Surgical Menopause

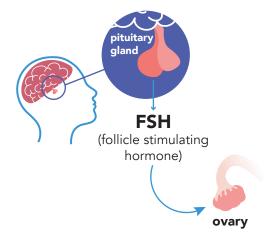


Depending on your age, the reason for your hysterectomy and your family history, your procedure may also involve the removal of your ovaries (oophorectomy).

About Ovaries and Menopause

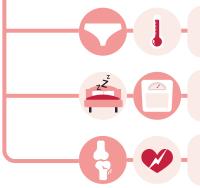
During the reproductive years, the ovaries release eggs (ovulation) and produce estrogen, progesterone, and some testosterone. Ovulation happens because the ovaries are responsive to another hormone from the pituitary gland (i.e. brain) called Follicle-Stimulating Hormone (FSH).

As people age, the ovaries become less responsive to FSH, making them less likely to ovulate and produce estrogen. As the ovarian function decreases, hormone levels go down and the drop in estrogen is what people notice the most. The end result of this process is called **Menopause**.



Menopause occurs from a loss in ovarian function leading to low estrogen levels and no menstruation for twelve consecutive months. It is often preceded by 'perimenopause', a time of fluctuating hormones, cycle irregularity, and menopausal symptoms.

Low estrogen levels can affect both the symptoms you experience and your long term health



Up to 80% of menopausal women experience vasomotor symptoms of menopause (VMS) and genitourinary syndrome of menopause (GSM).

Other symptoms of menopause can include low libido, weight gain, and changes in sleep, mood and cognition.

Low estrogen levels, as a result of menopause, can also affect long term bone health and cardiovascular health.

Removing Ovaries at the Time of Surgery

If you are already in menopause, and the ovaries are removed at the time of your surgery, you may not notice new or worsening of your menopause symptoms. However, if you were not in menopause before your procedure, removing your ovaries will result in surgical menopause. You will no longer ovulate or menstruate.

Surgical menopause can cause menopausal symptoms that are more frequent and severe than those experienced during natural menopause. This is because there will be no ovarian estrogen production. If you go through menopause naturally, your ovaries will still produce a small amount of estrogen when menopausal.

Depending on your age and past medical history, your physician may recommend hormone replacement therapy to help counteract some of the effects of surgical menopause. Additionally, non-hormonal medications and/or lifestyle modifications may be suggested for symptom relief.

This material is intended for use by Canadian residents only. It is solely intended for informational and educational purposes. The information presented in these handouts is not to be used as a substitute for medical advice, independent judgement, or proper clinical assessment by a physician. The context of each case and individual needs differ between patients and this material cannot be applied without consultation with a trained doctor. This information handout is not intended for the diagnosis of health concerns or to take the place of the care of a medical professional. This material reflects the information available at the time of preparation.

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