

SURVEILANS FUNGSI SEKSUAL PEREMPUAN PASCA HISTEREKTOMI = Surveillance of sexual function after hysterectomy

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Abstrak

Fungsi seksual merupakan salah satu komponen kualitas hidup yang harus dipenuhi oleh manusia. Histerektomi yang merupakan aspek prosedur operatif pada perempuan dapat mengubah anatomi, hormonal, serta psikologis yang dapat menimbulkan gangguan pada fungsi seksual. Penelitian ini bertujuan untuk mengetahui surveilans fungsi seksual pasien pascahisterektomi. Sebuah studi potong lintang melibatkan 92 pasien tumor ginekologis (jinak dan ganas) yang telah menjalani histerektomi selama minimal 3 bulan. Evaluasi disfungsi seksual menggunakan kuesioner FSFI-6, yang menilai fungsi seksual berupa sexual disorder, disfungsi seksual, gangguan hasrat (Hypoactive Sexual Desire Disorder), gangguan rangsangan (Female Sexual Arousal Disorder), gangguan orgasme (Female Orgasmic Disorder), dan nyeri (Sexual Pain Disorder). Pasien dibagi menjadi kelompok histerektomi total dan histerektomi radikal, serta dilakukan kastrasi atau tidak. Kelompok histerektomi total didapatkan sebanyak 71 pasien dan histerektomi radikal 21 pasien. Terjadi disfungsi seksual (histerektomi radikal 47,6%, histerektomi total 28,2%, kastrasi 33,8%, dan tanpa kastrasi 28,6%), gangguan orgasme (histerektomi total 28,2%, histerektomi radikal 47,6%, kastrasi 28,6%, tidak kastrasi 33,8%), gangguan nyeri (histerektomi radikal 28,6% dibandingkan histerektomi total 9,9%). Akan tetapi, tidak ditemukan perbedaan secara bermakna antara fungsi seksual pasca histerektomi radikal dan histerektomi total, serta antara kelompok kastrasi dan tidak dikastrasi. Berdasarkan temuan tersebut, maka fungsi seksual menjadi penting acuan bagitenaga kesehatan dalam melakukan konseling saat sebelum dan sesudah operasi.

.....Sexual function is one component of quality of life that must be fulfilled by humans. Hysterectomy which is an operative procedure in women may cause anatomical, hormonal, and psychological changes that can cause disturbance in sexual function. This study aims to determine surveillance of sexual function after hysterectomy. This is a cross-sectional study involving 92 gynecological tumor patients (benign and malignant) who had under went a hysterectomy for at least 3 months. Evaluation of sexual dysfunction using the FSFI-6 questionnaire, which assesses sexual function in the form of sexual disorder, sexual dysfunction, desire disorders (Hypoactive Sexual Desire Disorder), stimulation (Female Sexual Arousal Disorder), orgasm disorders (Female Orgasmic Disorder), and pain (Sexual Pain Disorder). Patients were divided into total hysterectomy and radical hysterectomy groups, and whether or not castration was performed. The total hysterectomy group had 71 patients and 21 radical patients with hysterectomy. Sexual dysfunction (radical hysterectomy 47.6%, total hysterectomy 28.2%, castration 33.8%, and no castration 28.6%), orgasmic disorders (total hysterectomy 28.2%, radical hysterectomy 47.6%, castration 28.6%, not castration 33.8%), and pain disorder (radical hysterectomy 28.6% compared to 9.9% total hysterectomy). However, no significant differences were found between sexual function after radical hysterectomy and total hysterectomy, as well as between the castration group and not castration. Based on these findings, sexual function is an important reference for health professionals to be considered in conducting counseling before and after surgery