 7 factors: general hypochondriasis, disease conviction, psychological-
26 somatic perception of illness, affective inhibition, dysphoria, denial, and irritability, that per-
27 mit the evaluation of illness behaviour and, specifically, of convictions, subject's attitudes and
28 feelings towards proper pathology, their perception of reactions of significant people concern-
29 ing their pathology and their view of proper psychosocial situation.
30

31 For the entire sample, mean, standard deviation and medians of test scores were calculated.
32

33 All subjects voluntarily participated in the study by signing a written consent which safe-
34 guarded privacy and which explained that the interview and the short psychological question-
35 naires would only slightly extend the time dedicated to medical visits. All subjects accepted
36 with pleasure to participate in the research. At the end of the observation, there was an inter-
37 view, carried out individually between the subject and a clinical psychologist for the discussion
38 of the results that emerged from the reports of the tests carried out.
39

40 For the analysis of differences in pertaining symptomatology and in illness behaviour among
41 the subgroups taken in consideration, statistical test by Mann-Whitney (for two independent
42 samples) and test by Kruskal-Wallis (for three or more independent samples) were used.
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Results

The means and SD of the obtained scores from entire sample at SQ scales and subscales, confirm that symptomatology course in the perioperative period (from 15 days before the intervention to the discharge day) is characterised by an important inter-individual variability (tab. 2).

One more important variability emerged as well in illness behaviour (Tab.3).

Therefore, an attempt was made to analyze if and which clinical and psychological factors could have a role concerning the variance of pertaining symptomatology, by comparing different subgroups with respect to variables that are research object.

Tab. 2. SQ1-SQ2-SQ3: range, mean, standard deviation (S.D.), median

Tab. 3. IBQ: range, mean, standard deviation (D.S.), median

Symptomatological course

Regarding the SQ, from descriptive point of view (fig. 2), anxiety shows a decreasing course, with values higher than the cut-off (4), in the period prior to the intervention and lower at the discharge. Depressive symptoms, on the contrary, tend to stay constant and at the threshold level before the operation, with an increase in postoperative period. This phenomenon is probably due to the inevitable difficulties created by hospitalization and post-operative convalescence.

The Somatic complain scale shows elevated values in the perioperative period, with significant decrease in the day before the intervention. Such course can be attributed to potential distractive action of anxiety with respect to somatic complaints.

Hostility shows decreasing course as well, but with values still under the cut-off value.

< Figure 1 >

Fig. 1. Symptomatological course. SQ scales - 15 days before the intervention (SQ1), one day before (SQ2) and before the discharge (SQ3): medians.

1 *Clinical variables, pertaining symptomatology and illness behaviour: subgroups in compari-*
 2 *son*
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4 The sample was divided into subgroups by the following grouping variables.
 5

- 6 • Total/subtotal hysterectomy vs gynaecological interventions excluding uterus removal;
- 7 • Indications for the intervention: uterine pathologies (endometrial and myometrial), ad-
- 8 nexal pathologies, prolapse;
- 9 • Methods of the intervention: laparotomy, laparoscopy, vaginal procedure;
- 10 • Pertaining symptomatology absent vs present;
- 11 • Positive vs negative anamnesis for prior surgical interventions;
- 12 • Positive vs negative anamnesis for prior pregnancies;
- 13 • Positive vs negative anamnesis for abortion (spontaneous/therapeutic) and/or voluntary
- 14 termination of pregnancy (VTP);
- 15 • Desire for maternity: absent vs present;
- 16 • Positive vs negative psychopathological personal history.

