

## Examination Of Nursing and Midwifery Theses in Gynecologic and Obstetric Surgery: A Thesis Mapping Example In Turkey

Jinekolojik ve Obstetrik Cerrahi Alanında Hemşirelik ve Ebelik Tezlerinin İncelenmesi: Türkiye'de Bir Tez Haritalama Örneği

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### ABSTRACT

The aim of this study was to determine applied postgraduate thesis studies in the field of gynecologic and obstetric surgery in Turkey. This study is retrospective, cross-sectional, and descriptive.

The keywords "Gynecological Surgery", "Obstetric Surgery", "Cesarean section", "Hysterectomy", "Vaginoplasty", "Vaginal Repair", "Ovarian Cyst Surgery", "Uterine Prolapse", "Endometriosis", "Myomectomy", which were obtained in line with the literature, were scanned by typing into the database of the National Thesis Center of the Council of Higher Education. In accordance with the inclusion criteria of the study, 23 theses in the field of midwifery and nursing, which did not have an oncologic procedure, the full text of which could be accessed and implemented between 1995 and 2023, were included in the evaluation.

In this study, the effects of counseling, health education, and support programs provided during the perioperative process within the scope of midwifery and nursing care protocol on sexual, psychosocial and physiological problems that may be encountered were examined. In addition, chewing gum, in-bed exercise, hot application, and warm water drinking were included in the management of postoperative gastrointestinal symptoms, while thermal blankets and heated irrigation fluids were used for the management of unwanted perioperative hypothermia. The number of multidisciplinary randomized controlled studies should be increased to emphasize the professional roles of midwives and nurses.

**Keywords:** Gynecology, Midwife, Nurse, Obstetrics, Thesis Mapping

### ÖZ

Bu çalışmanın amacı, Türkiye'de jinekolojik ve obstetrik cerrahi alanında yapılan uygulamalı lisansüstü tez çalışmalarını belirlemektir. Çalışma retrospektif, kesitsel ve tanımlayıcı niteliktedir.

Literatür doğrultusunda elde edilen "Jinekolojik Cerrahi", "Obstetrik Cerrahi", "Sezaryen", "Histerektomi", "Vajinoplasti", "Vajinal Onarım", "Over Kist Cerrahisi", "Uterin Prolapsus", "Endometriozis", "Myemektomi" anahtar kelimeleri Yükseköğretim Kurulu Ulusal Tez Merkezi veri tabanına yazılarak taranmıştır. Çalışmanın dahil edilme kriterleri doğrultusunda, onkolojik bir işlem içermeyen, tam metnine ulaşılabilen, 1995-2023 yılları arasında uygulanmış ebeklik ve hemşirelik alanında 23 tez değerlendirmeye alındı.

Tezlerde, ebeklik ve hemşirelik bakım protokolü kapsamında perioperatif süreçte verilen danışmanlık, sağlık eğitimi ve destek programlarının karşılaşılabilecek cinsel, psikososyal ve fizyolojik sorunlar üzerindeki etkileri incelendi. Ayrıca postoperatif gastrointestinal semptomların yönetiminde sakız çiğneme, yatak içi egzersiz, sıcak uygulama, ılık su içme yer alırken, istenmeyen perioperatif hipotermi yönetimi için termal battaniye ve ısıtılmış irrigasyon sıvıları uygulanmıştır. Ebe ve hemşirelerin profesyonel rollerini vurgulamak için multidisipliner randomize kontrollü çalışmaların sayısının artırılması önerilebilir.

**Anahtar Kelimeler:** Ebe, Hemşire, Jinekoloji, Kadın Doğum, Tez Haritalama

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## INTRODUCTION

Surgical intervention is an essential treatment for gynecologic and obstetric diseases.<sup>1</sup> Surgical treatment is a complex process that affects the patient physiologically, psychologically, and socially. It may disrupt body image, lose patient autonomy, and experience pain and different complications related to surgery.<sup>2-4</sup> The health professional who is directly responsible for the perioperative care of the patient during this process is the nurse and midwife. Nurses and midwives are not only health care practitioners but also undertake tasks such as improving patients' quality of life, raising awareness, and adapting to the postoperative process by considering the

process as a whole with their supportive, counselor, and educator roles.<sup>5-7</sup> Gynecologic and obstetric surgery, in particular, is closely related to a woman's reproductive capacity and sexual health, which directly affects her quality of life and social roles. In addition, during cesarean section, which is frequently performed in obstetric surgery, elements such as newborn care and breastfeeding are included in the perioperative care. In this context, gynecologic and obstetric surgery is a special field that requires a multidisciplinary team approach, and nursing/midwifery care has critical consequences for the individual, family and society.<sup>8-10</sup>

