



SURGICAL MENOPAUSE
NEW ZEALAND TRUST

MENOPAUSE IS NOT ALWAYS NATURAL

2022-2023 SURVEY REPORT

VERSION 1.0



This survey represents a critical first step in mapping the challenges and needs of women experiencing surgical menopause in Aotearoa New Zealand.

- **Total Responses:** 65 (64 valid)
- **Primary Focus:** 45 women who underwent bilateral oophorectomy
- **Purpose:** To identify strengths and gaps in the healthcare system

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Audience Focus & Future Research Directions

Target Audience

This report is designed to reach a broad audience, including healthcare professionals, policymakers, patients, and general readers. To make key messages more accessible, we have focused on presenting the information as clearly and effectively as possible throughout the report. Key findings are highlighted in the findings sections.

For healthcare professionals and policymakers, the report offers a clear overview of critical issues and actionable recommendations, making it easier to engage with and advocate for needed reforms. Patients and general readers will find the content presented in practical, straightforward language, with insights structured for easy comprehension and real-world application.

Opportunities for Further Research

While the survey results provide valuable insights into the challenges faced by women undergoing surgical menopause, the limited sample size warrants further research to strengthen these findings. Expanding the sample size and including a more diverse group of participants would help validate the results, identify regional or demographic variations, and enhance the credibility of the data.

Further research would not only support advocacy efforts but also contribute to evidence-based policy decisions and improvements in the standard of care. It would offer an opportunity for continued data collection, ongoing dialogue, and collaboration with healthcare providers, ensuring that the experiences of all women undergoing surgical menopause are more comprehensively understood and supported.

Our Story So Far

Context, Purpose & Evolution of Our Mission

This report presents the findings from a surgical menopause survey conducted between 2022 and 2023, prior to the formal establishment of the Surgical Menopause NZ Trust. The initiative began with the personal experience of our founder, Emilie Joyal, who faced significant challenges following surgery that led to surgical menopause. The experience revealed a lack of comprehensive pre and post-surgical care, limited information about treatment options, and profound isolation. Driven by a desire to clarify the complex and often contradictory information available—both for herself and others—Emilie created a peer support group to offer connection, reliable information, and a platform for shared advocacy.

Drawing on her background in Anthropology and Journalism, Emilie designed and distributed the survey to better understand the unmet needs of women in similar situations. She conducted the data analysis and developed the report's conclusions, laying the groundwork for what would become the broader mission of Surgical Menopause NZ.

Since then, the initiative has grown into a charitable trust with a mission focused on advocacy, education, and empowerment. Our dedicated team works to provide evidence-based information, foster solidarity, and advocate for personalised healthcare. We are committed to equipping women with accurate information about surgical menopause, its symptoms, and treatment options.

Additionally, we advocate for improved healthcare to ensure that medical professionals deliver the comprehensive, individualised care women need during this life-altering transition. The journey from a peer-led initiative to an established trust has been one of growth, learning, and resource-building—developing a website, establishing a social media presence, moderating a peer support group, expanding the team, and navigating the complexities of leading a new charitable organisation.

This report serves as both a foundation for our continued advocacy and a call to action for meaningful improvements in healthcare and support for those affected by surgical menopause.

Introduction

The Surgical Menopause NZ survey, conducted between October 2022 and March 2023, sheds light on the unique challenges and experiences of women in Aotearoa New Zealand navigating surgical menopause. By identifying key issues, this report provides a foundation for advocacy efforts aimed at improving care, education, and support for these women.

Surgical menopause occurs when both ovaries are surgically removed before the average age of natural menopause. Unlike natural menopause, which is gradual, this abrupt hormonal loss can lead to severe, long-lasting symptoms and heightened health risks, significantly affecting quality of life.

Initiated by Surgical Menopause NZ, a peer support group established in July 2022, the survey aims to uncover gaps in care while highlighting strengths and shortcomings within the healthcare system. The ultimate goal is to advocate for meaningful improvements in the support and treatment provided to women undergoing surgical menopause.

A total of 65 responses were received, with 64 valid entries, including 45 focused on women who underwent bilateral oophorectomy (the removal of both ovaries).

This survey report examines respondent demographics, surgery details, pre- and post-surgical support with a focus on treatments, symptoms and quality of life, and ongoing care.

Insight: Clarifying Surgical Menopause

Many respondents believed they were experiencing surgical menopause, which led to some data being excluded after verification. This highlights confusion around the term and the need for clearer education. Women who retain their ovaries during surgery are often not informed of the risk of ovarian function loss, and those undergoing pelvic surgery or treatments affecting the ovaries often lack sufficient resources to manage the changes.

The survey also revealed cases of early menopause, often post-hysterectomy, emphasising the need for better education about different types of menopause.

A Note to Women in Early Menopause

Although this survey focused on surgical menopause, we value the experiences of women in early menopause. While your data wasn't included, the findings may still be relevant and offer useful insights. We encourage you to explore the results and appreciate your experiences as we work to include all voices in future initiatives.

Demographics

Understanding the demographics of survey respondents is essential for contextualising their experiences and identifying specific needs within different groups. This section summarises the key demographic data, including age, ethnicity, and residency.

Age Distribution

The majority of respondents (80%) were **over 41 years old** at the time of their surgery, representing a peri- or postmenopause demographic. However, 20% were under 40, highlighting the significant impact of surgical menopause on younger women, who may face unique challenges due to the abrupt hormonal transition at an earlier life stage.

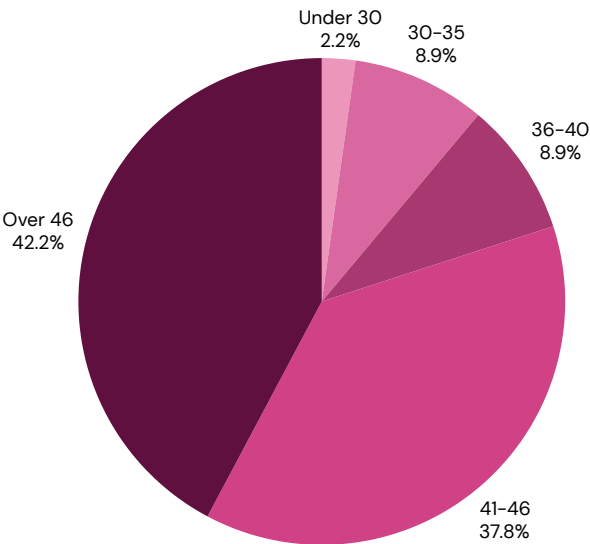


Figure 1. Age Distribution

Ethnicity

Most respondents (82%) identified as **New Zealand European/Pākehā**, reflecting the broader population trends in Aotearoa New Zealand. A smaller proportion identified as Māori, Australian, or other ethnicities. These insights emphasise the need for inclusive healthcare strategies that address the diverse needs of all women navigating surgical menopause.

