Hysterectomy & The Menopause
Information Leaflet

Important information for all women considering hysterectomy before menopause

Hysterectomy and Menopause

Many women under go hysterectomy (surgical removal of the uterus or womb) for various gynaecological reasons. These include period problems not improved by other treatments, fibroids, endometriosis, prolapse and malignant or premalignant changes of the uterus, cervix or ovary. Hysterectomy can either be total, where both the uterus and cervix are removed, or sub-total, where the main part of the uterus is removed but the cervix is retained (see hysterectomy leaflets).

At the time of a hysterectomy, the ovaries may be left behind (conserved) or removed.

If one or both ovaries are conserved at the time of hysterectomy, 3 scenarios are possible:

1. Continuing normal ovarian function.
The ovaries may continue producing hormones in their usual manner until the normal age of menopause (usually 51).

In the years leading up to menopause, hormone production fluctuates and may cause symptoms of "premenstrual syndrome" (PMS). This is because PMS symptoms are due to the changing hormone levels, and not due to the presence of bleeding. Oestrogen deficiency symptoms, if they occur, would happen at the normal menopausal age (see related menopause leaflet).
For further information on PMS, visit www.pms.org.uk

2. Early ovarian failure-apparent
Following a hysterectomy, the ovaries may stop producing hormones sooner than expected. This may mean that an earlier than usual menopause has occurred. This can happen immediately after surgery or a number of years later. Symptoms of oestrogen deficiency may be noticed (see related menopause leaflets). If this happens, it is very important to discuss these symptoms and the possible use of Hormone Replacement Therapy (HRT) with your Clinician.

The importance of reporting symptoms of early ovarian failure:

a. Oestrogen deficiency symptoms can be unpleasant and effective treatments are available.

b. Oestrogen is very good for maintaining bone strength. If the production of oestrogen is lost at an early age (before 45 years), an increased risk of Osteoporosis (bone thinning) can occur. For further information on osteoporosis, visit: www.nos.org.uk

c. Oestrogen also protects the heart and blood vessels. Loosing Oestrogen production – particularly before age 45 – can increase the risk of Cardiovascular Disease.

3. Early ovarian failure-silent
In some women, the conserved ovaries may fail earlier than usual, but, falling oestrogen levels do not always cause noticeable menopause symptoms.

It is therefore suggested that
Following a hysterectomy with one or both ovaries conserved before the age of 45, a blood test can be taken approximately once per year, to check if an early silent menopause has occurred. (If menopausal symptoms have developed, blood tests are not required).

Detecting silent early ovarian failure ensures an opportunity to address the long term affects of menopause and consider preventative treatments.

If the ovaries are removed (Oophorectomy) at the time of hysterectomy, a sudden loss of ovarian hormone production, in particular oestrogen, occurs.

This sudden, "surgical menopause" may cause oestrogen deficiency symptoms within a few days of surgery.

These symptoms include hot flushes and sweats. HRT may then be considered for symptom control and/or for its protective effect on bone and heart.

HRT Following Hysterectomy

HRT is usually recommended if the operation causes an early menopause (before 45 years) because there is a significantly increased risk of Osteoporosis and Cardiovascular Disease.

If HRT is commenced following hysterectomy, it is usually prescribed as an oestrogen only preparation. The particular type of prescription is tailored to suit individual needs and is chosen after consideration of personal preference and any past medical history. HRT using a combination of oestrogen and progestogen (which is recommended when the uterus is still present) is often used after a hysterectomy when widespread endometriosis is present.

Endometriosis is the presence of deposits of the lining of the uterus (endometrium) outside the uterus, e.g. on the bladder, bowel and other organs in the body.

These deposits are sensitive to the hormones produced by the ovaries. After hysterectomy and removal of the ovaries, there have been reports of endometriotic deposits being stimulated following oestrogen-only HRT.

It is thought that oestrogen combined with progestogen HRT is less likely to cause stimulation of these deposits.

For further information on endometriosis, please visit www.endo.org.uk or see endometriosis leaflets.

Sub-Total Hysterectomy

If the main part of the uterus has been removed but the cervix left in place, it is currently uncertain whether HRT can be given in the form of oestrogen-only or wether oestrogen combined with progestogen is necessary.

The slight concern of using oestrogen-only HRT, is that if there is endometriumin the cervical canal, this could become thickened (potentially unhealthy) from oestrogen stimulation.

This thickening can be prevented by adding progestogen.

To determine if progestogen is required, it may be suggested to use oestrogen combined with cyclical progestogen for a 3 month trial after hysterectomy. If there is monthly bleeding in this time, it means that endometrial cells are present and are responding to the hormones; so both oestrogen and progestogen should be used thereafter. (These hormones can however be given together continuously to avoid monthly bleeding). If there is no bleeding in the first 3 months, then oestrogen can be safely given on its own.

If HRT is commenced because of an early menopause after surgery, it can be continued until the age of 50 years without concern about any increased risk of breast cancer.

At around the age of 50, a decision regarding whether or not to continue HRT should then be made.

This is the same decision that any woman becoming menopausal at the normal menopausal age would make, i.e. whether or not to commence HRT.

Liverpool Women's NHS Foundation Trust

References:

British Menopause Society
(www.thebms.org.uk)

Clinical Knowledge Summaries
www.cks/patientinformation

Menopause Matters
www.menopausematters.co.uk

National Institute for Health and Care Excellence (NICE) 2015 Menopause: Diagnosis and Management
www.nice.org.uk/guidance/ng23

www.patient.co.uk/menopause

Royal College of Obstetricians and Gynaecologists (RCOG) Menopause Patient Information Hub
www.rcog.org.uk/en/patients

This leaflet can be made available in difference formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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