

BOOKLET
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SURGICAL MENOPAUSE:

MAKING INFORMED CHOICES, PREPARING FOR SURGERY & RECOVERY

A GUIDE FOR WOMEN CONSIDERING
OVARY REMOVAL & NAVIGATING LIFE
AFTERWARD

Surgical Menopause New Zealand Trust
Menopause is not always natural



surgicalmenopause.org.nz

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DISCLAIMER

This booklet has been reviewed by a number of qualified healthcare professionals engaged in women's health and many people with lived experience of surgical menopause. To the best of our knowledge this is an accurate summary of available information up to the time of publication. This information is provided to assist you in having productive discussions with your doctor and care team. You should not rely on this information alone in making decisions about your care.

This guide is not a substitute for personalised medical advice.

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INTRODUCTION

This guide is for women considering **surgery that results in menopause** - and for those currently already adjusting to this new phase. Whether you're preparing, recovering, or just trying to make sense of what you're experiencing, this booklet offers honest guidance, practical tools, and compassionate support.

Inside, you'll find:

- Clear explanations and what this means for your health
- What to expect before and after surgery
- Options for hormone and non-hormonal care, including symptom relief and long-term health protection
- Tips for navigating recovery
- Resources section

Whether recommended surgery is for a medical condition, cancer risk reduction, or any other reason, you deserve medical care that is honest, respectful, and tailored to you.

Important:

The medical community defines **early menopause** as occurring **before age 45**, and **premature menopause** as occurring **before age 40**. These categories can apply whether menopause happens naturally, or due to medical treatments, including surgery.

This guide draws on the personal experience of many women and is offered as a support for you, your significant others and even your employers. We encourage all of your support network to be familiar with this guide.

Talking about these concerns can be very challenging, not to mention daunting. Do not hesitate to reach out for help, it will strengthen you.

One last note the Surgical Menopause New Zealand Trust (SMNZT) would love to have this resource in multiple languages unfortunately our means will not cover this at this stage. In the meantime, all hospitals provide a translator service and the Department of Internal Affairs can also be useful.

“Helping others through this project, after my own experience of surgical menopause, has been a lifeline, a source of strength during my toughest moments.”

- Emilie Joyal, Founder, Surgical Menopause New Zealand Trust

PART 1: UNDERSTANDING SURGICAL MENOPAUSE

WHAT IS SURGICAL MENOPAUSE?

Surgical menopause happens when both ovaries are removed in a procedure called a **bilateral oophorectomy**. This procedure can be done alone or alongside a hysterectomy (removal of the uterus) or other gynaecological surgeries.

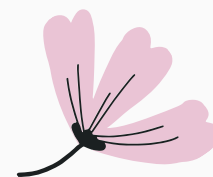
Removing both ovaries causes an immediate and significant drop in **estrogen, progesterone, and testosterone**; hormones that affect your whole body, including bones, brain, mood, and sexual health. These changes can lead to **intense and long-lasting symptoms**, particularly for younger women. As key endocrine organs, the ovaries' removal leads to the chronic condition of hormone deficiency.

Important:

The term "**induced menopause**" refers to menopause caused by medical interventions - including surgery, chemotherapy, radiation, or medications that affect the ovaries. Some of these causes can lead to temporary menopause, while others, like ovary removal, are **permanent**. The effects are similar, but your experience will depend on your personal history, health, and the reason for treatment.

WHAT IS NATURAL MENOPAUSE?

Natural menopause is a **gradual process** that typically unfolds over several years. Hormone levels fluctuate slowly during perimenopause, giving the body time to adjust. While this transition can still bring challenging symptoms, it's generally experienced as part of the natural ageing process.



Surgical menopause, on the other hand, causes a **sudden** and **permanent** drop in hormones. Unlike natural menopause, where the ovaries continue to release small amounts of estrogen, progesterone, and testosterone, their removal ends this production entirely - often making symptoms feel more abrupt and more severe.

This is why a range of treatments are recommended - **especially for women under 45** - and why early intervention matters for long-term health. Developing an individualised treatment and support plan that reflects your personal history and needs is essential to maintaining wellbeing.

Important:

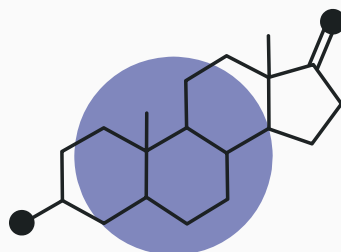
Even if you are already perimenopausal or postmenopausal at the time of surgery, the sudden loss of ovarian hormones can still have a strong impact. Everyone is different - age, hormone sensitivity, and health history all play a role.

WHICH HORMONES ARE INVOLVED

Your ovaries produce three key hormones - and all play a role well beyond fertility:

- **Estrogen:** The main type of estrogen lost after menopause is called “estradiol” also known as “oestradiol” (E2), which helps regulate temperature and supports joints, bones, skin, hair, heart, brain, bladder, vagina, and mood.
- **Progesterone:** Essential for pregnancy, it also supports the menstrual cycle, sleep, mood, bone health, and immune function.
- **Testosterone:** Produced in both the ovaries and adrenal glands, it plays a key role in libido and may contribute to energy, mood, mental clarity, muscle strength, and bone health.

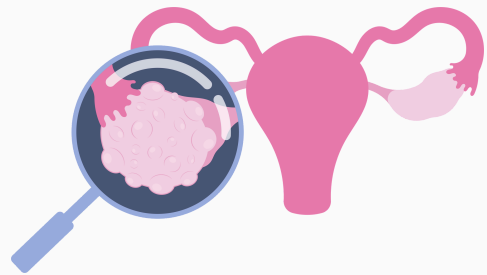
After surgery, this hormone production stops. Hormone therapy, or **hormone replacement therapy (HRT)**, also known as **menopausal hormone therapy (MHT)**, is the **gold standard treatment** to replace what's lost and protect long-term health. If HRT isn't suitable due to specific medical conditions (or personal choice), other forms of support - such as non-hormonal medications and lifestyle changes - can be used to help manage symptoms and preserve quality of life.



