



ovacome..
ovarian cancer

Surgical menopause

Ovacome is a national charity providing support and information to anyone affected by ovarian cancer.

We run a free telephone and email support line and work to raise awareness and give a voice to all those affected by ovarian cancer.

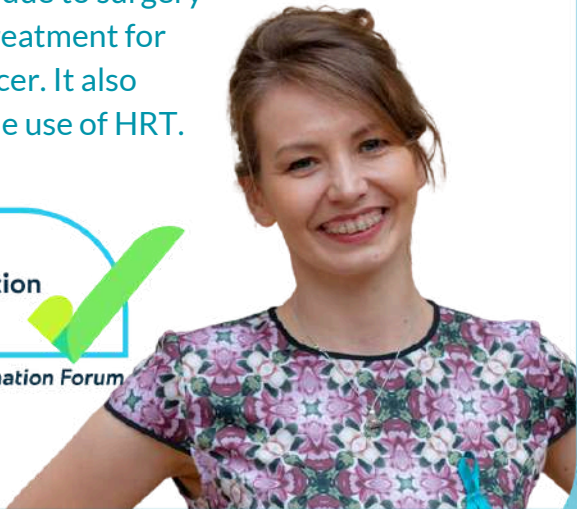
This booklet is part of a series giving clinical information about ovarian cancer.

It is for those who are experiencing the menopause due to surgery and other treatment for ovarian cancer. It also discusses the use of HRT.

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Patient Information Forum



Surgical menopause and suggestions for relieving symptoms

Younger people with a diagnosis of ovarian cancer treated with surgery and/or chemotherapy may experience menopause earlier than it would occur naturally.

What is the menopause?

The natural menopause is the time in your life when your periods stop as the ovaries stop producing hormones. This usually happens around age 45 to 55.

It is usually a gradual process that begins with your periods becoming irregular. This is called the perimenopause. Eventually your periods stop completely.

If you do not have a period for a year, you are described as postmenopausal. The menopause occurs in people who menstruate (have periods). This can be women, trans men, non-binary and intersex people.

Surgery for ovarian cancer

When you have both ovaries removed (a bilateral oophorectomy) before you have had your natural menopause, you will go into the menopause straight away. This means you will be infertile and will not be able to get pregnant.

The removal of a single ovary, leaving one functioning ovary in the body, may mean you keep your fertility. But you may have your menopause earlier than you would do naturally.

Chemotherapy treatment

When one ovary is removed by surgery, having chemotherapy after the operation may cause a drug induced menopause. This can be temporary, or permanent depending on the dosage of your chemotherapy drugs, how your ovaries functioned before, and your age.

A drug-induced menopause may occur very suddenly or take several months. Chemotherapy doesn't usually cause menopause symptoms.

If you are already approaching the menopause (perimenopausal) then chemotherapy can make pre-existing menopausal symptoms worse.

Young people given a combination of chemotherapy drugs called BEP (Bleomycin, Etoposide and Platinum) for germ cell ovarian cancer where one ovary is retained, may notice changes to their periods, and may experience a temporary menopause. Sometimes this becomes permanent.

Symptoms of the menopause

There are varied experiences of the menopause. Here are some symptoms that you may notice in the shorter term: *hot flushes, anxiety, mood changes, palpitations, night sweats, feeling irritated, poor concentration, insomnia, poor memory and loss of self-esteem.*

Longer term effects can include: *vaginal dryness, thinner and drier skin, lower or no sex drive, bladder problems, joint aches and pains, loss of bone density and heart disease.*

Having your menopause at a younger age means that you have longer without the benefits of the hormone oestrogen, which protects your bone health, thinking and reasoning, your heart and your vaginal health.

How can I help myself?

Everyone is different, so what you do will depend on your symptoms, and how long they last.

Here are some tips from people with experience of dealing with menopause symptoms. Hot flushes are the most common symptom. They can happen at any age as oestrogen levels are reduced. Hot flushes vary in how severe they are and how long they last.

It may help to:

Keep a diary of your hot flushes to see if there is a pattern to them.

Wear natural fabrics like cotton, and layers so it's easy to add or remove some when your temperature changes.

Find ways to cool down quickly such as iced water, a spray, small fan or wipes.

Take cool showers and keep rooms well aired.

