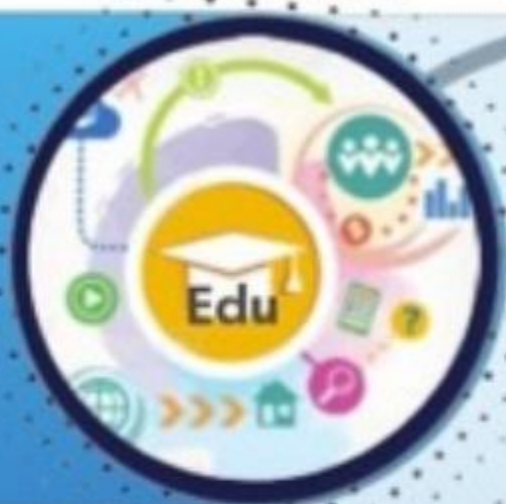




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EFFECTIVENESS OF ASSESSING QUALITY OF LIFE IN WOMEN AFTER CONSERVATIVE MYOMECTOMY

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ABSTRACT

Background. The presence of uterine fibroids and the need for conservative surgical removal significantly impact women's mental and emotional well-being, presenting a crucial challenge in contemporary healthcare.

Purpose. The aim of this study is to analyze the differences in quality of life experienced by women before and after undergoing a conservative myomectomy procedure, specifically focusing on women who are of reproductive age.

Material and methods. Our study investigated the impact of conservative myomectomy on the well-being of 20 female patients, utilizing the UQOLS survey to assess their quality of life.

Results. The study revealed significant differences in the health, career, emotional well-being, and intimate lives of participants with uterine fibroids. Notably, the overall quality of life score, as measured by the UQOLS, was considerably reduced in the fibroid group (67.69 ± 2.58) compared to the healthy control group (82.73 ± 2.34), demonstrating a statistically significant difference ($p < 0.001$).

Conclusion. Identifying the factors that contribute to a decline in quality of life and proactively addressing them can effectively prevent disease recurrences.

Keywords: myoma of the uterus, conservative myomectomy, quality of life.

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INTRODUCTION.

Although uterine fibroids in women of reproductive age have been extensively researched, finding effective treatments remains a significant challenge for scientists worldwide [8, 10]. This is due to the prevalence of this condition, which is a leading benign tumor affecting the female reproductive system, impacting a substantial portion of gynecological patients over 35 years of age [2, 11]. The underlying reasons behind uterine fibroid development continue to elude medical understanding. Due to the rising number of uterine fibroids in women of reproductive years, finding better ways to treat them is crucial. Research continues to focus on organ-preserving treatment options [6, 9]. This is especially important because women are now more likely to delay pregnancy until later in life, and uterine fibroids are being diagnosed more frequently in younger, childless women [1, 9]. Between 25% and 35% of women in their reproductive years' experience uterine fibroids [2, 3]. These non-cancerous growths can negatively impact a woman's self-perception and overall well-being, particularly when treated with a conservative myomectomy approach [1, 3].

Research is increasingly focusing on the impact of gynecological conditions, such as uterine fibroids, on the well-being of women [5, 10]. This exploration of well-being encompasses key life domains: physical health, mental state, and social interactions. Importantly, a patient's overall quality of life considers both disease-related and independent factors, enabling a nuanced understanding of how both the condition and its treatment affect the individual [4, 7, 11]. While invasive procedures inevitably negatively affect patient well-being to varying degrees, modern minimally invasive techniques aim to lessen this impact and expedite recovery [6]. Nevertheless, the long-term impact on quality of life for patients undergoing organ-preserving treatments requires further investigation. Understanding the impact of uterine fibroid growth and conservative myomectomy procedures on women's quality of life is a critical area of focus for contemporary medical research.

MATERIALS AND METHODS.