WHY SURGERY MAY BE RECOMMENDED

There are **several reasons** your doctor may recommend ovary removal:

- Cancer or high genetic risk (BRCA1/2, HNPCC)
- Severe endometriosis
- Large and/or painful ovarian cysts
- Premenstrual dysphoric disorder (PMDD)
- Polycystic ovarian syndrome (PCOS)
- Chronic pelvic pain
- Heavy bleeding
- Gender-affirming surgery



It's very important to understand the short and long-term effects. This helps determine what kinds of support will help your recovery and adjustment.

For more information, you may visit the section [Causes](#) on our website.

Important:

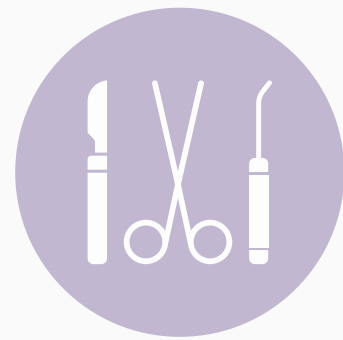
Surgery is a very effective medical treatment. However if you're younger and not prepared for the effects of losing your ovaries, your experience may be more difficult to cope with. It's important to engage with **informed consent** processes before making a decision.

UNDERSTANDING YOUR SURGERY

There are different types of surgery and surgical techniques, each with its own implications.

Types of surgery:

- **Bilateral Oophorectomy (BO):** Removal of both ovaries - triggers menopause.
- **Bilateral Salpingo-Oophorectomy (BSO):** Removal of both ovaries and fallopian tubes - triggers menopause.
- **Hysterectomy:** Removal of the uterus - does not cause menopause if the ovaries are left in place. However, **ovaries may stop working 2-3 years earlier** than expected, or can temporarily go into shock after surgery, affecting hormone levels and overall health.
- **Other variations:** Some women may have combinations, such as a hysterectomy with unilateral salpingectomy (removal of one fallopian tube), unilateral oophorectomy (removal of one ovary), or bilateral salpingectomy (removal of both fallopian tubes) without ovary removal.



For more information, please visit the section [Surgery 101](#) on our website.

Not all hysterectomies are the same

- **Total hysterectomy:** Removal of the uterus and cervix (most common).
- **Subtotal (partial) hysterectomy:** Removal of the uterus only, leaving the cervix intact.
- **Radical hysterectomy:** Removal of the uterus, cervix, part of the vagina, and surrounding tissues – usually related to a cancer diagnosis.

Risks associated with hysterectomy

A hysterectomy, with or without ovary removal, is major surgery. Even when the ovaries are retained, the procedure can still affect hormone production and overall health. Possible risks include:

- **Pelvic organ prolapse** – the uterus helps support nearby organs, so its removal can affect pelvic stability.
- **Bladder or bowel changes** – such as urgency, incontinence, or constipation.
- **Sexual discomfort** – including dryness, reduced sensation, or changes in libido.
- **Emotional & psychological effects** – such as fatigue, low mood, or changes in body image.
- **Surgical complications** – bleeding, infection, or injury to nearby organs.
- **Anaesthetic risks** – as with any major operation.
- **Increased long-term health risks** – linked to a higher risk of cardiovascular and metabolic conditions, particularly in women under 35.

While many women recover well, it's important to understand the potential risks and discuss what's most relevant to you with your doctor, including how to best prepare.

Other causes of premature or early menopause:

Premature or early menopause can also be caused by:

- Chemotherapy or radiation (temporary or permanent effect)
- Pelvic surgery that damages the blood vessels that supplies the ovaries (temporary or permanent effect)
- Certain medications, ie: for endometriosis
- Autoimmune or genetic conditions

Even if your menopause wasn't surgical, the same information and support may still apply, but the experience of these different types of menopause can vary widely.

Some women go through more than one type. They may have a medical menopause before surgery. Every experience will be different.

Tip:

Depending on the reason for your treatment you might also find support and information through condition-specific organisations. A list of relevant resources is available in the [Online Resources](#) section of our website.

Surgical techniques:

Modern surgeries can be performed using different approaches depending on your condition, surgeon and hospital:

- **Laparoscopy (keyhole surgery):** Small incisions are made and a camera is used to complete the procedure. Usually offers faster recovery and less pain.
- **Laparotomy (open surgery):** Larger incision (horizontal or vertical); used in more complex cases or where greater access is needed.
- **Robotic-assisted surgery:** A form of laparoscopy with greater precision and control.
- **Vaginal surgery:** Performed through the vagina, avoiding external cuts; often used to remove the uterus.



Questions to ask your surgeon:

- Which surgery are you recommending for me (which organs will be removed - uterus, ovaries, fallopian tubes, cervix)?
- If a hysterectomy is recommended, what type will it be (e.g., total, subtotal/partial, radical)?
- How long is the surgery expected to take?
- What are the benefits and risks specific to this surgical approach?
- How might this choice affect my recovery time, hospital stay, and return to daily activities?

Tip:

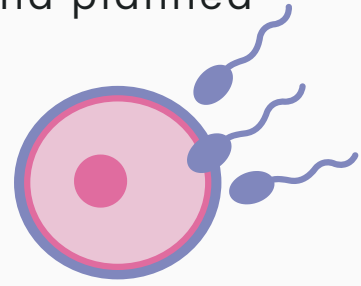
Understanding your surgical plan can help you prepare mentally, organise support at home, and set realistic expectations for recovery.