Cut down or stop smoking.

Exercise regularly, to improve your circulation.

Cut down on foods and drinks that trigger flushes such as: spicy foods, salty and sugary food, chocolate, alcohol, tea, coffee and soft drinks with caffeine.

Limit the number of hot drinks you have at night.

Try relaxation using deep breathing, visualisation and music. Cognitive behavioural therapy (CBT) can help.

Try aromatherapy, homeopathy, massage, acupuncture and yoga. It is important to discuss this with your medical team, and to use qualified therapists.

Vaginal dryness

The menopause can cause changes in vaginal lubrication so you may experience dryness, itching, discomfort, or pain during sex. Using a vaginal moisturiser such as Sylk and Yes can help to keep your skin healthy and comfortable. You can buy these online or from high street shops. Your GP can prescribe them. Normal soap and perfumed products may dry your skin and are not recommended.

You can use topical oestrogen to relieve vaginal dryness. It can also relieve pain and urgency when you pee, which is an issue for many people. You can ask your GP for this.

Moisturisers have a longer lasting beneficial effect for vaginal dryness compared to lubricants. It is recommended to use lubricants during sexual activity to reduce friction and improve comfort during sex. Oil-based products may be longer lasting than those that are water-based. Oil based lubricants should not be used with condoms.

Avoid lubricants with ingredients such as glycerine, glycols and parabens as these can cause vaginal irritation.

Loss of bone density

This is osteoporosis, thinning of the bones making them more prone to fractures.

Oestrogen helps bones to stay strong but during the menopause oestrogen levels are lowered and you may find that your bones become weaker. This may increase the risk of breaking a bone in later life.

If you go through the menopause before you are 45 and have had both ovaries removed, you may be at risk. But most broken bones happen to those who are over 65 and are caused by falling. Healthy eating and exercise can help you to keep your bones strong.

You can ask your GP to arrange a dual-energy X-ray absorptiometry (DEXA) scan to check your bone density. There are treatments available for osteoporosis and your doctor can discuss these with you.

Diet and osteoporosis

Eating well-balanced meals that are rich in calcium will give you all the vitamins and minerals you need for strong, healthy bones. We can absorb calcium just as well from food as from calcium supplements.

This might include: *dairy foods, green leafy vegetables, fish such as sardines and pilchards where you eat the bones, nuts, soya beans and tofu.*

Try to reduce the amount of caffeine, salt, animal protein and fizzy drinks containing phosphoric acid you have, as these can upset the balance of calcium in your body.

Exercising for strong bones

Regular exercise helps to retain bone strength. Brief sessions of high impact exercise such as jogging, or simply walking, can be very effective.

The NHS recommends moderate exercise for at least two and a half hours spread over a week such as brisk walking, swimming, bike riding.

Can I use hormone replacement therapy (HRT)?

If you experience early menopause (sometimes called premature ovarian insufficiency or POI) caused by gynaecological cancer surgery and/or chemotherapy you may want to use hormone replacement therapy (HRT).

There have been different views on this, but it is clearer now that its benefits for most people in this situation, such as protecting bone health, cognition, heart and sexual health, outweigh the risks.

Guidance published by the British Gynaecological Cancer Society (BGCS) and the British Menopause Society (BMS) states that if you have been diagnosed with epithelial ovarian cancer the potential benefits and risks of HRT should be discussed with you, and research does not show a risk of the cancer recurring.

This is different for low grade ovarian cancer which is a rarer form of epithelial ovarian cancer. If you have been diagnosed with a rarer form of ovarian cancer, such as low grade at stage 1, borderline ovarian tumours or germ cell tumours, you may be able to use HRT as it is not contraindicated for these. You may be able to use HRT with stage 1 granulosa cell tumours, although these are hormone sensitive. You should receive full and thorough information about this.

The guidance states that non-hormonal options should be offered in the first instance to women with stage 1 low grade serous ovarian cancers, but HRT is not contra-indicated.

However, HRT is not recommended for women with stage 2,3 or 4, or recurrent, low grade serous ovarian cancer, as it is hormone sensitive and there is an advantage to oestrogen suppressing treatment.

