

CORRESPONDENCE

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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are now being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Sexual Life after Vaginal Hysterectomy

SIR,—We welcome the fact that you have started a series of articles on Aspects of Sexual Medicine (7 June, p. 543). We strongly believe that medical practitioners should be the most suitable people to provide initial advice and therapy for sexual problems but, as you point out in your leading article (p. 526), undergraduate and indeed postgraduate training is often deficient in this aspect of patient care. Our experience has shown that there is a growing demand from patients for this service and it is now time for doctors to declare an active interest in the subject.

We would like to report the results of a questionnaire inquiry into the effect that vaginal hysterectomy has on a woman's sexual habits. We wrote to all 69 married women who had had a vaginal hysterectomy, with or without repair, during the year 1973 at St. Luke's Hospital, Bradford. There were 49 (71%) satisfactory replies plus three which were not included—one patient of 70 was not sexually active and the other two had impotent husbands. The mean age of the 49 patients was 40 years (range 25-66). Vaginal hysterectomy alone had been performed on 33 and the remainder had a repair procedure in addition. After operation we advise our patients to abstain from intercourse for six weeks. Most resumed coitus shortly after this and 32 (65%) were sexually active within two months of operation and 44 (90%) within four months. Initial difficulties were experienced by 29 (59%); in order of frequency these were: difficulty with intromission, dryness in vagina, dyspareunia, lack of libido, and bleeding. Two patients (4%) found the act of sexual intercourse much worse than before the operation, 5 (10%) found it worse, 21 (43%) the same, 13 (26%) better, and 8

(16%) much better. Thus 86% found intercourse the same or improved. The poorer results were found when patients had had both anterior colporrhaphy and posterior colporrhaphy in conjunction with the hysterectomy. The desire for sexual intercourse after operation was found to be much less for 6 (12%), less for 10 (20%), the same for 22 (45%), greater for 8 (16%), and much greater for 3 (6%). These changes were unrelated to the patient's age.

We feel that these results have been informative, particularly as there is very little recent literature on patients' sexual habits following routine gynaecological surgery. A Polish paper¹ has shown that complaints of dyspareunia increase twofold following a

Manchester repair and Tunnadine² has reported on severe sexual disturbance following hysterectomy in two patients. Richards³ has described a post-hysterectomy syndrome consisting mainly of depression but, in addition, out of 28 young patients libido was reduced in 10 but improved in nine. Clearly more investigations in this field are needed and perhaps questions on sexual function should become part of every medical history. In order to pursue our own studies we now give patients on leaving hospital a sheet of notes on sexual relations and offer a comprehensive follow-up service for those with sexual problems.—We are, etc.,

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¹ Kornacki, Z., Brodziński, W., and Wilczyński, Z., *Ginekologia Polska*, 1971, 42, 1037.

² Tunnadine, P., *British Medical Journal*, 1972, 1, 748.

³ Richards, D. H., *Lancet*, 1974, 2, 983.

Patient Satisfaction in General Practice

SIR,—It might be of interest to report briefly on a small survey of patient satisfaction in general practice similar to that of Mr. P. R. Kaim-Caudle and Dr. G. N. Marsh (1 February, p. 262), particularly as they were unaware of "any other systematic survey of patient satisfaction with a particular practice's services."

Our survey consisted of interview assessments of patient satisfaction with communication and other aspects of practice organization. A sample of 61 patients were interviewed at home one day or one week after a visit to the surgery. The sample consisted of those patients attending with a new problem or with a new episode of a previous problem. The sample was restricted to "first attenders" on the assumption that in general

more information is given to them than on subsequent consultations and that consequently there might be more scope for failure of communication at this stage than at later contacts. Detailed reports are to be published in the *Journal of the Royal College of General Practitioners*, but similarities with the findings of Mr. Kaim-Caudle and Dr. Marsh are noteworthy.

Ninety per cent of the sample preferred an appointments system to queuing, and 82% felt that they were usually able to make an appointment for a time that suited them. Fifty-nine per cent preferred a personal doctor, while 41% had no preference. Eighty-two per cent were quite satisfied with the information they received. Several other variables were also examined.