

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 qualified healthcare professionals with expertise in women's health, as well as people with lived experience of surgical menopause. To the best of our knowledge, it provides an accurate summary of available information at the time of publication.

This information is intended to support informed discussions with your doctor and care team. It is not a substitute for personalised medical advice and should not be relied upon alone when making decisions about your healthcare.

Disclosure of AI-assisted technologies

AI-assisted tools were used in preparing this booklet for language editing, organising information, and drafting support. The resulting material was reviewed, checked, and revised before publication. Surgical Menopause New Zealand Trust takes full responsibility for the accuracy and final published content.

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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.

We created this guide to offer some of the information we wish we'd had when we were faced with surgical menopause. We know it can feel like a lot to take in. Be kind to yourself, take things one step at a time, and remember that every situation is unique. **You've got this.**



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 and support.

Whether the 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:

Early menopause occurs **before age 45**, while **premature menopause or primary ovarian insufficiency (POI)** refers to loss or significant reduction of ovarian function **before age 40**. These definitions apply whether menopause occurs naturally or is caused by medical treatments, including surgery.

Many guidelines and resources on POI and early menopause include information about diagnosis and fertility, but their health and treatment recommendations also apply to people with medically induced menopause. This booklet draws on current guidance for menopause, early menopause and POI.

This guide is shaped by the personal experience of many women and is offered as a source of support for you, your significant others and even your employers. We encourage those supporting you to become familiar with this guide too. Talking about these concerns can be very challenging and daunting. **Don't hesitate to reach out – asking for help is a strength.**

One last note: the Surgical Menopause New Zealand Trust (SMNZT) would love to make this resource in multiple languages, but our current means do not allow us to do so. In the meantime, hospitals provide interpreter services, and the Department of Internal Affairs may also be able to help.

"Helping others through this project, after my own experience of surgical menopause, has been a lifeline 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 the hormones **oestrogen**, **progesterone**, and **testosterone**. These hormones affect many parts of the body, including bones, brain, mood, and sexual health. The sudden loss can cause symptoms to develop quickly and has important implications for long-term health, particularly when surgery occurs at a younger age.

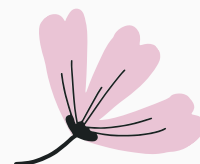
Ovaries are key endocrine organs and their removal results in a **permanent hormone deficiency** that may require ongoing management and support, particularly when surgery occurs at a younger age.

Important:

The term **“induced menopause”** refers to menopause caused by medical interventions, including surgery, chemotherapy, radiation, or medications that affect the ovaries. It is sometimes described as **iatrogenic menopause**. Some causes can lead to temporary menopause, while others, such as ovary removal, are **permanent**. Some women may have previously lost one ovary and later experience a sudden surgical menopause after surgery affecting their remaining ovary.

WHAT IS NATURAL MENOPAUSE?

Natural menopause is the permanent end of menstrual periods and reproductive function as the ovaries gradually stop releasing eggs and producing ovarian hormones. It typically unfolds over several years, with hormone levels fluctuating and gradually declining during perimenopause, giving the body time to adjust.



Menopause is a normal stage of life, but symptoms can impact quality of life, and changes in ovarian hormones can affect health and wellbeing. Growing recognition of these effects is shifting the conversation towards better information, prevention, treatment and informed choices.

Surgical menopause creates a **different path to menopause**. When both ovaries are removed, ovarian hormone production drops suddenly and permanently, giving the body little time to adjust. Symptoms can therefore be **more abrupt, severe or long-lasting** than those experiencing natural menopause. This brings additional considerations that can be overlooked, making **early intervention, appropriate treatment, and ongoing support** particularly important – especially for women who experience surgical menopause before the average age of natural menopause (around 52). An individualised plan should reflect your personal history, health and needs, and be reviewed over time.

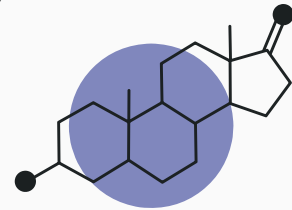
Important:

Even if you are already perimenopausal or postmenopausal at the time of surgery, the sudden loss of ovarian hormones can still have an impact. Your experience will depend on your age, hormone sensitivity, and health history.

WHICH HORMONES ARE INVOLVED

Your ovaries produce three key hormones – all of which play a role beyond fertility:

- **Oestrogen:** The main form of oestrogen produced before menopause is “oestradiol” (E2). It 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 an important role in libido and may contribute to energy, mood, mental clarity, muscle strength, and bone health.



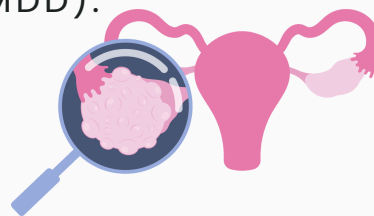
After surgery, **ovarian hormone production stops**. Hormone replacement therapy (HRT), also known as menopausal hormone therapy (MHT), is the main treatment used to replace the hormones lost after surgery and support long-term health.

If HRT is not suitable due to medical reasons (or personal choice), other options – including non-hormonal medications and lifestyle changes – can help manage symptoms and support health and quality of life.

