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P A T I E N T   I N F O R M A T I O N

# Gynecological Surgeries

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- ☐ **Hysterectomy (Open, MIS/Robotic, Vaginal):**
  - **Partial, total and radical**
- ☐ **Myomectomy**
- ☐ **Salpingo-oophorectomy**
- ☐ **Pelvic Lymphadenectomy**
- ☐ **Omentectomy**

***Please bring this book to the hospital  
on the day of your surgery.***

THE OTTAWA HOSPITAL

***Disclaimer***

*This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.*

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## Introduction

**D**EAR PATIENT, your physician has recommended that you have Gynecological surgery. You probably have many questions regarding the surgery and concerns about what will happen to you.

This booklet will help answer your questions and help you understand the surgery. It will give you information about your recovery from surgery.

As you read the booklet, jot down any questions that come to mind. Blank pages are provided at the end of the booklet for this purpose.

Please do not hesitate, at any time, to ask your health-care provider for answers to your concerns.

**We encourage you to read and discuss the information in this booklet with your family before your surgery to plan for your weeks following surgery.**



## Why do I need a hysterectomy?

Before making a decision about surgery, you and your physician will have considered and discussed your treatment options, your age, physical and emotional condition, and your desire to have children.

The most common reasons for hysterectomy include:

- chronic heavy uterine bleeding
- uterine fibroids
- endometriosis
- chronic pelvic inflammatory disease
- prolapsed uterus
- a large mass in the pelvis
- cancer of the ovaries, cancer of the uterus (endometrium) or persistent pre-cancer of the cervix.

It is helpful to understand the reproductive organs: how they look, where they are and what they do. Ask your health care provider for written information on your diagnosis.

## Female Reproductive Anatomy and Physiology

**Uterus:** Thick-walled organ, about 3 inches long, where a fertilized egg grows. During labour, the uterus expels the baby by muscular contractions.

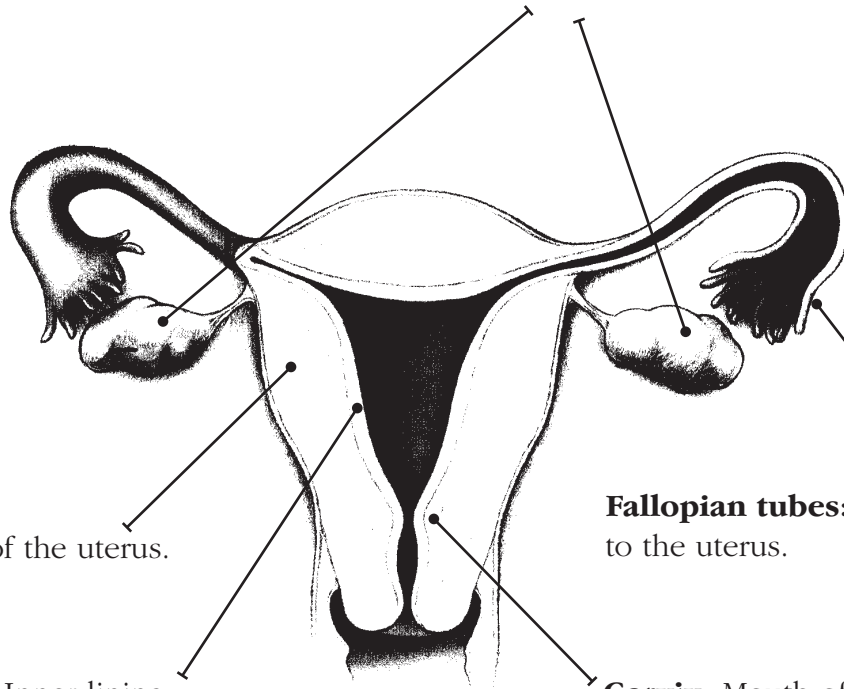
**Ovaries:** Produce the female hormones estrogen and progesterone which are released directly into the bloodstream. They also produce one or more eggs per month (ovulation) which are released into the fallopian tubes to await possible fertilization.

**Fundus:** Body of the uterus.

**Endometrium:** Inner lining, which receives the fertilized egg. If the egg is not fertilized, the lining is shed (menstruation).

