

SURGICAL POI FACT SHEET

Introduction

There are several gynaecological reasons why women may require surgery which results in the removal of the ovaries including endometriosis, ovarian cysts, and ovarian cancer.

If both a woman's ovaries are surgically removed, this is called a bilateral oophorectomy and she will undergo a 'surgical' menopause. In addition, if the fallopian tubes are removed, it is known as a bilateral salpingo-oophorectomy.

Some medical problems also require a hysterectomy procedure. In a subtotal hysterectomy the body of the womb (uterus) is removed, leaving the cervix in place. At a total hysterectomy the womb (both body and cervix) is removed. In a Wertheim's hysterectomy: the womb, part of the vagina, the fallopian tubes, usually the ovaries, the peritoneum, the lymph glands and fatty tissue in the pelvis are removed.

Prior to deciding upon surgical treatment, do your research, ask your consultant lots of questions and make sure you know what is going to be removed and why. Ask about retrieving and freezing your eggs for fertility treatment in the future.

In addition to the postoperative recovery from such operations, the sudden loss of ovarian hormones can often menopausal to occur quite quickly after surgery. HRT may or may not be prescribed straightaway depending on the reason for your surgery. Finding the right HRT may take time but it is worth persevering. With so many preparations available, there will be one that suits you.

Fertility: if your womb remains, you may still carry a child after IVF with donated eggs (unless you have had egg freezing prior to surgery). If you no longer have a womb, then surrogacy or adoption are the options if you wish to have children.

Joanne's Story

The doctors told me that the pain in my right side, near my gall bladder was a red herring which had probably saved my life because it drew their attention to my 'ovarian cysts' – soon to be found to be cancerous.

I was told the day before my operation that I had one of a few possible conditions and they would not know until they did the operation which it was. It could have been ovarian cysts, endometriosis, fibroids or ovarian cancer. Unfortunately for me, when I woke up after the surgery, I was told it was ovarian cancer and I had just had a total hysterectomy with the removal of my ovaries as well.

Obviously this was a tremendous amount for my husband and I to take on board as we had no children and I was only 30. The most baffling part was that I had had no signs or symptoms. Of course, now I realise that ovarian cancer is "the silent killer." One of its characteristics is that it has few signs and symptoms until it is too far advanced to treat.

The next week in hospital was a waiting game to see whether my cancer had spread. I was weak and on a drip for three days before I was allowed to eat again. Immediately the hot flushes and night sweats started. Due to the removal of my ovaries surgically my body got a tremendous shock.

With all I had to contend with over the next couple of months such as the shock, the chemotherapy, the healing wound, it was actually the menopausal symptoms which caused me the most immediate distress.

I did not rush to take HRT. I read a lot of literature and spoke to the local menopausal nurse and to my GP and consultant. The overwhelming advice was that, because of my age, HRT was a must to protect my bones and cardiovascular system.

Anyway it is now 20 months since the operation and I have been using HRT for 18 months. So far I have been lucky as my body has accepted HRT and it really has made a big difference to me.

Now I am back at work and feeling great and being as positive as possible about the future.

My husband and I are joining COTS (Childlessness Overcome Through Surrogacy) so who knows what might happen next.

Joanne

Any medical information in this fact sheet is for guidance only. The Daisy Network and its members have produced this fact sheet and we cannot guarantee its medical accuracy.