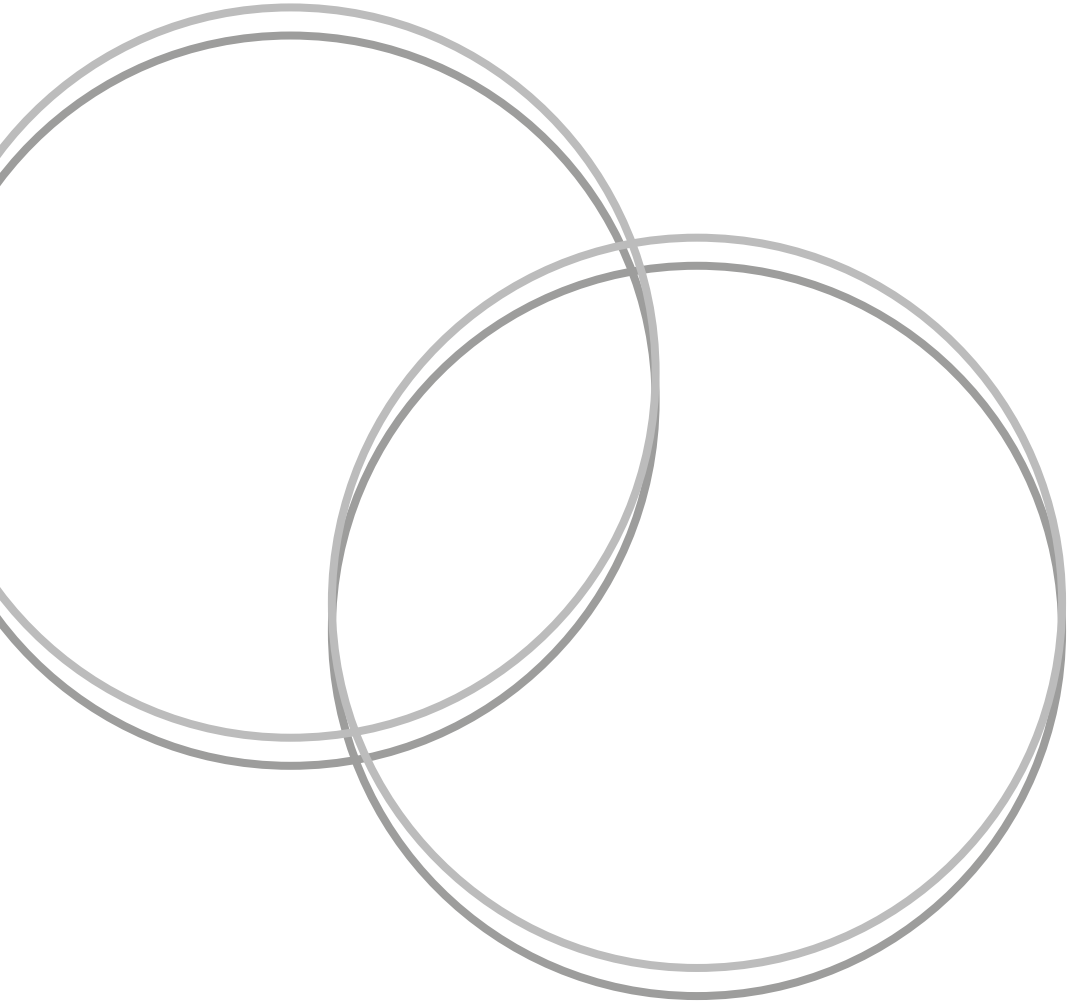
NHS
Oxford University Hospitals
NHS Foundation Trust

The Menopause and Hysterectomy

Information for patients



The menopause

The menopause refers to the time when the ovaries stop working resulting in the cessation of the menstrual cycle. This occurs because as women age there is a gradual reduction in the production of the female hormones, oestrogen and progesterone, leading to changes in the menstrual cycle which eventually stops altogether.

The average age of natural menopause in the UK is 51 years old.

Women who have had a hysterectomy only (removal of the uterus) before the menopause will continue to produce oestrogen /progestogen but occasionally the ovaries will stop working earlier than expected.