**Fallopian tubes:** Carry eggs to the uterus.

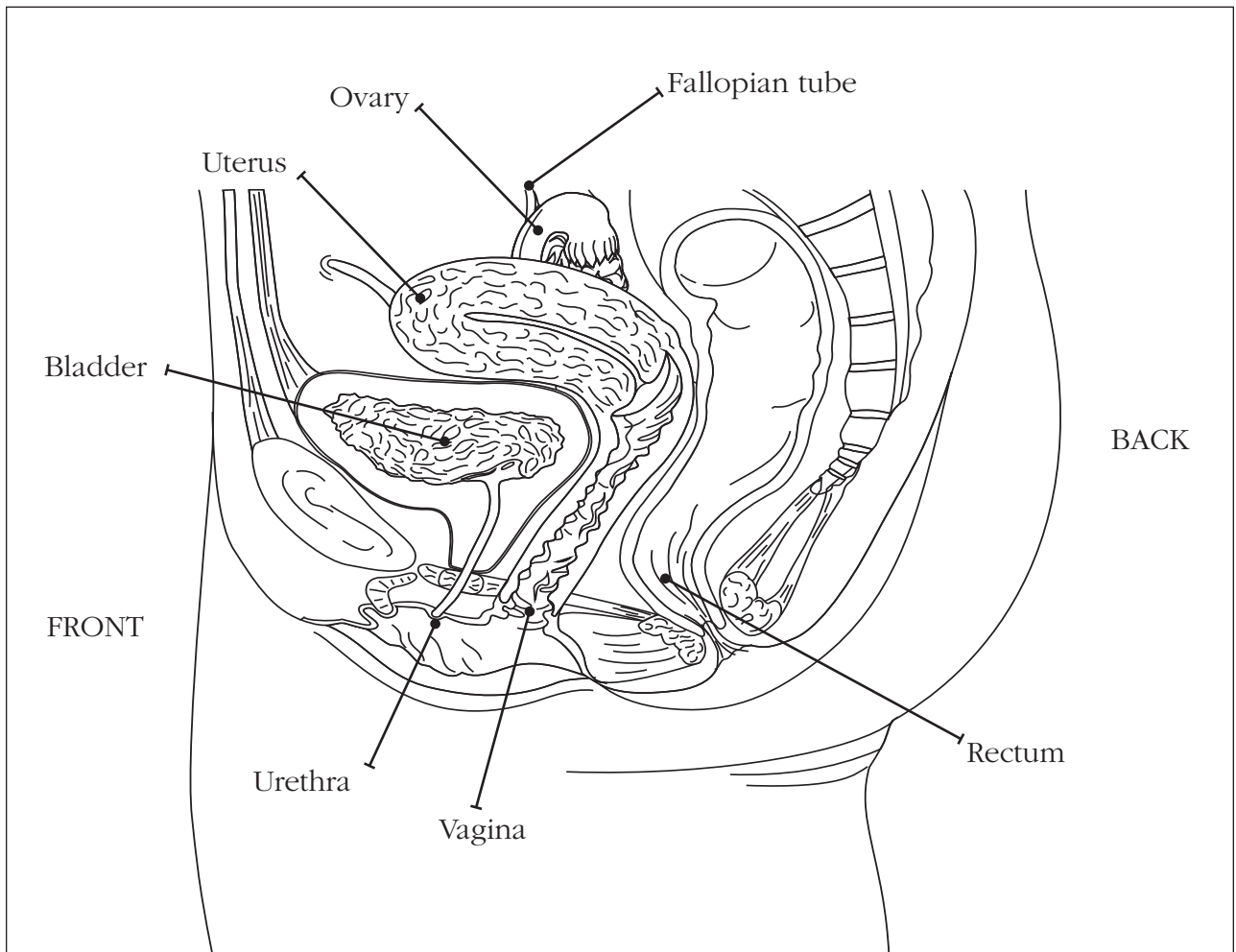
**Cervix:** Mouth of the uterus which opens during labor to allow for delivery.



**Ovulation:** Release of an egg(s) from the ovary which occurs 2 weeks before the beginning of each menstrual period.

**Menopause** (change of life): With age, the ovaries gradually decrease the amount of hormones produced, and eventually ovulation and menstruation stop.

### Normal Female Pelvic Anatomy (Side View)



### What is a hysterectomy?

Hysterectomy is the surgical removal of the uterus. One or both of the fallopian tubes and/or ovaries may be included. There are different types of hysterectomies and gynecological surgeries. You will find a description of each type on the next page. The surgical procedure can be performed using different approaches. Your surgeon will discuss this with you.

## **Types of Hysterectomy**

### **Partial or supracervical hysterectomy (Sometimes called subtotal)**

The cervix (lower end of the uterus) is left intact and only the upper part of the uterus is removed. Since the cervix is still there, there is a risk of developing cervical cancer, and regular pap screenings will still be required.

### **Complete or total hysterectomy**

This is the most common type of procedure, and involves the entire removal of the uterus, including the cervix. If the surgery takes place before you have passed menopause, menstrual periods will stop but the ovaries usually continue to function and produce hormones. Sometimes, blood supply to the ovaries is affected by the surgery and menopause occurs earlier than expected. If you experience symptoms of menopause please discuss them with your health-care provider. Otherwise, menopause can be expected to occur as a normal process. The average age of menopause in North America is between 45 to 55 years.