## MATERIALS AND METHODS

The study is retrospective, cross-sectional and descriptive. In order to gather the data, firstly, a literature review was conducted on the interventions performed in the field of gynecological and obstetric surgery.<sup>2-4, 11-13</sup> As a result of the search, the keywords "Gynecological Surgery", "Obstetric Surgery", "Caesarean section", "Hysterectomy", "Vaginoplasty", "Vaginal Repair", "Ovarian Cyst Surgery" "Uterine Prolapse" "Endometriosis" "Myomectomy" were obtained. The keywords were entered into the database of the National Thesis Center of the Council of Higher Education and the theses were scanned. In accordance with the inclusion criteria of the study, 23 theses in the field of midwifery and nursing, which did not have oncologic procedures, the full text of which could be accessed, and

implemented between 1995 and 2023 were included in the evaluation. The data were obtained by evaluating the characteristics of the theses scanned with keywords. Data were collected using a six-question form developed by the researchers through literature review.<sup>3,11-13</sup> In the data collection form, there are items that examine the department, year, aim, method, surgical intervention performed, and the result of the thesis. Data were evaluated with descriptive statistics such as number and percentage. Since the study was conducted by accessing the theses from a public website, ethics committee approval was not obtained.

### Limitations of the Study

The theses used in this research cover the period between 1995 and 2023. The year 2024 was not included in the research.

## RESULTS AND DISCUSSION

It was determined that 86.9% of the theses included in the study were conducted in the department of nursing, 69.6% were between 2010 and 2023, and 56.6% were doctoral thesis on hysterectomy (Table 1).

**Table 1. Characteristics of Applied Theses in Gynecological and Obstetrics Surgery (n:23)**

Department	Number	%
Nursing	20	86.9
Midwifery	3	13.1
<b>Year Interval</b>		
1995-2009	7	30.4
2010-2023	16	69.6
<b>The type of Thesis</b>		
Master	10	43.4
PhD	13	56.6
<b>Surgical Interventions Performed in the Study</b>		
Gynecological surgery	3	13.1
Hysterectomy	13	56.6
Cesarean section	5	21.7
Genital Esthetics	1	4.3
Endometriosis	1	4.3

Theses were applied in the field of gynecological and obstetric surgery were examined; in some of the studies, the effects of counseling, health education, and support programs provided during the perioperative process within the scope of midwifery and nursing care protocol on sexual, psychosocial, and physiological problems that may be experienced, and the knowledge and behaviors of women toward solutions to these problems were evaluated (Table 2).

Furthermore, it is noteworthy that practices aimed at reducing the effects of complications related to surgical intervention that negatively affect patient comfort level and healing process during the postoperative period were observed in the studies. These practices include chewing gum, in-bed exercise, hot application, and warm water for the management of gastrointestinal symptoms, while thermal blankets and heated irrigation

fluids are utilized for the management of unwanted perioperative hypothermia (Table 2).

Another element investigated in the present study is the effects of traditional and complementary medicine practices and non-pharmacological methods on postoperative pain, anxiety, and satisfaction. In this context, practices such as reiki and back massage, foot reflexology, music recitals, progressive relaxation exercises, and hand and foot massage were performed in women. In addition, in the applied analyses, parameters related not only to the woman but also to the newborn were evaluated. In particular, the effect of skin-to-skin contact on the sucking reflex of newborns after cesarean section was examined (Table 2).