WHY SURGERY MAY BE RECOMMENDED

There are **several reasons** your care team may recommend or consider ovary removal, depending on your individual circumstances:

- Cancer or a high genetic risk, such as BRCA1/2, HNPCC.
- Severe or treatment-resistant endometriosis.
- Large, persistent or painful ovarian cysts or other ovarian conditions.
- Premenstrual dysphoric disorder (PMDD).
- Gender-affirming surgery.



If you are having hysterectomy before natural menopause, whether your ovaries should be removed or preserved should be discussed as a separate decision. When medically appropriate, preserving the ovaries avoids surgical menopause and the sudden loss of ovarian hormones.

Also, if you are younger and not prepared for the effects of losing your ovaries, adjusting to surgical menopause may be more challenging. It is important to understand the short- and long-term effects and engage in informed consent discussions before making a decision.

For more information, visit the section [Why does it happen?](#) on our website.

Important:

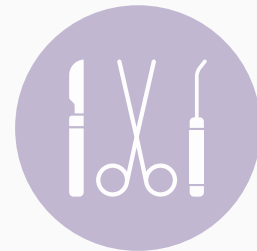
Ovary removal can be an effective medical treatment when clinically indicated, but it is not necessarily a cure for the underlying condition. For example, endometriosis can remain or continue to cause symptoms after the ovaries are removed.

UNDERSTANDING YOUR SURGERY

There are different types of surgery and surgical techniques, each with its own implications. Your medical team should discuss the type of surgery recommended for you, why it is being recommended, and what it may mean for your health and recovery.

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. This does not cause menopause if the ovaries are preserved. However, **ovarian function may decline earlier than expected (2–3 years)**, and some ovaries can temporarily go into a state of reduced function (“ovarian shock”) after surgery, affecting hormone levels and overall health.
- **Other variations:** some women may have combinations of procedures, 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, visit the section **Surgery 101** on our website.

Important:

It is increasingly common to remove the **fallopian tubes** (bilateral salpingectomy) during some gynaecological procedures, including hysterectomy, while preserving the ovaries. This is based on evidence that some types of ovarian cancer may begin in the fallopian tubes.

Removing the tubes while keeping the ovaries allows ovarian hormone production to continue while potentially reducing the risk of certain ovarian cancers.

Not all hysterectomies are the same

- **Total hysterectomy:** removal of the uterus and cervix.
- **Subtotal (partial) hysterectomy:** removal of the uterus while leaving the cervix intact.
- **Radical hysterectomy:** removal of the uterus, cervix, part of the vagina, and surrounding tissues – usually reserved for certain cancer diagnoses.

**Important:**

Many people assume that a total hysterectomy means removal of the uterus, cervix, and ovaries (“everything”). However, a total hysterectomy removes the uterus and cervix only. **Removal of the ovaries is a separate procedure and decision**, even if it is performed during the same surgery. It is the removal of both ovaries that triggers surgical menopause.

Risks associated with hysterectomy

A hysterectomy, with or without ovary removal, is major surgery. While many women recover well, it is important to understand the potential risks and how these may apply to your individual situation. The impact on hormones and long-term health depends largely on whether the ovaries are removed or their function is affected. Possible risks include:

- **Pelvic organ prolapse:** the uterus provides support to surrounding pelvic organs, and its removal may alter pelvic support and stability in some women.
- **Bladder or bowel changes:** Some women may experience urinary urgency, incontinence, constipation, or changes in bowel function.
- **Sexual discomfort:** this may include vaginal dryness, discomfort during sex, reduced sensation, or changes in libido. These changes relate predominantly to hormonal changes after ovary removal or changes to pelvic anatomy following surgery.
- **Emotional & psychological effects:** some women experience fatigue, mood changes, or changes in body image following hysterectomy. Responses vary depending on individual circumstances, including the reason for surgery and whether fertility is affected.
- **Surgical complications:** as with any major operation, risks include bleeding, infection, blood clots, or injury to nearby organs such as the bladder, bowel, or ureters.
- **Anaesthetic risks:** general anaesthesia carries risks, which will be discussed with you before surgery.



- **Hormonal changes and long-term health risks:** a hysterectomy does not cause menopause if the ovaries are preserved, but menopause could come earlier than expected. However, removing both ovaries causes a sudden loss of ovarian hormones and can increase the risk of some longer-term health conditions, including cardiovascular and metabolic conditions. This is particularly important for younger women experiencing surgical menopause.

Before surgery, discuss your individual risks, whether ovary removal is recommended, and how your health can best be supported before and after surgery.

Supporting recovery:

Some risks can be reduced or managed with appropriate care. Pelvic floor physiotherapy may help with pelvic floor, bladder and bowel function. Early movement, preventing constipation, and following your post-operative recovery plan can also support recovery. If your ovaries are removed, discussing HRT and other treatment options early can help manage symptoms and support long-term health. Ongoing follow-up is important so that any physical, hormonal or emotional concerns can be addressed.

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 affects the blood supply to the ovaries (temporary or permanent effect).
- Certain medications, such as those used for endometriosis.
- Autoimmune or genetic conditions.