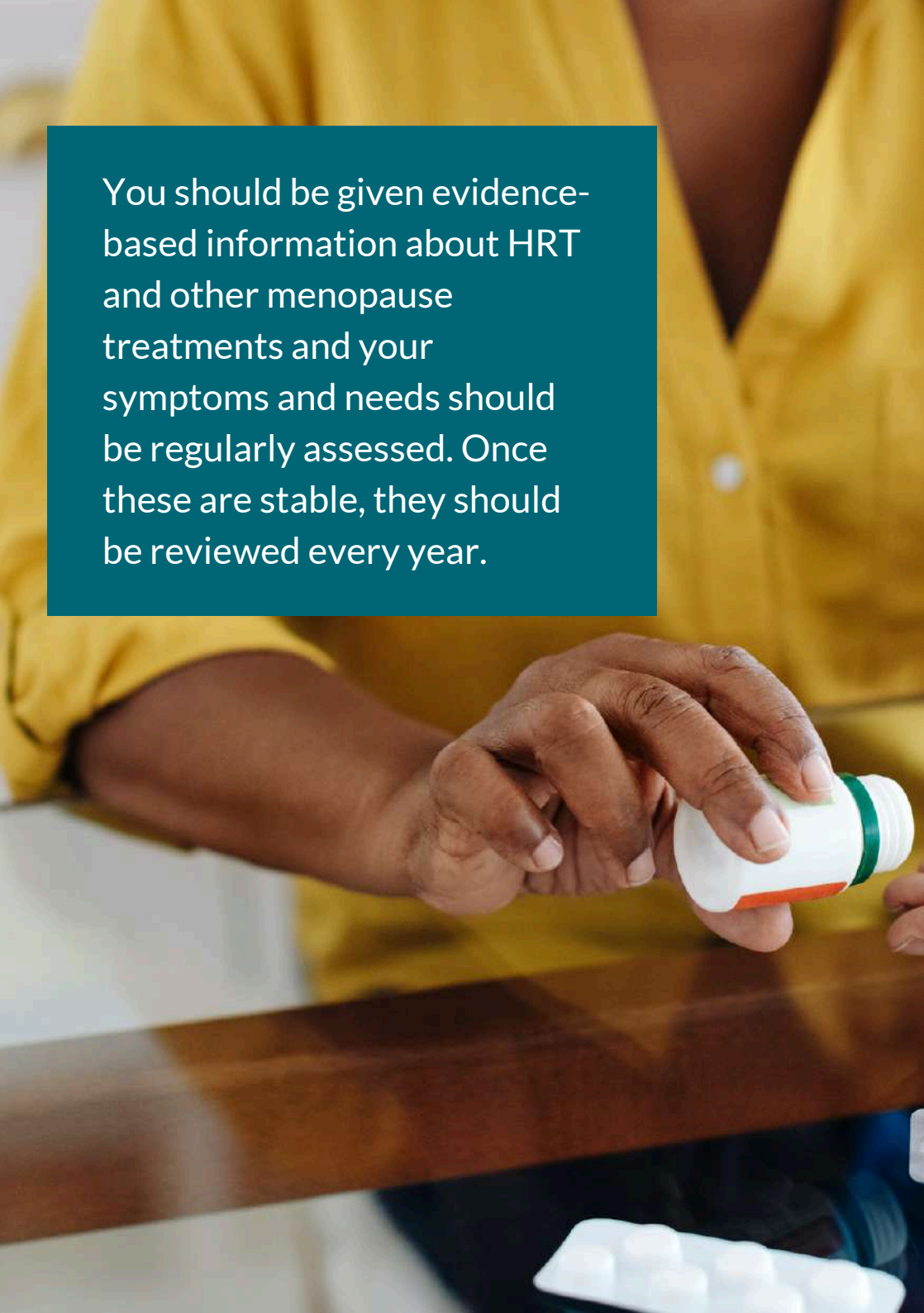
You can see the guidance here: <https://www.bgcs.org.uk/wp-content/uploads/2024/08/BGCS-BMS-Guidelines-on-Management-of-Menopausal-Symptoms-after-Gynaecological-Cancer.pdf>

The guidance also covers vaginal oestrogens, sometimes called topical HRT, which can relieve urogenital symptoms. These are safe for most people with an ovarian cancer diagnosis. This includes – with rare exceptions – people for whom systemic HRT is not suitable.