Nursing and midwifery professionals have professional, independent duties, authorities, and responsibilities in our country, but they can work together or are preferred interchangeably in the face of employment problems because they include multidisciplinary care practices in maternal and child health. In particular, midwives and nurses in gynecology and obstetrics are responsible for health care services, such as reproductive health, follow-up, screening, education, and counseling related to reproductive health, postpartum care, and care for high-risk pregnant women. The duties and responsibilities of midwives in managing vaginal delivery and the birth process are strictly differentiated from those of nurses.<sup>13</sup> The fact that the majority of the studies conducted in the field of gynecological and obstetric surgery were performed by nurses may be attributed to the fact that midwives do not prefer to work in intersecting care practices with nurses. Furthermore, it is thought that the fact that applied theses are carried out by doctoral level students and the recent increase in the number of docto

**Table 2. Summary of Applied Theses in Gynecological and Obstetric Surgery (n=23)**

Authors and Year of Thesis	Aim	Method	Surgical Intervention	Conclusion
Coşkun, F. (2022) Master's Thesis. <sup>7</sup>	To evaluate a web-based counseling service on genital esthetic procedures.	The study included 36 participants. Data were collected using a socio-demographic and pre- and post-counseling questionnaire.	Genital Esthetic	The knowledge level score increased after the counseling service was provided.
Gül Bursa, A. (2022) Doctoral Thesis. <sup>13</sup>	To determine the effect of the Nursing Care Program for Endometriosis (NCPE) developed in line with the health promotion model on women's quality of life and healthy lifestyle behaviors.	A total of 46 women (23 in the intervention and 23 in the control groups) were included in the study. The Descriptive Information Form, Endometriosis Health Profile Questionnaire, Healthy Lifestyle Behaviors Scale II, and Visual Pain Scale were utilized.	Endometriosis	It was determined that NCPE implemented for women with endometriosis contributed positively to improving women's quality of life and developing healthy lifestyle behaviors.
Erkaya Leman, (2021) Master's Thesis. <sup>1</sup>	To examine the effect of skin-to-skin contact after cesarean delivery with spinal anesthesia on newborns' sucking competence and mothers' breastfeeding self-efficacy.	A total of 72 pregnant women and newborns, including 37 intervention and 35 control groups, were included in the study. Newborn and Parent Descriptive Characteristics Information Form, Breastfeeding Self-Efficacy Short Form Scale, and LATCH Breastfeeding Diagnostic Scale were utilized.	Cesarean section	Skin-to-skin contact was found to have an effect on the sucking competence of newborns and breastfeeding self-efficacy of mothers.
Çevik Akgöz, S. (2014) Doctoral Thesis. <sup>14</sup>	To determine the effects of in-bed exercises and gum chewing on post-cesarean bowel sounds, flatulence, and early discharge in women who underwent cesarean delivery.	A total of 120 women (40 women in the gum, exercise, and control groups) were included in the study. The Introduction and Evaluation Form, Gum Group Study Form, and Exercise Group Study Form were utilized.	Cesarean section	Although there was no statistically significant difference, the gum and exercise groups were discharged earlier than the control group, and the gum group was detected to pass gas earlier.
Aydın, H. (2019) Master's Thesis. <sup>15</sup>	To determine the effects of gum chewing and hot application on postoperative ileus after gynecological surgery.	There were 38 patients in the gum chewing group, 39 in the hot application group, and 37 in the control group. Gum chewing/hot application group data collection forms, control group data collection forms, and postoperative patient follow-up forms were utilized.	Gynecological surgeries	There were no significant differences between the three groups in terms of first bowel sounds, first oral intake, and first stool expulsion time.