Even if your menopause was not caused by surgery, much of the information and support in this booklet may still apply. However, the cause of menopause, your personal circumstances, and the treatments involved can all affect your experience.

Some women go through more than one type of menopause. For example, someone may have medical menopause due to treatment before later experiencing surgical menopause.

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 **Recommended resources** section of our website.

Surgical techniques:

Surgery 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. Recovery is often faster and less painful compared with open surgery.
- **Laparotomy (open surgery):** a larger horizontal or vertical incision is made. This may be used for more complex cases, such as large fibroids, ovarian cysts, or cancer.
- **Robotic-assisted surgery:** minimally invasive surgery using robotic instruments controlled by the surgeon, which may provide greater precision and control.
- **Vaginal surgery:** performed through the vagina, avoiding external abdominal incisions. It may be an option when the uterus is smaller.



Questions to ask your surgeon:

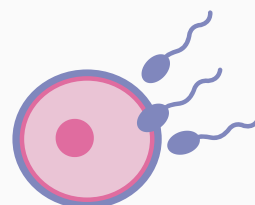
- Which surgery are you recommending for me, and why?
- Which organs will be removed – uterus, ovaries, fallopian tubes, cervix – and why?
- If my ovaries are mentioned, do they need to be removed, or can they be preserved?
- If a hysterectomy is recommended, what type will it be (e.g., total, subtotal/partial,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

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 your options will depend on your diagnosis, treatment and planned procedure.

Possible options may include:

- Fertility-sparing surgery, where medically appropriate, that preserves the uterus and/or one ovary.
- Freezing eggs or embryos before treatment for future use or surrogacy.
- Medication or other strategies to help protect ovarian function during some treatments.



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 other 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 and may bring feelings of grief, loss or changes in how you see yourself. If you are struggling with the emotional impact, consider seeking support from a counsellor, psychologist, other health professional, or peer support group.

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.
- If there are any costs involved for you.



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. You have the right to ask questions, understand your options, and make an informed decision about your care.

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 option?
- 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 surgical menopause immediately or increase my risk of early menopause?
- How might this surgery affect my overall health, mood, energy, and quality of life?
- Could it affect my relationships, sexual wellbeing, or ability to work?

Hormones & treatment:

- Can I consult a menopause specialist before surgery?
- If my ovaries are removed, when should we discuss starting hormone therapy, and what treatment is recommended for me?
- What other treatments or strategies may help manage the effects of surgical menopause and support my long-term health?
- If I already use hormone therapy, will my treatment need to change after surgery? If so, how and when?
- How will my treatment be reviewed and adjusted over time?
- If I cannot use hormone therapy, what alternatives are available?

Ongoing care & support:

- Who will manage my ongoing menopausal care – my surgeon, GP or menopause specialist?
- What follow-up will I need, and who will coordinate my ongoing care?
- How do I access support or advice between appointments?
- Is counselling, emotional support or peer support available?
- What financial costs should I expect, including 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.

Important:

Read all information provided by your care team. It contains essential details specific to your surgery, preparation, medications, and recovery. If anything is unclear or differs from information you have read elsewhere, ask your care team for clarification.

PART 3: PREPARATION & RECOVERY

MAKING A RECOVERY PLAN

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

- **Treatment:** know what treatment is planned after surgery and when it should start. If treatment will not start immediately, make sure you know when it should begin and have any prescriptions or arrangements in place before you leave hospital.
- **Lifestyle:** consider nutrition, movement, sleep, and other strategies that support recovery.
- **Follow-up:** know when appointments or tests are expected and how you will monitor symptoms and progress.
- **Specialist support:** ask whether you may benefit from pelvic physiotherapy, a menopause specialist, physiotherapist, counsellor, or nutritionist.
- **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.



Important:

Where possible, plan your support for the first six months after surgery, including community services and GP follow-up. Consider booking a GP appointment for around **1-2 weeks after surgery**. This provides an early point of contact and can be cancelled if it is no longer needed or brought forward if you have concerns.

PREPARING FOR SURGERY

Surgery can bring mixed feelings. Preparing ahead can help you feel more informed and give you a clearer plan for the days and weeks that follow.

Before surgery:

- Make sure you understand **what will be removed and why**, including whether your ovaries will be preserved or removed.
- **Plan** for time off work, transport, meals, and childcare, if applicable.
- **Prepare emotionally:** you might feel grief, relief, anxiety or a mixture of emotions.
- Hormonal changes after surgery can bring 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.
- Ask which **medications or supplements** you should stop before surgery and when they should be restarted.
- **Ask about recovery:** what to expect in the first days, weeks and months after surgery, including how long you may need off work or regular activities such as driving, lifting, exercise or sex.
- **Know what to expect after discharge:** ask when you are likely to go home, what support you may need, and who to contact if you have concerns or your recovery is not going as expected.
- **Ask about warning signs:** find out which symptoms are expected after surgery and which may require medical advice or urgent attention.

Your tissues after surgery:

Removed tissues or organs may be able to be returned to you after surgery. However, they usually need to be sent to the pathology laboratory first, where they are preserved in formalin and may be cut into smaller sections for assessment. This means they may not be returned in their original form.

