

# POST SURGICAL MENOPAUSAL WOMEN'S QUALITY OF LIFE IN DR. SARDJITO HOSPITAL YOGYAKARTA: A PRELIMINARY STUDY

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## Background

Natural menopause is the permanent cessation of menstrual periods that is not caused by any type of surgical procedure or medical treatment, while post surgical menopause means surgical removal of both ovaries before the natural age of menopause<sup>1</sup> It is estimated number of menopausal women in Indonesia reached 30.3 million in 2020 except post surgical menopause women. The quality of life post surgical menopause in Indonesia have not been revealed clearly. The reason of surgical procedure (ovarian malignancy or benign) influences quality of life in the future indirectly. In the other hand, 5 years survival rate of cancer patient increased by the adjuvant therapy but the side effect would be negative to their quality of life.

Reduction of estrogen production in oophorectomized women causes early menopause problems such as physical and psychological aspects. Physical aspects causes many reproductive disorders such as vasomotor disturbances, osteoporosis and metabolic disease that affect to the activities of women experiencing menopause. In psychological aspect, menopausal women will experience emotional instability and mood disturbances. The disturbances limit them to do social relationship and environmental aspect.<sup>5</sup> It is important to know the effect of surgical procedure especially bilateral oophorectomy in women younger than menopausal age to their quality of life.

## Objective

To analyze quality of life post surgical menopause women based on WHO criteria in Indonesia

## Method

A cross sectional study using medical records of the post surgical menopause divided in to two groups based on the reason of surgical procedure. The first group was 30 women with history of bisalpingoophorectomy on indication ovarian cancer and the second group was 30 women with history of bisalpingoophorectomy on indication of endometriosis. Time interval of investigation was 6 month until 1 year after surgical. Non parametric Mann Whitney test was used to analyze the data.

## Result

The characteristics of patients show that mean age of the cases group was  $44.6 \pm 5.8$  years and in the control group was  $40.3 \pm 5.9$  years. Table I summarises time interval calculated from surgical to the investigation time (time trade of questions) and average of Body Mass Index from each group. The mean time interval of investigation is  $10.6 \pm 2.7$  months in the first group and  $10.7 \pm 1.9$  months in the second group. The data was taken in interval 6-12 months in order to hinder bias from another complication of the disease. From the table in the figure 1, both of group have BMI more than  $18 \text{ kg/m}^2$  (overweight categories).

Table 1. Patient's characteristic

	Indication of Surgical (Mean±SD)		p value
	Ovarian Malignancy	Benign	
Age (years)	44.6±5.8	40.3±5.9	0.004*
Surgical Time Interval (month)	10.6±2.7	10.7±1.9	0.5
BMI (kg/m <sup>2</sup> )	23.6±3.8	23.9±4.4	0.7

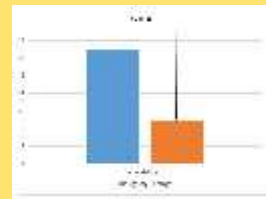


Figure1. Mean of transformed score physical domain



Figure2. Mean of transformed score physiological domain



Figure 3. Mean of transformed score social relationship domain



Figure 4. Mean of transformed score environment domain

From the table 1 show that age of patients in the benign group was younger than benign because the diagnosis established early due to pain as the chief complain of the patients. Most of them have undergone all the conservative treatment and last choice was bilateral oophorectomy

Figure 1 and 2 viewed that we can conclude that mean rank of transformed score of physical domain in the post surgical menopause women due to ovarian malignancy and benign group are 33.5 and 29.5 respectively ( $p=0.08$ ) and physiological domain are 34.5 and 28.5 respectively ( $p=0.024$ ). Mean rank of social relationship domain in the post surgical menopause women due to ovarian malignancy and benign group are 24.5 and 38.5 respectively ( $p=0.001$ ) and environment domain are 29.5 and 33.5 respectively ( $p=0.23$ ) as seen in figure 3 and 4.

## Conclusion

Post surgical menopausal women due to ovarian malignancy have better quality of life in psychological domain because of better knowledge about the disease and related to stage of cancer (early vs advance), thus social relationship domain was worse than benign ovarian tumour because of tendency to isolate their self and think that it is a 'curse disease'.

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