**Table 2. (Continued)**

Tosunöz Köse, İ. (2022) Doctoral Thesis. <sup>4</sup>	To determine the effect of the use of thermal blankets in the preoperative and postoperative periods on vital signs, shivering level, chills, and temperature comfort perception.	Forty four patients, 22 with intervention and 22 controls, were included in the study. Patient Information Form, Patient Follow-up Form, Shivering Level Diagnosis Form, and Temperature Comfort Perception Scale were utilized.	Gynecological surgeries	It has proven that the thermal blanket is not superior to the cotton fleece blanket used in standard care for maintaining and raising body temperature, but it is effective in increasing the perception of comfort.
Akkurt, T. (2019) Master's Thesis. <sup>16</sup>	To evaluate the effect of warm water provided during laparoscopic hysterectomy on gastrointestinal function	Experimental group = 45; control group = 45. A total of 90 patients were included in the study. Descriptive Questionnaire and Patient Follow-up and Evaluation Forms were utilized.	Hysterectomy	It was observed that bowel movements and gas output started earlier in patients who consumed warm water.
Güler, H. (1995) Doctoral Thesis. <sup>21</sup>	To determine the effect of health education provided before and after hysterectomy on the problems and solutions that may be faced during the recovery process.	Experimental: 31 Control: 33 total of 64 people were included in the study. Information questionnaire, Practice questionnaire, Encountered problem form, and BECK depression scale were utilized.	Hysterectomy	It was determined that the training increased the participants' level of knowledge; the experimental group experienced fewer physical and psychosocial problems during the recovery period and resolved the problems in a proper manner.
Pak, Ö. (2009) Master's Thesis. <sup>22</sup>	To determine the effects of preoperative and postoperative nursing education on psychosocial problems in patients undergoing hysterectomy surgery.	In total, 60 patients (30 in the experimental group and 30 in the control group) were included in the study. The Information Form, Sexual History Form, and Female Sexual Function Scale were utilized.	Hysterectomy	No significant differences were detected between the groups.
Utlü, H. (2018) Doctoral Thesis. <sup>18</sup>	To determine the effects of reiki and back massage on pain, vital signs, and analgesic use in women undergoing open abdominal hysterectomy.	A total of 102 people were included in the study, including 34 who received reiki, 34 who received back massage, and 34 who were in the control group. Descriptive questionnaire, numerical pain rating scale, and vital sign forms were utilized.	Hysterectomy	There were statistically significant differences in pain intensity and analgesic use between the Reiki and back massage groups.
Özdemir, F. (2008) Doctoral Thesis. <sup>5</sup>	To determine the effect of education and progressive relaxation exercises on anxiety levels after hysterectomy in women.	A total of 66 people were included in the study (34 in the experimental group and 32 in the control group). The Personal Introduction Form and State-Trait Anxiety Inventory were utilized.	Hysterectomy	Training and progressive relaxation exercises reduced women's anxiety levels.
Saylam, M. (2005) Doctoral Thesis. <sup>23</sup>	To determine the effects of preoperative and postoperative counseling on quality of life and sexual problems in patients undergoing hysterectomy.	A total of 60 people, 30 in the study: 30 in the experimental group, were included in the experimental group. Preoperative data, the SF-36 quality of life scale, and the sexual history form were utilized.	Hysterectomy	Counseling was found to be effective for improving quality of life but not for sexual problems.
Yılmaz, K. (2019) Doctoral Thesis. <sup>24</sup>	To evaluate the effectiveness of a nursing support program developed for women undergoing hysterectomy.	A total of 60 people, 30 in the study: 30 in the experimental group, were included in the experimental group. Sociodemographic Data Form, Female Sexual Function Index, Epidemiological Research and Center Depression Scale, and SF-12 Quality of Life Scale The Postoperative Data Form, Menopausal Symptoms Assessment Scale, and SF-12 Quality of Life Scale were utilized.	Hysterectomy	Education and telephone support provided to the patients within the scope of the nursing support program effectively reduced the severity of menopausal symptoms, prevented the deterioration of sexual functions, reduced depressive symptoms, and improved quality of life.
Ekiz Özer, E. (2022) Master's Thesis. <sup>25</sup>	To determine the effect of foot reflexology performed in women who underwent laparoscopic hysterectomy at the 2nd postoperative hour on the reduction of postoperative pain and distension and recovery	A total of 70 people, 35 in the study group and 35 in the control group, were included in the study. Patient Evaluation Form, Patient Follow-up Form, and Postoperative Recovery Index were utilized.	Hysterectomy	Foot reflexology reduces gastrointestinal system problems and analgesia use and has a positive effect on postoperative recovery.

