

Women's Health

The Menopause and Hysterectomy

Information for patients



The menopause

At the menopause the ovaries stop working. This means that the female hormones oestrogen and progesterone are no longer produced and so periods finish. The menopause is also sometimes called 'the change'.

The average age of the menopause in the UK is 51-52 years. However, many women have a hysterectomy before the menopause. If the ovaries are removed before the menopause during hysterectomy, this will result in an immediate surgical menopause.

For other women the ovaries are left in place and they continue to produce the female hormones but occasionally they will stop working earlier than expected. 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 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, mood changes and tiredness may follow. The menopause also has an effect on bones, causing bone loss, and in the long term the bones may become fragile and break more easily – a condition called osteoporosis.

The women who keep their ovaries at hysterectomy will go through the menopause at some point. It is not so easy to recognise the menopause when there are no periods, particularly if it is 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 woman can usually start HRT after a surgical menopause, as soon as she is mobile, to control any menopause symptoms. After a hysterectomy, most women will only need to take oestrogen. Just occasionally progestogen is also added for some women who have had severe endometriosis or following a subtotal hysterectomy.

Oestrogen can be taken in a number of ways:

- Tablets – taken daily, there are different types and doses.
- Patches – these are plasters that are applied to the skin below the waist and changed either once or twice each week. There are a number of different patches and doses available.
- Skin gel – this is a clear gel that is rubbed into the skin daily.
- Vaginal oestrogen preparations – cream, pessary, vaginal tablet or vaginal ring. These are used to treat vaginal and urinary symptoms only.

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. The Committee on Safety of Medicines (CSM) recommend that HRT should be taken by women suffering from unpleasant menopause symptoms to improve their quality of life.

For young women, the CSM recommend that HRT should be continued until the average age of the natural menopause, about 51 years, and then to reassess. 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 menopause symptoms. Some women may want or need to take HRT in the longer term.

Is HRT safe?

The main concern is the link between HRT and breast cancer. Most women after a hysterectomy will only need to take oestrogen. Oestrogen alone does not increase breast cancer risk, except possibly if taken for many years in older women. Short term use of combined HRT preparations has minimal effect on breast cancer risk. Longer term use (more than 5 years) of combined oestrogen and progestogen preparations for women in their 50s and 60s, does have an effect on breast cancer risk. However this increased risk gradually disappears once HRT is stopped.

It is important to note that this slightly increased risk of breast cancer with combined HRT does not apply to women that have an early menopause. A young woman under 50 years who takes combined HRT until the average age of the menopause, about 51 years, will have the same breast cancer risk that her own natural cycle would have given her. All women are advised to be 'breast aware' and to check their breasts for changes about once a month.

There is a link between HRT use and blood clots or thrombosis particularly in the first year of treatment. The risk is very small, particularly in women with no personal or family history of thrombosis. HRT is delayed for a short time after surgery until you are able to walk around as this will minimise the risk of blood clots.

Women starting HRT more than 10 years after menopause may have a slightly increased risk of cardiovascular disease.

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?

Some women are unable to take HRT because of a history of breast cancer, endometrial cancer or severe liver 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, so ask your doctor about them. Often alternative treatments will only reduce the symptoms and not cure them completely.

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. Simple vaginal lubricants, available from a chemist, can help with discomfort during intercourse. There are other bone medications

to prevent bone loss. These are generally only used in women over fifty, so speak to your GP.

There are many nutritional supplements and herbal preparations such as phytoestrogens and black cohosh, but limited research has been done to show their effect and safety. However there is some research to suggest that phytoestrogens (very weak plant oestrogens found in soy, beans, lentils, red clover, seeds and most fruit and vegetables) can help reduce flushes and sweats in some women.

It may take up to three months to improve symptoms and phytoestrogens do not work for all women. Black cohosh, a herbal remedy may improve flushes and sweats. 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 effectiveness, safety and quality.

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 prevents this in young 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 drinks, hot environment, stress, 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 dairy products containing calcium for your bones (such as a yoghurt, glass of milk and a lump of hard cheese). Two portions of oily fish weekly (mackerel, salmon, tuna, sardines, herrings) will also help protect against heart disease.

For further information

Jan Brockie
Menopause Sister
Women's Centre
John Radcliffe Hospital

Tel: 01865 221546

You may find information on the following websites helpful:

www.menopausematters.co.uk

www.daisynetwork.org.uk

www.nos.org.uk

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@ouh.nhs.uk**

Jan Brockie, Menopause Sister
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Oxford University Hospitals NHS Trust
Oxford OX3 9DU
www.ouh.nhs.uk/patientinformation