FERTILITY PRESERVATION

If having children in the future is a primary concern for you it's important to raise this **before surgery** or treatment. **Timing is crucial** and options depend on your diagnosis and planned procedure.

Possible options may include:

- Keeping one ovary and your uterus (fertility-sparing surgery)
- Freezing eggs or embryos before treatment for future use or surrogacy
- Using medication to help protect ovarian function



Questions to ask your doctor or fertility specialist:

- Am I a candidate for fertility-sparing surgery?
- What are the risks and benefits of keeping an ovary and/or uterus?
- Can I freeze eggs or embryos before treatment, and what is the process?
- Are there medications or strategies to protect my ovarian function?
- Which options are publicly funded, and what costs might I need to plan for?
- If fertility preservation isn't possible, what support or counselling is available?

Tip:

The loss of fertility can be a difficult life event to cope with. We strongly recommend seeking professional support as it can be overwhelming.

PART 2: MAKING INFORMED CHOICES

INFORMED CONSENT

Informed consent is a legal and ethical right - not just a signature on a form.



It means you understand:

- What the surgery involves
- Why it's being recommended
- The potential benefits, risks, and side effects
- What could happen if you decide not to go ahead
- What alternative treatments or options are available to manage your condition

You also have the right to:

- Ask questions, as many times as needed
- Request a second opinion
- Bring a support person
- Take time to decide

Informed consent is an **interactive process** and you can change your mind at any point before surgery. For more detail visit the [Informed Consent](#) section on our website.

Important:

If you have concerns about your care the free and independent **Nationwide Health & Disability Advocacy Service** (0800 555 050) can help you understand your rights and support you in raising issues or making a complaint.

IS SURGERY THE RIGHT CHOICE FOR YOU?

Choosing to remove your ovaries is a major decision and you have the right to take your time, ask questions, and explore your options.

If surgery isn't urgent, talk with your healthcare provider about:

- Possible alternatives
- Recommended timelines
- What could happen if you choose to wait

Questions to ask yourself (and your doctor)

- What are my options or alternatives?
- What are the risks if I delay or decline the procedure?
- What are the short and long-term effects of removing my ovaries?
- Am I making this decision with full, unbiased, and clear information?
- How does this decision align with my personal values, health goals, and quality of life?

Tip:

Ask to speak with others who've had similar surgery. Peer perspectives can help you feel more prepared. You can also join our Facebook support group [Surgical Menopause NZ - Peer Support Group](#).

GOOD QUESTIONS TO ASK YOUR MEDICAL TEAM

Surgery:

- Why is this surgery recommended for me?
- Are there alternative or less invasive treatments?
- What are the pros and cons of each options?
- What benefits can I realistically expect?

Risks & long-term effects:

- What are the possible short-term and long-term risks or complications, and how likely are they?
- Will this surgery trigger menopause immediately or increase my risk of early menopause?
- Can I consult a menopause specialist before surgery?
- How might this surgery affect my overall health, mood, energy, and quality of life?
- Could it impact my relationships, sexual wellbeing, or ability to work? If so, how can I prepare for or reduce these impacts?



Recovery:

- When can I expect to be released from hospital?
- What can I expect in the first days, weeks, and months after surgery?
- How long might I need off work or regular activities (such as sex, exercise, lifting, or driving)?
- Are there lifestyle strategies (diet, exercise, stress management) that can support my recovery?

- If I'm currently taking hormone therapy, will my treatment need adjusting? If so, how and when would those changes happen?

Follow-up care:

- What follow-up appointments will I need, and how often?
- Who will manage my menopausal care - my surgeon, GP, or a menopause specialist?
- What are my options for managing menopausal symptoms and long-term wellbeing, and when would treatment start?
- How do I access support or advice between appointments?
- What are my options for hormone therapy options (patches, gels, tablets) or non-hormonal alternatives, and will my treatment be adjusted over time? If so, how will we monitor this?
- Is counselling or emotional support available?
- What financial costs should I expect (for medications, appointments, or tests)?

Tip:

This list is only a starting point. Think about your own situation - your surgery, symptoms, lifestyle, and goals - and add any specific questions that are relevant to you. Write them down and bring your list to your consultation so you don't forget to ask about what matters most to you.

PART 3: PREPARATION & RECOVERY

MAKING A RECOVERY PLAN

Before surgery start building a recovery plan that works for you. It may include:



- **HRT options or alternatives:** Discuss recommended treatments after surgery and any needed adjustments. Consider lifestyle strategies too.
- **Follow-ups & monitoring timeline:** Know when to expect appointments and tests, and plan how you will track symptoms and progress.
- **Referrals to specialists:** You may benefit from pelvic physiotherapy, a menopause specialist, physiotherapist, counsellor, or nutritionist. Ask your healthcare team which are appropriate for you.
- **Returning to daily life:** Plan for household tasks, childcare or work (if relevant), exercise, and social activities.
- **Support network:** Identify who can help at home, work, or socially – partner, family, friends, or colleagues. Knowing who can step in reduces stress and promotes smoother recovery.

Important:

Where possible, work on a plan to take you through the first six months. This plan needs to include services available in your community and involvement from your GP.

PREPARING FOR SURGERY

Surgery can bring mixed feelings. Being well informed, confident in your medical team and prepared helps ease anxiety.

Before surgery:

- Make sure you understand what's being removed and why.
- Plan for time off work, transport, meals, and childcare (if applicable).
- Prepare emotionally: you might feel grief, relief, or both.
- Hormonal changes after surgery can create a whirlwind of symptoms -affecting mood, sleep, and relationships. Depending on your circumstances, you may want to talk with your partner, family, friends, employer, or trusted colleagues about what to expect and what support or flexibility you might need during recovery.
- Confirm your treatment plan (e.g. HRT or alternatives) and book a follow-up with your doctor.