If you have any cultural, spiritual, or personal requirements regarding the return of tissues, discuss these with your surgeon or surgical team **before surgery** so arrangements can be made.

Preparing your home:

- Consider preparing easy meals, organising help with household tasks, and keeping frequently used items within easy reach.
- Have easy-to-manage clothing, comfortable bedding, food and drinks.
- If you will have movement or lifting restrictions, set up your home so you don't need to bend, stretch or carry heavy items unnecessarily.
- Arrange someone to help you at home if needed.

Hospital checklist:

Our free hospital checklist helps you prepare for your hospital stay and recovery at home. It includes packing essentials, recovery aids, medical and health items, toiletries and documents, plus dedicated spaces for pre-surgery reminders, questions for your healthcare team, custom packing items and post-surgery plans. **Download your free copy:** surgicalmenopause.org.nz/free-downloads/

WHAT TO EXPECT AFTER SURGERY

Recovery times vary. Some people need more time to adjust physically and emotionally than others. You may experience a range of emotions during this time. Surgery is a major physical and emotional change, and recovery takes time.

Right after surgery you might experience:

- Pain, fatigue or abdominal bloating.
- Bleeding, depending on the type of surgery.
- Emotional changes.
- Menopause symptoms, particularly if your ovaries have been removed.



How long does recovery take?

Recovery can take **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. Some aspects of recovery may continue for **several months**. Talk with your medical team about **realistic expectations** and the support you may need during your recovery.

Important:

You should receive a **clear post-surgical care plan**, often provided as part of your **discharge summary**. Read it carefully so you know what to do and who to contact if you have concerns. Keep it somewhere safe and bring it to future appointments.

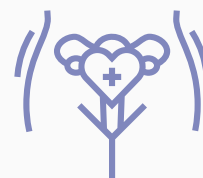
Tip:

Rest and listen to your body. Recovery takes time — give yourself permission to slow down and ask for help when you need it.

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 care is not yet consistently covered in medical training, and levels of experience vary between healthcare providers. However, many GPs and gynaecologists have experience managing menopause symptoms, and some undertake additional specialised training in menopause care. Support may be available through private providers and some public hospital menopause clinics.

Tip:

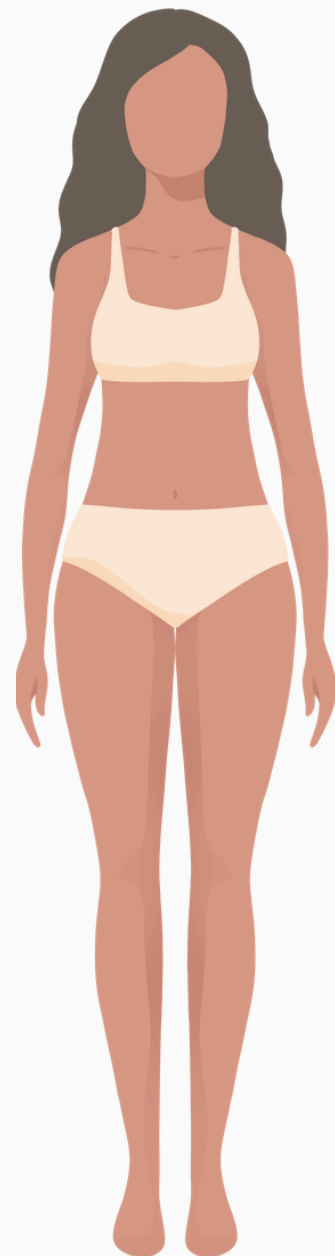
For evidence-based support, look for providers listed in the **Australasian Menopause Society (AMS) directory**. We also maintain a Healthcare directory on our website. Knowing your options and finding the right support can make a significant difference to your health and wellbeing.

Common symptoms

Menopause can affect many parts of your body. Hormone receptors are found throughout the body. There are **dozens of known symptoms** but you are unlikely to experience all of them. Symptoms can vary widely in type, severity, frequency, and duration, and may change over time.

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, difficulty concentrating, or memory changes.
- Feeling anxious, low, or irritable.
- Mood changes or mood swings.
- Loss of libido.
- Vaginal and bladder changes (genitourinary syndrome of menopause or GSM).
- Skin changes, including dryness, itchiness, formication (a crawling or tingling sensation).
- Hair thinning or changes.
- Weight or body composition changes.
- Digestive issues, including bloating, abdominal discomfort, heartburn, constipation, diarrhea, or changes in appetite.
- Headaches or migraines.
- Heart palpitations.



Symptoms can overlap with other health conditions, and **not every symptom you experience will be caused by surgical menopause**. If you are concerned about new, severe, or persistent symptoms, discuss them with your healthcare professional.

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

**Important:**

Having few or no symptoms does not mean that you don't need treatment or monitoring – especially if you experience menopause at a younger age. Treatment decisions should consider long-term health as well as current symptoms, including bone and heart health.

Symptom tracker:

Our printable symptom tracker can help you record daily symptoms and doses, identify patterns and prepare for conversations with your healthcare team.

