

## STRESS URINARY INCONTINENCE IN A PATIENT WITH A HISTORY OF HYSTERECTOMY AND EARLY OOPHORETOMY: CASE REPORT

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## **INTRODUCTION**

Urinary incontinence (UI) can occur after surgical procedures such as hysterectomy, which consists of the surgical removal of the uterus and oophorectomy of the ovaries. After these procedures, weakening of the pelvic floor muscles, damage to the nerves that control the bladder, hormonal changes, changes in pelvic anatomy and loss of support of the pelvic organs may occur. When subjected to these procedures early, associated with other risk factors, these women will have a greater chance of developing urinary incontinence.

## **OBJECTIVE**

To report the case of a patient diagnosed with stress urinary incontinence, with a history of hysterectomy and early oophorectomy.

## **METHOD**

The information was obtained through an interview with the patient in the physical medicine and rehabilitation sector of the Hospital Escola Fernando Pessoa in Porto, during an observation period, analysis of diagnostic methods that the patient underwent and a review of the literature.

## **CASE DESCRIPTION**

64-year-old patient, resident in the city of Porto-Portugal, with a clinical diagnosis of stress urinary incontinence. She noticed that she began to lose urine over the years while coughing or lifting weights. She reported an episode of dystocic vaginal birth at the age of 25, an LGA (Large for Gestational Age) baby and several perineal lacerations. She underwent hysterectomy and oophorectomy early at age 40, after diagnosis of malignant neoplasm. She continually uses medication to improve symptoms related to depression and

insomnia. After medical advice, she began performing 3 hydrotherapy sessions weekly and pelvic physiotherapy twice a week. She has already been undergoing treatment for 6 months and has noticed an improvement in episodes of urinary loss on exertion.

## **FINAL CONSIDERATIONS**

The complexity and interaction of several factors that can lead to urinary incontinence in a patient with a history of hysterectomy and early oophorectomy stands out, being a condition that can significantly impact the patient's quality of life and well-being, affecting aspects physical and emotional. Early hysterectomy and oophorectomy, especially when associated with a history of dystocic birth, may contribute to the development of UI. The therapeutic approach adopted in this case illustrates the importance of multidisciplinary and individualized treatment. Regarding continued medical monitoring, adapting therapy according to the patient's evolution and considering other therapeutic approaches, if necessary, are crucial aspects to obtain long-term results. The importance of raising awareness about urinary incontinence after surgery is highlighted, as well as the need for a holistic approach to treatment, taking into consideration, physical, emotional and medical factors.