Important:

Read all information provided by your care team. It contains essential details about your surgery and recovery.

Important:

Your organs, tissues and blood residues can be returned to you after surgery. Let your surgical team know in advance so arrangements can be made. You have the right to carry out any cultural requirements.

WHAT TO EXPECT AFTER SURGERY

Recovery is different for everyone. Some women bounce back quickly, while others need more time to adjust physically and emotionally. It's normal to feel a mix of emotions during this time. You've just been through a major change.

Right after surgery you might experience:

- Pain, fatigue or abdominal bloating
- Bleeding (if uterus or cervix was removed)
- Emotional shifts
- Menopause symptoms



How long does recovery take?

Initial recovery time can take anywhere from **4 to 12 weeks or longer**, depending on the type of surgery, any complications, your general health, support systems, and how menopause symptoms affect you. Full recovery often takes **several months**. Talk with your medical team to set **realistic expectations** and plan the support you'll need during your recovery.

Important:

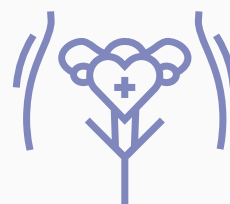
You should receive a **clear post-surgical care plan**. This is often known as a **discharge summary**. Read it carefully so you know what to do and who to contact for support. Keep it safe and bring it to future appointments.

Tip:

Rest and listen to your body. Recovery takes time - slow down and give yourself space to heal.

PART 4: NAVIGATING MENOPAUSE EFFECTS SYMPTOM MANAGEMENT

There's **no one-size-fits-all approach** to managing surgical menopause. What works for one person may not work for another. The goal is to find the tools and supports that help you feel more like yourself.



Treatment often begins **soon after surgery** - as soon as the recovery room - unless there's a medical reason to delay, such as awaiting biopsy results or planning further treatment. The best results come when treatment is combined with healthy lifestyle strategies, including quality sleep, balanced nutrition, regular exercise, stress management and social support.

Important:

Menopause isn't yet well covered in medical training, so not all healthcare providers are formally qualified in menopausal care. Most certified specialists work privately. For safe, evidence-based support, look for providers listed in the **Australasian Menopause Society (AMS) directory** - we also keep a list of providers on our website in our **Healthcare Directory**. This is why advocacy is so important: knowing your options, asking the right questions, and finding qualified care will make a real difference to your health and wellbeing.

Common symptoms

Menopause can affect many parts of your body. Hormone receptors are everywhere. There are dozens known symptoms but you likely won't experience all of them, with severity varying from person to person.

Some of the most common symptoms include:

- Hot flushes and night sweats
- Fatigue
- Aches and pains in joints and muscles (musculoskeletal syndrome of menopause)
- Trouble sleeping
- Brain fog or memory loss
- Feeling anxious, or down, or irritable
- Mood swings
- Loss of libido
- Vaginal and bladder changes (genitourinary syndrome of menopause or GSM)
- Skin changes (dryness, itchiness, formication)
- Hair thinning
- Weight changes
- Digestive issues (bloating, abdominal discomfort, heartburn, constipation or diarrhea, changes in appetite)
- Headaches or migraines
- Heart palpitations



For more detail, visit the [Symptoms](#) section on our website.

Important:

Having no symptoms doesn't mean you don't need treatment - especially for younger women. It's important to consider your long-term health, not just how you feel right now.

GENITOURINARY SYNDROME OF MENOPAUSE (GSM)

GSM includes vaginal dryness, irritation, bladder issues and painful sex, caused by low estrogen in the vulva, vagina and urethra. It can lead to pain, recurrent urinary tract infections (UTIs), urgency, frequency and ongoing discomfort.

Over 50% of women experience GSM after menopause and symptoms **don't resolve on their own**. Talk to your GP about early treatment. This is easier to manage before symptoms become distressing.

Available options:

- **Ovestin** - cream and pessaries (*funded*)
- **Vagifem** - vaginal tablets (*not funded*)
- **Estring** - ring (*not funded*)
- **Intrarosa (DHEA)** - insert (*not funded*)

These are **low dose treatments** and are safe for most women including women who had **cancer**.

Tip:

Vaginal moisturisers can help maintain tissue health and **water-based lubricants** are recommended for sexual activity. These do not offer the same benefits as local estrogen or DHEA treatments.

HORMONE REPLACEMENT THERAPY (HRT)

A key tool to help you feel like yourself again, HRT replaces the hormones your ovaries once produced – primarily **estrogen**, and sometimes **progesterone** and **testosterone**. Younger women often need higher doses, sometimes prescribed **off licence**, to restore hormone levels closer to those before menopause. Everyone is different – the goal is to find the dose that best supports your health and manages your symptoms effectively. For details, visit the [Hormone replacement therapy \(HRT\)](#) section of our website.

Estrogen

Usually the most important component of HRT. It helps with:

- Hot flushes and sleep
- Brain fog and mood
- Bone, heart, and vaginal health



Options:

- **Patches** (e.g. Estradot, Mylan) – applied twice weekly (*funded*)
- **Gels** (e.g. Estrogel, Sandrena) – daily use (*only Estrogel is currently funded*)
- **Tablets** (e.g. Progynova) – daily use (*most options are funded*)
- **Implants** – small pellet inserted under the skin for 3-6 months (*not widely available or currently funded*)

Tip:

Transdermal estrogen (patch or gel) is often preferred because it carries a lower risk of blood clots. Tablets are still a safe and effective option.

Progesterone

If you still have a uterus, you'll need progesterone to protect the uterus lining if you want to take estrogen.

Options:

- **Micronised progesterone** (Utrogestan) – body-identical and usually well tolerated (*funded*)
- **Mirena IUD** – provides local progesterone for 5 years as part of HRT (*funded, but costs apply and vary for the insertion procedure*)
- **Synthetic progestins** – can be a better option for women with certain conditions (e.g. endometriosis) (*funded*)



Important:

After a hysterectomy, progesterone might not be needed for uterus protection, but can help **mood and sleep**.

