Mersey and West Lancashire
Teaching Hospitals
NHS Trust

Surgical Menopause

(Should I have my ovaries removed?)

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إذا احتجت إلى هذه النشرة بلغة أُخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Author: Consultant
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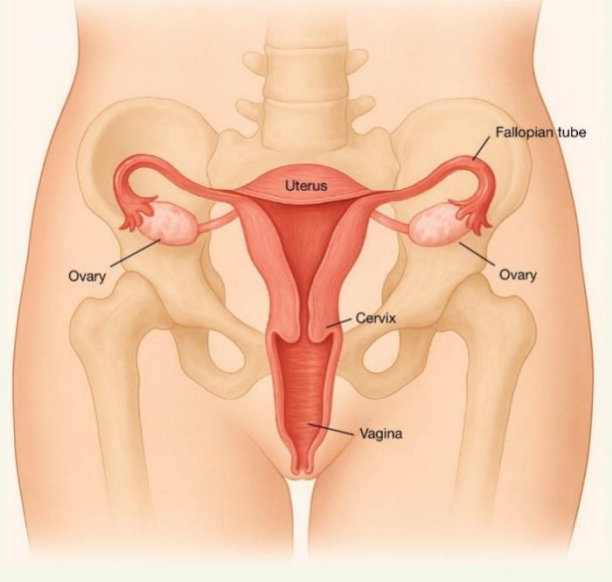
This leaflet is for patients who are undergoing a hysterectomy for benign gynaecological conditions and are also considering whether or not to have their ovaries removed. It aims to provide you with clear, comprehensive information to support your decision-making. It explains the function of the ovaries, reasons why they may or may not be removed, and what consequences you can expect, both in the short and long term. The right decision is not the same for every woman, and many different factors should be considered, in conjunction with the gynaecologist to come to the right decision for the individual.

Understanding the role of the ovaries

The ovaries play an essential role in hormone production and reproductive function. They are small, oval-shaped organs located on either side of the uterus. They have two main functions: producing eggs for reproduction and releasing hormones, mainly oestrogen and progesterone. These hormones are very important and have many beneficial effects in your body. They regulate your menstrual cycle, maintain bone strength, support heart and brain function, and influence mood and sexual health.

When a woman is born, the ovaries contain all of the eggs she will need for her reproductive life. Each month an egg is released, known as ‘ovulation’ and the number of eggs naturally declines with age until eventually all of them have been used up. When the ovaries stop producing eggs, the ovaries become dormant and the amount of hormones (oestrogen and progesterone) drastically reduces. As such, menopause naturally occurs and periods will stop. The average age of menopause is 51 years but this can vary widely from early 40’s to mid 50’s. Even after menopause, the ovaries continue to produce low levels of hormones, including testosterone, which contribute to your overall hormone balance. Removing the ovaries stops the production of these hormones, leading to immediate and sometimes intense menopause symptoms, especially in women who have not yet reached menopause.

The image below shows the ovaries and female pelvic organs.



What is an oophorectomy and why might it be considered?

An oophorectomy is the surgical name for removal of one or both ovaries. If both are removed, the procedure is referred to as a bilateral oophorectomy. This operation is often performed alongside a hysterectomy (removal of the uterus), either to treat a specific condition or as a preventative measure. There are several medical reasons why your doctor might recommend an oophorectomy. These include ovarian or breast cancer, complex or recurrent ovarian cysts, severe endometriosis or severe infection causing an abscess in the ovary. In some cases, ovaries are removed as a preventative measure during a hysterectomy. For example, when there are high risk factors for future ovarian or breast cancer.

When the ovaries appear healthy and there are no concerns about any of the above conditions, the decision to remove them can be more difficult, especially in women who have not yet reached the menopause.

What are the potential benefits of removing the ovaries?

One of the most significant advantages of removing the ovaries is the complete elimination of the risk of developing future ovarian cancer. While ovarian cancer is relatively rare, it can be difficult to detect early and often diagnosed at an advanced stage. This risk becomes particularly relevant for women with a strong family history or those known to have inherited BRCA gene mutations, where the lifetime risk of ovarian cancer is higher. In such cases, risk-reducing surgery is often recommended.

Removal of ovaries may also reduce the risk of developing breast cancer for women who have risk factors, such as BRCA gene carrier or strong family history. It may also reduce the chances of recurrence in women who have been diagnosed with hormone sensitive breast cancer.

Another benefit is that it may help manage or resolve certain chronic conditions, such as endometriosis, especially where the disease affects the ovaries. Removing both ovaries reduces the chances of endometriosis recurring and is likely to help reduce long term pain. Oophorectomy can also prevent future complications related to the ovaries such as the development of cysts, torsion (twisting), or ovarian retention syndrome, where the ovary continues to cause pain or complications when they are left behind.

What are the potential disadvantages and risks of removing the ovaries?