17 In order to confront these subgroups, Mann-Whitney statistical test (for two independent sam-
 18 ples) and Kruskal-Wallis test (for three or more independent samples) were used and they
 19 showed significant differences, both in pertaining symptomatology (anxiety, depression, so-
 20 matic symptoms and hostility), and in illness behaviour.
 21

22 *Indications, typology and methods of the intervention*
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24 In proximity to the intervention, women undergoing surgical gynaecological interventions ex-
 25 cluding uterus removal (N=35), report a higher degree of anxiety (U=276; p<.05), inability to
 26 relax (U=217.5; p<.01), with higher levels of hostility (U=262; p<.05) and lack of physical
 27 wellbeing (U=279; p<.05) with respect to the women undergoing total or subtotal hysterec-
 28 tomy (N=23). Data are showed in tab. 4.
 29

30 Regarding the psychological reactions and expectations for the interventions (tab. 5), fifteen
 31 days before the operation, women with uterine pathologies (N=31) with respect to those with
 32 adnexal pathologies (N=21) and those with prolapse (N=6) report more intense depressive
 33 symptoms (2=6.01; p<.05; 2=6.2; p<.05). While in the proximity to the intervention, psycho-
 34 logical impact is greater for women with adnexal pathologies, which report higher levels of
 35 anxiety (2=6.43; p<.05) and depression (2=6.39; p<.05).
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1 Even with respect to the methods employed for the surgical intervention, we detected several
 2 differences between groups. While fifteen days before women undergoing laparotomy (N=26)
 3 are the ones to report the greatest shatter of psychophysical wellbeing, with more intense
 4 symptoms of anxiety (2=6.47; p<.05), depression (2=10.92; p<.01 and 2=12.16; p<.01) and
 5 somatic symptoms (2=7.37; p< 0.05), a day before the operation, subjects operated in laparos-
 6 copy (N=27) report the greatest level of anxiety (2=8.37; p< .05) and depression (2=6.43; p<
 7 .05). Data are showed in tab. 6. The prolapse and vaginal procedure are respectively the indi-
 8 cation and the method of intervention associated with the smallest psychological impact during
 9 the perioperative period.

10 In the previously considered subgroups, besides, there were not noted significant differences
 11 in illness behaviour, except for the tendency to significance in disease conviction ($\chi^2=5.61$;
 12 p=.06) with respect to the methods of the intervention, with highest levels of apprehension
 13 about their own pathology in women undergoing laparotomy interventions, compared to those
 14 operated with laparoscopy and vaginal procedure.

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 28 *Tab. 4. Mann Whitney Test: comparison between the subgroups total/subtotal hysterectomy and gynecological interventions excluding uterus*
 29 *removal with respect to the SQ and IBQ scores. Course of differences.*

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 36 *Tab. 5. Kruskal-Wallis Test. Grouping variable indications for the intervention. Score comparison for SQ and IBQ. Course of differences.*

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 43 *Tab.6. Kruskal-Wallis Test. Grouping variable method of the intervention. Score comparison for SQ and IBQ. Course of differences.*

44 *Symptomatology associated to the indication present vs absent*

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 46 Subjects (N=38) that show organic symptomatology associated to the indication for the inter-
 47 vention that is moderate-intense, and interferes with normal functioning, report, even in the
 48 SQ, higher levels of somatic symptoms (U=233.5; p< .05 e U=249,5; p< .05) and lack of
 49 physical wellbeing (U=236,5; p< 0,05) before the operation. These somatic complaints are
 50 connected to a greater psychological impact after the intervention, with more intense anxiety
 51 (U=221; p< .05) and depressive symptoms (U=247.5; p< .05 e U=207; p< .01) (tab. 7).
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5 *Tab.7. Mann-Whitney Test. Grouping variable associated symptomatology present vs absent. Score comparison for SQ and IBQ. Course of*
6 *differences.*
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10 *Positive vs negative anamnesis for prior surgical interventions, prior pregnancies, abortion*
11 *and/or VTP.*

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13 Women that underwent other surgical interventions in the past (N=48), gynecological or not,
14 compared to those who had never undergone any operations (N=10), report higher levels of
15 anxiety (U=126,5; p<.05) along with a greater difficulty of feeling contented (U=128.5; p<
16 .05) fifteen days before, while they report lower hostility and irritability (U=127; p<.05 e
17 U=131; p<.05) after the intervention (tab. 8).

