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El significado de la histerectomía para un grupo de hombres chilenos parejas de histerectomizadas

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The meaning of hysterectomy for a group of Chilean men partners of women who have undergone hysterectomy

O SIGNIFICADO DA HISTERECTOMIA PARA UM GRUPO DE HOMENS CHILENOS PARCEIROS DE HISTERECTOMIZADAS

EL SIGNIFICADO DE LA HISTERECTOMÍA PARA UN GRUPO DE HOMBRES CHILENOS PAREJAS DE HISTERECTOMIZADAS

Alejandra Araya Gutiérrez¹, María-Teresa Urrutia Soto², Daniel Jara Suazo³, Sergio Silva Solovera⁴, María Jesús Lira Salas⁵, Claudia Flores Espinoza⁶

ABSTRACT

The objective of this study was to understand the meaning of hysterectomy according to a group of Chilean men, partners of women who have undergone the procedure (MPWH). This qualitative study was performed with in-depth interviews. A total of 15 men, partners of women who have undergone hysterectomy, were interviewed between May and September of 2010, under the approval of the Ethics Committees. Data analysis was performed using the phenomenological perspective proposed by Giorgi, and content analysis was performed according to Krippendorff. The Crestwell criteria were used to evaluate the trustworthiness of the analysis and guarantee descriptive validity. Five dimensions emerged, which represented unique aspects of hysterectomy according to the men: symptoms, comments, the attributions of the uterus, concerns and changes in sexuality. It is essential to educate MPWH in terms of the support required by women undergoing hysterectomy. Therefore they should be included in the care plan designed for women undergoing hysterectomy.

DESCRIPTORS

Hysterectomy
Men
Sexuality
Women's health
Qualitative research

RESUMO

O objetivo deste estudo foi conhecer o significado da histerectomia para um grupo de homens chilenos, parceiros de mulheres histerectomizadas (HPMH). A pesquisa qualitativa foi realizada com entrevistas em profundidade, realizada com um total de quinze homens parceiros de mulheres histerectomizadas, entre maio e setembro de 2010, com aprovação prévia dos Comitês de Ética. Para a análise dos dados foi utilizada a perspectiva fenomenológica descrita por Giorgi e realizada a análise de conteúdo de acordo com Krippendorff. Os critérios de Crestwell foram utilizados para avaliar a credibilidade da análise e garantir a validade descritiva. Surgiram cinco dimensões que representam aspectos únicos do significado da extração do útero para os homens parceiros de mulheres histerectomizadas: sintomas, comentários, atribuições do útero, preocupações e mudanças na sexualidade. Educar os homens parceiros de mulheres histerectomizadas é fundamental para apoiar as mulheres que serão submetidas a uma histerectomia, sendo necessário incorporá-los no plano de cuidados das mulheres histerectomizadas.

DESCRIPTORES

Histerectomia
Homens
Sexualidade
Saúde da mulher
Pesquisa qualitativa

RESUMEN

Se objetivó conocer el significado de la histerectomía para un grupo de hombres chilenos, parejas de mujeres histerectomizadas (HPMH). Estudio cualitativo, con entrevistas en profundidad realizadas a 15 hombres, parejas de mujeres histerectomizadas, entre Mayo y Septiembre del 2010, previa aprobación de dos Comités de Ética. Para el análisis de los datos se utilizó la perspectiva fenomenológica descrita por Giorgi, y se realizó el análisis de contenido según Krippendorff. Los criterios de Creswell fueron utilizados para evaluar la credibilidad del análisis y asegurar la validez descriptiva. Emergieron cinco dimensiones que representan aspectos únicos del significado de la histerectomía para los hombres parejas de mujeres histerectomizadas: síntomas, comentarios, atributos del útero, preocupaciones, y cambios en la sexualidad. Educar los hombres parejas de mujeres histerectomizadas es una acción fundamental para apoyar a las mujeres que serán sometidas a una histerectomía, siendo necesaria su incorporación en el plan de cuidados de ellas.

