

SURGICAL MENOPAUSE AND FEMALE SEXUAL FUNCTION

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MAIN FINDING | Mean FSFI score decreased from 25.57 before surgery to 20.28 after surgery (p < 0.05).

BACKGROUND & AIM

Bilateral oophorectomy causes an abrupt loss of ovarian function without the transition seen in natural menopause. Evidence focused specifically on surgical menopause remains limited.

Aim: To identify menopausal symptoms and examine sexual function among reproductive-age women undergoing surgery.

STUDY DESIGN & METHODS

Descriptive correlational study; n = 43 women, aged 40–49 years.

Setting: Ministry of Health training and research hospital.

Study period: 1 Nov 2023–1 May 2024.

Measures: Introductory Information Form, Menopause Symptom Assessment Scale (MSDS), and Female Sexual Function Index (FSFI).

Assessments: ≥2 weeks preoperatively and 6–8 weeks postoperatively.*

References: Sen et al. (2012); Rodriguez et al. (2012); Mecdi Kaydirak (2018). *Postoperative timing should be confirmed against the study protocol.

KEY RESULTS

Mean age: 45.51 ± 2.69 years; 88.4% married; 72.1% reported middle income.

MSDS total: 9.861 ± 4.357; psychological complaints were most prominent, somatic complaints least prominent.

FSFI decreased significantly after surgery (p < 0.05).

Postoperative sexual-function scores were negatively correlated with menopausal symptom scores.

Table 1: Postoperative Menopause Symptom Assessment Scale (MSDS) of Women (N = 43)				
Scale / Subscale	Mean	SD	Min.	Max.
MSDS Total Score	9.861	4.357	3.000	18.000
Psychological Complaints Subscale	4.884	2.471	1.000	12.000
Urogenital Complaints Subscale	3.000	2.047	0.000	7.000
Somatic Complaints Subscale	1.977	0.988	1.000	4.000

Table 2: Female Sexual Function Index (FSFI) Scores (N = 43)					
Measures	Preoperative		Postoperative		p
	Mean	SD	Mean	SD	
FSFI Total Score	25.570	8.814	20.277	8.258	6.420
Sexual Desire Subscale	3.767	1.350	3.447	1.229	2.288
Sexual Arousal Subscale	4.067	1.746	3.447	1.607	4.107
Lubrication Subscale	4.347	1.638	3.181	1.445	7.194
Orgasm Subscale	4.540	1.767	3.665	1.595	5.469
Satisfaction Subscale	4.384	1.511	3.593	1.630	4.196
Pain Subscale	4.465	1.442	2.944	1.340	7.187
Note: t = Independent Samples t-test					

INTERPRETATION

More severe menopausal symptoms were associated with lower sexual-function scores. Age, education and previous gynecological surgery were not reported to significantly influence changes. Chronic illness was associated with lower menopausal symptom scores; this observational association does not establish causality.

CONCLUSION

Sexual function declined across FSFI domains following surgery. Assessment of menopausal symptoms and sexual health may be important in postoperative care.

ETHICS & DISCLOSURES

Ethics: Istanbul University-Cerrahpaşa; 07 Feb 2023; E-74555795-050.01.04-625894.

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