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21 Having had prior pregnancies (N=34) compared to not having had this experience (N=24) is
22 associated with higher levels of hostility (U=277; p<.05 e U=283,5; p<.05), but at the same
23 time, with minor anxiety (U=265; p< .05 e U=267,5; p<.05) and greater ability to relax
24 (U=279.5; p<.05 e U=282.5; p<.05) in the preoperative period (SQ1 e SQ2). All of this to-
25 gether with a mental orientation able to interpret the symptomatology less or more connected
26 with the pathology as somatic and not psychological influenced (U=281.5; p<.05), (tab. 9).
27
28 There were not found significant differences between subjects with positive anamnesis for
29 VTP (N=7) and those with positive anamnesis for abortion (N=7), spontaneous and/or thera-
30 peutic, hence the subgroups were considered jointly.
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36 Women with previous experience of VTP and/or abortion (N=14) report greater ability to relax
37 (U=198; p<.05) and to feel contented (U=147.5; p< .01) before the intervention; while after
38 the operation, they report lighter symptoms of depression (U=149; p<.01), greater relaxation
39 (U=172; p<.05) and a minor impact on physical wellbeing (U=189; p<.05) (tab. 10).
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47 *Tab.8. Mann-Whitney Test. Grouping variable positive vs negative anamnesis for surgical interventions. Score comparison for SQ and IBQ.*
48 *Course of differences.*
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1 *Tab.9. Mann-Whitney Test. Grouping variable positive vs negative anamnesis for prior pregnancies. Score comparison for SQ and IBQ.*
 2 *Course of differences.*
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8 *Tab.10. Mann-Whitney Test. Grouping variable positive vs negative anamnesis for VTP and/or abortion.*
 9 *Score comparison for SQ and IBQ. Course of differences.*
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13 *Psychological variables: psychopathologic anamnesis and desire for maternity*

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 15 Subjects with positive psychopathological anamnesis (N=15) show higher levels of anxiety
 16 before the intervention (U=197; p<.05 e U=175; p<.01), higher dysphoria connected to the
 17 pathology (U=207; p<.05) and a higher tendency to express their own feelings, especially neg-
 18 ative ones (U=192.5; p<0.05) (tab. 11).
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20
 21 Desire for maternity seems to have a negative influence on perioperative experience. Women
 22 who manifest desire for more pregnancies (N=26) compared to those who do not want to have
 23 more children (N=32) report more intense anxiety symptoms (U=238.5; p<.01 and U=260.5;
 24 p<.01) and lower ability to relax (U=263; p<.05 and U=225; p<.01) before the intervention,
 25 with higher anger and hostility in the perioperative period (U=280. 5; p<.05 and U=260; p<.05)
 26 (tab. 12).
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35 *Tab.11. Mann-Whitney Test. Grouping variable positive vs negative psychopathological anamnesis.*
 36 *Score comparison for SQ and IBQ. Course of differences.*
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41 *Tab.12. Mann-Whitney Test. Grouping variable desire for maternity yes vs no. Score comparison for SQ and IBQ. Course of differences.*
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43 **Discussion**

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 45 Obtained results confirming great inter-individual variability in subjective experience associ-
 46 ated with gynecological surgical interventions reveal the role of some clinical variables as
 47 factors potentially responsible for such variance.
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 50 Psychological impact in perioperative period is greater for women that underwent interven-
 51 tions excluding uterus removal with respect to the women that underwent hysterectomy, with
 52 higher levels of anxiety, inability to relax and sense of general malaise.
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1 With regard to the indications for the intervention, while fifteen days before the intervention
2 women with uterine pathologies are the ones to complain about more intense depressive symp-
3 toms, with the proximity of operation the distress, with more significant levels of anxiety and
4 depression, is greater for women affected by adnexal pathologies.
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6
7 The same course is revealed with regard to the methods of the intervention: while fifteen days
8 before the intervention the subjects undergoing laparotomy are the ones to report greatest lev-
9 els of dysphoria and somatic symptoms, in the proximity of the intervention, women that un-
10 derwent laparoscopy surgery are the ones to report higher levels of anxiety and depression.
11

