MANAGING YOUR SYMPTOMS AFTER A HYSTERECTOMY

THE ROLE OF OVARIES IN ESTROGEN PRODUCTION

Estrogen is a female sex hormone produced primarily by the ovaries. Menopause is when your ovaries stop producing estrogen, and fertility ends. Surgical menopause occurs when the ovaries are removed, which is often performed with a hysterectomy (removal of the uterus). Unlike natural menopause, which occurs gradually, typically around the age of 51, surgical menopause happens immediately upon removal of the ovaries if a woman has not yet experienced natural menopause.

After surgical menopause, symptoms may include

• HOT FLASHES
  Recurring episodes of flushing, with a sensation of heat that may or may not include sweating. Hot flashes are often accompanied by rapid heartbeat and are sometimes followed by chills

• NIGHT SWEATS
  Hot flashes that occur at night, with intense sweating that can disrupt sleep

• VAGINAL DRYNESS
  Lower levels of estrogen cause changes in the vagina. These changes can result in less lubrication and a feeling of vaginal dryness with itching and burning. In addition, sex may be uncomfortable

• OSTEOPOROSIS
  Loss of estrogen can also cause postmenopausal osteoporosis, a thinning of the bones, making them weaker and easier to break

YOUR OPTIONS FOR MENOPAUSAL SYMPTOM RELIEF

• Estrogen therapy (ET) is proven to relieve the symptoms of menopause and reduce the risk of osteoporosis

• ET is available in many forms, including pill, cream, ring, and patch

• Nonhormonal therapies for prevention and treatment of osteoporosis include medications called bisphosphonates and selective estrogen-receptor modulators (SERMs)

• Over-the-counter remedies such as dietary supplements or soy products are available for menopausal symptoms. Scientific data supporting the use of these products are limited. The National Institutes of Health (NIH) is supporting research to learn more about these products

Hormone therapy isn't right for all women, and it doesn't prevent heart disease. This therapy may increase your chance of heart attack, stroke, breast cancer, blood clots, or dementia, and should be taken for the shortest time based on a woman's goals and risks. The use of estrogens and progestins should be reevaluated regularly with your health care provider. If you're not having symptoms, non-estrogen treatments should be considered before starting hormone therapy to prevent bone loss.