**Table 2. (Continued)**

Öztürk, R. (2015) Doctoral Thesis. <sup>6</sup>	To determine the effect of reflexology on pain, anxiety, vital signs, fatigue, muscle tension, relaxation, and satisfaction after abdominal hysterectomy	In total, 63 women (32 intervention and 31 control) were included in the study. Patient Introduction Form, Postoperative Daily Follow-up Form, State and Trait Anxiety Inventory, and Visual Analog Scale were utilized to evaluate the severity of pain, fatigue, muscle tension, relaxation, and satisfaction levels.	Hysterectomy	It was observed that foot reflexology led to a decrease in pain, anxiety, fatigue, and muscle tension levels and an increase in relaxation and satisfaction levels in women who underwent abdominal hysterectomy, and this difference was statistically significant.
Çiçek, T. (2022) Doctoral Thesis. <sup>20</sup>	To determine the effect of listening to music on the reduction of pain and anxiety after total abdominal hysterectomy.	Experimental: 52; Control: 52. A total of 104 women were included in the study. Patient Information Form, STAI-I, STAI-II Numerical Pain Rating Scale, VAS Anxiety Scale, BRIEF Pain Inventory, and a Patient Follow-up Chart were utilized.	Hysterectomy	It was observed that the mean VAS pain and anxiety scores were lower at all measurement hours in the music recital group than in the control group.
Avcı, N. (2015) Doctoral Thesis. <sup>10</sup>	To determine the effect of reflexology on the reduction of postoperative pain and anxiety in patients undergoing total abdominal hysterectomy.	Experimental: 54; Control: 46; a total of 100 women were included in the study. Patient information forms, the STAI-1, numerical rating scale, VAS anxiety scale, BRIEF Pain Inventory, and Patient Monitoring Schedule were utilized.	Hysterectomy	The mean SDS pain, VAS score, and STAI anxiety scores were lower in the reflexology group than in the control group at all hours.
Özbağ, A. (2021) Master's Thesis. <sup>17</sup>	To investigate the effect of heated irrigation solution on postoperative hypothermia after total laparoscopic hysterectomy	Experimental: 32; Control: 32. A total of 64 women were included in the study. A patient introduction form and a data collection form, which included the vital signs of the patient during and after surgery, were utilized.	Hysterectomy	It was concluded that heated irrigation solution had an effect on postoperative hypothermia.
Tütüncü, B. (2009) Master's Thesis. <sup>3</sup>	To determine the effect of postoperative education provided to women with TAH+BSO on their sexual function according to the PLISSIT model.	A total of 70 women (35 in the Study Group and 35 in the Control group) were included in the study. Questionnaire form, Female Sexual Function Index, and training model package developed in line with the PLISSIT Model were utilized.	Hysterectomy	Sexual education delivered through the PLISSIT model was found to positively affect women's postoperative sexual function and coping with sexual problems.
Çelik Oyar, G. (2008) Doctoral Thesis. <sup>2</sup>	To determine the effect of progressive relaxation exercises, a non-pharmacological method, on preventing nausea and vomiting in patients undergoing patient-controlled analgesia after gynecological surgery	A total of 70 women (35 experimental and 35 control group) were included in the study. Patient Follow-up Form, Visual Pain Comparison Form, Visual Nausea and Vomiting Comparison Form, Self-Assessment Questionnaire STAI-I, Progressive Relaxation Exercises and Satisfaction with Medical Treatment Questionnaire, and Satisfaction with Patient-Controlled Analgesia Questionnaire were utilized.	Gynecological surgeries	There was a significant decrease in the frequency and severity of nausea, vomiting, emesis, pain, analgesic use, and postoperative anxiety scores in the experimental group compared with the control group.
Güney, D. (2021) Master's Thesis. <sup>26</sup>	To determine the effects of music and planned education on surgical fear, anxiety, and depression before cesarean section	A total of 120 people were included in the study, including the Music Group (N=40), the Planned Education Group (N=40) and the Control Group (n=40). The Personal Information Form, the Surgical Fear Scale, and the Hospital Anxiety and Depression Scale were utilized.	Cesarean section	Music and planned education were effective in reducing women's short-term and general surgical fears and planned education was effective in reducing their long-term surgical fears and anxiety levels prior to cesarean section.
Lazoğlu, M. (2022) Doctoral Thesis. <sup>8</sup>	To determine the effects of rotation and mobilization systems on breastfeeding success, pain, and comfort during cesarean section	146 women (74 experimental and 72 control) were included in the study. The Personal Information Form, LATCH Breastfeeding Identification and Assessment Scale, Visual Comparison Scale, Postpartum Comfort Scale, and Lactogenesis Symptoms Follow-up Form were utilized.	Cesarean section	The patient rotation and mobilization system had an impact on breastfeeding success, pain, postpartum comfort, and signs of lactogenesis
Değirmen, N. (2006) Master's Thesis. <sup>9</sup>	To determine the efficacy of hand-foot massage in reducing postoperative pain in patients undergoing cesarean section	A total of 75 women, including 25 in the control group, 25 in the hand-foot massage group, and 25 in the foot massage group, were included in the study. Patient Introduction Form, Postoperative Pain Diagnosis Form, NRS and VS Pain Scales, and Postoperative Pain Monitoring Form before and after massage were utilized.	Cesarean section	Hand and foot massage are effective methods for controlling postoperative pain, and massage of the hand-foot area reduces pain severity more than foot massage. It was determined that the pain-reduction effect increased as the duration of the massage was prolonged.

programs in the midwifery department may result in the high number of nursing theses.

