

## Original paper

### Assessment of knowledge of women about gynecological laparoscopic and hysteroscopic operations in Kerbala city

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#### Abstract

**Background:** Endoscopic operations in gynecology nowadays have major role in resolving many problems. There are certain preparations preoperatively for these operations and certain complications may happen. The current study aimed to estimate the knowledge about these preoperative preparation and complications in laparoscopy and hysteroscopy in women attending for having such operation. One of the best ways to avoid complications is to recognize those situations in which they are most likely to occur.

**Objectives:** Assess and identify knowledge of the woman about hysteroscopy and laparoscopy process at Specialist AL- Kafeel Hospital in Holy Karbala City. Although laparoscopy is considered to be minimally invasive surgery, it does not carry a minimal risk.

**Patients and methods:** A cross sectional study was conducted on forty women given dating for hysteroscopic and laparoscopic operations at the Al- Kafeel superspeciality hospital in holy Karbala city for the period from 1-3-2017 to 1-9-2017 a questionnaire was given for every woman, data was collected and analyzed to know the level of health awareness among them about these operations.

**Results:** In this study we found that, all the patients know the need to take drugs after surgery about (100 %), the percent of them who know to empty bladder and intestine before operation of the rate (70%). The Large percent of women knows about preoperative investigations before operations of the rate (90 %), all the woman know about the need for anesthesia for the intervention about (100 %). Also there are different ranges of them know about the benefit from doing these endoscopic operations. Regarding knowledge about complications (57.5 %) of them knows that there is risk of bleeding and Infection after the operations.

**Conclusion:** There is good information of the women about the preoperative preparations, low level of knowledge about the role of such endoscopic operations in resolving common gynecological pathologies and this needs from us more concentration about education programs, social media use and role of medical staff in increasing this knowledge.

**Keyword:** Knowledge laparoscopic hysteroscopic

#### Introduction

The introduction of laparoscopy role in the management and treatment of gynecological diseases at 1960-1970, as professor Semm of Germany started so many new development of instruments to treat different types of problems, Most of gynecological pathologies nowadays can be treated by laparoscopic routes.<sup>1,2</sup> as Better

recoveries, a shorter hospital stay, less postoperative pain, and lower blood loss are the main arguments in favor of this approach<sup>3-5</sup>, there is different spectrum of complications specially in poorly selected one and untrained staff, according to published studies, the overall rate of complications ranges from 0.4% to 3%<sup>(6)</sup>. Hysteroscopy is an instrument that passes through the cervix with a distension media to show the entire uterine cavity.<sup>7</sup> Hysteroscopy is good operation with lesser

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complications especially in diagnostic one, but they can occur when we ignore contraindications for it or we use wrong unsuitable instrumentations or poor surgical techniques<sup>(8)</sup>, it is considered to be safe operation with total rate of it about 3% most of them related to the entry of the cervix and uterus <sup>(9)</sup>.

## Patients and methods

Data was collected after permission obtain from Karbala Health Director, and oral permission from women to conduct research, by using the questionnaire form and interviewed (20-40) min by the researcher in the preoperative room.

Data of the questionnaire was analyzed using software program statistical package for social sciences (SpSS).

Frequencies and percentages were calculated and chi-square test was performed to investigate the significance in the association of the different variables and the prevalence of laparoscopy and Hysteroscopy correlations were considered significant if the observed significance level.

## The Result

Table (1) shows that the highest percentage (55 %) of study sample whose age group was between (31-40) years. While the lower percentage (5 %) of the age group was between (51-60) years. Regarding occupation: The highest percentage (72.5 %) of study sample were students. Regarding Educational level for women: The highest percentage (42.5%) of study sample were Secondary School graduates. Table (2) show that the high percentage (47.5 %) of study sample their duration of marriage ranged between 1 to 10 years. while (4 %) of them were in (31-40) years. Table (3) show that the high percentage (95 %, 47.5%) of study sample had got the knowledge from families and their doctor's

respectively. while low percentage (5 %) was obtained by internet.

Table (4) shows information about the women of study sample (the operation preparations and benefit of them), all knew to take drugs after surgery, while (97.5 %) knew to be fast for 6 hours before surgery and the lowest percentage was (2.5%), (70%) of them knew that they have to empty the bladder and intestine before operation while the lowest percentage (30%) didn't know. The forth item regarding the knowledge about having the investigations prior to the operation we found 90 % of the women had an idea about this while (10%) did not. The need for anesthesia for operation all women (100 %) had such information,

Regarding the knowledge about the most common indications of endoscopic operations about (50 %) of them were not sure about this subject, while the lowest percentage (2.5 %) did not know that operation helps to remove the fibroids in uterus. About the removal of the ovarian cyst high percentage (62.5 %) not sure, while (12.5 %) had knowledge and 25% did not about this. For the uses of the hysteroscopy to remove the endometrial polyps and tumors, (50 %) of study sample didn't know while (12.5 %) thought that it did not have such use, only (37.5%) says yes it helps. For the ninth item (85 %) knew the role of laparoscope in managing tubal problems while (15 %) their answers did not know.

Table (5) show that for bleeding in operation only low percentage of them (7.5 %) knew about the occurrence of it while for infection (57.5 %) had knowledge about this. For Surgical hernia in the umbilical site also low percent (7.5 %) of women in the study knew about this complication.

Knowing response of the women about risk of abdominal and pelvic pain was found in 50% of them. For the response knowledge of women for risks from anesthesia we had 62.5% of them knew about it, while for the risk of injuries to the urinary tract there was only 2.5% had such information.