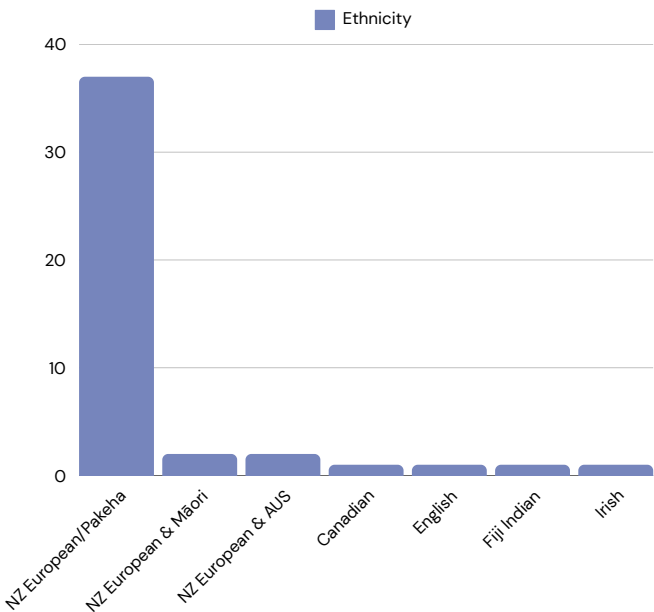


Figure 2. Ethnicity

Residency

Respondents were distributed across the country, with a majority residing in the **North Island**. Key regions included Auckland, Wellington, and the Bay of Plenty. This distribution highlights the widespread nature of surgical menopause experiences and the potential for regional differences in healthcare access and support.

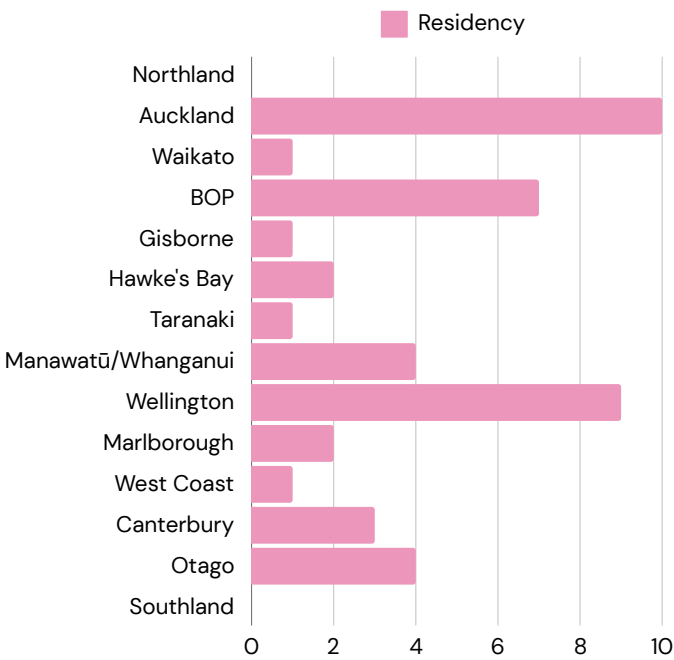


Figure 3. Residency

Surgery Details

Our survey revealed the diverse and complex pathways leading to surgical menopause, with participants sharing varied experiences and underlying causes for their surgeries. This section explores the common causes, surgical techniques, and trends identified through the responses.

Causes and Multiple Surgeries

Many respondents faced multiple contributing factors, with some undergoing more than one surgical procedure at different times. The most common causes included:

- Ovarian cyst or abscess
- Ovarian tumours (benign, borderline or cancerous)
- Severe endometriosis or adenomyosis
- BRCA1/BRCA2 gene mutation
- Breast cancer

For many, surgery was driven by significant health risks or the need for preventative care, such as genetic mutations like BRCA1/BRCA2 or cancer treatment. In other cases, conditions like severe endometriosis or ovarian cysts required surgical intervention to manage debilitating symptoms.

This diversity in causes underscores the range of personal and medical factors that contribute to surgical menopause, highlighting the need for tailored support and care that takes each individual's health circumstances into account.

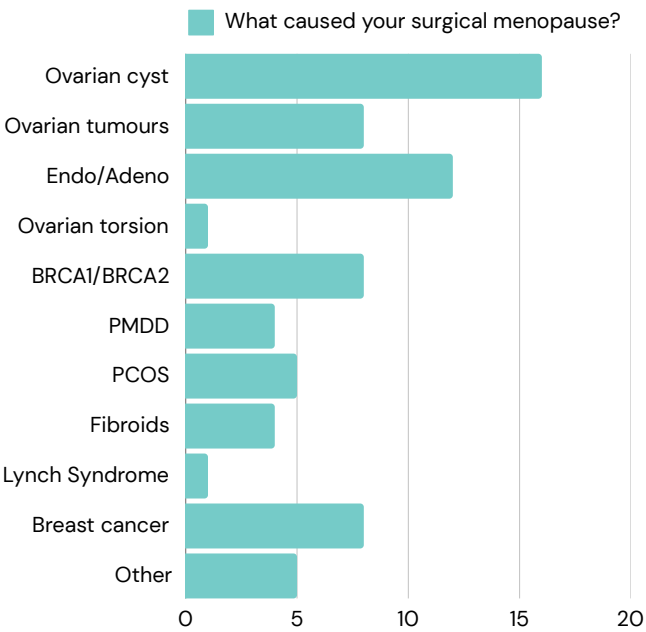


Figure 4. Causes of Surgical Menopause

Hysterectomy Prevalence

A notable **73% of respondents** underwent a hysterectomy either at the time of their oophorectomy or in a separate procedure before or after the surgery.