Gynecological and obstetric surgery is a sensitive surgical procedure that directly affects the sexual and reproductive health of women, has a high risk of complications, and requires personal privacy and emotional empathy. Providing women with information and counseling about the surgical procedure to be performed and psychosocial support will effectively manage the symptoms they may experience after the surgical process and improve their quality of life. In the theses included in the study, it was concluded that through counseling, health education, and support programs, sexual, psychosocial, and physiological problems that may be experienced can be prevented, and quality of life can be improved.<sup>8-10</sup>

The most common problems that negatively affect patients' comfort level and recovery after abdominal surgery are symptoms related to the gastrointestinal tract. The symptoms experienced include particularly decreased gastrointestinal (GI) motility and abdominal distension, intestinal gas and fluid retention, flatulence, and delayed defecation after surgery. These symptoms are accompanied by pain, nausea, vomiting, anxiety, delayed oral intake, delayed wound healing, postoperative

Postoperative pain is a specific type of acute pain that is localized, develops due to the activation of neuroreceptor in response to surgical trauma, gradually decreases, and ends with tissue healing. Controlling pain is extremely important in terms of relieving the individual, increasing quality of life, and reducing complications. Nurses/midwives play an active role in the diagnosis of pain, planning and applying the necessary pharmacological and nonpharmacological pain methods, and monitoring and evaluating the results of treatment. Pharmacologic agents as well as non-pharmacologic methods are

mobilization, prolonged hospital stay, and decreased patient satisfaction. In this context, gastrointestinal symptoms can be managed using several clinical strategies implemented by nurses and midwives in collaboration with physicians. In the theses examined within the scope of the study, it was found that chewing gum, in-bed exercise, warm application, and warm water drinking in the management of gastrointestinal symptoms had an effect on early blastulation and defecation, early discharge, and a reduction in pain level.<sup>14-16</sup>

Unintentional perioperative hypothermia refers to a patient with a body temperature lower than the normal body temperature (usually between 36.5-37.5°C) during or after a surgical procedure. Hypothermia can occur due to several circumstances, such as failure to maintain body temperature during surgery or anesthesia, low temperatures in the operating room, poor heating systems, or other factors that impair the patient's thermoregulation. Unintentional perioperative hypothermia has various repercussions, including reduced tissue oxygen supply, discomfort, delayed wound healing, wound infection, chills, and bleeding. Previous studies have revealed that the use of thermal blankets and heated irrigation fluids with a multidisciplinary team approach increased comfort and prevented hypothermia.<sup>4, 17</sup>

used to manage pain. Although these methods increase the effectiveness of treatment when used in combination with pharmacological methods, when applied alone, they are effective for pain management by providing the body with natural morphine and endorphin release. In the theses evaluated within the scope of the study, the effects of applications such as back massage, foot reflexology, music recital, progressive relaxation exercises, hand-foot massage, and music recital on pain, anxiety, and satisfaction were examined, and significant results were found.<sup>2, 5-10, 18-20</sup>

## CONCLUSION

As a result of the research, it was determined that the theses were mostly conducted in the department of nursing during the doctorate period and during hysterectomy.

In theses, it is noteworthy that the results of planned education and counseling services that increase the quality of midwifery and nursing care, have a positive effect on patient quality of life, anxiety, and satisfaction level, and possible sexual problems are examined on the basis of a scientific model or protocol.

One of the professional roles of nurses and midwives is to implement current interventions on symptom management and patient comfort by following evidence-based practices and incorporating evidence into care

procedures. In this context, it is remarkable that practices that minimize the risk of postoperative gastrointestinal complications, increase patient comfort and breastfeeding efficiency, support postoperative pain management, and yield positive results are performed in theses.

In line with these results, increasing the number of multidisciplinary randomized controlled studies is recommended to emphasize the professional roles of midwives and nurses.

Our findings are expected to guide future studies in the field of gynecological and obstetric surgery in Turkey.

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