### **Total hysterectomy and bilateral salpingo-oophorectomy**

This is a total hysterectomy, plus the removal of the ovaries and fallopian tubes. As a result, the patient will go through what is known as surgical menopause.

### **Radical hysterectomy**

The removal of the cervix, uterus, upper part of the vagina, and supporting tissues including the lymph nodes.

## **Salpingo-oophorectomy**

In this surgery, one or both fallopian tubes and ovaries are removed.

If only one ovary is removed, the remaining ovary is often able to produce sufficient hormones and menopause does not occur. Removal of both ovaries causes immediate menopause. (Please see the section on menopause at the end of this booklet).

If a woman has already passed menopause at the time of surgery she is not likely to experience new symptoms of menopause.

When the uterus is removed at the same time as both ovaries and fallopian tubes, the procedure is called a total hysterectomy and bilateral salpingo-oophorectomy.

## **Myomectomy**

Myomectomy is the removal of fibroids (non-cancerous tumors) from the wall of the uterus. Myomectomy is the preferred treatment for symptomatic fibroids in women who want to keep their uterus. Larger fibroids must be removed with an abdominal incision, but small

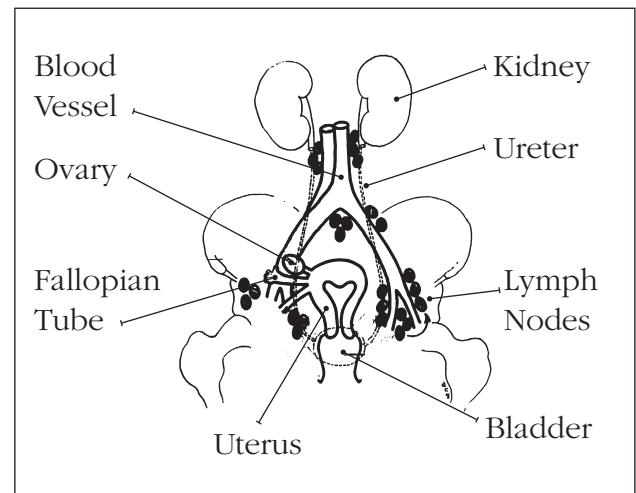


fibroids can be taken out with the minimally invasive surgery (MIS) approach also called laparoscopic surgery.

A myomectomy can remove uterine fibroids that are causing such symptoms as abnormal bleeding or pain. It is an alternative to surgical removal of the whole uterus (Hysterectomy). The procedure can relieve fibroid-induced menstrual symptoms that have not responded to medication. Myomectomy also may be an effective treatment for infertility caused by the presence of fibroids.

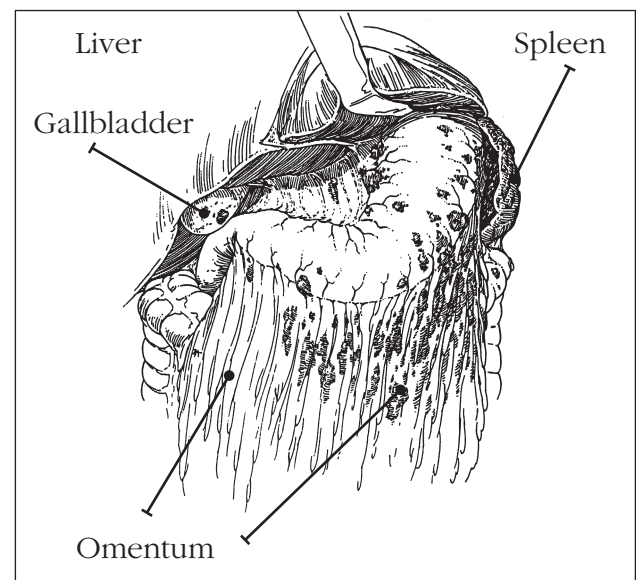
### **Pelvic Lymphadenectomy**

In a pelvic lymphadenectomy (lymph node dissection), the pelvic lymph nodes are removed. Lymph nodes are found throughout the body. They produce and store cells that fight infection, filter bacteria and/or cancer cells out of your circulation. Pelvic lymph nodes are located on each side of the uterus. The lymph nodes are removed if cancer is suspected to see if the cancer has spread.



### **Omentectomy**

The omentum is an apron of fat that covers your organs. It has no specific function. Your surgeon will recommend that your omentum be removed if you have a pelvic mass, and ovarian cancer is suspected. Ovarian cancer cells often spread to the omentum.



### **Others**

Surgery can involve any of the organs that are on the sides of ("next to") the uterus (womb), such as the fallopian tubes, ovaries and ovarian cysts.

