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Surgical Menopause: Hysterectomy & Oophorectomy

What is surgical menopause?

Surgical menopause is menopause brought on by bilateral oophorectomy (both ovaries removed), unilateral oophorectomy (one ovary removed), complete hysterectomy (removal of the uterus and ovaries), or partial hysterectomy (removal of the uterus can alter blood supply to the ovaries).

How does surgical menopause differ from physiological menopause?

In physiological, or natural, menopause, the ovaries gradually lose function, secreting less hormones over time. With surgical menopause, the loss of ovarian hormones happens instantly with no adaptation time. The onset of menopausal symptoms is therefore much quicker and symptoms are usually more severe. Also, there is often a greater mental and emotional component to the symptoms as the woman comes to terms with the loss.

What are possible symptoms associated with surgical menopause?

Symptoms are often more severe than with natural menopause, particularly the vasomotor symptoms of hot flashes and night sweats. The symptoms that are often more dramatic in women with surgical menopause are irritability, mood swings, sudden tears, anxiety, depression, memory lapses, headaches, vaginal tissue atrophy that can lead to more urinary tract or vaginal infections and urinary incontinence, loss of skin tone, and osteoporosis. Other symptoms include heart palpitations, insomnia, loss of libido, vaginal dryness and painful intercourse, fatigue, weight changes and difficulty losing weight, itchy skin, and difficulty concentrating.