If the ovaries are surgically removed (oophorectomy) before the natural menopause (sometimes combined with hysterectomy), this will result in an immediate surgical menopause.

At the menopause some women experience symptoms caused by low oestrogen levels. Younger women and women who have had a surgical menopause tend to get more pronounced symptoms.

Symptoms

For those women who have had a surgical menopause, symptoms can begin almost immediately, particularly hot flushes and sweats. Women feel intensely hot during a flush, sometimes sweaty, and then afterwards can feel cold and washed out. Flushes can be disruptive, sometimes coming many times during the day and night.

Other symptoms such as vaginal dryness, urinary problems (discomfort, increased frequency of urination), skin changes, mood changes, reduced interest in sex, and tiredness may follow. Symptoms vary hugely in duration, severity and the impact they have on women.

The menopause causes changes which may have an effect on long term health. This is particularly common for bone health. Low oestrogen affects the strength and density of bones, causing bone thinning, particularly in women under 45 years old. In the longer term, the bones may become fragile and break more easily – a condition called osteoporosis.

Women who keep their ovaries at hysterectomy will go through the natural menopause at some point. It is not so easy to recognise the menopause when there are no periods, particularly if it earlier than expected or there are no obvious symptoms.

A blood test may confirm menopause but it is not always reliable during the transition phase as the ovaries are gradually failing. It is important to know about an early menopause, particularly before 45 years, for your long-term health. So if you are worried, see your GP or practice nurse.

Hormone replacement therapy (HRT)

A women can usually start HRT after surgical menopause, as soon as she is mobile, to control any menopausal symptoms. After a hysterectomy, most women will only need to take oestrogen. Occasionally, progestogen is also added for some women who have had severe endometriosis or following a subtotal hysterectomy (partial removal of uterus).

If, after a subtotal hysterectomy, your surgeon thinks that there may be a small amount of endometrium (lining of the womb) still attached to the cervix, then HRT consisting of oestrogen and cyclical progestogen is given for 3 months. These preparations will produce a slight period each cycle if endometrium remains.

If there is no vaginal bleeding, it can be assumed that there is no endometrium and oestrogen alone is continued.

Oestrogen can be taken in a number of ways:

- **Tablets** – taken daily, there are different types and doses. Your doctor will help you decide the tablet best suited for you.
- **Patches** – these are clear plastic plasters that are applied to the skin below the waist, which you will change either once or twice each week. There are a number of different patches and doses available.
- **Gel** – this is a clear gel that is rubbed into the skin daily.
- **Vaginal oestrogen preparations** – cream, pessary, vaginal tablet or vaginal ring. Vaginal oestrogen preparations can sometimes be used by women who cannot take other oestrogen preparations. Vaginal oestrogen is only effective for vaginal and urinary symptoms, it does not help with other symptoms. Since September 2022 an over the counter preparation is available to purchase from pharmacies.

If progestogen is needed, this is given as a tablet or combined with oestrogen in a patch.

Please remember, it is often necessary to try a number of types and doses of HRT to find the correct one for you.

How long should you take HRT?

The length of time women take HRT varies and it is an individual decision. National Institute for Clinical Excellence (NICE) is a government body which makes evidence-based recommendations for healthcare. The NICE menopause guidelines recommend that HRT should be taken by women suffering from unpleasant menopausal symptoms to improve their quality of life.