If you have **severe endometriosis**, progesterone is also recommended to help prevent its return.

Some women find progesterone causes **side effects** or discomfort, which is called progesterone intolerance. If your symptoms worsen or feel unusual, talk with your doctor adjustments may be possible.

Testosterone

Testosterone is licenced as a treatment for low libido in women, also known as hypoactive sexual desire disorder (HSDD). It's important to remember that libido is influenced by many factors - emotional, psychological, relational, and hormonal.

Testosterone is only prescribed for low libido, but some women report it has also helped them with:

- Energy and stamina
- Muscle strength and bone health
- Mood and mental clarity



Option:

- **Androfeme** - female-specific cream, daily use (*not funded*)

Testogel, a male formulation, can also be prescribed at very low doses for women. It is used off-label and usually applied daily. While it may be funded, there is a higher risk of overdose, so careful monitoring and caution are advised.

It can take **3-6 months** to notice improvements and it doesn't work for everyone. Blood tests are used to monitor your levels. Talk to your doctor to see if testosterone treatment is right for you.

Tip:

Some doctors may be less comfortable prescribing testosterone. You might need to see a menopause specialist or provide your GP with supporting information, such as the [Global Consensus Position Statement on the Use of Testosterone Therapy for Women](#).

Monitoring & adjusting your HRT

HRT is not a 'set and forget' treatment – your dose or type will likely need adjusting over time.

Younger women often start on **higher doses** to restore hormone levels closer to those before menopause. You may begin with **estrogen** (and progesterone if needed) and later add **progesterone** and/or **testosterone**. Many notice improvement within a few weeks, but it can take several weeks to a few months to find the right dose and balance. Your doctor will usually review your treatment after **3 months**.

Most women are advised to continue HRT until at least the **average age of menopause (around 51)**, but there's no "cut-off" age. If HRT continues to support your health and manages symptoms, it can be used as long as the **benefits outweigh the risks** – a decision you make with your doctor.

To help guide your care:

- Track your symptoms (with an app or diary)
- Note any side effects or changes
- Follow up regularly with your provider
- Ask for adjustments whenever something doesn't feel right

Important

In surgical menopause, HRT is generally safe and beneficial. For most women under 45, the benefits generally outweigh the risks. The dose, type, and monitoring are always individualised based on your age, preferences, and health history.

Talking to your GP about HRT

Good questions to ask:

- What type of HRT do you recommend for me and why?
- I still experience symptoms, can we adjust my dose?
- Can I try a patch, gel, or other form?
- If I still have my uterus, what progesterone options are available?
- If I don't have my uterus, can progesterone help with mood and sleep?
- Is testosterone an option for my low libido?
- Can I access vaginal estrogen for dryness or discomfort?
- What if the first option doesn't work - can we adjust?
- Will you help monitor my response?

Bring to your appointment:

- List of symptoms (or symptom tracker)
- Any past HRT experiences
- Current medications and relevant health history
- A support person (optional but helpful)
- Your personal goals or concerns (e.g., "I want to sleep better" or "I'm worried about bone loss")

Tip:

If your GP isn't familiar with HRT after surgical menopause you can ask for a referral to someone who is or seek a specialist.

NON-HORMONAL OPTIONS

Hormone therapy isn't the only way to manage symptoms. A range of non-hormonal and lifestyle approaches can offer relief and support your wellbeing. Most of these treatments aimed at easing hot flushes and night sweats but some can also help with mood, sleep, or vaginal symptoms, and long-term health. If HRT isn't an option (or you choose not to use it) consider:

- **Medications**, such as Antidepressants, Gabapentin, and Clonidine
- **Herbal & dietary supplements**, such as phytoestrogen, St-John's Wort, vitamin E, and magnesium
- **Mind-body therapies**, such as cognitive behavioral therapy (CBT), hypnosis, mindfulness, and yoga
- **Acupuncture**
- **Physical approaches**, such as exercise and breathing/relaxation techniques
- **Pelvic & vaginal support**, such as vaginal moisturiser & lubricants, and pelvic floor physiotherapy



Important:

Be cautious with supplements, as they can interfere with medications. Many of these products are not well regulated. Consult your doctor/pharmacist before adding them to your treatment plan.

For more information visit the [Alternatives to hormone replacement therapy \(HRT\)](#) section on our website.

MENOPAUSE AFTER CANCER TREATMENTS

Menopause after cancer treatment or risk-reducing surgery can be complex. If treatment needs to be delayed – for example, while awaiting biopsy results – you don't have to wait to start getting support.

Many women are told they cannot use HRT after a cancer diagnosis, but this usually only applies if the tumour is **hormone-sensitive**. Decisions should be made individually with a **menopause specialist** and your **oncology team**, who can assess your personal risk profile.

Knowing your risks allows you to weigh them against your **comfort, values, and goals**. This may mean trading one risk for another – for example, cancer recurrence versus long-term risks like heart disease, osteoporosis, or dementia – making an individualised approach especially important if you have a personal or family history of these conditions. A family history of breast cancer alone is **not** a contraindication for HRT.

If HRT isn't suitable, **local vaginal estrogen or DHEA** are safe and effective for managing GSM, improving comfort and quality of life.

Risk-reducing (prophylactic) ovary removal:

Women with BRCA1 or BRCA2 gene variants may choose ovary removal to lower cancer risk. HRT is usually safe, and because many are under 40, early management is recommended to address symptoms and protect long-term health.

PART 5: LONG-TERM HEALTH & LIFESTYLE

FOLLOW-UP CARE

Understanding your treatment plan *before* surgery is important. Know who will prescribe your medication(s), how to take it and when to start.