12
13 The slightest psychological impact is associated with gynecological interventions for prolapse
14 and vaginal procedure.
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16
17 These data suggest that different levels of psychological distress can be attributed not only and
18 not as much to indications, methods and typology of the intervention, as to information, or
19 better yet, the type of given information. In fact, even in the case of surgical operations of
20 laparoscopy, as well as in the presence of adnexal pathologies, the possibility of non-conserva-
21 tive uterine interventions or of consequent necessity of laparotomy operation is not however
22 excluded. Such possibility is also clearly specified in informed consent signed by the patient.
23
24 It seems that the greatest impact on psychophysical wellbeing can therefore be partially at-
25 tributed to this state of great uncertainty. Different pieces of information that are given and the
26 following expectations seem to influence significantly perioperative symptomatological
27 course and general and emotional psychological consequences for women.
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47 Authors' contribution:

48 Masellis, Mortilla and Pruneti designed the research design and collected the data; Pruneti, Guidotti
49 and Caramuscio wrote the paper. All authors read and approved the final version of the manuscript.

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Tables

N° SUBJECTS						58		
AGE						RANGE	28-59	
AGE						MEAN (SD)	41,4 (± 8,78)	
I N T E R V E N T I O N	indications	UTERINE PATHOLOGIES (myometrial and endometrial)	F I B R O M A T O S I S	<i>Symptomatic</i>	Freq. (%)	11 (19.1)		
				<i>Menometrorrhagic</i>	Freq. (%)	6 (10.3)		
				<i>Volumetric</i>	Freq. (%)	14 (24.1)		
	typology	ADNEXAL PATHOLOGIES				Freq. (%)	6 (10.3)	
		PROLAPSE				Freq. (%)	21 (36.2)	
		TOTAL/SUBTOTAL HYSTERECTOMY				Freq. (%)	23 (39.7)	
		GYNAECOLOGICAL INTERVENTIONS EXCLUDING UTERUS REMOVAL				Freq. (%)	35 (60.3)	
		method	LAPAROSCOPY				Freq. (%)	27 (46.6)
			LAPAROTOMY				Freq. (%)	26 (44.8)
	VAGINAL PROCEDURE				Freq. (%)	5 (8.6)		

		RANGE	MEAN	S.D.	MEDIAN
SQ1	Anxiety (A1)	0-18	7.10	4.36	6
	Depression (D1)	0-14	5.05	3.77	4
	Somatic symptoms (S1)	0-21	7.9	5.63	8
	Hostility (O1)	0-13	3.45	3.08	3
SQ2	Anxiety (A2)	0-18	6.53	5.29	5,5
	Depression (D2)	0-11	4.6	2.63	4
	Somatic symptoms (S2)	0-14	5.33	4.22	5
	Hostility (O2)	0-11	1.78	2.47	1
SQ3	Anxiety (A3)	0-18	4.35	4.34	3
	Depression (D3)	0-14	5.14	2.7	6
	Somatic symptoms (S3)	2-20	10.4	4.32	10
	Hostility (O3)	0-4	1.14	1.19	1

		RANGE	MEAN	S.D.	MEDIAN
IBQ	General hypochondriasis	0-8	2.23	2.03	2
	Disease conviction	0-5	1.93	1.28	2
	Psychological-somatic perception of illness	0-6	2.19	0.93	2
	Affective inhibition	0-5	1.7	1.55	1
	Dysphoria	0-5	1.61	1.52	1
	Denial	1-5	3.33	1.29	4
	Irritability	0-5	0.95	1.16	1