This research project took place at Tashkent Medical Academy. It focused on 20 women diagnosed with uterine fibroids who opted for non-surgical, fertility-preserving treatments (conservative myomectomy). For comparison, a group of 15 women of reproductive age with no significant health concerns served as the control. Data collection involved a combination of patient history review, symptom analysis, and comprehensive physical and gynecological assessments. Beyond analyzing clinical and lab data from participants, a comprehensive evaluation of their overall well-being was conducted. This assessment utilized the UQOLS questionnaire, a standardized tool known as the Utian Quality of Life Scale, which consisted of 23 questions. Each response to these questions was scored on a scale ranging from 1 to 5. Through the application of a dedicated algorithm and subsequent computational analysis, five key indicators emerged, reflecting the overall well-being and its constituent parts: general, social, health, emotional, and intimate aspects. Statistical computations were performed utilizing the SPSS 21 software platform.

RESULTS.

The age distribution of participants in both the primary group ($34,14 \pm 1,75$) and the control group ($35,7 \pm 4,5$) showed similarity. An analysis of clinical and historical information for patients in the uterine fibroid group and the control group unveiled several noteworthy trends. Women diagnosed with uterine myoma exhibited a similar average age at first menstruation and menstrual cycle length and regularity compared to a control group. However, the bleeding period during menstruation was significantly longer for women with uterine myoma ($p=0,04$; $p=0,03$). These women also described their menstrual experiences as more severe, with increased pain and heavier flow, compared to the control group, who reported minimal to no discomfort during menstruation ($p<0,001$). The severity of menstrual flow was determined by tracking the number of sanitary pads used by women while menstruating. Women diagnosed with uterine fibroids required a significantly higher number of pads daily compared to women in the comparison group ($5,2 \pm 0,15$; $3,63 \pm 0,15$, respectively) ($p<0,001$). Given the common occurrence of menometrorrhagia, a significant number of patients diagnosed with uterine myomas exhibited a history of uterine cavity curettage, with 90% in one group and 6,7% in the other ($p<0,001$), highlighting a clear distinction between the two subgroups.

Individuals with a prior diagnosis of uterine fibroids frequently experienced infertility challenges. Both primary and secondary infertility rates were relatively similar, with 45% and 55% of patients respectively, demonstrating no statistically significant difference ($p=0,942$). Given this, a conservative surgical approach, myomectomy, was the preferred treatment strategy for patients diagnosed with both uterine fibroids and infertility. In the context of uterine fibroids, a notable observation is the higher prevalence of chronic uterine and adnexal inflammatory disorders among patients with a history of the condition. Specifically, 35% (7) of patients with uterine myoma reported these inflammatory diseases, compared to only 6,7% (1) in the control group, a statistically significant difference ($p=0,002$).

Examination of the health conditions of women with uterine fibroids revealed a statistically significant higher prevalence of chronic iron-deficiency anemia following blood loss in the fibroid group (60%, or 12 individuals) compared to the control group ($p=0,002$). Notably, no substantial variations were observed in the occurrence of other health issues between the two groups. The average duration of uterine fibroid presence at the time of the research was $3,92 \pm 0,42$ years. The most common symptoms experienced by patients in the primary group with uterine myomas were pain-related issues including dysmenorrhea and dyspareunia, along with irregularities in their menstrual cycles, including excessive or prolonged bleeding. Additionally, they reported problems with pelvic organs, such as frequent urination or difficulty urinating, and some experienced a concurrence of pain and abnormal menstrual bleeding.

Most patients diagnosed with uterine myoma, approximately 95%, reported experiencing emotional distress as a consequence of the condition. Additionally, 80% of these patients indicated that their work capabilities were negatively affected, while 55% reported a decline in their sexual well-being. During the course of gathering patient histories, a notable trend emerged: both gynecologists and patients exhibited a relatively indifferent stance towards addressing the treatment of uterine myoma. Typically, the approach to managing a woman's condition following a diagnosis primarily focused on tracking tumor growth and conducting regular ultrasound examinations.