After surgery, attend regular reviews to help track your progress and adjust treatment. If you're on HRT the right dose is found by monitoring symptoms and sometimes doing blood tests.

Your personal health history and lifestyle can affect your care. A baseline **DEXA scan** is recommended to monitor bone density though it may not be publicly funded. If you are undergoing radiation/chemotherapy this is good practice.

You might also need specialist support through pelvic floor therapy, counselling, nutrition, physiotherapy or other specialty.

Tip:

Keep a record of your appointments, medications, and test results. This helps you stay informed and ensures your care team has the full picture for ongoing management. You can also **request a copy of your medical file** for your own records.

LONG-TERM HEALTH

Hormones affect every part of your body. Surgical menopause causes an abrupt drop in hormones, which can **accelerate changes across multiple systems**. Knowing what to expect helps you stay proactive and protect your long-term wellbeing.

Bone, muscle & joint health

Why it matters: Estrogen helps maintain bone density and muscle strength. Sudden menopause increases the risk of osteoporosis, muscle loss, aches, and joint stiffness.



What helps:

- Hormone therapy (especially estrogen) or medication to protect bones
- Weight-bearing and resistance exercises to maintain muscle and bone strength
- Calcium-rich foods and vitamin D
- Bone density scans (DEXA) to monitor changes

Heart & metabolic health

Why it matters: Estrogen supports healthy cholesterol, blood vessels, and metabolism. Surgical menopause increases the risk of cardiovascular disease, high blood pressure, abdominal weight gain, insulin resistance, and abnormal blood lipids (part of metabolic syndrome).



What helps:

- Avoid smoking and limit alcohol
- Stay active and eat a balanced, nutrient-rich diet every day
- Regularly monitor blood pressure, cholesterol, and blood glucose

Brain & cognitive health

Why it matters: Hormonal changes can affect memory, concentration, focus, and mental clarity. Some women notice brain fog, forgetfulness, or slower thinking, particularly in the months following surgery.



Helpful strategies:

- Prioritise good sleep
- Stay socially and mentally active
- Manage stress through mindfulness, breathing exercises, or therapy
- Talk to your provider if cognitive changes affect daily life

Mental health & energy

Why it matters: Hormonal changes and the life transition of surgical menopause can affect mood, emotional wellbeing, and energy levels. Common challenges include anxiety, depression, low mood, irritability, emotional distress, and fatigue.



What helps:

- Medical treatment (e.g. HRT, antidepressants if recommended)
- Psychological therapy or counselling
- Regular physical activity
- Good sleep hygiene (maintaining a regular sleep schedule, creating a comfortable sleep environment, and avoiding screens or stimulants before bed)
- Relaxation practices like meditation or yoga
- Peer support and meaningful social connection
- Engaging in hobbies, and enjoyable activities

Genitourinary & sexual health

Why it matters: Reduced estrogen can cause vaginal and vulval dryness, discomfort, painful intercourse, atrophy, stress incontinence, or urinary urgency. These changes, called genitourinary syndrome of menopause (GSM), can impact sexual wellbeing and libido.



What helps:

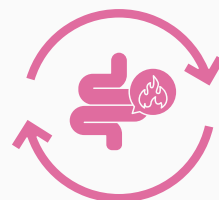
- Local estrogen or DHEA treatments
- Vaginal moisturisers and water-based lubricants
- Pelvic floor exercises
- Support from a pelvic floor physiotherapist or sex therapist

Gut health

Why it matters: Hormonal changes can affect digestion and the balance of your gut microbiome, leading to bloating, constipation or diarrhea, acid reflux, and changes in appetite.

What helps:

- Eat a balanced, fibre-rich diet
- Stay hydrated
- Maintain regular physical activity
- Track symptoms and discuss persistent issues with your healthcare provider



Important:

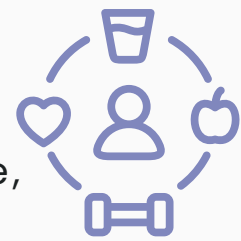
Everyone's experience is unique, influenced by general health, risk factors, and family history. Taking a **holistic approach** is key to protecting your long-term health and quality of life. Planning ahead with your doctor will help you make the best decisions for you.

LIFESTYLE STRATEGIES THAT SUPPORT WELLBEING

Any treatment can make a big difference, but it's not enough on its own. Your daily habits also shape how you feel, heal and function both now and in the long term. Even small changes can help you feel more like yourself again.

Prioritise:

- **Nutrition:** Focus on whole foods, fibre, calcium, and adequate protein
- **Movement:** Include regular activity - especially strength training - to build muscle, protect bones, and boost mood
- **Sleep hygiene:** Wind down without screens and keep a regular routine
- **Emotional support:** Maintain relationships that help you feel connected and understood, and seek therapy or support groups when needed
- **Manage stress:** Activities like yoga, meditation, music, time in nature, or creative outlets can help calm the nervous system
- **Avoid risky substances:** Limit alcohol, caffeine, and ultra-processed foods, and quit smoking



Manage hot flushes & night sweats:

- Dress in layers and keep a fan or cool drink nearby
- Stay hydrated throughout the day
- Maintain a healthy weight and stay active
- Avoid common symptom triggers (e.g. spicy food, caffeine, alcohol)
- Move to a cooler room or outside when needed
- If you smoke, seek support to quit



PART 6: SUPPORT, IDENTITY & ADVOCACY

EMOTIONAL WELLBEING & IDENTITY

Surgical menopause can bring intense emotional shifts, sometimes as strong as physical ones. You may experience **grief, anxiety, frustration** or a **sense of disconnection from your body or identity**. You might notice:

- Grief over sudden change or loss of fertility
- Low mood, anxiety, or mood swings
- Feeling “not like yourself” or disconnected
- Anger, loneliness or isolation
- Embarrassment with certain symptoms



