



Surgical Menopause

Dr Katie Barber

BM BCh MRCGP DRCOG DFRH

Clinical Director, GP and
Accredited Menopause
Specialist

'Surgical' menopause is the result of removing the ovaries from a woman who is still having periods, which leads to a sudden and profound drop in the levels of oestrogen, progesterone and testosterone. Reasons for removing the ovaries may include ovarian cysts, ovarian cancer, increased risk of cancer due to family history or genetic abnormality, and damage from conditions such as endometriosis. A surgical menopause is often experienced as more severe than a more gradual, natural menopause, especially in younger women who are used to having good levels of oestrogen and testosterone. Symptoms can include hot flushes and sweats, low mood and anxiety, insomnia, joint pains, vaginal dryness and loss of libido. As well as the unpleasant symptoms, we know that women who experience the menopause below the age of 40 are at an increased risk of heart disease, osteoporosis and dementia, and taking adequate hormone replacement up until the age of expected natural menopause (51) can prevent these hazards.

It is important to discuss your situation with your menopause specialist, ideally even before surgery, so that a plan can be put into place. The ideal treatment option will depend on the reason for the surgery, whether or not the uterus is also removed, and any other risk factors. Younger women often need larger doses of oestrogen after surgical menopause, and as the ovaries produce about 50% of the body's total testosterone, and continue to still produce some even after natural menopause, replacing this hormone can be particularly important. At Oxford Menopause we are experienced in treating women with surgical menopause, finding the right combination of hormones to ensure that they feel well and protect their future health as well. We prescribe the full range of HRT products, including body identical Progesterone, as well as testosterone including Androfeme1 cream which is formulated for women.

01235 634606

enquiries@oxfordmenopause.com

www.oxfordmenopause.com

The Carriage House, School Road,
Ardington, Wantage, OX12 8PQ

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OML24-16-Surgical_Menopause