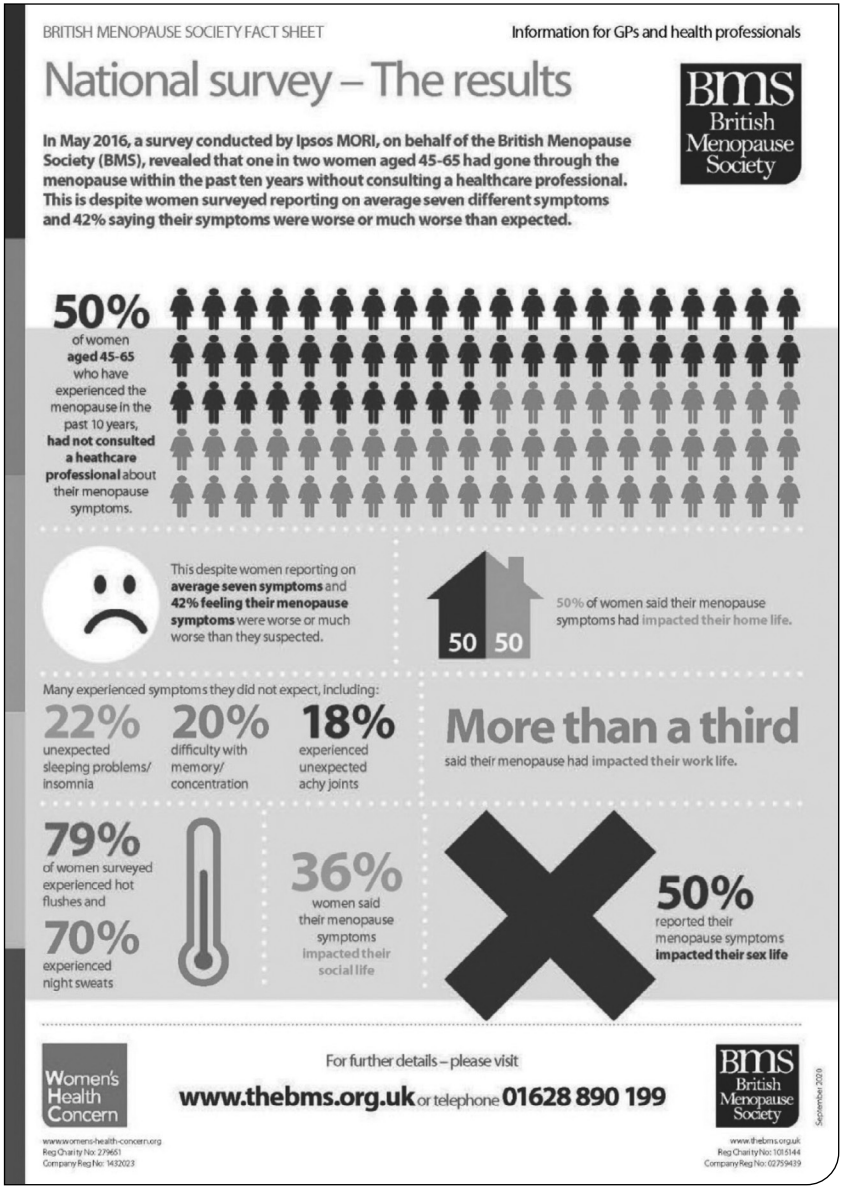
For younger women, NICE recommends that HRT should be continued until at least the average age of the natural menopause (51 years), and then to reassess whether HRT needs to continue. HRT in young women will prevent early bone loss and other health issues associated with early menopause.

It is sensible to speak with your doctor before stopping HRT. It is probably unwise to stop HRT abruptly but instead to reduce the dose gradually over many months to prevent the return of menopausal symptoms. Some women may want or need to take HRT in the longer term.

Is HRT safe?

The main safety concerns are :

- **HRT and Breast cancer risk** – Most women will not be diagnosed with breast cancer as a result of exposure to HRT.



Most women will only need to take oestrogen after a hysterectomy. This confers the lowest risk of developing breast cancer.

In women with a low baseline risk of breast cancer (most of the population) the symptomatic benefits of HRT use for up to 5 years will exceed any potential harm.

All women are advised to be 'breast aware' and to check their breasts for changes about once a month and attend mammogram appointments when scheduled.

- **Risk of blood clots** – There is a link between HRT tablets and thrombosis (blood clots), particularly in the first year of treatment. The risk is very small, particularly in women with no personal or family history of thrombosis.

  Transdermal HRT in the form of a patch or gel is unlikely to increase the risk of stroke or blood clots and should be the first choice of treatment.

  If you've have a surgical menopause, you will not start HRT until you are able to walk around as this will minimise the risk of blood clots.