Important:

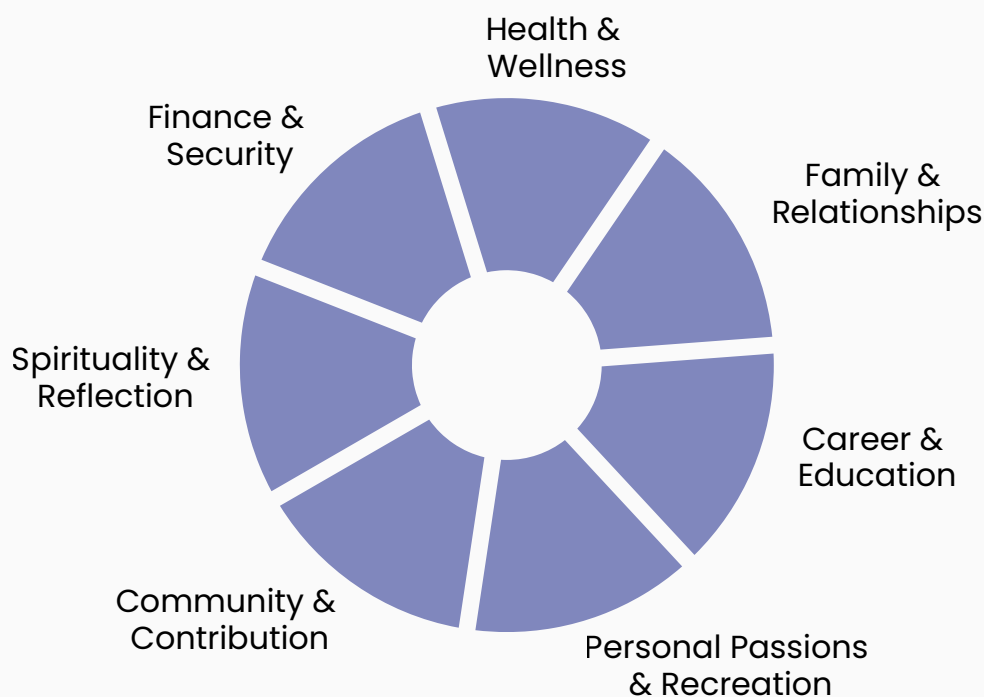
People with autism, ADHD, PMDD, PMS, or a history of anxiety/depression may be more sensitive to hormonal changes. HRT may also affect how other medications work. Discuss your needs with your doctor to tailor your care.

Tip:

Be patient and kind to yourself as you explore your “new normal.” Acknowledge the changes and the emotions that come with them. Accept that your **recovery will take time** and include both physical and emotional adjustments. Build a support network that reflects your individual needs and values.

NAVIGATING CHANGES & SUPPORTING YOURSELF

Surgical menopause can affect many areas of life. Everyone's experience is unique. Some challenges may appear right away, others later – or not at all. Understanding potential impacts and practical strategies can help you recover and regain balance.



Health & wellness

Potential impact: Physical symptoms, changes in energy, and emotional shifts may affect your daily life. You may notice fluctuations in sleep, mood, motivation, or concentration.

Support strategies: Follow your treatment plan (HRT or alternatives), prioritise nutrition, exercise, sleep, and mental wellbeing. Consult your healthcare team (surgeon, GP, nurse, counsellor, or physiotherapist) for guidance.

Family & relationships

Potential impact: Changes in mood, energy, or libido can affect your connections with loved ones.

Support strategies: Taking time to communicate your needs and seek understanding from partners, friends, and family can strengthen these relationships.

- **With children:** Arrange care and household support, explain changes in age-appropriate ways, and reassure them of your love and attention.
- **With partners:** Share your needs, plan for rest and shared responsibilities, and consider counselling or support if helpful.
- **With extended family & friends:** Let people know how they can help - meals, errands, or company - and don't be afraid to ask. Set boundaries and communicate openly when you need quiet time or space to recover.

Examples of what to say:

- "I'm exhausted today - can we keep things low-key?"
- "I need space, but I'd still like you nearby."
- "I'm having a tough time emotionally and could really use a hug."

Important:

If you are in a relationship where there is domestic violence or control, surgery may increase your vulnerability. Contact Women's Refuge (0800 REFUGE / 0800 733 843), Are You OK (0800 456 450), or the NZ Police (111) for help.

Career & education

Potential impact: Work or study routines may be disrupted, and energy or focus may fluctuate.

Support strategies:

- Plan time off for surgery and recovery, and allow flexibility for adjustments in energy or mood.
- Communicate your needs to your employer or learning provider - options may include part-time hours, working from home, light duties, or flexible deadlines.
- Gradually return to tasks and be mindful of your limits to prevent stress or complications.

Important:

You must not drive until you can safely check your blind spots and do an emergency brake maneuver. Arrange other transport. Check with your insurance company regarding your return to driving or work.



Finance & security

Potential impact: Medical costs, time off work, or changing health needs can impact finances, creating stress and anxiety.

Support strategies: Planning ahead, accessing support services, and seeking guidance can reduce stress and help you feel more secure.

- Public healthcare in Aotearoa is mostly free, but some services and treatments may cost, ask in advance.
- Discuss payment options with your GP clinic if you'll need more frequent visits or extra support, funding may be available.

- Confirm coverage and check invoices carefully if using private insurance.
- Contact Work and Income (MSD) (0800 559 009) for potential assistance with essentials during recovery.

Personal passions & recreation

Potential impact: Energy or mood changes may make hobbies, creative pursuits, or leisure activities harder to maintain.

Support strategies:

- Re-engage with activities that bring joy, relaxation, or a sense of achievement.
- Even short, daily practices can help manage stress and restore balance.
- Be flexible - your interests may look different for a while; adjusting to your new rhythm is normal.