## **Pathology**

All organs removed during surgery will be sent to the Pathology Lab. A pathologist will examine the tissue under a microscope to look for abnormalities in the organs or tissues. This pathologist then writes a complete description of the specimen and provides a diagnosis. This process takes 2 to 3 weeks.

## **Surgical approaches**

### **Vaginal approach**

Vaginal hysterectomy is a surgical procedure to remove the uterus through the vagina. During a vaginal hysterectomy, the surgeon detaches the uterus from the ovaries, fallopian tubes and upper vagina, as well as from the blood vessels and connective tissue that support it. The uterus is then removed through the vagina.

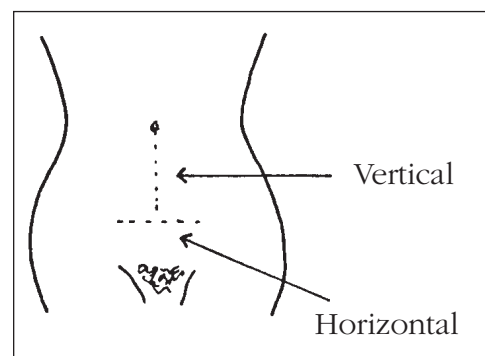
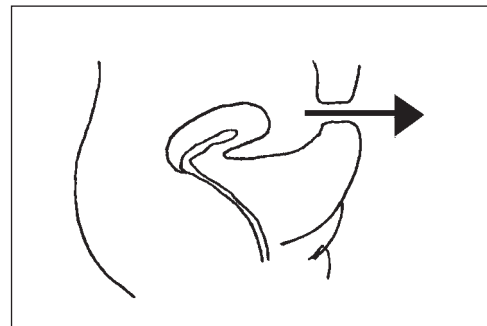
Vaginal hysterectomy involves a shorter time in the hospital, lower cost and faster recovery than an abdominal hysterectomy, which requires an incision in your lower abdomen. However, if your uterus is enlarged, vaginal hysterectomy may not be possible.

Hysterectomy often includes removal of the cervix as well as the uterus. When the surgeon also removes one or both ovaries and fallopian tubes, it's called a total hysterectomy with salpingo-oophorectomy. Located in your pelvis, all these organs are part of your reproductive system. The length of hospital stay for this procedure can vary but is usually under 24 hours.

### **Abdominal or open approach**

This means the physician will perform the hysterectomy through an incision on your abdomen. This procedure is typically used if the tubes and/or ovaries must be removed, if the uterus is quite large, or if there are other abdominal problems. The usual length of hospital stay for this surgery is 1 to 3 days.

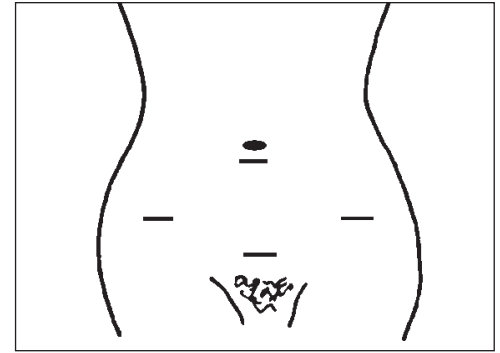
Your incision will be about six inches to eight inches long. It will be either horizontal in your lower abdomen ("bikini" cut) or vertical. Although a horizontal incision is less noticeable, a vertical incision may be necessary in order to give the surgeon enough room to operate, and to thoroughly examine the abdomen.



**MIS/Robotic approach**

With minimally invasive surgery (MIS), also called laparoscopy, surgeons use specialized tools inserted through smaller incisions. This approach typically results in less pain and scarring after the operation and may lead to a faster recovery.

With the da Vinci Robotic System, surgeons operate through a few small incisions instead of a large open incision—similar to traditional laparoscopy. The da Vinci System features a magnified 3D high-definition vision system and special wristed instruments that bend and rotate far greater than the human wrist. As a result, da Vinci enables your surgeon to operate with enhanced vision, precision, dexterity and control. Your surgeon is 100% in control of the da Vinci System, which translates his or her hand movements into smaller, more precise movements of tiny instruments inside your body; da Vinci is taking surgery beyond the limits of the human hand.



If you are a candidate for an MIS/Robotic hysterectomy, your hospital stay will be 24 hours. This approach facilitates faster healing after surgery. It gives you a better pain control, less stomach discomfort and/or vomiting and you will feel less tired. This program also allows you to go back to work 5 days sooner.

## **Preparing for Surgery: What will happen to me before surgery?**

**Pre-Admission**

You will be called by the hospital for a pre-admission assessment and to arrange for any tests required before your surgery.