DESCRIPTORES

Histerectomía
Hombres
Sexualidad
Salud de la mujer
Investigación cualitativa

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INTRODUCTION

Hysterectomy (HT) is one of the most frequent gynecologic surgeries performed worldwide⁽¹⁻²⁾, with benign pathology of the uterus as its major cause⁽³⁾. Few studies have tackled the issue of the perception of men partners of women who have undergone hysterectomy and the meaning of their partners' uterus removal. Studies regarding this issue have yet to be published in Latin America, except for a Mexican study addressing the perspectives of men regarding hysterectomy; however, the men in the referred study were partners of women who had not had a hysterectomy.

Men are important sources of support for women undergoing hysterectomy, especially when the time comes to make the decision to have the surgery⁽⁴⁾. Notwithstanding, men try to avoid talking to their partners about their concerns and feelings regarding the surgery⁽⁵⁾. This lack of communication is aggravated by the absence of proper knowledge of both uterine pathology⁽⁶⁾ and the surgery⁽⁷⁾.

The uterus is a meaningful organ, both to women and to society. Culturally, the uterus is associated with characteristics such as femininity, sexuality and women's reproductive capacity. The loss of this organ, therefore, directly impacts not only the woman undergoing hysterectomy, but also her partner⁽²⁾. Depending on the perspectives of men regarding HT, postsurgical recovery and sexual adaptation may be affected⁽⁸⁾.

The purpose of this research is to understand the perceptions of Chilean men regarding their partner's hysterectomy, aiming to understand the phenomenon from the male standpoint and to plan guided and sensitive educational programs for women and their partner.

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METHOD

Based on in-depth interviews, this qualitative research was carried out with 15 male partners of women experiencing hysterectomy. The inclusion criterion was as follows: to be the partner of a woman suffering from benign pathology of the uterus requiring hysterectomy during the six months prior to data collection.

The study was carried out at the Dr. Sótero del Río Healthcare Complex (CASR), located in Santiago, Chile, an institution belonging to the public healthcare system. The public healthcare system reported a total of 11,920 hysterectomies in 2008, the equivalent of 32 daily hysterectomies performed on women in our country. In the Metro Area, including Santiago, a total of 4,402 hysterectomies were performed in the same year; the Sur-Oriente Metropolitan Healthcare Service (SSMSO), which CASR is a part of, recorded 789 hysterectomies.

The data collection process was carried out between May and September 2010. All male partner of women undergoing hysterectomy during this time period were invited to take part in the research. As women volunteered the contact numbers of their partner, a male healthcare professional called them on the telephone in order to invite them to participate. Inclusion criteria were as follows: the woman should have undergone a hysterectomy due to either a benign or malignant gynecologic pathology, and the woman should desire to participate in the study. The exclusion criteria were: to be the male partner of a woman undergoing hysterectomy due to an obstetric-related reason. After they agreed to participate, the men were informed regarding the interview process. Interviews were carried out by a male nurse practitioner who was part of the research team and who had received specific training for that purpose, aiming to facilitate dialogue and the expression of ideas and feelings⁽⁹⁾.

Following the signing of the consent form, the interview was initiated in a private room previously prepared for that purpose. Interviews lasted for an average of 40 minutes and were recorded fully; later, interviews were transcribed by people who had been trained for that activity.

Each interview was started with the following question: What does it mean to you that your partner's uterus has been removed?

In order to extract the fullest data possible, the study carried out in-depth interviews. As the three last interviews did not present any new meaning and/or dimension, all previously collected meanings were classified under the already existing dimensions. It is worth highlighting that although data saturation was achieved in the ninth interview, the study continued to fulfill the total number of programmed interviews, in order to ensure data repetition.

Each man participating in the study was given feedback on the research's results. The research was approved by the Ethics Committees of the Nursing School of the Pontifical Catholic University of Chile and CASR.