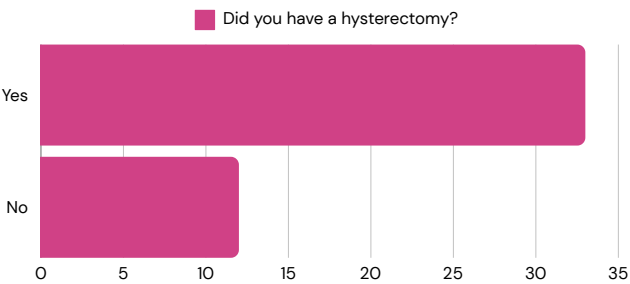


Figure 5. Hysterectomy Prevalence

This prevalence points out the interconnected nature of reproductive health conditions that necessitate multiple interventions.

Surgical Techniques and Locations

Surgeries were performed across the country, with a majority taking place in **Auckland** and **Wellington**. **Laparoscopic (keyhole) surgery** was the most common technique, offering less invasive options with shorter recovery times. Three respondents had their surgeries performed overseas.

Public vs. Private Sector

A slight majority (53%) of surgeries were performed in the **public healthcare system**, reflecting a balance between public and private sector utilisation.

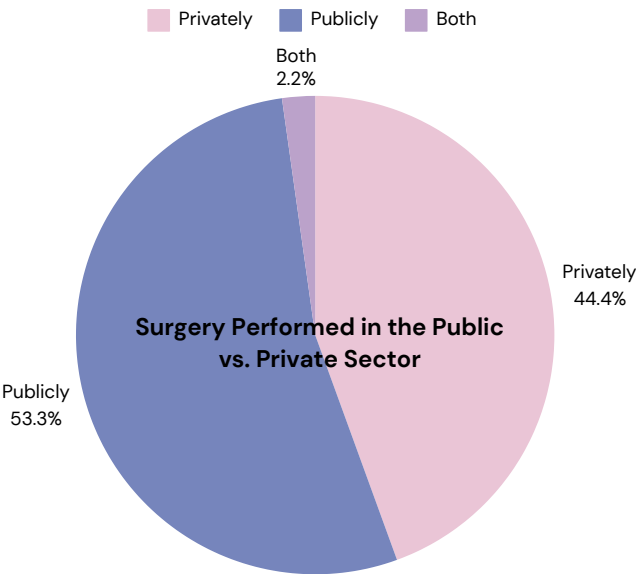


Figure 6. Surgery Performed in the Public vs. Private Sector

Time Since Surgery and HRT Use

- The majority of respondents were within five years of their surgery, with two-thirds using hormone replacement therapy (HRT).
- Four respondents underwent surgery 6 to 10 years ago; none were using HRT.
- Of the 12 respondents more than 10 years post-surgery, one-third (4) were using HRT, while two-thirds (8) were not.

These findings highlight variations in HRT use over time, which may be influenced by evolving medical advice, personal preference, or access to care.

Table 1. Time Since Surgery and HRT Use

	On HRT	Not on HRT	Total
0–5 years	20	9	29
6–10 years	0	4	4
Over 10 years	4	8	12
Grand Total	24	21	45

Key Findings

Causes and Multiple Surgeries

Common causes include ovarian cysts, tumours, severe endometriosis, BRCA mutations, and breast cancer. Many women underwent multiple surgeries, pointing out the need for personalised care.

Surgical Technique, Location and Sector

Most surgeries were performed in Auckland or Wellington, using laparoscopic (keyhole) technique. A slight majority occurred in the public sector.

Time Since Surgery

Most respondents were within five years post-surgery, highlighting the need for a larger sample or long-term survey.

Inadequate Pre-Surgery Information & Support

Our survey pointed out significant gaps in the information and support provided to women before undergoing surgical menopause. This section explores these shortcomings, identifying opportunities to better prepare women for the physical and emotional challenges they may face.

Lack of Comprehensive Information

- 42% received no information about surgical menopause, while 46% were given only verbal guidance. This indicates the lack of accessible written resources.

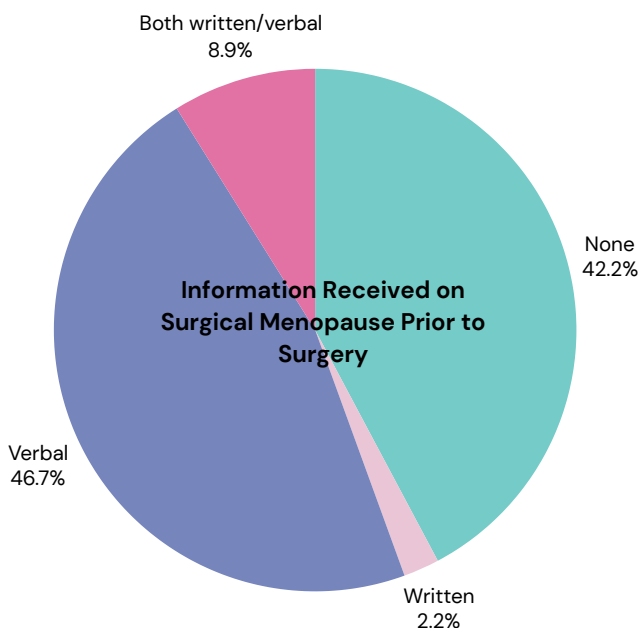


Figure 7. Information Received on Surgical Menopause Prior to Surgery

Lack of Comprehensive Information (cont'd)

- Distinction Between Types of Menopause:** 51% of respondents reported that no distinction was made between natural and surgical menopause.

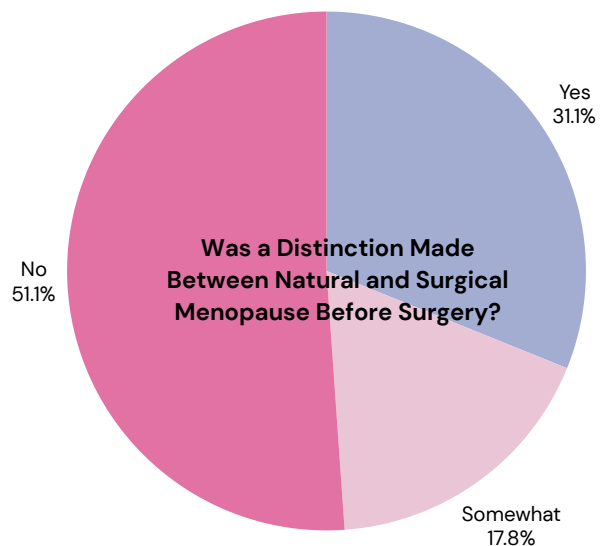


Figure 8. Was a Distinction Made Between Natural and Surgical Menopause Before Surgery?