Despite the benefits, there are considerable risks associated with removing the ovaries, especially in women who have not yet reached menopause. The most immediate effect is the onset of surgical induced menopause, which occurs when both ovaries are removed. This causes a sudden and dramatic drop in oestrogen levels, often leading to symptoms such as hot flushes, night sweats, mood swings, anxiety, vaginal dryness, and difficulty sleeping. These symptoms can be more severe than those experienced in natural menopause, as the hormonal decline is abrupt.

Long-term health consequences are another important consideration. Oestrogen has a protective effect on various organs, so removal of your ovaries can increase your risk of developing osteoporosis (brittle bones), cardiovascular disease (including heart attacks and strokes), and possibly cognitive decline or dementia. These risks are more pronounced in women who have their ovaries removed before the age of 45 and do not take Hormone Replacement Therapy (HRT). The protective effect that your ovaries provide can last until you are in your 60's, therefore it may be beneficial to keep your ovaries even if you are close to the age of natural menopause.

When ovaries are removed, if you have not yet reached the natural age of menopause, HRT may be advised to treat menopause symptoms and protect you from certain health conditions such as osteoporosis. However, HRT is not appropriate for everyone and may not be as effective as the natural hormones produced by your ovaries.

Additionally, removal of your ovaries means permanent loss of fertility and would prevent you from having children that are biologically your own. You would need to be completely certain that your family is complete or that you do not desire pregnancy. Removing your ovaries may also be associated with emotional and psychological effects, particularly for younger women or those who view the surgery as a loss of reproductive ability or feminine identity.

What are the alternatives to removing my ovaries?

In many cases, particularly when the ovaries appear healthy, they can be safely preserved during a hysterectomy. This is referred to as ovarian conservation. Your surgeon can remove the uterus whilst leaving the ovaries in place, reducing the risk of early menopause and maintaining natural hormone function. We recommend for women who have not yet reached the age of menopause, particularly those under the age of 45 years, the ovaries should be preserved, unless there is a very strong reason to remove them.

For conditions like benign ovarian cysts, it may be possible to remove just the cyst (cystectomy) or only one ovary (unilateral oophorectomy), preserving the other ovary and its hormone-producing ability. Keeping one ovary or having a cystectomy means that you will have a natural and gradual menopause, but it may happen 1-2 years sooner than expected.

For chronic conditions such as endometriosis or pelvic pain, medical management using hormonal therapies may provide relief of pain and symptoms without the need for surgery. In women at genetic risk of cancer but not ready for surgery, ultrasound scans and blood tests may be offered to provide reassurance that the ovaries are normal, though this approach is not as effective as preventative surgery for reducing the risk of future cancer.

Hormone Replacement Therapy (HRT)

HRT is often recommended after removal of ovaries, particularly in premenopausal women, where we advise that it is taken until the natural age of menopause i.e. 51 years of age.

HRT replaces the oestrogen that the ovaries would naturally produce and helps manage menopausal symptoms such as hot flushes, sweats, sleep disturbance and mood changes. It may also offer some protection from conditions such as osteoporosis, heart disease, stroke and dementia in the long-term. However, HRT is associated with some risks, and it may not be suitable for everyone, particularly if you have a history of hormone-sensitive cancer such as breast cancer. For most women, the benefits of HRT are considered to outweigh the risks. The risks of HRT include a small increase in the chances of developing breast or uterine cancer. There is also an increased risk of thrombosis (clots on the legs and lungs) with some tablet preparations. This can be avoided by using a transdermal preparation of oestrogen (patch, gel or spray) and if you still have a uterus, this would be combined with body identical progesterone tablets or a Mirena coil, or a combined patch.

It should also be considered that HRT does occasionally have side effects, which some women may not be able to tolerate. This includes bloating, breast tenderness, water retention, headaches or migraines and skin rashes. In women who have had their ovaries removed and who cannot tolerate or are not able to take HRT, there can be long-term health consequences. In such cases, non-hormonal treatments and lifestyle changes may be used to manage symptoms but they may not work as effectively as your own natural hormones or HRT.

HRT comes in many different forms such as patches, gel, sprays and tablets. It may take time to find the right formula and dosage of HRT before your menopausal symptoms are relieved. Women who have had oophorectomy may also require testosterone replacement, which is unlicensed for use in women. This is more common if you have your ovaries removed under the age of 45.

Your doctor will help you weigh the benefits and risks of HRT based on your medical history and will be able to assist in finding the best formulation for you.

What should be taken into consideration when deciding whether to remove or keep my ovaries at the time of hysterectomy?

1. What is your age and menopausal status?

In women who have not yet reached the menopause and particularly for those less than 45 years, it is generally recommended to preserve the ovaries at the time of hysterectomy for benign conditions unless there is a compelling reason to remove them.

For women who have gone through the menopause, the ovaries may no longer be serving a functional purpose, and it is usual practice to remove the ovaries at the time of the hysterectomy, as it will offer protection from future ovarian cancer. However, the ovaries do still produce low levels of oestrogen and testosterone after menopause and some women may develop symptoms consistent with lowered hormone levels after oophorectomy, even after menopause.