Data analyses employed the phenomenological perspective⁽¹⁰⁾; content analyses were also carried out⁽¹¹⁾. Four researchers in the team separately analyzed the transcripts using the following methodology: initial reading of the transcript, with no interpretation; second reading of the transcript aimed at identifying implicit or explicit meanings in each statement – each meaning was endorsed by a textual phrase; once all meanings were identified, the dimensions were elaborated. A final reading of the transcripts was carried out in order to correct previously ascribed dimensions and/or meanings. After pre-

senting their analysis proposal, the research team reached a consensus on the dimensions and meanings extracted.

Test thoroughness⁽¹²⁾ criteria were used in order to assess the credibility of the analyses and to guarantee the validity of the descriptions. Following the analyses of the in-depth interviews, the study consolidated the dimensions and meanings found in the statements of each participating man, so that the validity of the achieved data could be corroborated by the same professional who carried out the interview. Concurrently, the dimensions and meanings were endorsed by a detailed description of each one of the reports, thus allowing the reader to establish the utility and applicability of the study's results. Finally, the dimensions and meanings were thoroughly examined by the main researcher and the three specialist researchers, who confirmed the validation of the achieved results.

RESULTS

Regarding the participants' social-demographic characteristics, the average age was 46 years (ranging from 34 to 55 years). In terms of the participants' educational level, one of them had completed a full primary education (eight school years); eight of them had an incomplete secondary education (between eight and eleven years); three completed a full secondary education (twelve years); and one had completed higher education (over twelve years). The average period of living together with their partners was 22 years (ranging from ten to 35 years).

The analyses of the interviews of the men whose partners had undergone a hysterectomy generated five dimensions representing unique aspects of the meaning of hysterectomy from the male partners's perspective. Chart 1 shows the description of these aspects and their respective meanings identified in the statements of each man.

Chart 1 - Dimensions and meanings identified in the reports of the men whose partners had undergone hysterectomy (n=15)

Dimension	Meanings
Symptoms	Types of pre-surgical symptoms
	Cessation of symptoms post-hysterectomy
Comments	To feel hollow/empty
	Sexual life after the hysterectomy
Attributes of the uterus	Impossibility of becoming pregnant
	Intimate issues
Concerns	Sexual concerns
	Surgery
	Cancer
Sexuality changes	Positive self-assessment of sexuality
	Negative self-assessment of sexuality

The *symptoms* dimension involves the physical symptoms resulting from a gynecologic pathology detected by the men in their partners prior to the HT, together with the identification of alterations originating from the cessation of these symptoms. The symptom most frequently

reported by the men was the heavy bleeding apparent throughout the pre-surgical period.

Man: ...she bled for long periods of time, say, 15 days, 18 days, 22 days. This issue worried both of us because she was feeling very bad...

Man: And usually her period was quite heavy, and she had so much pain for a long time. It got worse in the last four years... It was a terrible situation.

Man: ...the bed became stained with her blood, sometimes it flowed for two, three days, non-stop... It used to be the same every night. Now it's gone. We are happy, I am happy and she's happy, too. Her moods have changed...

The HT is surrounded by myths and beliefs that the men had heard of and reported in the *comments* dimension. In general, such comments mentioned the negative connotations of the surgery. The meanings identified in this dimension suggested that the women felt hollow or empty after their hysterectomy, and also referred to the issue of sexuality after the surgery.

Man: Of course. And sometimes other men say 'Listen, women feel hollow, you will have to look for another one'.

Man: ...She used to suffer a lot before the surgery, she suffered, I suffered, but we had doubts about the surgery because everyone kept saying she would become...as Chileans say...hollow...ha, ha,..., that it would affect our sex life, that I would not want her anymore, and other stuff ...

Man: ...we come across many bad things, because many people talk about it and, well, we have our concerns, because they talk about the hormones and stuff, that I probably wouldn't want her anymore, I wouldn't feel pleasure anymore after the surgery.

The dimension regarding *attributes of the uterus* is one that reflects the perceived qualities connected with the uterus from the male standpoint. Among them, they highlight the loss of reproductive capacity and the removal of the uterus as a private, intimate experience which the partner (both of them) only share with trusted people.