- **Risks of heart disease** – There is no evidence that HRT increases the risks of coronary heart disease in women under the age of 65 years.

For women who start HRT before the age of 60 or within 10 years of menopause, the benefits are more likely to outweigh the risks.

What are the side effects?

Side effects from HRT are unusual if it is started soon after menopause. If it is delayed for a while after the menopause then breast tenderness, bloating, leg cramps and nausea may occur initially, but they usually settle in the first few weeks of treatment.

Although studies do not show that HRT causes weight gain, women do tend to put on weight after the menopause and as they get older. Remember that you are likely to be less active following hysterectomy and it is important to eat sensibly. It may be helpful to keep an eye on your weight and gradually introduce more exercise as you are able.

Are there alternatives to HRT?

Other medications

Some women are unable to take HRT because of a history of breast cancer, endometrial cancer or other health problems. If you have a history of heart problems or thrombosis, you may need to see a specialist.

Prescribed medication, other than HRT, can help to control flushes and sweats, and help prevent bone loss. Your GP will be able to advise about these.

Simple vaginal lubricants, available from a chemist, can help with discomfort during intercourse.

Nutritional supplements and herbal preparations

There are many nutritional supplements and herbal preparations:

- Phytoestrogens are naturally occurring oestrogens found in soy, beans, lentils, red clover, seeds and most fruit and vegetables. There is some research to suggest that phytoestrogens can help reduce flushes and sweats in some women. It may take up to three months to improve symptoms and these do not work for all women.
- Black cohosh and other herbal remedies, may improve flushes and sweats, but limited research has been done to show their effect and safety.

Always tell your doctor what you are planning to take, particularly if you have other ongoing health problems or medications. If you buy a food supplement or alternative remedy, always buy a well-known brand that has a quality guarantee. Any herbal preparation should have the 'THR' certification mark to show they meet required standards for effectiveness, safety and quality.

Cognitive behavioural therapy

Cognitive behavioural therapy is a talking therapy that can be helpful is reducing menopausal flushes and sweats. It can also help reduce low mood and anxiety associated with menopause.

A book you may like to try is Managing hot flushes and night sweats: a cognitive behavioural guide to menopause by Myra Hunter and Melanie Smith.

Healthy lifestyle

A healthy lifestyle is very important after the menopause. Women are more likely to get heart disease as they get older, particularly after menopause (HRT reduces this risk in younger women). Smoking increases the risk of heart disease and osteoporosis and makes flushes worse. Other things that can make flushes worse are alcohol, caffeine, spicy food, hot food and drinks, hot environments, stress, anxiety, being inactive and putting on weight.

Take regular exercise (gradually build up to at least 30 minutes or more of moderate exercise daily). This may help reduce flushes and sweats, improve mood and sleep, help control weight, keep bones and heart healthy and even improve sex drive.

Eat a varied diet with at least 5 portions of fruit and vegetables daily and 3 portions of calcium-rich food for your bones.

Good sources of calcium include:

- milk, cheese and other dairy foods
- green leafy vegetables, such as broccoli, cabbage and okra, but not spinach
- soya beans
- tofu
- soya drinks with added calcium
- nuts
- bread and anything made with fortified flour
- fish where you eat the bones, such as sardines and pilchards.

Although spinach might appear to contain a lot of calcium, it also contains oxalic acid, which reduces calcium absorption, and it is therefore not a good source of calcium.

To protect against heart disease, eat two portions of oily fish weekly (mackerel, salmon, tuna, sardines, herrings). In addition, or if you do not eat fish, you can also look after your heart by eating at least 5 portions of a variety of fruit and vegetables every day, cutting down on food that's high in saturated fat, and watching how much salt you eat.

For further information

Please see your GP if you have any queries about HRT or your symptoms.

You may find information on the following websites helpful:

www.menopausematters.co.uk

www.daisynetwork.org.uk

www.nos.org.uk

www.menopausedoctor.co.uk

www.womens-health-concern.org

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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November 2023
Review: November 2026
Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information

Leaflet reference number: OMI 91025