A significant disparity in self-reported quality of life emerged when contrasting patients diagnosed with uterine fibroids to a healthy control group. Seventy-five percent of the fibroid patients described their quality of life as poor, compared to a mere 6,7% of healthy women. Conversely, 25% of the fibroid patients rated their quality of life as good, a stark contrast to the 93,3% of healthy women who held the same positive view ($p=0,001$). A significant portion of patients diagnosed with uterine fibroids reported diminished quality of life across various aspects of their lives. This impact was most pronounced in their overall health and professional endeavors, affecting 55% and 45% of patients, respectively. The emotional and sexual domains were also affected, though to a lesser extent, with 35% and 25% of patients experiencing negative impacts. Notably, the overall quality of life score, as measured by the UQOLS, was considerably lower in patients with uterine fibroids ($67,69 \pm 2,58$) compared to a healthy control group ($82,73 \pm 2,34$), indicating a statistically significant difference ($p<0,001$). Patients diagnosed with uterine fibroids also exhibited a parallel decline in quality of life scores across emotional and health-

related domains as measured by the UQOLS. However, no statistically significant differences were found in the UQOLS scores pertaining to professional and sexual aspects of life. Interactions with these patients revealed a noticeable decrease in emotional well-being and a predisposition towards hypochondriacal tendencies. Patients diagnosed with fibroids experienced a severely diminished quality of sexual experiences, extending beyond just emotional distress. They reported pain, discomfort during sexual activity, a reduced sex drive, persistent bleeding between periods, and frequent metrorrhagia. Notably, the length of time a woman lived with fibroids had a substantial impact on her overall well-being, particularly in the domains of health, emotional state, sexual satisfaction, and general quality of life ($p<0,001$). There was no relationship observed between the dimensions of uterine fibroids, the severity of their symptoms, and how patients felt their lives were impacted overall ($p=0,849$). Individuals who began sexual activity at a younger age experienced a statistically significant decline in their overall quality of life, particularly in aspects of health, emotional well-being, and sexual satisfaction ($p=0,001$). Pain was identified as the most detrimental factor influencing all facets of patients' lives ($p=0,002$). Subsequent to these, the most frequently cited issues were severe, agonizing menstrual periods that noticeably diminished patients well-being across their physical health, emotional state, and general quality of life ($p=0,001$).

DISCUSSION

Evaluating a patient's well-being through quality of life studies is a straightforward, dependable, and impactful method used to monitor their health throughout their treatment journey. Patients diagnosed with uterine fibroids, particularly when coupled with adenomyosis, experience a decline in their quality of life, primarily due to distressing symptoms impacting their physical capabilities, pain levels, and mental well-being. The primary impact was felt by women experiencing metrorrhagia, a condition worsened by the existence of benign uterine tumors, leading to reduced productivity and overall well-being.

A study utilizing an online questionnaire explored the quality of life experiences of women, both those living with and without uterine fibroids. Results indicated that the presence of uterine fibroids substantially affected women's overall well-being, encompassing both physical and mental health, when compared to women who did not have fibroids. Specifically, women diagnosed with uterine fibroids reported a diminished quality of life score related to their fibroid condition. Given that half the women in the continuation group exhibited symptom severity scores ≥ 40 , it's plausible they sought medical attention primarily because of their intense symptoms. Consequently, the observed lower quality of life ratings within the study group could stem from the severity of their symptoms, rather than any direct effect of the treatment.

Our research indicates a strong correlation between anemia and a lower quality of life among the participants. This conclusion is strengthened by the observation that these women experienced longer menstrual cycles and incurred higher expenses on menstrual hygiene products. Anemia stemming from heavy menstrual bleeding is a recognized symptom of uterine fibroids, and is known to have a detrimental impact on overall well-being. These results, combined with earlier studies, indicate that addressing anemia in women receiving treatment can enhance their overall well-being. Effectively managing menorrhagia, a common cause of anemia, may lead to improved quality of life, as a correlation was found between anemia and diminished well-being in women currently undergoing treatment. Interestingly, a significant portion of women, approximately 20%, experiencing moderate to severe symptoms reminiscent of uterine fibroids, regardless of their treatment history, reported a decline in their overall well-being. This suggests a lack of awareness among these women regarding the potential link between menorrhagia and uterine fibroids, highlighting the need for increased understanding and recognition of fibroids and their associated symptoms. Given that uterine fibroids can negatively impact a woman's quality of life, and these effects can be effectively managed through suitable treatments, women experiencing fibroid-related symptoms, like heavy menstrual bleeding, are encouraged to get tested and pursue necessary medical interventions.