Symptoms, Risks and Ongoing Care

- Symptoms:** 38% received no information about potential post-surgical symptoms.
- Long-Term Risks:** 33% were not informed about the long-term health risks associated with surgical menopause.
- Ongoing Care:** 53% reported receiving no guidance on managing care after surgery.

Fertility Preservation

Among the nine respondents under 41 years old:

- Three received verbal or written information about fertility preservation.
- Three were not advised on fertility preservation at all.
- Three considered the question not applicable.

This indicates inconsistent pre-surgical counselling on fertility, leaving some younger women unprepared for the impact of surgery on reproductive options.

Hormone Replacement Therapy (HRT)

- 38% received no information about HRT.
- 31% were provided information verbally only.

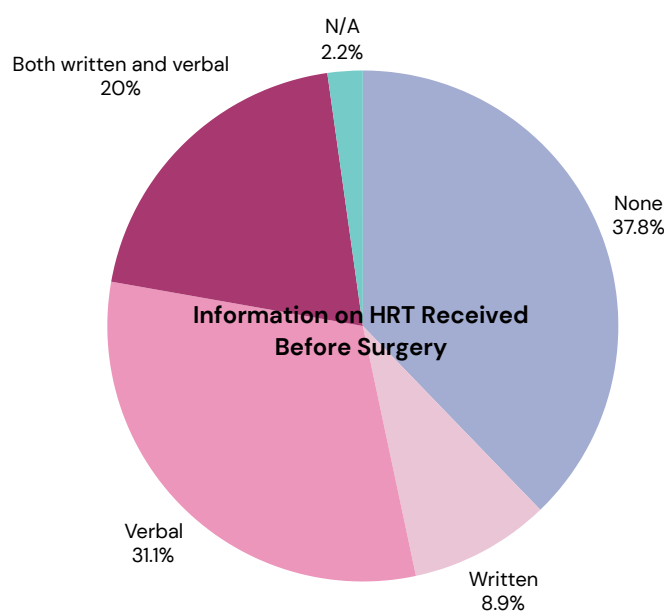


Figure 9. Information on HRT Received Before Surgery

Non-HRT Alternatives

76% received no information about non-HRT treatment options, highlighting the need for more comprehensive discussions on available treatments.

Support from Medical Teams

- **General Practitioners (GPs):** Feedback from 31 respondents was mixed:
 - One-third felt their GP adequately addressed their questions.
 - Another third reported insufficient time for meaningful discussions.
- **Surgeons and Specialists:** Surgeons (51%) and gynaecologists/gynaec-oncologists (53%) were generally perceived as supportive, with most respondents indicating their questions were answered fully or somewhat (33% and 36%, respectively).
- **Anaesthetists and Nurses:** Both groups were largely seen as supportive, with respondents stating their questions were addressed fully (58% and 31%) or somewhat (27% and 36%).

Surgical Decision Confidence

Despite the lack of adequate information, **91% felt confident about their decision to undergo surgery**, and 89% felt they had sufficient time to decide.

Key Findings

Lack of Pre-Surgery Information and Support

Many respondents felt unprepared for the transition to surgical menopause due to gaps in education and resources, including a lack of written materials and clear explanations. Insufficient guidance left many women unable to manage symptoms, understand long-term health risks, or access follow-up care.

Neglect of Fertility Considerations

Younger respondents reported a lack of advice on fertility preservation, highlighting an essential gap in pre-surgical planning.

Key Findings (cont'd)

Limited Understanding of Treatment Options

A majority of respondents were unaware of non-HRT alternatives, indicating the need for broader discussions about available treatment options.

Inconsistent Medical Support

Surgeons and specialists were generally viewed as providing better communication, whereas GPs were often seen as less attentive, possibly due to time constraints and limited expertise in specialised care.

Unmet Emotional and Physical Needs

Respondents pointed to a lack of focus on emotional and physical challenges before surgery, leaving gaps in both pre-surgical counselling and post-surgical support.

Hormone Replacement Therapy (HRT) & Alternative Treatments

Our survey revealed significant insights into the use of hormone replacement therapy (HRT) and alternative treatments. The findings shed light on the varied experiences of women navigating these options and drew attention to the challenges in finding effective strategies for symptom management and long-term health.

Hormone Replacement Therapy (HRT) Usage and Initiation

- **Prevalence:** 62% of respondents tried HRT, with over half (24 women) still using it at the time of the survey.
- **Timing of Initiation:**
 - 42% started HRT within a week of surgery.
 - Another 42% began within 2–6 weeks.

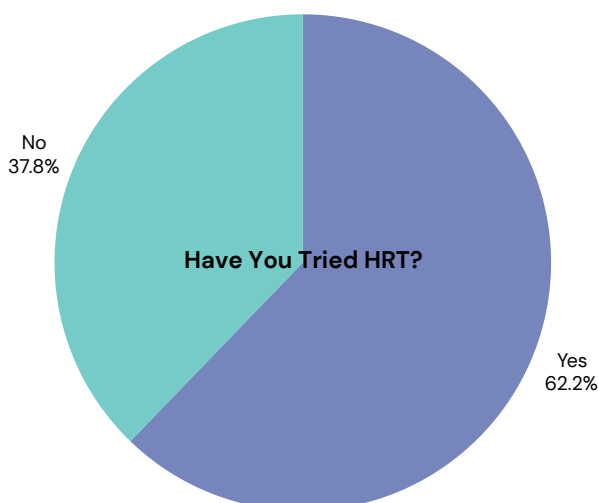


Figure 10. Have You Tried HRT?

HRT Treatments Used

Among the 24 HRT users, patches were the most commonly used treatment (75%). Other treatments included tablets, either on their own or combined with patches or cream. Many respondents required dosage adjustments, and for many, finding the right balance was still a work in progress.

Non-HRT Treatments

- **Access to Information:** 76% of respondents reported receiving no information about non-HRT alternatives, limiting their ability to explore or understand other treatment options.
- **Reasons for Non-Use of HRT:** Among those not using HRT (21 women):
 - 71% avoided HRT due to medical reasons.
 - Some reported systemic barriers, including not being offered HRT at all.