**Preparing yourself for surgery**

If you are having surgery by one of the Gynecologic Oncologists, we will be testing your blood to determine if you have pre-diabetes or diabetes. This is called a HbA1C test, and indicates your blood glucose level from the last 3 months. If the reading is high, we will refer you to an Internal Medicine specialist. Blood glucose (sugar) control is directly linked to good healing. Some patients will require medication during the time of their hospital stay in order to control high blood glucose. We will also notify you and your family doctor if you require further medical tests related to pre-diabetes or diabetes.

### **Skin preparation**

Some surgeons will request that you do a skin preparation. We will provide you with a package of 2 sponges. The night before the surgery, you will shower and then “paint” your abdomen from under the breast to the groin, focusing on the umbilical region, and let the pink solution dry on your skin. The next morning you will repeat this process. The purpose of this skin prep is to reduce the chance of an infection in the incision.

### **Preparing your body**

**Stop smoking.** Tobacco in any form should be avoided. This includes pipes, cigars, regular and low tar cigarettes and chewing tobacco. Even one or two cigarettes a day are harmful. Smoking damages the lining of the arteries, and therefore increases the risk of arteriosclerosis. Smokers should know that it is never too late to benefit from quitting. Smoking places you at risk for lung complications after surgery. Smoking cessation programs are available to assist you to stop smoking. Contact the University of Ottawa Heart Institute: Prevention and Rehabilitation Centre Heart Check Smoking Cessation Program at 613-761-5464 or [www.ottawaheart.ca](http://www.ottawaheart.ca) or ask the PAU nurse for information.

***Remember to bring this booklet to the hospital with you on the day of surgery.***

## **After surgery?**

After your surgery you will awaken in the Post Anesthetic Care Unit (PACU) where you will stay until your condition is stable. When you are stable you will be transferred to the Surgical Day Care Unit (SDCU) or your room depending on the type of surgery that you had.

### **Assessments**

The nurse will check you often to ensure that you are comfortable and progressing well. Your temperature, heart rate, blood pressure, abdominal dressing and sanitary pad are checked. The nurse will also listen to your lungs to check your breath sounds and your abdomen to check your bowel sounds. You will also be asked about “passing gas” and bowel movements.

### **Intravenous**

You will have an intravenous (IV) to replace your fluids until you are able to drink and eat well. Do not pull on the IV tubing. When you are walking, use your hand that does not have the I.V. to push the pole.

## **Oxygen**

Extra oxygen is sometimes given through a mask placed over your nose and mouth or by small tubes placed into your nostrils. A small clip on your finger measures the amount of oxygen in your blood. This is called pulse oximetry. The measurement is used to determine if you are getting sufficient oxygen. The nurses will increase, or decrease the amount of oxygen based on their assessment. The oxygen will be discontinued when appropriate.

## **Pain management after surgery**

Your comfort is our concern. It is important that you have effective pain relief. Pain is personal. The amount of pain you feel may not be the same as others feel, even for those who have had the same surgery. Our goal is to help you be comfortable enough to participate in the healing process. Your pain should be controlled enough that you can rest comfortably and that pain does not prevent you from deep breathing, coughing, turning, getting out of bed and walking.

Both drug and non-drug treatments can be successful in helping prevent and control pain. The most common pain control treatments for after surgery are described in the Pain Management After Surgery booklet. You, your doctors and your nurses will decide which ones are right for you to manage your pain. Please read the booklet before your surgery. Bring it to the hospital on the day of your surgery.

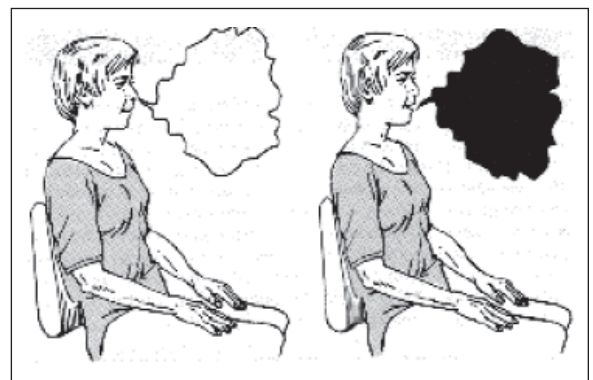
## **Post-operative exercises**

### **Deep breathing and coughing**

After surgery we tend to take smaller breaths. This can be because of pain, anesthesia given during our surgery, or not moving around as much after surgery. Doing deep breathing and coughing exercises post-operatively will help keep your lungs healthy by getting rid of extra secretions.

*Deep breathing exercises* work best when you are sitting up in a chair or on the side of the bed. Follow these instructions:

- Support your incision with a small blanket or pillow.
- Take a deep breath in through your nose. Hold for 5 seconds.
- Breath out through your mouth.
- Repeat this exercise 10 times each hour while you are awake and until your activity level increases.