Community & contribution

Potential impact: Social engagement and volunteer roles may feel harder or more draining.

Support strategies:

- Pace your involvement and listen to your energy levels.
- Let others support you - set up visiting rosters, ask for help, and gradually re-engage.
- Connection with community can offer purpose, grounding, and social support.

Spirituality & reflection

This period may prompt reflection on meaning, values, and life direction. Meditation, journaling, or connecting with spiritual communities can offer grounding and perspective.

SPEAKING UP & SELF-ADVOCACY

Not all health professionals are up-to-date on surgical menopause. This can be frustrating. You have every right to seek a provider who:

- Listens to your concerns
- Explains your options clearly
- Involves you in decision making
- Takes your symptoms seriously
- Supports your individual needs

**Tip:**

- Prepare questions in advance
- Bring a support person to appointments

If you're not feeling heard:

- Be clear about your needs and try again
- Keep notes on your symptoms to guide discussions
- Ask for a referral to a menopause specialist or seek another provider
- Give feedback or make a complaint if needed
- If a doctor refuses treatment, ask them to note their reasons in your record. This makes their decision accountable and may lead them to reconsider. You have a right to seek a second opinion.

You deserve **informed respectful care**. Building a trusted medical team can take time. You are not being difficult – you are advocating for your health. The more you speak up for yourself, the more confident and comfortable you will become navigating surgical menopause.

PART 7: RESOURCES & MOVING FORWARD

HELPFUL TOOLS

Recovery and adjustment take time. Having the right tools can make this process easier, more manageable, and empowering.

Tracking your symptoms can help you spot patterns, monitor progress, and speak up if something doesn't feel right. Use a notebook, a tracking app (like [Balance](#) app by Dr Louise Newson), or download a printable tracker from our website.



After a hysterectomy, **pelvic floor exercises** are often beneficial. The [Squeazy](#) app is recommended by physiotherapists to guide these exercises.

More tools & information

For more in-depth information, including topics not covered in this booklet, visit

surgicalmenopause.org.nz

You can also access practical tools in our [Free Downloads](#) section, including:

- Checklist for your hospital stay
- Symptom tracker sheet

This website is an ongoing work in progress, so keep an eye out for updates and new tools.



ADDITIONAL RESOURCES

These online resources may offer extra support and guidance on your surgical menopause journey.

Medical & Educational

- Australasian Menopause Society (AMS): menopause.org.au
- Cancer Society: cancer.org.nz (0800 226 237)
- Citizen Advice Bureau : cab.org.nz (0800 367 222)
- Endometriosis NZ: nzenzo.org.nz
- Fertility NZ: fertilitynz.org.nz
- Healthify | He Puna Wairoa: healthify.nz
- Health NZ | Te Whatu Ora: wellbeingsupport.health.nz
- Ovarian Cancer Foundation NZ: ovariancancerfoundation.org.nz
- Talk Peach: talkpeach.org.nz
- Women's Health Action: womens-health.org.nz

Advocacy

- Health & Disability Advocacy Service: advocacy.org.nz (0800 555 050)
- Health & Disability Commissioner (HDC): hdc.org.nz (0800 11 22 33)

Mental Health Support

- Depression.org.nz: depression.org.nz
- Lifeline Aotearoa: lifeline.org.nz
- Mental Health Foundation: mentalhealth.org.nz/helplines
- Need to Talk? / 1737 (Free 24/7 counselling line): [text 1737, 1737.org.nz](https://text1737.org.nz)

International

- British Menopause Society (BMS): thebms.org.uk
- Canadian Menopause Society (CAN): canadianmenopausesociety.org.
- European Society of Human Reproduction and Embryology: eshre.eu
- International Menopause Society: imsociety.org.
- The Menopause Society (US): menopause.org.

Tip:

Use these resources to inform yourself, advocate for your care, and connect with qualified professionals and peer support. Exercise caution with all information on overseas websites as it can be not a good fit for New Zealand conditions.

A list of online resources, books, and support services is available in the [Resource Library](#) on our website.

MOVING FORWARD

Your next steps

This guide is a starting point. Your journey is unique, and your next steps will depend on your circumstances, health needs, and personal goals. Some steps to consider include:

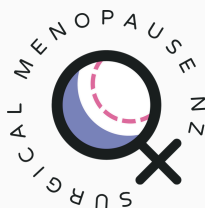
- **Talking with your surgeon, GP, or specialist:** Ask questions, clarify your treatment plan, and discuss recovery expectations.
- **Starting or adjusting treatment:** This may include hormone therapy, non-hormonal strategies, or symptom-specific interventions.
- **Resting, healing, & coming back to yourself:** Give yourself time and permission to recover physically and emotionally.
- **Planning lifestyle adjustments:** Consider work, relationships, exercise, diet, and self-care strategies that will support your recovery and long-term wellbeing.

Ways to connect

You don't have to navigate surgical menopause alone. Sometimes, the best support comes from people who've been through it too. Connecting with others and accessing reliable information can make a real difference:

- Join our Facebook support group: **[Surgical Menopause NZ – Peer Support Group](#)**
- Follow us on Instagram: **[@surgicalmenopausenz](#)**
- Sign up for updates on **surgicalmenopause.org.nz**





*Surgical Menopause New Zealand
Trust sincerely hopes this has
been helpful to you.*

Any feedback is appreciated.

Acknowledgements

This booklet is the result of many hours of dedicated work, drawing on survey findings, research literature, and lived experiences. We extend our sincere thanks to our advisory team for their invaluable feedback and support throughout this process. Their thoughtful insights and contributions have been instrumental in shaping this foundational resource, helping us better support the experiences of those navigating surgical menopause in Aotearoa New Zealand.

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