**Table 1.** Distribution of Study Sample according to Demographic Characteristics (n- 40)

Demographic characteristics	Women	(n=40)
Age / years	No	%
20-30 years	11	27.5
31-40 years	22	55
41-50 years	5	12.5
51-60 years	2	5
	40	100
Occupation		
Governmental Employment	9	22.5
Housewife	2	5
Student	29	72.5
	40	100
Educational Level for Women		
Un educated	2	5
Primary school graduate	7	17.5
Intermediate School graduate	6	15
Secondary school graduate	17	42.5
College	8	20
	40	100

**Table 2.** Distribution of Study Sample according to duration of marriage (n-40)

duration of marriage	No.	%
1-10 years	19	47.5
11-20 years	17	42.5
21-30 years	0	0
31-40 years	4	10
Total	40	100%

**Table 3.** Distribution of Study Sample according source of knowledge about laparoscopy and hysteroscopy operations (n 40).

References of knowledge	No	%
Radio & TV	0	0%
Doctors	19	47.5%
Internet	1	5%
Families & relatives	20	50%
	40	100

We noticed that no one had a knowledge about the risk of vascular injuries, all the women thought that is unacceptable one, this is applied for also the risk of damage to the bowel in both laparoscopy and hysteroscopy. In hysteroscopy there was only 5% of the study group knew about risk of uterine perforation.

## Discussion

In our study, the knowledge of women attending for gynecological endoscopic operation were reviewed, endoscopy in gynecology nowadays shows very remarkable role in solving much of the pathologies with less morbidity and mortality though there are so many complications which can occurs specially in un trained staff <sup>(10)</sup>.

**Table 4.** Distribution of Study Sample according to knowledge about the procedure of endoscopy. (no. 40)

Expected benefits from endoscopy.	Yes		No		I don't know		Total no.	
	No	%	No	%	No	%	No	%
1. pt. need to take drugs after surgery	40	100%	0	0	0	0	40	100%
2. prevent woman from eating 6 hours before surgery	39	97.5	0	0	1	2.5	40	100%
3. must empty bladder and intestine before operation	28	70	0	0	12	30	40	100%
4. conduct all exams and testes before operation	36	90	0	0	4	10	40	100%
5. woman need to anesthesia for operation	40	100	0	0	0	0	40	100%
6. operation help in remove the fibroids in uterus	19	47.5	1	2.5	20	50	40	100%
7. benefits of operation in remove the ovarian cyst	5	12.5	10	25	25	62.5	40	100%
8. use of hysteroscopy in endometrial polyp and tumors	15	37.5	5	12.5	20	50	40	100%
9. laparoscope helps in diagnosis and resolving tubal problems	34	85	0	0	6	15	40	100%

**Table 5.** Distribution of Study Sample according to knowledge about expected complications of endoscopy (n-40)

Expected compilations from endoscopy.	Yes		No		I don't know			
	No	%	No	%	No	%	No	%
1-Bleeding	3	7.5%	23	57.5%	14	35%	40	100%
2-Infection	23	57.5%	7	17.5%	10	25%	40	100%
3- Surgical Hernia In The Umbilical Site	3	7.5%	28	70%	9	22.5%	40	100%
4- Abdominal Pain & Pelvic	20	50%	15	37.5%	5	12.5%	40	100%
5- anesthetic complications	25	62.5%	12	30%	3	7.5%	40	100%
6-injuries to The Urinary Tract	1	2.5%	2	70%	11	27.5%	40	100%
7- Damage to Large Vessels	0	0%	27	67.5%	13	32.5%	40	100%
8- Damage to The Intestine	0	0%	33	82.5%	7	17.5%	40	100%
9- perforation of uterus & volume overload.	2	5%	38	95%	0	0	40	100%

In our study we find that about 50% of patients have information about the endoscopy (laparoscopy and hysteroscopy) they got these from the relatives and explained by their doctors only, this may be due to poor use of the social media by our sample member for searching for such information, in addition the large percent of women were with low education level (42.5%) this could be an explanation too. In our study we fined 47.5% of the women had knowledge about role of endoscopy in removing uterine fibroids by this method, while Adegbesan-Omilabu (2014) in his study shows high level of awareness of

fibroid among the respondents (98.6%), although there is a high level of misconception about the disease. This may be a reflection of numerous advertisements and publicity generated by the traditional medical practitioners on both electronic and print media. Most people knew that fibroids run in families and obese and nulliparous women are risk factors for it <sup>(11, 12)</sup>. Hysteroscopy combined with endometrial biopsy has almost replaced dilatation and curettage for the investigation of this symptom. Most hysteroscopies are performed under general anesthetic despite evidence suggesting it is a well-tolerated

and acceptable outpatient procedure.<sup>(13,14)</sup> In our study we find that all the participants in the study knew that it is done under anesthesia and this is because they all have concept that any operation need anesthesia. Although the mini-hysteroscopic system offers a simple, safe and efficient diagnostic method in the office for the investigation of abnormal uterine bleeding, to evaluate the cervix and uterine cavity in the infertile patient, for screening of endometrial changes in patients under hormone replacement therapy or anti-estrogens as (adjuvant) treatment and, lastly, it may be very helpful for the interpretation of uncertain findings in other diagnostic techniques such as ultrasound, magnetic resonance imaging, blind biopsy or hysterosalpingography.<sup>(15)</sup>

**Conclusion:** we found that there is relatively poor knowledge of women in our city Karbala about the role of endoscopic operations in resolving many of the gynecological problems also the knowledge is poor about the operative and postoperative complication.

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