Belfast Health and Social Care Trust
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Patient Information Leaflet

Should I Have My Ovaries Removed During My Hysterectomy?

Introduction

If you are considering a hysterectomy, you may also be wondering whether to have your ovaries removed at the same time. This procedure, known as **oophorectomy**, has both potential benefits and long-term risks. Your decision should be based on your personal medical history, risk factors, and future health considerations. This leaflet will help you understand the key factors involved in making an informed choice.

Comparison of Benefits and Risks

Potential Benefits	Potential Risks
Reduced Risk of Endometriosis Recurrence – Removing the ovaries reduces hormonal stimulation, lowering the risk of recurrence in severe endometriosis.	**Immediate Menopause** – Leads to sudden menopause with symptoms such as hot flushes, vaginal dryness, mood swings, and sleep disturbances, particularly in premenopausal women.
Lower Risk of Ovarian and Fallopian Tube Cancer – Particularly beneficial for women with BRCA1/BRCA2 mutations or a strong family history of ovarian cancer.	**Increased Risk of Heart Disease and Stroke** – Loss of oestrogen can increase the risk of heart disease, high blood pressure, and stroke, especially in women under 50 (higher risk if under 45).
No Need for Future Ovarian Surgery – Eliminates the possibility of requiring surgery for ovarian cysts or masses in the future.	**Increased Risk of Osteoporosis and Fractures** – Bone loss accelerates after oophorectomy, increasing the likelihood of fractures, particularly in women under 50, with the highest risk under 45.
Removes the Risk of Ovarian Torsion – Particularly in women prone to ovarian cysts or pelvic adhesions.	**Higher Risk of Dementia and Cognitive Decline** – Early oophorectomy is linked to a greater risk of dementia, Alzheimer's disease, and Parkinson's disease, particularly in women under 45.
May Improve Chronic Pelvic Pain – In women with persistent pain related to ovarian conditions, removal may provide relief.	**Reduced Sexual Function and Libido** – Decreased hormone levels may lead to vaginal dryness, pain during intercourse, and lower libido, especially in women under 50.
	Possible Increase in Overall Mortality Risk – Women under 45 who have an oophorectomy without HRT may face a higher risk of early death from heart disease and osteoporosis.

The Role of Hormone Replacement Therapy (HRT)

HRT is an important treatment option for women who have had an oophorectomy before natural menopause. It helps to reduce many of the risks associated with sudden oestrogen loss, including:

- Reducing hot flushes, night sweats, and other menopausal symptoms.
- Lowering the risk of osteoporosis and fractures.
- Providing some cardiovascular protection by maintaining blood vessel function.
- Helping to preserve cognitive function and potentially reducing the risk of dementia.
- Supporting sexual health by maintaining vaginal tissue and libido.

However, **HRT does not completely eliminate these risks**. Women who undergo oophorectomy before menopause will still have a higher baseline risk for conditions such as cardiovascular disease, osteoporosis, and dementia, even with HRT. The decision to use HRT should be made in consultation with a healthcare provider, considering individual health history and risk factors.

Further Information

For more advice, speak to your **gynaecologist** or **GP**. Reliable information can also be found from organisations such as: ◆ NHS UK: www.nhs.uk ◆ The British Menopause Society: www.thebms.org.uk ◆ Ovarian Cancer Action: www.ovarian.org.uk

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