

## PREFERENCE FOR HYSTERECTOMY AMONG UNDERSERVED, MINORITY WOMEN PRESENTING WITH PELVIC ORGAN PROLAPSE

### Hypothesis / aims of study

Pelvic organ prolapse (POP) affects up to 75% of US women. Women have diverse opinions regarding uterine preservation at the time of surgery. However, the current trend among urogynecologists is to do a hysterectomy at the time of surgical correction of POP, despite the existence of surgeries that permit preservation of the uterus. This study aims to determine women's preference for uterine preservation in the setting of POP and the underlying reasons for this preference. Secondly, we assess if patient preferences are related to demographics variables or prolapse severity.

### Study design, materials and methods

All women presenting to Harbor-UCLA urogynecology clinic between July 1, 2011 and March 28, 2012 with symptomatic POP, had a uterus in place, and who desired surgical management were eligible for inclusion. Patients completed a questionnaire regarding demographics, desire for uterine preservation, and beliefs on sequelae thought to occur following hysterectomy. A pelvic organ prolapse quantification (POP-Q) was performed and quality of life was assessed with the validated PFIQ and PISQ forms. SigmaStat 3.5 software was used for analysis.

### Results

A total of 95 women were included in the analysis. 81.05% of patients were Hispanic. Additionally, 67.4% of the patients were post-menopausal and 40.0% were sexually active. All patients had an annual household income of <\$50,000 and 87.5% reported an income of < \$25,000.

Twenty-seven (28.4%) women desired preservation of the uterus at time of surgical management. Race was the only demographic found to be significantly associated with the decision for hysterectomy compared to uterine preservation ( $p=0.039$ ). All other patient demographics: primary language (English vs Spanish,  $p=0.23$ ), menopausal status ( $p=0.16$ ), sexual activity ( $p=0.83$ ), or education as defined as completing high school or obtaining an equivalent degree ( $p=0.16$ ) were not significantly related. Disease severity, defined by stage of prolapse ( $p=0.433$ ) and symptom duration ( $p=0.331$ ) were also not significantly associated with the decision regarding hysterectomy; nor was degree of bother as assessed by the PFIQ-7 ( $p=0.804$ ) and PISQ-12 ( $p=0.242$ ) questionnaires.

Of those patients stating they preferred not to undergo a hysterectomy, 33.3% of women listed concern of surgical complications (pain, bleeding, infection) as an important reason for avoiding hysterectomy. Loss of femininity (29.63%) and changes in sexual intercourse and worsening of pelvic prolapse (both 25.93%) were also frequently cited. Less common concerns were inability to have children, menopausal changes, weight increase, headaches, stress incontinence, increase in heart diseases, and constipation.

Women reported receiving the majority of information regarding hysterectomies from health care professionals (57.9%) and friends and family (32.63%). Television, radio, newspapers, and internet were listed as sources less than 10% of the time.

### Interpretation of results

In a population comprised of mainly lower socio-economic Hispanic women, the majority of women desire hysterectomy at time of surgical correction of pelvic organ prolapse. This correlates with a prior study, which found the rates of hysterectomy among Hispanic women for benign diseases were higher than those compared to Caucasians and Asians [1]. The reason for the difference among races in the prior study was not related to other demographic factors, again consistent with our finding of race as the sole significant variable in the decision making process.

In the group of women desiring uterine preservation, the reasons behind this preference are similar to those found in a previous study [2]. When conducting small focus study groups of underserved women in Texas, researchers found Hispanics were concerned with changes in sexual desire and that men would no longer see them as women/ loss of femininity.

### Concluding message

Almost 30% of patients in our population presenting for surgical correction of pelvic organ prolapse preferred not to undergo a hysterectomy. Race was an important factor guiding this preference, likely indicating cultural reasons for patient's decision.

### References

1. Powell LH, Meyer P, Weiss G, Matthews KA, Santoro N, Randolph JF Jr, Schocken M, Skurnick J, Ory MG, Sutton-Tyrrell K. Ethnic differences in past hysterectomy for benign conditions. *Womens Health Issues*. 2005 Jul-Aug;15(4):179-86.
2. Groff JY, Mullen PD, Byrd T, Shelton AJ, Lees E, Goode J. Decision making, beliefs, and attitudes toward hysterectomy: a focus group study with medically underserved women in Texas. *J Womens Health Gend Based Med*. 2000;9 Suppl 2:S39-50.

### Disclosures

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