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Introdução e Objetivo

Literature data about hysterectomy techniques and its impact on women sexual life are still controversial and there is no consensus about the best surgical approach when it comes to female sexual function. The main aim is to evaluate which type of surgery has a better outcome in female sexuality considering satisfaction with sexual life, pain during sexual intercourse, sexual arousal, orgasm and vaginal lubrication.

Método

Five databases (MedLine, Lilacs, Cochrane, Embase and Central) were searched by February 28, 2023. After establishing and applying the inclusion and exclusion criteria, a step-by-step analysis was performed using the title, abstract and full text. The "SIGN Methodology checklist 2: randomised controlled trials" was used to assess the methodology of the studies. The results were drawn from all articles that evaluated sexual outcome using validated questionnaires: GHQ-28, DHSGVQ, MFSQ, DISF, SAQ and FSFI. The interventions and comparisons were evaluated on total versus subtotal hysterectomy, both through abdominal, vaginal or laparoscopic access. The outcomes included were all those related to sexual function.

Figuras

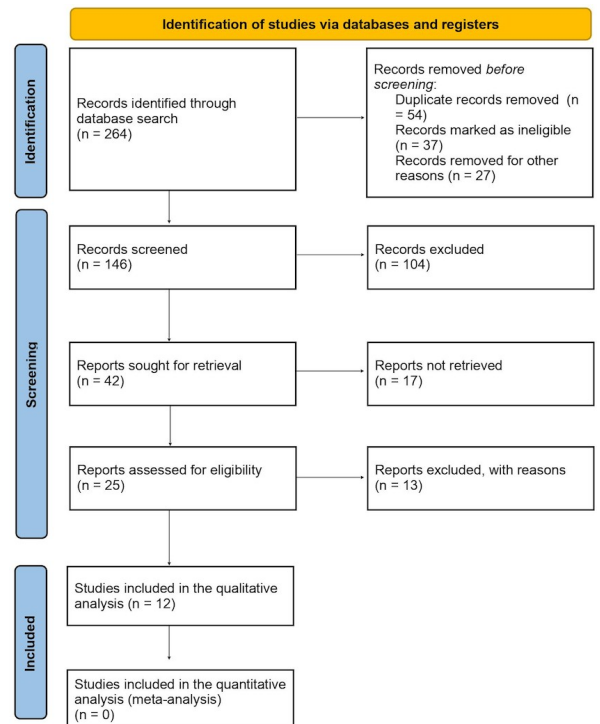


Figure 1. Flow of information through the different phases of a systematic review
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Resultados

Of the 264 articles found, 12 were selected for this review. In 01 study there was a significant improvement in the frequency of orgasm and sexual pleasure in patients who underwent subtotal hysterectomy when compared to patients with total hysterectomy. About pain during sexual intercourse, 01 study showed lower abdominal pain in patients who underwent total hysterectomy. In all other domains, there was no significant difference between the two techniques.

Conclusão

Subtotal hysterectomy may lead to improvement in orgasm frequency and postoperative abdominal pain. However, the total and subtotal hysterectomy techniques do not differ from each other when analyzing satisfaction with sexual life, vaginal pain during sexual intercourse, sexual desire and arousal and vaginal lubrication. Therefore, further studies with standardized methodologies are needed to ensure the review data validity.

Referências

1. Keshavarz H, Hillis SD, Keike BA.; Marchbanks PA. Hysterectomy surveillance. Morbidity and Mortality Weekly Report 2012;v.51, n.SS-5.; London (UK).
2. Department of Health. Hospital episode statistics. 2005–2006. The Information Centre; 2007. Available at: <http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/HospitalEpisodeStatistics/index.htm>.
3. Kovac SR, Barthan S, Lister M, Tucker L, Bishop M, Das A. Guidelines for the selection of the route of hysterectomy: application in a resident clinic population. American Journal of Obstetrics & Gynecology 2002;v.187, n.6, p. 1521-1527.