Download our free symptom tracker:

surgicalmenopause.org.nz/free-downloads

GENITOURINARY SYNDROME OF MENOPAUSE (GSM)

Genitourinary syndrome of menopause (GSM) includes vaginal dryness, irritation, bladder issues and painful sex, caused by low oestrogen in the vulva, vagina and urethra. It can lead to pain, recurrent urinary tract infections (UTIs), urgency, frequency and ongoing discomfort. GSM can affect quality of life and you don't have to put up with it.

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 severe or distressing.

Available options:

- **Ovestin** – cream and pessaries (*funded*).
- **Vagifem** – vaginal tablets (*not funded*).
- **Estring** – ring (*not funded*).
- **Intrarosa (DHEA)** – insert (*not funded*). DHEA (dehydroepiandrosterone) is a hormone that is converted within vaginal tissues into small amounts of oestrogen and testosterone, helping improve vaginal tissue health and *symptoms*.

These are **low dose treatments** and are safe for most women including many women who have had **cancer**. Talk to your oncologist team if you experience GSM.

Tip:

Vaginal moisturisers can help maintain tissue health, while **water-based lubricants** can help with sexual activity. These do not provide the same benefits as local vaginal oestrogen or DHEA treatments.

HORMONE REPLACEMENT THERAPY (HRT)

Hormone replacement therapy (HRT), also called menopausal hormone therapy (MHT) or hormone therapy replaces hormones lost after ovary removal, primarily **oestrogen**, and sometimes **progesterone** and **testosterone**. Younger women often need higher doses, sometimes prescribed **off-label**, to restore hormone levels closer to those before menopause. Treatment is individualised to manage symptoms and support long-term health. See the [HRT](#) section of our website for more information.

Oestrogen

Usually the main 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) – twice weekly (*funded*).
- **Gels** (e.g. Estrogel, Sandrena) – daily (*Estrogel currently funded*).
- **Tablets** (e.g. Progynova) – daily (*most options funded*).
- **Implants** – inserted under the skin every 3-6 months (*not widely available or currently funded*).

Tip:

Transdermal oestrogen (patch or gel) is often preferred for women with cardiovascular risk factors, diabetes or an increased risk of blood clots. It bypasses the liver's first-pass metabolism and is associated with a lower risk of blood clots than oral oestrogen. It may also have more favourable effect on cholesterol. Tablets remain a safe and effective option for many women.

Progesterone

If you still have a uterus, you'll need progesterone to protect the uterus lining if you want to take oestrogen. After a hysterectomy, progesterone might not be needed for uterus protection, but can help mood and sleep for some women.

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:

If you have **severe endometriosis**, progesterone is recommended to help prevent its return and to protect any residual tissue from the effect of oestrogen.

Progesterone intolerance:

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 may be considered for persistent low libido (**hypoactive sexual desire disorder, HSDD**), after oestrogen treatment has been optimised and other contributing factors (emotional, psychological, relational) have been addressed.

Evidence for testosterone is strongest with HSDD but some women also report improvements in energy, stamina, muscle strength, mood, and mental clarity.

Option:

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



Testogel is a funded male formulation that can be prescribed at much lower dose for women. It is used **off-label** and requires careful dosing and monitoring.

It can take **several months (3–6 months)** to assess whether testosterone is helping, and it does not work for everyone. Blood tests may be used before and during treatment to monitor testosterone levels and keep them within female physiological range. If there is no benefit after an adequate trial, treatment should be reviewed.

Low libido can have a significant impact on wellbeing, identity, relationships, and quality of life. If this is affecting you, don't hesitate to talk to your doctor about your options.

Tip:

Some doctors may be less comfortable prescribing testosterone. You may 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 may need adjusting over time.

Younger women often start on **higher doses** to restore hormone levels closer to those before menopause. Treatment may begin with **oestrogen**, with **progesterone** and/or **testosterone** added if needed. Symptoms may improve within weeks, but finding the right balance can take several months. Your doctor will usually review your treatment after around **3 months**.

Most women with surgical menopause are advised to continue HRT until at least the **average age of menopause (around 52)**. But there is no fixed "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 and changes.
- Note side effects.
- Attend regular follow-ups.
- Ask for adjustments if something doesn't feel right.

Important:

For most women under 45 experiencing surgical menopause, the benefits of HRT generally outweigh the risks. Your treatment and monitoring should always be individualised based on your health and circumstances.

Talking to your GP about HRT

Once you have had surgery, your HRT may need to be reviewed and adjusted over time. If symptoms continue, change, or new concerns arise, talk with your GP.

Good questions to ask:

- What type of HRT do you recommend, and why?
- What happens if the first option doesn't work?
- Could we adjust my dose if symptoms continue?
- If I have a uterus, what progesterone options are available?
- If I don't have a uterus, could progesterone still help with symptoms like mood and sleep?
- Is testosterone an option for my low libido?
- Can I access vaginal oestrogen for dryness or discomfort?

Bring to your appointment:

- A list of your symptoms or your symptom tracker.
- Your previous HRT experiences.
- Your current medications and relevant health history.
- Your goals or concerns, such as "I want to sleep better" or "I'm worried about bone loss".
- A support person (if helpful).

Tip:

If your GP is less familiar with HRT after surgical menopause, ask about referral to menopause specialist or another experienced provider.