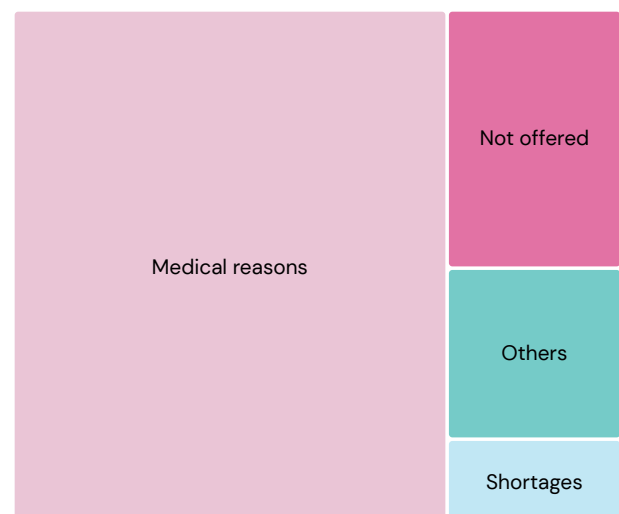


Figure 11. Reasons for Not Using HRT

Non-HRT Treatments (cont'd)

- **Alternative Strategies:** Non-HRT users turned to approaches such as:
 - **Lifestyle changes**, including dietary adjustments and exercise.
 - **Supplements**, such as herbal remedies or over-the-counter products.
 - **Medications**, primarily for mood-related symptoms.

Treatment Challenges

Finding the right balance in treatment was a persistent issue, regardless of the chosen approach: **75%** of respondents—both HRT and non-HRT users—**struggled to find a treatment plan** that effectively managed their symptoms.

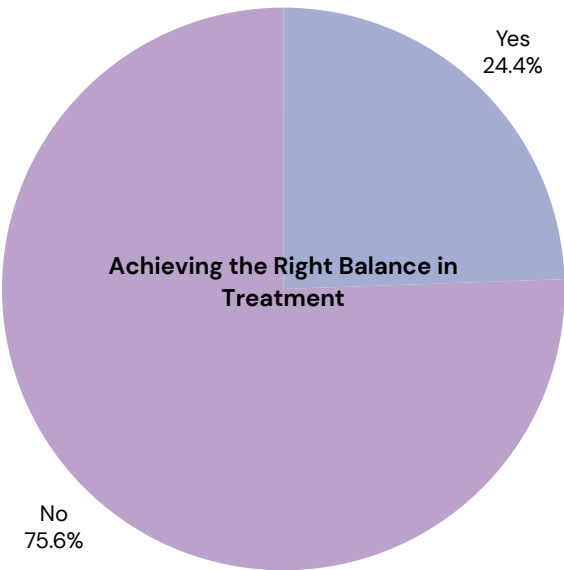


Figure 12. Achieving the Right Balance in Treatment

Treatment Satisfaction

Satisfaction levels varied significantly across both groups, with many respondents expressing disappointment in their outcomes:

- **HRT Users:**
 - 25% felt their experience met expectations.
 - 46% reported their treatment did not meet expectations.
 - 29% were somewhat satisfied.

Treatment Satisfaction (cont'd)

- **Non-HRT Users:**
 - 19% felt their experience met expectations.
 - 52% reported their treatment did not meet expectations.
 - 28% were somewhat satisfied.

Key Findings

HRT Usage and Satisfaction

62% of all respondents tried HRT, with 24 still using it. While most started treatment relatively quickly, many required dosage adjustments, and satisfaction levels were mixed. Only 25% reported that their experience fully met expectations. Patches were the most commonly used method.

Non-HRT Treatments

- Non-HRT users faced significant barriers to care, including limited access to information about alternatives.
- Medical reasons were the primary factor for not using HRT.
- Alternative strategies, such as lifestyle changes, supplements, and mental health medications, often provided insufficient relief.
- Over half (52%) of non-HRT users reported their treatment did not meet expectations compared to 46% of HRT users.

Challenges in Achieving Balance

Across both groups, 75% of respondents struggled to find a treatment plan that worked for them. This highlights the need for more personalised and flexible approaches to symptom management.

Symptoms & Quality of Life

Our survey reveals the complex challenges women face in managing symptoms and maintaining quality of life after surgical menopause. These findings reinforced the profound impact of treatment choices, symptom severity, and support systems on overall well-being.

Symptom Prevalence and Severity

Respondents reported a wide range of symptoms, many of which significantly affected their daily lives. The most commonly cited symptoms, along with their reported severity levels, include:

- **Fatigue/Low Energy:**
 - A consistently severe issue affecting 50% of HRT users and 57% of non-HRT users.
- **Low Libido:**
 - Reported as severe by 50% of HRT users and 52% of non-HRT users.
- **Brain Fog:**
 - HRT users described it as mild (38%) or moderate (29%).
 - Non-HRT users were more likely to rate it as moderate (52%).
- **Joint and Muscle Pain:**
 - For HRT users, severity ranged from mild (33%) to moderate (25%) and severe (33%).
 - Non-HRT users reported both moderate and severe pain equally (33% each).

Recovery Period

Recovery times varied significantly among respondents:

- 2 respondents were still in recovery at the time of the survey.
- 12 recovered in less than 4 weeks.
- 11 recovered within 4–6 weeks.
- 10 recovered in 6–8 weeks.
- 10 required more than 8 weeks to recover.

The wide range of recovery times reflects factors such as the extent of the surgery, the reasons for surgery, the individual's health, and other circumstances.

Table 2. Recovery Period and HRT Use

	On HRT	Not on HRT	Total
Still in recovery	1	1	2
Less than 4 weeks	4	8	12
4–6 weeks	8	3	11
6–8 weeks	6	4	10
Over 8 weeks	5	5	10
Grand Total	24	21	45

Quality of Life Over Time

Significant differences in quality of life were observed between HRT and non-HRT users in the first five years post-surgery:

- **HRT Users:** 50% reported improvement in quality of life, with 29% experiencing deterioration.

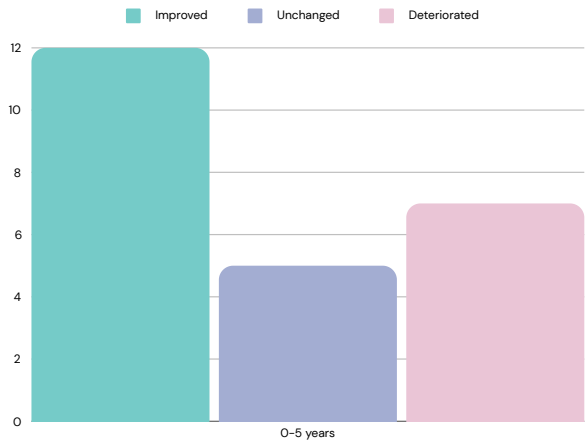


Figure 13. Quality of Life for HRT Users After 0-5 Years from Surgery

Quality of Life Over Time (cont'd)

- **Non-HRT Users:** Only 24% reported improvement, while 52% experienced deterioration, suggesting that non-HRT users face more challenges managing symptoms.