*Coughing exercises* help to loosen any secretions that may be in your lungs and should be done after your first 5 deep breaths. To produce an effective cough:

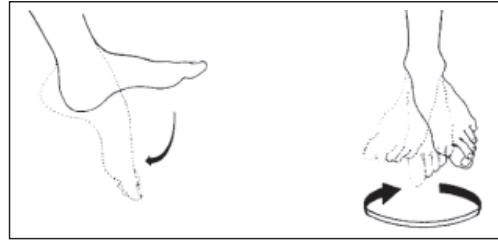
- Support your incision with a small blanket or pillow.
- Take a deep breath and cough.

### **Ankle exercises**

Ankle exercises help the blood circulate in your legs while you are less mobile. Do these 10 times each hour, while you are awake and until your activity level increases.

With your legs flat on the bed:

- Point your toes towards the ceiling.
- Point your toes towards the foot of the bed.
- Move your ankles in a circle clockwise and counter-clockwise.



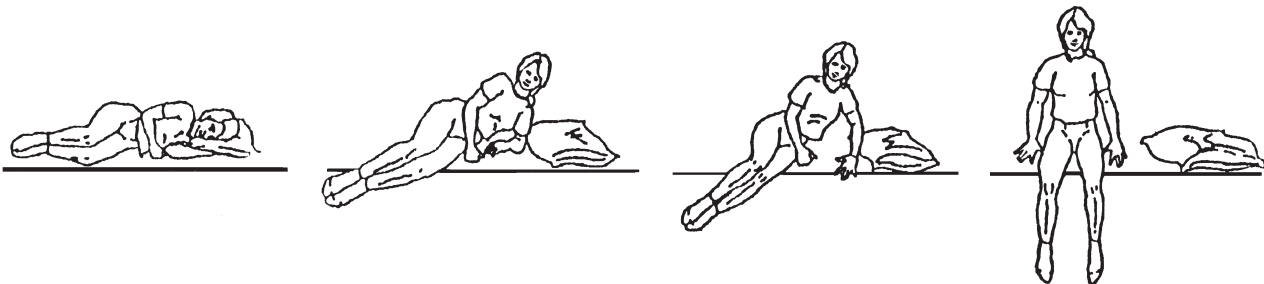
### **Moving and positioning**

While in bed, it is important to move and reposition yourself. You should reposition yourself every 2 hours while awake.

- Support your abdomen with a pillow or small blanket.
- Bend your knees and roll from your side to your back.

### **Getting out of bed**

- Roll onto your side and bring your knees up towards your abdomen.
- Place your upper hand on the bed below your elbow.
- Raise your upper body off the bed by pushing down on the bed with your hand.
- Swing your feet and legs over the edge of the bed and bring your body to a sitting position.
- Once in the sitting position, take a few breaths and ensure your balance is good before attempting to stand.
- Slide your bottom to the edge of the bed.
- Stand up keeping your back as straight as possible.
- When getting back into the bed, reverse the process.



## **Incision**

If your surgery was done only by laparoscopy, you will have small incisions that will be covered by tapes called Steri-Strips. The Steri-Strips will eventually fall off. If the Steri-Strips have not fallen off in 7 days gently remove them. If you had a procedure by open technique then a dressing will cover the incision. The dressing is removed after a couple of days. In either case, if your incisions are dry, you may shower. If there is any drainage, a light dressing will be applied and you should avoid showering. If you have a dressing, always keep your dressing clean and dry. If the dressing becomes soiled or wet, it must be changed in order to prevent infection.

Remove Steri-Strips after 7 days.

You may have stitches or staples if your surgery was done with an open approach. The stitches or staples will be removed after your surgery in the hospital, clinic or by your family physician. After any type of surgery, there is a small risk of bleeding at the incision site. If this happens, the nurse will apply more dressings to the incision. The incision at the top of the vagina will be closed with absorbable stitches that do not need to be removed. It takes six to eight weeks for these stitches to be absorbed and for the area to heal completely.

You will have a sanitary pad to absorb any blood that may have collected in the vagina during surgery. It is normal to have light bleeding for up to two weeks but you may have a discharge lasting up to six weeks while the stitches are absorbing. Report any heavy bleeding or discharge with a bad odour to your health care provider.

## **Urinary Catheter (Foley)**

You will have a urinary catheter to drain urine from your bladder. The insertion site of the catheter will be cleaned until it is removed. The nurse will remove the catheter unless a radical hysterectomy was performed. In this case, you may go home with the catheter and the nurse will teach you how to care for your catheter at home. The nurse will provide you with a booklet on catheter care at home. Before you are discharged from hospital the nurse will assist you to make arrangements for your catheter to be removed in a clinic.