BGCS and BMS guidelines recommend that patients likely to go through the menopause because of their treatment for ovarian cancer should be able to discuss menopause symptoms and management before their treatment begins.

You should be given evidence-based information about HRT and other menopause treatments and your symptoms and needs should be regularly assessed. Once these are stable, they should be reviewed every year.

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Non-hormonal drugs

Many non-hormonal drugs have been shown to reduce hot flushes and sweats, but none are as effective as HRT.

These drugs include antidepressants citalopram, venlafaxine and escitalopram. Paroxetine, sertraline and fluoxetine can't be used if you are taking tamoxifen. Drugs pregabalin and gabapentin can help with sleep problems and menopause symptoms in the muscles, bones and joints. Gabapentin is an anti-epilepsy drug, and clonidine is a blood pressure medicine, these may also help with hot flushes.

Other options

Oxybutynin is used for urinary symptoms and overactive bladder and has been shown to be effective at improving flushing and sweating too. Fezolinetant and elinzanetant can reduce flushes and sweats and improve sleep and quality of life.

What about using plant remedies?

Some plants contain phyto-oestrogens (isoflavones) which are compounds that have a similar structure to the hormone oestrogen.

The Association of UK Dietitians states “Current evidence suggests that a diet containing naturally occurring isoflavones is safe.” They do not advise taking soy supplements. See more information here: <https://www.bda.uk.com/resource/cancer-diets-myths-and-more.html>

Phyto-oestrogens may not be suitable if your tumour is hormone-sensitive or if hormonal HRT is not recommended for you. The BGCS guidance states: “Phyto-oestrogens should be discouraged for women who had hormone-sensitive tumours if formal HRT is contraindicated.” You can ask for a referral to a dietitian for specialist advice on soya in your diet.

You may hear about using St John’s Wort as an alternative to HRT. However, this can interact with drugs, particularly chemotherapy drugs and PARP inhibitors that you may need to treat and manage ovarian cancer.

Some people use herbal supplements to manage menopause symptoms. If you are thinking of using herbal remedies it is important to get advice from a qualified practitioner. Look for the Traditional Herbal Remedy (THR) stamp when you buy supplements. The National Institute of Medical Herbalists lists practitioners here: <https://www.nimh.org.uk>

You will also need to let your oncologist know about any herbal treatment you are planning to take, as it can affect other medications.

Useful information

British Menopause Society (BMS) <https://www.bms.org.uk>
Telephone 01628 890 199

Royal Osteoporosis Society <https://www.theros.org.uk>
Helpline: 0808 800 0035

The Menopause Exchange <https://www.menopause-exchange.co.uk>
Telephone: 020 8420 7245

The Daisy Network for premature ovarian insufficiency
<https://www.daisynetwork.org>

Menopause Matters <https://www.menopausematters.co.uk>

[13-BMS-TfC-Surgical-Menopause-JUNE202102B.pdf \(thebms.org.uk\)](#)

[03-WHC-FACTSHEET-Complementary-And-Alternative-Therapies-NOV2023-C.pdf \(womens-health-concern.org\)](#)

[28-WHC-FACTSHEET-Nutrition-in-Menopause-JULY2023-A.pdf \(womens-health-concern.org\)](#)

[29-WHC-FACTSHEET-Exercise-in-menopause-JUNE2023-A.pdf \(womens-health-concern.org\)](#)

[25-WHC-FACTSHEET-VaginalDryness-OCT2023-B.pdf \(womens-health-concern.org\)](#)

References

BGCS/BMS Guidance on Management of Menopausal Symptoms after Gynaecological Cancer August 2024.

BMS consensus statement 2024 Non-hormonal-based treatments for menopausal symptoms: <https://thebms.org.uk/wp-content/uploads/2024/09/04-BMS-ConsensusStatement-Non-hormonal-based-treatments-SEPT2024-A.pdf>

We welcome your feedback on this booklet. Please email ovacome@ovacome.org.uk or call 0800 008 7054. If you would like to discuss anything about ovarian cancer, please phone our support line on 0800 008 7054 Monday to Friday between 10am and 5pm. You can also visit our website at www.ovacome.org.uk. This is one of a series of information booklets produced by Ovacome. You can see them here: ovacome.org.uk/information

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