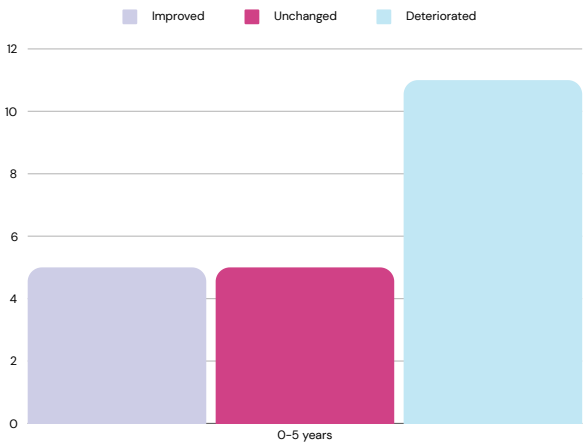


Figure 14. Quality of Life for Non-HRT Users After 0-5 Years from Surgery

Around 20–24% of respondents in both groups reported unchanged symptoms, indicating that HRT may not benefit all users equally.

Quality of Life & Long-Term Outcomes

Most respondents (29) were within five years of surgery, limiting long-term conclusions. Among those 6-10 years (4) or more (12) post-surgery, quality of life remained relatively stable, with few reporting deterioration. Non-HRT users in this group experienced slightly more deterioration. These findings suggest that HRT does offer short-term benefits and highlight the need for ongoing care and further research.

- **HRT Users:**

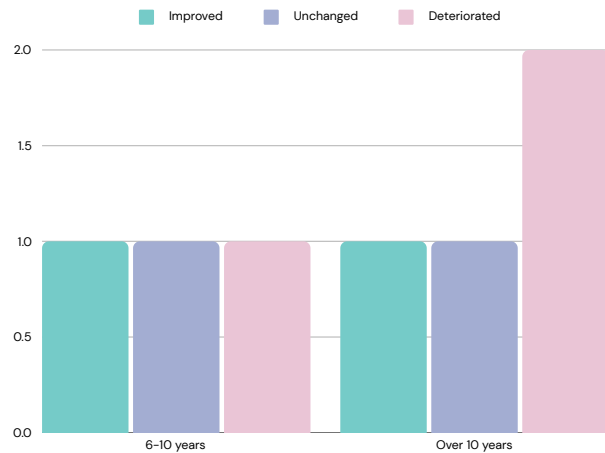


Figure 15. Quality of Life for HRT Users After 6-10 Years and Over 10 Years from Surgery

- **Non-HRT Users:**

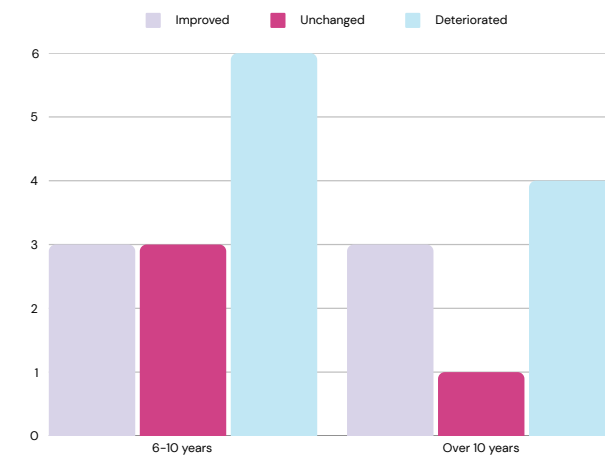


Figure 16. Quality of Life for Non-HRT Users After 6-10 Years and Over 10 Years from Surgery

Consequences of Surgical Menopause

Respondents identified several long-term challenges arising from surgical menopause, including:

- **Worsening Overall Health and Quality of Life:**
- **Relationship Tensions or Breakdowns**
- **Career or Work-Related Challenges**

They also indicated areas of concerns:

- **Sexual Health:** 47% experienced sexual or libido problems.
- **Musculoskeletal Health:** 35% reported muscle atrophy (sarcopenia), bone loss (osteopenia/osteoporosis), or arthritis/osteoarthritis.
- **Mental Health:** 29% reported depression and/or anxiety.
- **Sleep Health:** 31% reported insomnia.
- **Others:** A few additional health conditions were reported, including chronic pain, bowel problems such as irritable bowel syndrome or prolapse, and chronic fatigue syndrome.

Family and Friends Support

Personal networks played a vital role in recovery, with 51% of respondents felt fully supported by family and friends, and 42% feeling somewhat supported. This highlights the significant role that social support plays in managing the challenges of surgical menopause.

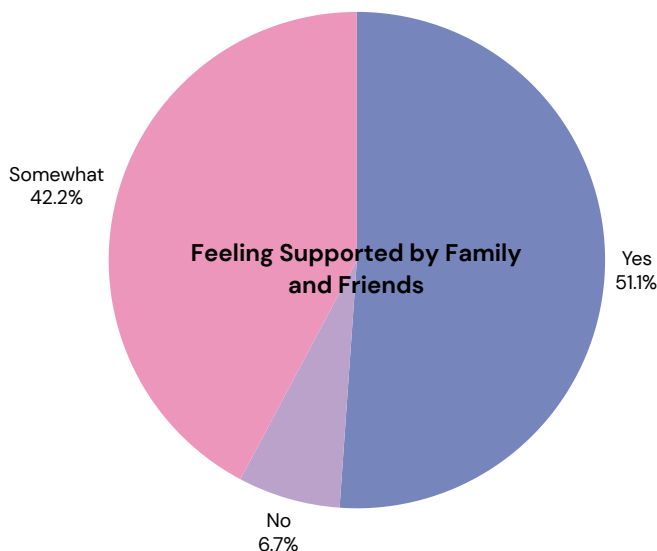


Figure 17. Feeling Supported by Family and Friends

Long-Term Functionality

62% of respondents reported maintaining their pre-surgery functionality, while 33% had to adjust their daily activities. The reasons for surgery likely influenced these outcomes, as many were within five years of surgery, with some seeing improvement due to the surgery addressing pre-existing debilitating symptoms.