## **Diet**

After your surgery you will progress from drinking fluids to your regular diet. Unless your surgeon has given you specific diet instructions, you should be able to resume a **regular diet with no restrictions as soon as possible**. The following are suggestions for the early days after your surgery.

- Try to eat 3 small meals plus 2 to 3 snacks daily until your appetite is back to normal.
- Eat slowly and chew your food well.
  - It is important to drink plenty of fluids.



- Your body needs more energy and protein when recovering from surgery and during illness. Try to eat a protein rich food at each meal and snack (milk, yogurt, cheese, eggs, meat, fish or poultry).

### **Naso Gastric Tube (NGT)**

If your surgery was done because of cancer and your surgeon had to remove part of your bowel during the procedure, you may have a small tube in your nose called a nasogastric tube. This goes to the stomach to prevent nausea and vomiting. The tube is not always needed.

After bowel surgery, your bowel may stop working. This is called an ileus. When this happens, people feel bloated and may have nausea and vomiting. If you have an ileus, this may increase your surgery recovery time. Pain medicine which contains opioids, like morphine, increases the chance of ileus. Walking and chewing gum 3 times a day help the bowel work faster and speed your recovery.

You may have gas pains on your second or third day after surgery. This is simply a sign that your bowels are returning to normal. Early and frequent walking is the best cure.

## **Activity while in hospital**

- Once you are in your room, you will be helped to sit on the side of the bed. If you are feeling strong, you may get out of bed for a short period of time. If you are on the enhanced program, you will be encouraged to ambulate as soon as possible since you will be discharged within 24 hours.
- On Post-op Day 1 you will be assisted in taking short walks in the hall at least 3 times.
- On Post-op Day 2 and 3 you should be walking often in the hall. You will continue to increase your endurance. You should aim to be up and out of bed for a total of approximately 8 hours.



## Discharge planning

When you are discharged from hospital, you may need some help at home. It would be best to arrange for this before being admitted to the hospital. On the day of discharge, arrange for someone to pick you up on the Surgical Day Care Unit (SDCU) or nursing unit. If you think you will have problems at home, discuss them with your nurse or social worker. You will receive a follow-up doctor appointment and a prescription for medication.

Be sure you understand about your:

- Medications
- Exercise program
- Diet
- Any restrictions regarding your surgery
- When to call the doctor for symptoms
- Follow-up appointments
- Preventing falls at home
- Surgical menopause if applicable (if your ovaries are removed)

On the day of discharge, arrange for someone to pick you up by **6:30 a.m.** if you are in the overnight stay unit or **10 a.m.** if you are on a nursing unit.

## Going home

### **Activity**

- Take frequent rest periods as necessary. Let your body be your guide.
- Do light activities for 2 weeks. Avoid strenuous exercise including heavy lifting, lifting grocery bags, shoveling snow, or pushing a lawn mower until you have seen your doctor on your follow-up visit.
- Increase your walking distance each day.
- Resume your usual activities gradually over 3 to 4 weeks if your surgery was by laparoscopy and 6 weeks if your surgeon used the open technique. Discuss any specific concerns with your doctor including when to resume sexual activity.

- Do not drive a vehicle until you are able to slam on the brakes suddenly with no pain or hesitation. When you feel comfortable to attempt driving you can test this in your driveway.

## **Diet**

Follow the Canada's Food Guide. Remember to include foods that are high in fiber. Ensure adequate fluid intake. You will know you are drinking enough when your urine is pale yellow in colour. Drink approximately six to eight glasses (8 oz) of water/juice a daily. If you are taking iron, remember that it increases constipation.

## **Bladder**

Drink adequate fluids to prevent bladder infections (your urine should be pale yellow in colour). Always wipe yourself from front to back after going to the washroom.

Notify your doctor if you have any of the following:

- Burning when urinating
- Foul smelling urine
- Blood in urine
- Increasing pelvic pain
- Fever (higher than 38°C/99.4°F)

**If you are going home with a urinary catheter, the nurse will give you the booklet on how to care for a catheter at home and review it with you prior to discharge.**

## **Medications**

- Take your pain medication as required. It is normal to experience some wound discomfort for a period of time after discharge.
- To avoid constipation (a side effect of many pain medication) add water-soluble fibre to your diet, e.g. bran, whole grains, fruit. If constipation is a problem, you may take a mild laxative.
- Do not drive a vehicle if you are taking narcotics. (e.g. Tramacet, Hydromorphone).

## **Wound care**

- You may take a shower. Clean your incision with mild soapy water. Dry well. Take a shower not a bath as soaking in water could lead to wound infection. You may tub bath once discussed with your surgeon at your follow up visit.
- Observe the incision for redness, tenderness, or drainage. Contact your surgeon if problems with your incision develop.
- Swelling or bruising around the incision is common and will go away with time.

