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HRT after hysterectomy

Hysterectomy means removal of the uterus (womb). Sometimes this involves removing the cervix as well (a 'total' hysterectomy) but sometimes the cervix is left behind (a 'subtotal' hysterectomy). On occasion, but not always, the ovaries are also removed leading to a 'surgical menopause' with a sudden drop in hormone levels. If the ovaries are left behind, a woman will not automatically become menopausal, but any damage to the ovaries using surgery can sometimes lead to an earlier onset of natural menopause. Reasons for having a hysterectomy include heavy periods, fibroids, prolapse of the uterus, endometriosis and adenomyosis as well as for cancer.

Most women who have had a hysterectomy and want to take HRT can use Oestrogen alone, rather than a combination of Oestrogen and Progesterone, as the latter is only needed to protect the lining of the uterus (endometrium) which is no longer present. This is an advantage, as Oestrogen only HRT is not thought to significantly increase breast cancer risk in the same way that the combined hormones can. Some women also experience side effects from Progesterone and its derivatives, and these can be avoided. However, some women will still need to take Progesterone if they still have a cervix containing any residual endometrial tissue, or if they have a history of endometriosis. With endometriosis, deposits of the endometrium can occur outside of the uterus, throughout the pelvis and abdomen, and will be stimulated by oestrogen if this is given alone. This can lead to pain and a possible risk of cancerous change, so in most cases it is advisable to take Progesterone as well.

It is important to discuss your individual history and situation with a menopause specialist, who can perform a full assessment and advise about the best treatment for you.

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