Important:

Since 2026, HRT prescriptions can be issued for up to 12 months, although medication may still need to be collected monthly due to supply. Your doctor may review you more often when starting or adjusting treatment before issuing a longer prescription.

NON-HORMONAL OPTIONS

Hormone therapy isn't the only way to manage symptoms. A range of non-hormonal treatments and lifestyle approaches can help, particularly if HRT isn't suitable or you choose not to use it. Most non-hormonal treatments are used to help with **hot flushes and night sweats** but some can also help with mood, sleep, vaginal symptoms, or overall wellbeing.



Options may include:

- **Medications**, such as antidepressants, gabapentin, clonidine, and fezolinetant.
- **Supplements**, such as vitamins, minerals, phytoestrogen, omega-3 fatty acids, melatonin, creatine, and herbal products such as ashwagandha and black cohosh.
- **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 and lubricants, and pelvic floor physiotherapy.

Important:

Evidence for supplements' effectiveness can be limited or inconsistent. Be cautious, as supplements can interact with medications, cause side effects, and vary in quality and safety. Talk with your doctor or pharmacist before adding supplements to your treatment plan.

For more information visit the [Complementary & non-hormonal treatments](#) section on our website.

MENOPAUSE AFTER CANCER TREATMENTS

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

Many women are told they cannot use HRT after a cancer diagnosis, but this is **not an absolute rule**. The decision depends on the cancer type, whether it is **hormone-sensitive**, your risk of recurrence, and the benefits and risks of treatment. Discuss your options with your oncology team and, where appropriate a **menopause specialist**, taking into account your preferences, symptoms and quality of life.

Understanding your individual risks can help you weigh treatment options against your **comfort, values, and goals**. An individualised approach is especially important with a personal or family history of other health conditions. A family history of breast cancer alone is **not a contraindication for HRT**.

If systemic HRT isn't suitable, **local vaginal treatments** may still be safe and effective for managing genitourinary syndrome of menopause (GSM). Depending on your cancer history, options may include vaginal oestrogen or DHEA.

Risk-reducing (prophylactic) ovary removal:

Women with **BRCA1 or BRCA2** gene variants may choose ovary removal to reduce their risk of ovarian and related cancers. For those without a personal history of hormone-sensitive cancer, HRT is usually safe. Because many are under 40, early management is important 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, how to take it and when to start.

After surgery, attend regular reviews to monitor your progress and adjust treatment if needed. When using HRT, the right dose is guided by your symptoms and how you respond to treatment. Blood tests may also sometimes be used when clinically appropriate.

Your health history and lifestyle can affect your care. A baseline **DEXA scan** is recommended to monitor bone density, especially for younger women, although it may not be publicly funded. If you are undergoing chemotherapy or radiation, bone health monitoring is also good practice.

You may also need specialist support, such as pelvic floor therapy, counselling, nutrition, physiotherapy or other specialist care.

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

Surgical menopause causes an abrupt loss of ovarian hormones. These hormones **affect many systems throughout the body**, so early loss of ovarian function can have long-term implications for bone, cardiovascular, metabolic, brain, sexual and overall health. Understanding these changes can help you identify areas to monitor and discuss with your healthcare team.

Bone, muscle & joint health

Why it matters: oestrogen helps maintain bone density and muscle function. Early loss of ovarian hormones can increase the risk of bone loss and osteoporosis and contribute to joint and muscle aches.

What helps:

- Hormone therapy or other medication to protect bone health, where appropriate.
- Weight-bearing and resistance exercise.
- Calcium-rich foods and vitamin D.
- Bone density scans (DEXA) when recommended.



Heart & metabolic health

Why it matters: Ovarian hormones influence blood vessels, cholesterol and metabolism. Early loss of ovarian function can affect cardiovascular and metabolic risk, including blood pressure, cholesterol, blood glucose and body fat distribution.

What helps:

- Avoid smoking and limit alcohol.
- Stay active and eat a balanced, nutrient-rich diet.
- Monitor blood pressure, cholesterol, and blood glucose.
- Discuss your individual cardiovascular risk with your doctor.



Brain & cognitive health

Why it matters: hormonal changes can affect memory, concentration, and mental clarity. Some women experience brain fog, forgetfulness, or changes in how clearly they think, particularly in the months following surgery.



Helpful strategies:

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

Mental health & energy

Why it matters: sudden hormonal changes, combined with the impact of surgery and adjusting to surgical menopause, can affect mood, emotional wellbeing, and energy. Anxiety, low mood, irritability and fatigue can also occur.



What helps:

- Hormone therapy or other medical treatment where appropriate
- Psychological therapy or counselling.
- Regular physical activity.
- Good sleep habits, such as maintaining a regular sleep schedule, creating a comfortable sleep environment, and avoiding screens or stimulants before bed.
- Relaxation practices such as meditation or yoga.
- Peer support and meaningful social connection.
- Time for hobbies and activities you enjoy.

Genitourinary & sexual health

Why it matters: reduced oestrogen can cause vaginal and vulval dryness, discomfort, painful sex, atrophy and urinary symptoms. These changes are known as genitourinary syndrome of menopause (GSM) and can affect sexual wellbeing and quality of life.