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Subgroups	TEST	SCALES	U	P	course
Total/subtotal hysterectomy (A) vs gynaecological interventions excluding uterus removal (B)	SQ2	Anxiety scale	276	< 0.05	A<B
		Inability to relax subscale	217.5	< 0.01	A<B
		Lack of wellbeing/weariness subscale	278.5	< 0.05	A<B
	SQ3	Inability to relax subscale	265	< 0.05	A<B
		Lack of wellbeing/weariness subscale	279	< 0.05	A<B
		Hostility scale	262	< 0.05	A<B
subgroups	TEST	SCALES	χ^2	p	course
Indications: uterine pathologies (A) vs adnexal pathologies (B) vs prolapse (C)	SQ1	Depression scale	6.01	< 0.05	A>B>C
		Depressive symptoms subscale	6.2	< 0.05	A>B>C
	SQ2	Anxiety scale	6.43	< 0.05	B>A>C
		Anxiety subscale	6.57	< 0.05	B>A>C
		Depression scale	6.39	< 0.05	B>A>C
		Inability to feel contented subscale	8.87	< 0.05	B>A>C

subgroups	TEST	SCALES	χ^2	p	course
Method:	SQ1	Anxiety scale	6.47	< 0.05	A>B>C

laparotomy (A) vs laparoscopy (B) vs vaginal procedure (C)		Depression scale	10.92	< 0.01	A>B>C
		Depressive symptoms subscale	12.16	< 0.01	A>B>C
		Inability to feel contented subscale	6.22	< 0.05	A>B>C
		Somatic symptoms scale	7.37	< 0.05	A>B>C
	SQ2	Anxiety scale	8.37	< 0.05	B>A>C
		Anxiety subscale	8	< 0.05	B>A>C
		Depression scale	6.43	< 0.05	B>A>C
		Inability to feel contented subscale	8.38	< 0.05	B>A>C
	IBQ	Disease conviction	5.61	Tending to significant	A>B>C

subgroups	TEST	SCALES	U	p	course
Associated symptomatology present (A) vs absent (B)	SQ1	Somatic symptoms scale	233.5	< 0.05	A > B
		Somatic symptoms subscale	249.5	< 0.05	A > B
		Lack of wellbeing/weariness subscale	236.5	< 0.05	A > B
	SQ3	Depression scale	247.5	< 0.05	A > B
		Depressive symptoms subscale	207	< 0.01	A > B
		Anxiety subscale	221	< 0.05	A > B

subgroups	TEST	SCALES	U	p	course
	SQ1	Anxiety scale	126.5	<.05	A+ > A-

Positive (A+) vs negative (A-) anam- nesis for surgi- cal inter- ventions		Inability to feel contented subscale	128.5	<.05	A+ > A-
	SQ3	Hostility scale	127	<.05	A+ < A-
		Hostility subscale	131	<.05	A+ < A-

subgroups	TEST	SCALES	U	p	course
Positive (A+) vs negative (A-) anam- nesis for prior pregnan- cies	SQ1	Inability to relax subscale	279.5	<.05	A+ < A-
		Hostility scale	277	<.05	A+ > A-
		Hostility subscale	283,5	<.05	A+ > A-
	SQ2	Anxiety scale	265	<.05	A+ < A-
		Anxiety subscale	267.5	<.05	A+ < A-
		Inability to relax subscale	282.5	<.05	A+ < A-
		IBQ	Illness perception	281.5	<.05

subgroups	TEST	SCALES	U	p	course
	SQ1	Inability to relax subscale	198	<.05	A+ < A-

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Positive (A+) vs negative (A-) anamnesis for VTP and/or abortion	SQ2	Inability to feel contented subscale	147.5	<.01	A+ < A-
	SQ3	Depression scale	149	<.01	A+ < A-
		Inability to feel contented subscale	136	<.01	A+ < A-
		Inability to relax subscale	172	<.05	A+ < A-
		Lack of wellbeing/weariness subscale	189	<.05	A+ < A-