Man: We cried together over the issue because...it's not just a part of your body that will be removed, the reproductive part, I mean... Then, I used to say to my lady, 'Let's look at our children', and we remembered that they were born from there.

Man: Having children is the thing a woman most desires, to have an intact body in order to have a baby. You know that a child is the most beautiful thing in life, this is the best thing that can ever happen, not only to a woman, but also to a man. It's a good thing.

Man: We always kept this to ourselves, you know. I think this is something that should be kept private. So this matter should not go beyond a brother, or a sister-in-law...

The *concerns* dimension describes how men experience uneasiness, restlessness and /or fear regarding the surgery and potential negative outcomes such as cancer or sexual dysfunction in his partners.

Man: I'm worried for her, for her health; I think that perhaps the surgery should not be performed, because of the consequences in the aftermath...that's it.

Man: We listen to so many things and we may get desperate because we think that our woman might have cancer or other things. It's quite scary...

Man: That she wouldn't have orgasms anymore, and that worried me, because this is important and we haven't had any problems in this area before...

The *sexuality changes* dimension involves those reports in which men make self-assessments regarding the behaviors and conducts related to their sexual activity prior to the HT, and the related changes following the surgery.

Man: When the sexual area is affected, it's like cutting off one's light or water... But later it returns, of course...

Man: Yes, of course, very good, it did improve as I told you. It's the most important thing in a couple's relationship. The sexual area certainly improved...

Man: Since her surgery, we have had sexual intercourse just once...Purposely or not, I don't know, she has developed a lack of sexual appetite, and she gets upset whenever I come around... According to her, she is fine, but this is not the reality I see...

DISCUSSION

Several distinct studies analyze the impact of HT on the lives of women. The male perspective is much less appreciated and studied. This is one of the few studies concerning the removal of the uterus in a group of men partners of women who have undergone hysterectomy, and the first to fully describe the experience in a group of Chilean men.

Gynecologic diseases have a strong impact on the health of women⁽¹³⁾, negatively affecting their quality of life⁽⁶⁾ and restricting their daily activities⁽¹⁴⁾. In the present study, the symptoms most commonly recognized by men were hemorrhage and anemia. This finding is supported by the international literature^(6,13,15). The relief of the symptoms that made the surgery a necessity is one of the meanings most reported by male partner of women who have experienced HT^(1,4). Men affirmed that the symptoms experienced by their wives prior to the surgery negatively affected their relationship with their partners. For this reason, surgery is viewed as a method of coping with such symptoms. This finding agrees with what has been reported by other researchers regarding the relief of symptoms⁽¹⁵⁾ and the perception of improvement in the woman's health status⁽¹³⁾ and her sexual life^(1,4).

The comments of the participants also appear among the results of this study. This dimension tends to cause great harm, both to the woman and to her relationship with her partner. To feel hollow or empty is one of the meanings that emerged. In this sense, the literature shows that HT has been associated with a negative experience for both partners^(2,4,7). Women affirmed that men refer negatively to women who have had a hysterectomy^(4,16). Although women understand that such comments originate from lack of knowledge of men regarding the surgery, their partners' words have the power to destroy their self-esteem⁽⁴⁾. Regarding the second meaning identified by men – their comments on sexuality following HT – the literature shows that women whose partners display a negative attitude toward their inability to bear children or sexuality changes after the HT believe that the surgery may affect their relationship with their partners and even result in failure of the marriage⁽⁴⁾.

In some instances, negative comments about the surgery originate from women and men who have not experienced the HT process as a couple. These women are the ones who have the worst perceptions regarding the surgery⁽²⁾. Neither men nor women have adequate knowledge regarding their bodies; thus, they may have incorrect ideas about their body and its functions⁽⁷⁾.