What helps:

- Local vaginal oestrogen or DHEA where appropriate.
- Vaginal moisturisers and water-based lubricants.
- Pelvic floor exercises.
- Support from a pelvic floor physiotherapist or sex therapist when needed.

Gut health

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



What helps:

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

Important:

Your long-term health needs are individual and depend on factors such as age, medical history, lifestyle, risk factors and family history. Taking a **holistic approach** supports your long-term health and quality of life. Regular monitoring and an individualised plan can help identify risks early. Planning ahead with your doctor will help you make the best decisions for you.

LIFESTYLE STRATEGIES THAT SUPPORT WELLBEING

Treatment is an important part of managing surgical menopause, but everyday habits can also support how you feel, recover and function over time. Even small, sustainable changes, can help you feel more like yourself again.

Prioritise:

- **Nutrition:** focus on whole foods, fibre, calcium, and adequate protein.
- **Movement:** stay active and include strength training to support muscle, bones and mood.
- **Sleep hygiene:** wind down without screens and keep a regular routine.
- **Emotional support:** stay connected with people who support you and seek professional or peer support when needed.
- **Stress management:** try activities like yoga, meditation, music, time in nature, or creative outlets that can help calm the nervous system.
- **Avoid risky substances:** limit alcohol, caffeine, and ultra-processed foods, and avoid smoking.



Manage hot flashes & night sweats:

- Dress in layers and keep a fan or cool drink nearby.
- Stay hydrated throughout the day.
- Identify and reduce your personal triggers, such as spicy food, caffeine or 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 significant emotional changes alongside the physical ones. You may experience **grief, anxiety, frustration or a sense of disconnection from your body or identity.**



You might notice:

- Grief related to sudden change or loss of fertility.
- Low mood, anxiety or mood swings.
- Feeling “not like yourself” or disconnected from your body.
- Anger, loneliness or isolation.
- Embarrassment or distress about certain symptoms.

Important:

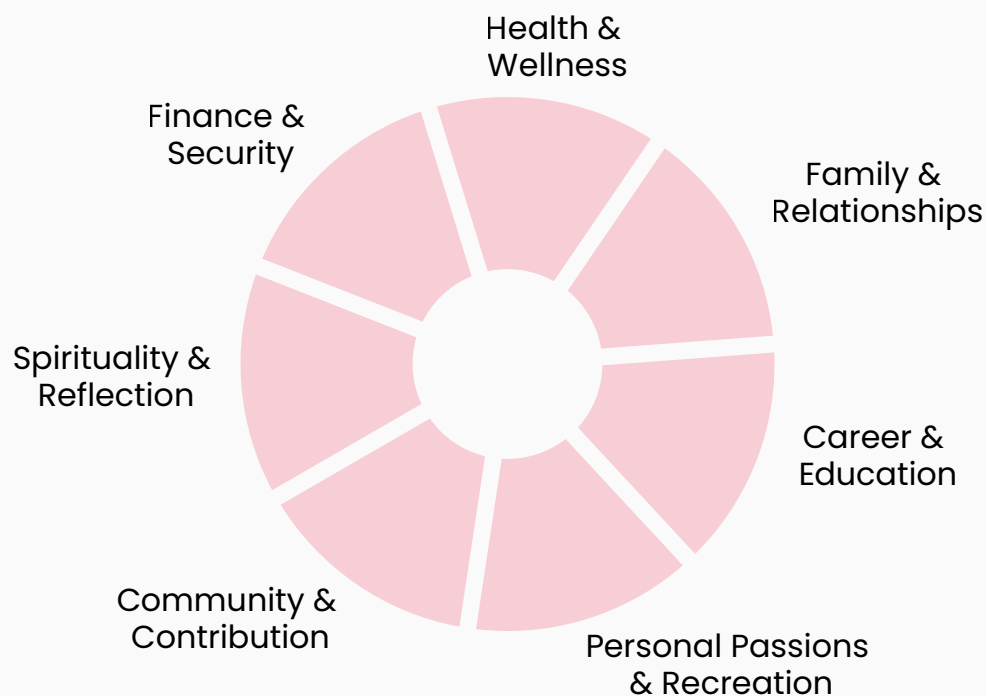
People with autism, ADHD, PMDD, PMS, or a history of anxiety or depression may experience changes in mood, symptoms or wellbeing differently during hormonal changes. HRT may also interact with some medications. Tell your doctor about any existing conditions and medications so they can take these into account when planning your care.

Tip:

Be patient and kind to yourself as you adjust to the changes. Recovery takes time and can involve both physical and emotional adjustments. Build a support network that reflects your individual needs and values, and seek additional support when you need it.

NAVIGATING CHANGES & SUPPORTING YOURSELF

Surgical menopause can affect many areas of life. **Everyone's experience is different.** Some changes may happen soon after surgery, while others develop later – or not at all. Recognising how these changes affect your life can help you plan for support and make adjustments as you recover.



Health & wellness

Potential impact: Physical symptoms, changes in energy, sleep, mood or concentration may affect your daily life.

Support strategies: Follow your treatment plan, prioritise nutrition, movement, sleep, and emotional wellbeing, and seek support from your healthcare team when needed.