Key Findings

Variation in Recovery Periods

Recovery times varied substantially among respondents, with some recovering in just a few weeks, while others took longer than two months. This highlights the individualised nature of the recovery process following surgical menopause.

Symptom Impact and Quality of Life

Fatigue, low libido, brain fog, and joint and muscle pain were the most severe and widespread symptoms post-surgery. Persistent issues such as depression, anxiety, insomnia, and other health conditions like musculoskeletal or bowel problems significantly impacted long-term quality of life for a considerable proportion of respondents.

Unforeseen Consequences

Many respondents reported notable impacts on their overall health, quality of life, relationships, and careers. Despite this, 62% maintained pre-surgery functionality, while 33% adjusted their daily activities.

Support Systems

Increased awareness of surgical menopause could enhance the support provided by family and friends, as 51% of respondents felt fully supported by their personal networks.

Ongoing Care

Our survey highlights critical gaps and challenges in the ongoing care provided to women experiencing surgical menopause, emphasising the need for comprehensive, long-term support.

Support During Recovery

Respondents reported varied levels of support from their healthcare providers post-surgery:

- **GPs:** 47% felt supported, with 22% somewhat supported.
- **Surgeons:** 42% felt supported, with 31% somewhat supported.
- **Gynae/Gynae-Oncologists:** 47% felt supported, with 29% somewhat supported.
- **Nurses:** 44% felt supported, with 27% somewhat supported.

Perception of Medical Support

- **Initial Support:** Most respondents felt adequately supported during their immediate post-surgery recovery.
- **Long-Term Care:** 56% expressed dissatisfaction with the care received in the long term, highlighting notable gaps in continuity, follow-up care, and monitoring of overall health markers such as bone density and cardiovascular risk.

Change in Medical Team

- **No Change:** 64% did not change their medical team.
- **Seeking Better Care:** 24% reported switching providers, and 11% said they would have if given the opportunity.

Counselling and Emotional Support

Only 15% of respondents were offered counselling services, leaving the majority (85%) without access to this critical support.

Public vs. Private Care

- **Public Sector:** 67% receive ongoing care through the public healthcare system.
- **Private Sector:** 29% access care through private providers, where availability and continuity may differ.

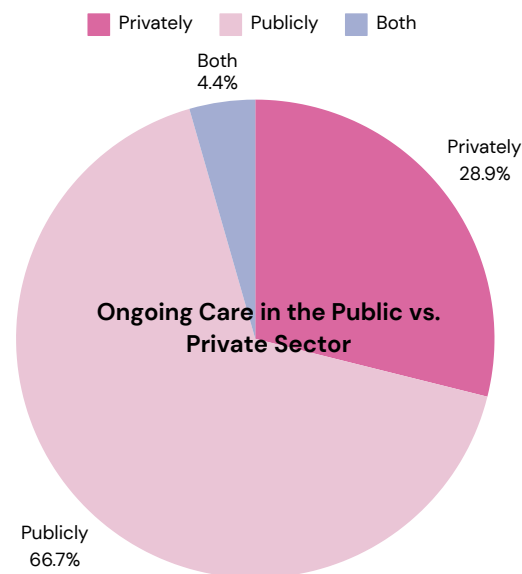


Figure 18. Ongoing Care in the Public vs. Private Sector

Access to Accurate Information

- **Information Challenges:** 76% struggled to find accurate and reliable information about surgical menopause.
- **Preferred Resources:** Respondents found the most useful resources to be:
 - Websites, blogs, and podcasts (31%).
 - Online support groups (21%).
 - Healthcare professionals (19%).
 - Books (14%).

Alternative and Complementary Care

A small number of respondents sought care from alternative or complementary healthcare providers, including:

- **Naturopaths, Acupuncturists, Osteopaths:** Reported universally positive experiences.
- **Nutritionists/Dietitians, Psychologists/Psychiatrists:** Mixed feedback, though mostly positive.
- **Pelvic Floor Therapists and Physiotherapists:** Positive ratings from a majority, though experiences varied.
- **Menopause Specialists and Endocrinologists:** Limited consultations but generally positive feedback.

Satisfaction with Long-Term Care

Respondents rated their experiences with various providers as follows:

- **GPs:** 62% rated their care as excellent or good (excluding 8 N/A responses).
- **Gynae/Gynae-Oncologists:** 53% rated their care as excellent or good (excluding 15 N/A responses).

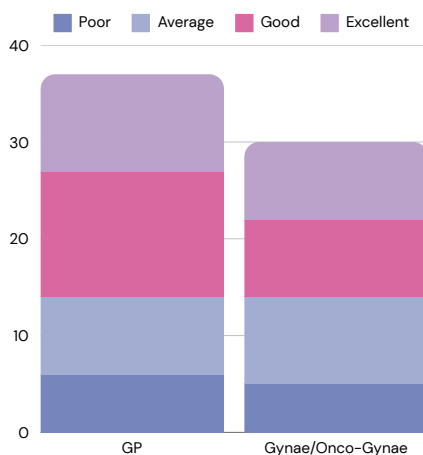


Figure 19. Satisfaction with Long-Term Care from GPs and Gynae/Onco-Gynae

Satisfaction with Long-Term Care (cont'd)

- **Endocrinologists/Menopause Specialists:** Only a small number of respondents consulted endocrinologists (8) or menopause specialists (6), indicating limited access to or awareness of specialised care for surgical menopause. Those who did reported generally positive experiences.

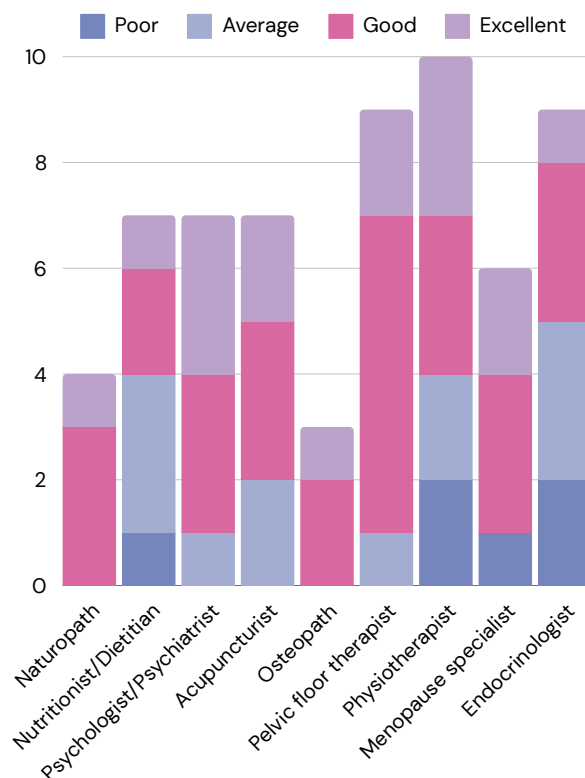


Figure 20. Satisfaction with Long-Term Care from Complimentary Providers

Key Findings

Counselling Services

The lack of counselling offerings (85% not offered) highlights a significant emotional support gap.