In this study, the attributes of the uterus identified by men were *to be unable to have children* and *an intimate experience*. Researchers reveal that the attributes of the uterus refer to the value that men place on the loss of the female reproductive capacity^(1,2). Culturally, the role of women is directly connected with the ability to become pregnant. Maternity is one of the most recognized and prized social aspects⁽¹⁷⁾. On the other hand, male partners of women who have had a hysterectomy point out that the removal of his partners' uterus is a private experience that should not be discussed outside the closest family circle. The privacy advocated by the men regarding the experience of HT can be explained by the social myths and beliefs attached to this type of surgery. In this way, privacy becomes a means of protection against the often negative opinions of others.

The male participants indicated a series of concerns regarding sexuality, as well as the fear that their partners would acquire cancer following HT. These results are corroborated by other studies that showed that men lack knowledge regarding the short and long-term consequences of hysterectomy^(1, 6). For instance, men believe that the uterus is larger than it really is, and this can be correlated with the fear of the surgery⁽¹⁾. Men also fear that women will develop a malignant pathology as a result of the condition that generated the need for HT^(1, 6, 7); this fear centers around the results of the biopsy.

Sex-related concerns are one of the most frequent concerns of men⁽⁵⁾, but this worry is also shared by women^(6,15). Women frequently report on the anguish of their partners concerning their fear of *dissatisfactory sexual performance*, or the fear that they will become *less of a*

woman after the surgery⁽⁴⁾. However, Norwegian men reported an improvement in the quality of their erection and their sexual life following HT⁽¹⁸⁾, thus demystifying the idea that women who have had a hysterectomy are not able to provide sexual satisfaction. Similarly, African-American women reported that most men are unable to tell whether or not the uterus has been removed while having sexual intercourse⁽⁴⁾.

As for sexual self-assessment, men in this present study identified both positive and negative changes. National scientific evidence shows that sexuality will largely depend on the couple's sexual and communication status prior to the HT⁽¹⁹⁾. This finding is endorsed by international studies showing that both women⁽²⁰⁾ and men^(7,18) witnessed an improvement in their sexual life following the hysterectomy.

The meanings of the HT can be explained by the dimensions of symptoms, comments, attributes of the uterus, concerns, and changes in sexuality. A comprehensive healthcare plan based on mutual interaction between healthcare professionals and patients⁽²¹⁾ that addresses the educational needs of both women and their partners⁽²²⁻²³⁾ is crucial in providing care to couples experiencing hysterectomy.

CONCLUSION

The results of this study show that the removal of the uterus has a deep impact on the partner of women who

have had a hysterectomy. This impact not only reflects on clinical variables, but also on the relief of the postsurgical symptomatology and on other variables such as comments, attributes of the uterus, concerns and changes in sexuality, thus highlighting that hysterectomy is a multidimensional procedure that involves physical, psychological and social variables.

The pre- and postsurgical periods depend on adequate and accurate educational programs aimed at caring for both the woman and her partner. The partner is the woman's most important source of support. She will look for emotional support and comfort from her partner, and this support will directly reflect on her postsurgical recovery. The education of men on these matters is a fundamental step in supporting women who are facing a hysterectomy. Men have a proven lack of knowledge regarding the surgery, surgical procedures, the necessary sexual adaptations following the surgery, and the decision-making process in having a hysterectomy.

Men partners of women who have undergone hysterectomy and their partner must be accurately instructed and informed. This educational need can be turned into a unique opportunity for healthcare professionals - and specifically nurses - to establish educational programs centered on the partners' needs, in order to support women undergoing hysterectomy with a comprehensive care-giving plan. The inclusion of men in this process is an extremely essential step and a need that has yet to be fulfilled.