Family & relationships

Potential impact: Changes in mood, energy, libido, or how you feel about yourself can affect your relationships.

Support strategies: Communicate your needs and let people know how they can support you.

- **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.

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: Recovery, fatigue, symptoms or changes in concentration may affect work and study.

Support strategies:

- Plan time off where possible and discuss reasonable flexibility with your employer or learning provider. This might include reduced hours, flexible deadlines, working from home or lighter duties.
- 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 away from work and changing health needs can create financial pressure.

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, especially when you are trying to get the care and support you need. You have every right to seek a provider who:

- Listens to your concerns.
- Explains your options clearly.
- Involves you in decisions about your care.
- Takes your symptoms seriously.
- Supports your individual needs.



Tip:

- Prepare questions in advance.
- Take notes or keep a symptom record.
- Bring a support person to appointments.

If you're not feeling heard:

- Be clear about your concerns and what you need.
- Keep notes on your symptoms to help guide discussions.
- Ask for a referral to a menopause specialist or seek another provider.
- Consider getting a second opinion.
- Give feedback or make a complaint if needed.
- If treatment is declined, ask your doctor to explain their reasons and have them documented in your medical record.

You deserve **informed, respectful care**. Building a trusted healthcare 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 practical tools can help you track changes, prepare for appointments and manage your recovery.



Tracking your symptoms

Tracking symptoms can help you spot patterns, monitor changes and explain what you are experiencing to your healthcare team. Use a notebook, a tracking app such as the free [Balance](#) app by Dr Louise Newson, or download a printable tracker from the free downloads section on our website.

Supporting your pelvic floor

Pelvic floor exercises may be beneficial after a hysterectomy. The [Squeezy](#) app provides guidance and can help you build pelvic floor exercises into your routine.

More information & tools

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

surgicalmenopause.org.nz

Remember our [Free Downloads](#) section includes practical tools such as:

- Checklist for your hospital stay.
- Symptom tracker.



If you wish to print more copies of this booklet, you can find the ready-to-print PDF here:

surgicalmenopause.org.nz/patient-booklet

ADDITIONAL RESOURCES

These organisations and online resources may provide additional information, practical support or guidance. They are not a substitute for personalised medical advice.

Medical & educational

- Australasian Menopause Society (AMS): menopause.org.au
- Cancer Society: cancer.org.nz (0800 226 237)
- Endometriosis NZ: nzendo.org.nz
- Fertility NZ: fertilitynz.org.nz
- Healthify | He Puna Wairoa: healthify.nz
- Health NZ | Te Whatu Ora: healthnz.govt.nz
- Ovarian Cancer Foundation NZ: ovariancancerfoundation.org.nz
- Talk Peach: talkpeach.org.nz
- Ministry for Women | Manatū Wāhine: women.govt.nz/menopause
- Women's Health Action: womens-health.org.nz

Advocacy & support

- 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
- Health NZ | Te Whatu Ora – Wellbeing Support: wellbeingsupport.health.nz
- Lifeline Aotearoa: lifeline.org.nz
- Mental Health Foundation NZ: mentalhealth.org.nz/helplines
- Need to Talk? / 1737 (Free 24/7 counselling line): [text 1737, 1737.org.nz](http://text1737.org.nz)

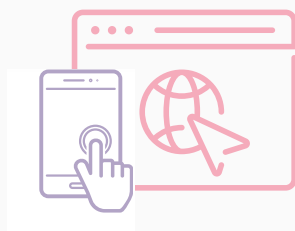
International

- 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 learn more, prepare for conversations with your healthcare team, advocate for your care, and connect with support. When using overseas resources, keep in mind that treatment recommendations, medicines, funding and healthcare systems may differ from those in Aotearoa New Zealand.

A wider list of online resources, books, and support services is available in the [Resources library](#) of our website.



MOVING FORWARD

Your next steps

This guide is a starting point. Your next steps will depend on your circumstances, health needs, symptoms, and personal goals. You may find it helpful to:

- **Talk with your healthcare team:** Ask questions, clarify your treatment plan, and discuss follow-up and ongoing care.
- **Start or adjust treatment:** This may include hormone therapy, non-hormonal treatments, or other approaches to managing symptoms.
- **Rest, heal & come back to yourself:** Give yourself time and permission to recover physically and emotionally. Recovery is not always linear, and adjusting to life after surgery takes time.
- **Plan for life after surgery:** Consider work, relationships, exercise, nutrition, and other practical changes that support your recovery and long-term wellbeing.

Ways to connect

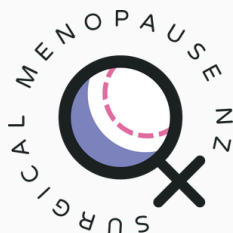
You do not have to navigate surgical menopause alone. Connecting with others who understand what you are going through, alongside access to reliable information, can make a real difference.

Join our Facebook support group: [Surgical Menopause NZ - Peer Support Group](#)



Follow us on Instagram: [@surgicalmenopausenz](#)

Sign up for updates: [surgicalmenopause.org.nz](#)



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

We welcome your feedback.

Acknowledgements

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