Information Accessibility

Challenges in accessing accurate information point to a need for more reliable resources.

Overall Support Deficiencies

Respondents stressed the importance of improving healthcare systems and provider education, especially for long-term care.

Alternative Care Opportunities

The limited use of complementary care shows untapped potential for holistic, patient-centred support, indicating a need for greater access to specialised expertise for better long-term management.

Conclusion

The Surgical Menopause NZ survey indicates an urgent need for comprehensive, accessible resources and support systems for women experiencing surgical menopause in Aotearoa New Zealand. Despite the survey's small sample size, the findings shed light on critical gaps in pre- and post-surgical care, alongside some positive.

Pre-Surgery Support

- **Inadequate Information:** Many respondents reported feeling unprepared for the challenges of surgical menopause, citing a lack of detailed and accurate information about symptoms, recovery, treatments, long-term health risks, and impact on quality of life.
- **Informed Consent Concerns:** While most respondents believed they had given informed consent, the insufficient education on risks and long-term effects raises concerns about how well-informed these decisions truly were.
- **Specialist Support Pre-Surgery:** Surgeons and gynaecologists demonstrated professionalism during the surgical phase, offering attention and care regarding the procedure itself.

Post-Surgery Support

- **Surgeons and Gynaecologists Support:** While surgeons and gynaecologists provided some support during the immediate recovery phase, there was a lack of long-term follow-up, particularly for treatment adjustments.

- **GP Support Deficits:** Dissatisfaction was reported with ongoing care from GPs, who often lacked follow-up protocols for monitoring symptoms, treatments, and overall health markers such as bone density and cardiovascular risk.
- **Provider Training Gaps:** Many healthcare providers lacked awareness of the unique challenges of surgical menopause, leading to inconsistent and inadequate care.
- **HRT Recognition:** A significant number of respondents were offered hormone replacement therapy (HRT), indicating awareness of its role in managing surgical menopause symptoms.

Emotional and Psychological Support

- **Emotional Support Gaps:** Emotional well-being was often neglected, with limited access to counselling services or resources to address the psychological impacts of surgical menopause.
- **Impact on Quality of Life:** Persistent symptoms such as fatigue, brain fog, and low libido significantly affected daily living, relationships, and careers, highlighting the need for comprehensive, holistic support.
- **Surgery as a Necessity:** Despite the challenges, many women expressed a willingness to undergo surgery again, emphasising its life-saving or medically essential nature.

Holistic and Complementary Care

- **Awareness and Access:** Complementary care like physiotherapy, pelvic floor therapy, and menopause specialists remains underutilised and poorly integrated, despite its potential benefits.

Patient-Driven Recommendations for Action

- Develop detailed pre-surgery education resources, focusing on the lifelong impacts of surgical menopause.
- Create individualised post-surgical care plans that include immediate access to HRT or alternatives tailored to each person's needs, with regular monitoring, adjustments, and consistent follow-up appointments.
- Provide clear recovery guidelines, both for immediate and long-term recovery, along with realistic expectations about recovery timelines and potential long-term health impacts.
- Train healthcare providers to communicate with greater empathy and provide compassionate, patient-centred care.
- Prioritise access to counselling and emotional support services as integral to care plans.
- Promote the integration of holistic and complementary care options into standard treatment pathways.

Addressing these issues is not only critical for improving healthcare outcomes but also for ensuring dignity, respect, and quality care for every woman navigating surgical menopause. These insights lay the groundwork for advocacy, awareness, and meaningful change within the healthcare system.

Overall Message

Patients navigating surgical menopause require more than just medical care—they need a holistic, informed, and empathetic approach that addresses their emotional, physical, and long-term health needs. Prioritising education, support, and communication is essential to empowering patients and improving their overall experience.

Closing Reflections

The survey findings highlight the urgent need for systemic changes in the approach to surgical menopause care in Aotearoa New Zealand. Gaps in education, healthcare provider engagement, emotional support, and holistic care present significant barriers to improving the quality of life for women undergoing surgical menopause.

While there were some strengths in the surgical phase and initial HRT offerings, the overall healthcare response revealed significant shortcomings. Key issues such as inadequate education, insufficient post-surgical follow-up, and a lack of holistic, individualised care must be addressed to improve the experiences and outcomes for women navigating surgical menopause.

Call to Action

We invite you to support our mission to improve care, education, and support for women navigating surgical menopause. Your involvement can make a real difference!

Get Involved

At Surgical Menopause NZ Trust, we're dedicated to advocating for better outcomes for women across Aotearoa New Zealand. Here's how you can join us:

- **Share this Report:** Spread awareness by sharing this report with healthcare providers, friends, and your community.
- **Join Our Community:** Connect with others through our online peer support group, [Surgical Menopause NZ](https://www.surgicalmenopause.org.nz).
- **Follow Us:** Stay updated on resources, events, and updates—follow us on [Instagram](#), [Facebook](#), and [LinkedIn](#).
- **Support Our Work:** [Donations](#) enable us to continue creating resources, advocating for better care, and supporting women.
- **Share Your Feedback:** Share your suggestions or ideas for improvement. Interested in future surveys? Reach out—we'd love to hear from you!

Contact Us

- **Website:** [surgicalmenopause.org.nz/](https://www.surgicalmenopause.org.nz/)
- **Email:** info@surgicalmenopause.org.nz

Together, we can create a future where no woman feels unprepared or unsupported in her surgical menopause journey.

Let's make a difference—together!

—The Team at Surgical Menopause NZ Trust

Surgical Menopause NZ Trust
Menopause is not always natural



www.surgicalmenopause.org.nz



A heartfelt thank you
to the women that
participated in our
survey & shared their
experiences.

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Survey Report 2022-2023 (v. 1.0)

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