

# ROCK MY MEN♀PAUSE

## Surgical menopause

Surgical menopause occurs following an operation to remove your ovaries. A hysterectomy (surgical removal of the womb) may or may not be performed at the same time, but it is the removal of the ovaries that makes you instantly menopausal.

**Author:** Dr Hannah Short, GP specialist in Menopause and Premenstrual Disorders

**T**he procedure might be performed for a number of reasons:

- as part of cancer or endometriosis treatment
- in order to reduce the risk of developing cancer (in those who carry the BRCA gene mutations, for example)
- as a last resort in people who suffer with premenstrual dysphoric disorder (PMDD), a severe form of premenstrual syndrome (PMS).

**How is surgical menopause different from natural menopause?**

Surgical menopause differs from natural menopause as oestrogen production (oestrogen being previously produced by the ovaries) is suddenly withdrawn. Natural menopause, however, happens gradually over the preceding years until your periods eventually stop. The average age for natural menopause is 51. You are said to be post-menopausal one year after your final period. However, in surgical menopause, you are instantly plunged into post-menopause.

### Symptoms of surgical menopause

Symptoms of surgical menopause are similar to those experienced in natural menopause, for example:



Hot flushes



Palpitations



Night sweats



Vaginal dryness



Fatigue



Mood changes

Symptoms of surgical menopause are sudden and can be more extreme than in natural menopause, especially in younger people. This is a result of the sudden loss of oestrogen. Symptoms of testosterone deficiency may also be present, for example low libido, headaches, poor energy and a feeling of general malaise.

In people who go through a natural menopause, their ovaries continue to produce very small amounts of oestrogen and testosterone throughout the rest of their lives. In people who enter a surgical menopause, the adrenal glands continue to produce dehydroepiandrosterone (DHEA, a precursor to the sex hormones) – however, the end result is largely insignificant, and HRT can be required to help with symptom control.

## Hormone treatments

For the majority of people who are able to take hormones after their surgery, only oestrogen replacement therapy will be required. This is because most people having their ovaries removed will also have had a hysterectomy and so no longer need the progesterone to prevent overgrowth of the lining of the womb. Those with a history of severe endometriosis, however, may need combined HRT – both oestrogen and progesterone – to reduce the risk of recurrence of the disease.

Overall, the benefits associated with taking oestrogen-only HRT far outweigh any risks in most people. Unlike combined HRT, there is no increased risk of breast cancer. Both oestrogen-only and combined HRT improve menopausal symptoms and are beneficial for bone, heart and brain health. Combined HRT, but not oestrogen-only, is associated with a reduced risk of bowel cancer. In surgical menopause, especially in younger people, higher doses of hormones may be needed to adequately control menopausal symptoms. Treatment may need to be life-long. If symptoms are not fully controlled on HRT, then testosterone replacement therapy should be considered.

## Non-hormonal treatments

Those with a history of hormone-dependent cancer may not be able to safely take HRT for symptoms of surgical menopause. However, it is important to have a fully informed discussion with your doctor and not make any assumptions. For example, there does not appear to be any increased risk if local (vaginal) oestrogen is used for symptoms of vaginal dryness – this includes those who have a history of oestrogen receptor positive breast cancer.

There are numerous other, non-hormonal medical treatments that may be of benefit including:

- cognitive behavioural therapy (CBT) and complementary therapies can also be explored.
- lifestyle changes – for example regular exercise, mindfulness and a healthy plant-based Mediterranean style diet – can help with symptom control and reduce the risk of chronic conditions associated with low oestrogen (heart disease, osteoporosis and dementia).

## THE EMOTIONAL IMPACT

Surgical menopause can be emotionally challenging, especially if it occurs at a young age and if you have been denied the opportunity to have children. You might feel very alone, but it is important to realise that support is out there.

Let your family and friends know how you are feeling, make self-care a priority, and consider connecting with a support group either locally to you, if available, or online. The Daisy Network is a UK-based charity dedicated to supporting people who have undergone a premature surgical menopause (under the age of 40) or have a diagnosis of premature ovarian insufficiency (POI).  
[www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)

*"Most of Daisy Network members find that just talking to someone else who has been through POI is a lifeline."*