2. Do you have any significant family or personal history?

Cancer: Women with a strong family history of cancer of the ovary, breast or are known to have a specific genetic mutation e.g. BRCA gene may benefit from having their ovaries removed as a preventative measure. Women with a history of oestrogen sensitive breast cancer may be advised by their oncologist that it is best to remove the ovaries to reduce the risk of recurrence.

Osteoporosis: If there is a strong family or personal history of osteoporosis, removal of ovaries may increase the risk of developing or worsening the condition, therefore preservation of ovaries may be preferred.

Heart disease: As the chance of coronary heart disease is increased after the menopause, women with a personal history or strong family history of heart problems should consider keeping their ovaries to protect them from developing this in the future.

Other health conditions: If you have a strong family history of strokes or dementia, keeping your ovaries may offer some protection from developing these

3. Are you willing or able to use HRT?

Some women do not wish to take HRT due to the associated risks or are not able to tolerate the side effects. In these women, especially if they are young, it may be advisable to preserve the ovaries so that they do not run the risk of a lack of female hormones and the long-term health problems associated with a lack of oestrogen. If you have certain health conditions where HRT may not be suitable (e.g. history of clots, blood clotting disorders, severe migraines, heart problems or previous stroke) you may need to seek advice from a menopause specialist and the medical teams who look after your other health conditions about whether HRT is appropriate for you and what alternatives are available before you make your decision.

4. Do you have any other gynaecological conditions?

Endometriosis: In women with endometriosis, preserving the ovaries may increase the risk of recurrent endometriosis, thus causing ongoing symptoms and increasing the risk of chronic pain after the hysterectomy. As such, removal of ovaries may be considered, particularly when the ovaries are severely affected by endometriosis. There is a very small risk of recurrent endometriosis with HRT use and a combined preparation (oestrogen and progesterone) is recommended in women with endometriosis to reduce the risk of this happening. If you choose to keep you ovaries, endometriosis related symptoms and pain can be managed with other medical/hormonal treatments. There is a chance that you may require a further operation in the future to remove your ovaries if they are thought to be contributing to severe, ongoing issues with pain.

Cysts: The presence of cysts on the ovaries may influence the decision regarding their removal. If cysts appear complex or suspicious in nature, your gynaecologist may recommend removal of the ovaries for further evaluation. If the cysts appear simple and benign in nature, the cyst can be removed and the ovaries preserved.

5. What about unexpected findings?

If you choose to preserve your ovaries at the time of a hysterectomy, it is important to consider the possibility of an unexpected finding, at the time of the operation, of one or both ovaries appearing abnormal or suspicious of cancer.

It is not possible to know whether cancer is present by simply looking with the naked eye. There may be features suggestive of cancerous changes but we can only diagnose this conclusively by removing the ovary (or ovaries) for analysis under the microscope. Sometimes, a suspicious looking ovary may turn out to be entirely normal. Therefore, it is important to consider what to do if this situation arises and let the surgeon know your wishes before the operation.

During a hysterectomy, we may discover unexpected endometriosis. The development and progression of endometriosis is influenced by oestrogen produced by the ovaries. If your ovaries are left in place, endometriosis has a higher chance of returning and causing pain. Other forms of treatment such as hormonal therapies are available to control this after your hysterectomy. Your surgeon will not remove your ovaries due to the unexpected finding of endometriosis unless you have specifically discussed and requested this in advance of the operation.

Conclusion

The decision to remove your ovaries is complex and should be made with full consideration of your personal circumstances, medical history, age, menopause status and personal preferences. Whilst removal may offer protection from ovarian cancer and relief from some gynaecological conditions, it also carries important risks for your long-term health, particularly for younger women. Open, informed discussions with your gynaecologist will help ensure you make the best decision for your health and wellbeing.

Where can I find further information?

NHS – hysterectomy: https://www.nhs.uk/conditions/hysterectomy/considerations/
Womens Health Concern: https://www.womens-health-concern.org/
Royal College of Obstericians and Gynaecologists (RCOG) – patient information hub: www.rcog.org.uk/en/patients
National Institute for Health and Care Excellence (NICE) 2015 Menopause: Diagnosis and Management: www.nice.org.uk/guidance/ng23
Menopause Matters: www.menopausematters.co.uk
Hysterectomy Association: https://hysterectomy-association.org.uk/

Contact information

Whiston and St Helens Hospital sites

Gynaecology Secretaries
Women's Offices, Whiston Hospital
Tel no. 0151 676 5289
Gynae.secs@merseywestlancs.nhs.uk

Gynaecology Ward (3E)
Level 3, Whiston Hospital
Tel no: 0151 430 1522

Southport and Ormskirk Hospital sites

Gynaecology Secretaries
Tel no. 01695 656658

Gynae Assessment Bay (E ward)
Tel no. 01695 656901

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

Ormskirk Hospital
Wigan Road,
Ormskirk L39 2AZ
Telephone: 01695 577111

St Helens Hospital
Marshalls Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

Southport Hospital
Town Lane, Kew
Southport PR8 6PN
Telephone: 01704 547471