REFERENCES

1. Lalos A, Lalos O. The partner's view about hysterectomy. *J Psychosom Obstet Gynaecol*. 1996;17(2):119-24.
2. Maraván ML, Trujillo P, Karam MA. Hysterectomy as viewed by Mexican women and men. *Sex Roles*. 2009;61(9-10):688-98.
3. Kramer MG, Reiter RC. Hysterectomy: indications, alternatives and predictors. *Am Fam Physician*. 1997;55(3):827-34.
4. Richter DL, McKeown RE, Corwin SJ, Rheaume C, Fraser J. The role of male partners in women's decision making regarding hysterectomy. *J Womens Health Gend Based Med*. 2000;9 Suppl 2:S51-61.
5. Bernhard LA, Harris CR, Caroline HA. Partner communication about hysterectomy. *Health Care Women Int*. 1997;18(1):73-83.
6. Chou CC, Lee TY, Sun CC, Lin SS, Chen LF. Husbands' experiences before wives' hysterectomy. *J Nurs Res*. 2006;14(2):113-22.
7. Bernhard LA. Men's views about hysterectomies and women who have them. *Image J Nurs Sch*. 1992;24(3):177-82.
8. Newman G, Newman LE. Coping with the stress of hysterectomy. *J Sex Educ Ther*. 1985;11(2):65-8.
9. Broom A, Hand K, Tovey P. The role of gender, environment and individual biography in shaping qualitative interview data. *Int J Soc Res Methodol*. 2009;12(1):51-65.
10. Giorgi A. Sketch of a psychological phenomenological method. In: Aanstoos CM, Fischer WF, Giorgi A, Wertz FJ, editors. *Phenomenology and psychological research*. Pittsburgh: Duquesne University Press; 1985.
11. Krippendorff K. *Content analysis: an Introduction to its methodology*. Thousand Oaks: Sage; 2003.
12. Creswell JW. *Standards of validation and evaluation: qualitative inquiry and research design: choosing among five approaches*. 2nd ed. Thousand Oaks: Sage; 2007. p. 201-21.
13. Rannestad T, Eikeland OJ, Helland H, Qvarnstrom U. The general health in women suffering from gynaecological disorders is improved by means of hysterectomy. *Scand J Caring Sci*. 2001;15(3):264-70.

14. Reis N, Engin R, Ingec M, Bag B. A qualitative study: beliefs and attitudes of women undergoing abdominal hysterectomy in Turkey. *Int J Gynecol Cancer*. 2008;18(5):921-28.
15. Lindberg CE, Nolan LB. Women's decision making regarding hysterectomy. *J Obstet Gynecol Neonatal Nurs*. 2001;30(6):607-16.
16. Marván ML, Islas M, Vela L, Chrisler JC, Warren EA. Stereotypes of women in different stages of their reproductive life: data from Mexico and the United States. *Health Care Women Int*. 2008;29(7):673-87.
17. Salvador RT, Vargens OMC, Progiatti JM. Sexualidade e histerectomia: mitos e realidade. *Rev Gaúcha Enferm*. 2008; 29(2):320-3.
18. Lonnee-Hoffmann RA, Schei B, Eriksson NH. Sexual experience of partners after hysterectomy, comparing subtotal with total abdominal hysterectomy. *Acta Obstet Gynecol Scand*. 2006;85(11):1389-94.
19. Urrutia MT, Araya A, Rivera S, Viviani P, Villarroel L. Sexualidad de la mujer histerectomizada: modelo predictivo al sexto mes posterior a la cirugía. *Rev Med Chil*. 2007;135(3):317-25.
20. Helstrom L, Sorbom D, Backstrom T. Influence of partner relationship on sexuality after subtotal hysterectomy. *Acta Obstet Gynecol Scand*. 1995;74(2):142-6.
21. Fraccolli LA, Zoboli ELP, Granja GF, Ermel RC. The concept and practice of comprehensiveness in Primary Health Care: nurses' perception. *Rev Esc Enferm USP* [Internet]. 2011 [cited 2011 Nov 25];45(5):1135-41. Available from: http://www.scielo.br/pdf/reeusp/v45n5/en_v45n5a15.pdf
22. Araya A, Urrutia MT, Muñoz L, Villa L. El proceso de "ser histerectomizada": Aspectos educativos a considerar. *Rev Chil Obstet Ginecol*. 2008;73(5):347-52.
23. Urrutia MT, Riquelme P, Araya A. Educación de mujeres histerectomizadas: ¿Qué desean saber? *Rev Chil Obstet Ginecol*. 2006;71(3):410-16.

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