CONCLUSION.

The impact of uterine fibroids on a woman's well-being extends beyond physical symptoms, influencing her overall life experience. Studies demonstrate a statistically significant decline in various aspects of quality of life, including general well-being, health-related factors, and emotional state, for women diagnosed with uterine fibroids. A negative correlation was observed between age and quality of life measures ($r=-0,314$, $p=0,01$), as well as between the length of time individuals have lived with uterine fibroids and their quality of life ($r=-0,384$, $p<0,001$). However, no connection was established between the overall size of the uterus and the quantity or size of the fibroid growths. Evaluating the impact of uterine fibroid treatments on the well-being of reproductive-aged women, using the UQOLS questionnaire, reveals that treatment positively influences both their physical and mental comfort, ultimately resulting in an enhanced overall health status.

Consent for publication – The study is valid, and recognition by the organization is not required. The author agrees to open publication.

Availability on data and material – available.

Competing interest – no.

Financing – no financial support has been provided for this work.

Conflict of interests – The authors declare that there is no conflict of interest.

**KONSERVATIV MIOMEKТОMIYADAN KEYIN AYOLLARDA HAYOT SIFATINI BAHOLASH
SAMARADORLIGI****D.A. Bekniyazova, D.B. Mirzayeva
Toshkent Tibbiyot Akademiyasi**

Kirish. Bachadon miomasining paydo bo'lishi va konservativ miomektomiyani amalga oshirish ayollarning psixosomiy holatiga ta'sir qiladi va zamonaviy tibbiyotning dolzarb muammosi hisoblanadi.

Maqsad. Reproktiv yoshdagi ayollarda konservativ miomektomiyadan oldin va keyin ayollarning hayot sifatini qiyosiy jihatdan baholash.

Material va usullar. 20 nafar ayol konservativ miomektomiyadan so'ng tekshirildi va UQOLS so'rovnoma yordamida hayot sifati darajasi tahlil qilindi.

Natijalar. Natijada sog'liqni saqlash, kasbiy faoliyat, hissiy va jinsiy sohalarida o'zgarishlar qayd etildi. Bachadon miomasi bilan og'rigan bemorlarda UQOLS umumiy hayot sifati indeksining qiymati ($67,69 \pm 2,58$) nazorat guruhidagi sog'lom bemorlarga qaraganda ancha past ekanligi aniqlandi - $82,73 \pm 2,34$ ($p < 0,001$).

Xulosa. Hayot sifatining yomonlashuviga olib keluvchi xavf omillarini aniqlash va ularning rivojlanishini oldini olish kasallik qaytalanishining profilaktikasiga olib keladi

Kalit so'zlar: bachadon miomasi, konservativ miomektomiya, hayot sifati.

**ЭФФЕКТИВНОСТЬ ОЦЕНКИ КАЧЕСТВА ЖИЗНИ У ЖЕНЩИН ПОСЛЕ КОНСЕРВАТИВНОЙ
МИОМЭКТОМИИ****Д.А. Бекниязова, Д.Б. Мирзаева
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Ведение. Появление миомы матки и проведение консервативной миомэктомии влияет на психоэмоциональное состояние женщин и является актуальной проблемой современной медицины.

Цель. Оценить в сравнительном аспекте качество жизни женщин до и после проведения консервативной миомэктомии у женщин репродуктивного возраста.

Материалы и методы. Исследовано 20 женщин после консервативной миомэктомии и анализировано уровень качества жизни с использованием опросника UQOLS.

Результаты. В результате отмечались изменения в сфере здоровья, профессиональной деятельности, в эмоциональной и половой сферах. Было выявлено, что значение общего индекса качества жизни UQOLS пациенток с миомой матки ($67,69 \pm 2,58$) было достоверно ниже показателя, чем у здоровых пациенток из группы контроля - $82,73 \pm 2,34$ ($p < 0,001$).

Заключение. Выявление факторов риска, приводящих к ухудшению качества жизни, и предупреждение их развития приводит к профилактике рецидивов заболеваний.

Ключевые слова: миома матки, консервативная миомэктомия, качество жизни.

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