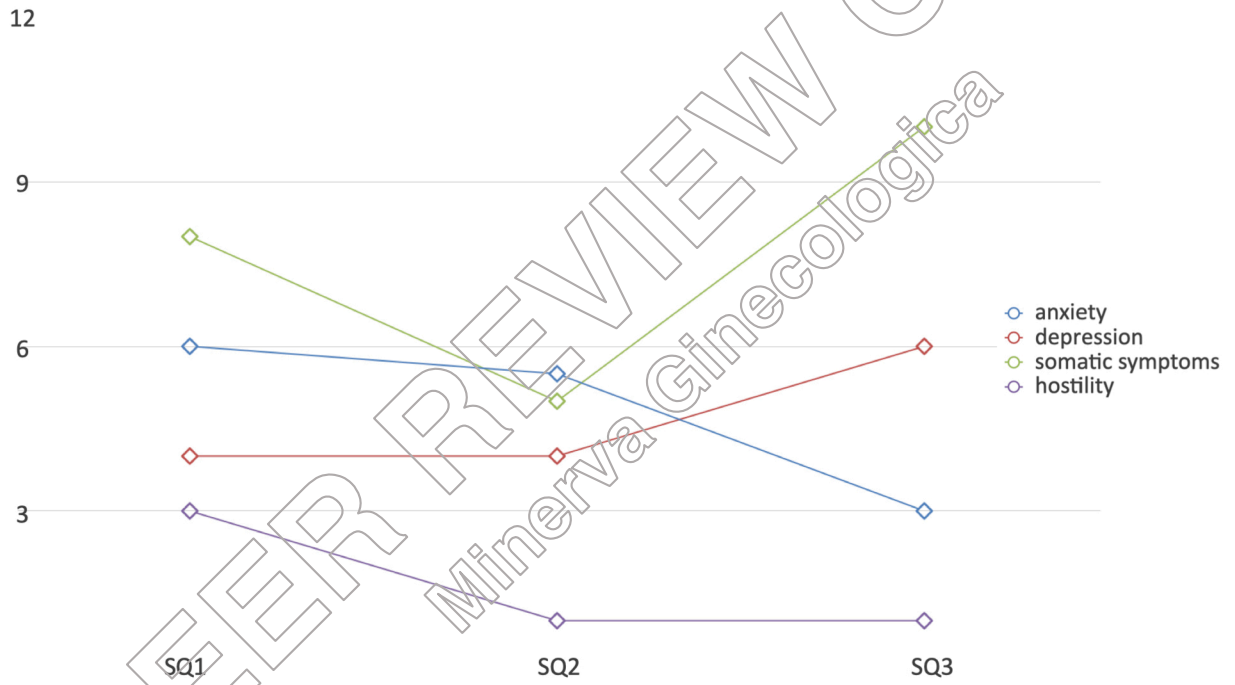
subgroups	TEST	SCALES	U	p	course
Positive (A+) vs negative (A-) psycho- pathological anamnesis	SQ1	Anxiety scale	197	< 0.05	A+ > A-
		Anxiety subscale	175	< 0.01	A+ > A-
	IBQ	Affective inhibition	192.5	< 0.05	A+ < A-
		Dysphoria	207	< 0.05	A+ > A-

subgroups	TEST	SCALES	U	p	course
Desire for maternity yes vs no	SQ1	Inability to relax subscale	263	< 0.05	yes > no
	SQ2	Anxiety scale	238.5	< 0.01	yes > no

		Anxiety subscale	260.5	< 0.05	yes > no
		Inability to relax subscale	225.5	< 0.01	yes > no
		Hostility subscale	280.5	< 0.05	yes > no
	SQ3	Hostility scale	260	< 0.05	yes > no

PEER REVIEW COPY
Minerva Ginecologica

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