**Vaginal bleeding/discharge**

It is common to have a small amount of vaginal spotting (pink or dark red) or discharge (creamy white). This can last 4 to 6 weeks while the stitches are dissolving. Vaginal spotting may stop and then restart. Use sanitary pads only. Do not use tampons or insert anything into the vagina for six weeks, (e.g., tampons, douches).

- Change your sanitary pads frequently to prevent infection and maintain cleanliness.
- Cotton underwear is preferable, because cotton absorbs moisture therefore decreasing your risk of infection.

**Thrombosis**

Thrombosis is a blood clot. This usually occurs in your leg veins and is often caused by not moving your legs or walking. This is an uncommon side effect of surgery. Your risk of thrombosis is higher if you are elderly, obese, if you have extensive surgery or if you have cancer.

To prevent a thrombosis, move your legs while you are in bed. Early ambulation and walking every day is very important. You may be given an injection of a medication to thin your blood.

- Signs of thrombosis are sharp pain, redness, swelling and/or an area hot to touch on your legs.

**Call your Surgeon if you have any of the following:**

- Pass blood clots the size of a nickel or several blood clots, if you soak more than one full maxi-pad every hour, or if you have a foul smelling discharge.
- Signs of thrombosis (see above)
- Chills or fever (temperature greater than 38.5°C/101°F)
- Increased discomfort, redness, swelling, drainage or separation of the incision
- Nausea, vomiting, constipation, abdominal swelling
- Difficulty/discomfort passing urine
- Chest pain, or difficulty breathing
- New or unexplained symptoms

**If unable to reach your doctor, or if you use more than 2 full maxi pads in one hour, go to the Emergency Department.**

### **Follow-up appointment**

Expect to return to hospital to see your surgeon in 4 to 8 weeks. If you are unable to keep your appointment, please telephone in advance.

If you had surgery because of cancer, you will receive a call from the clinic for a follow-up appointment with the gynecological oncologist and the radiation oncologist.

## **Sexual Activity**

You may resume sexual intercourse six weeks after most hysterectomy surgeries, but you must wait 14 weeks if you had robotic surgery. It takes this amount of time for the incision in the vagina to heal. Keep in mind that returning to your previous love-making routine, or making changes to fit with you or your partner's needs usually requires a little patience and care. It can take one to three months or longer depending on each person's situation. If you or your partner have concerns, please discuss them with your health-care provider.

For any other type of gynecological surgical procedures, discuss when to resume sexual activity with your physician.

### **What changes will there be sexually?**

This surgery will not change your ability to have satisfying sexual relations. As a matter of fact, studies have found that hysterectomy may lead to enjoyable sex for the first time after many years, as women are free from pain, heavy bleeding, and/or worries about pregnancy.

You may notice some physical changes after surgery:

- The vagina may be shorter if the cervix has been removed. As the vagina is very stretchy, most people cannot tell the difference during lovemaking. During arousal the vagina naturally becomes longer.
- During sexual intercourse and orgasm some women notice a change in sensation due to the fact the uterus and cervix have been removed. For most, this does not interfere with sexual function.
- Using positions that avoid deep penetration and pressure in the pelvis, (for example lying side by side), may be more comfortable.
- If your surgery causes menopause, you may find that your vagina is dryer or does not become lubricated or wet during sex. This can be a cause of discomfort during intercourse. Including more foreplay and allowing more time for arousal may be helpful. There are also a number of over the counter vaginal products that relieve dryness. Water-based vaginal lubricants (such as Astroglide) decrease friction and ease discomfort during

intercourse. Vaginal moisturizers (such as Replens) are used on a regular basis and act directly on tissue to relieve dryness. It is important to use only those products specifically designed for the vagina. Hand lotions often contain alcohol and perfume that can irritate vaginal tissues. Oil-based products like Vaseline and baby oil can cause irritation, damage condoms and coat vaginal tissues, increasing risk of infection.

## **Surgical Menopause**

Surgical menopause occurs when both ovaries are removed prior to a woman reaching natural menopause. This results in an abrupt decrease in hormones produced by the ovaries (estrogen, progesterone and androgens). Women may experience more intense menopausal symptoms than women who have a natural menopause. These effects usually occur within days of surgery.

Symptoms may include:

- Hot flashes/night sweats
- Difficulty sleeping
- Mood swings, depressed mood
- Vaginal dryness
- Urinary symptoms including incontinence (involuntary leaking of urine)
- Decreased sex drive.

If your symptoms become troublesome, call your surgeon or health-care provider. Do not wait for your return appointment.

Women who experience surgical menopause are usually younger than those at natural menopause, and spend more years without the benefit of the hormones produced by the ovaries. This increases risk for certain health problems such as osteoporosis and heart disease later in life, especially if menopause occurs before the age of 40.

### **Treatment**

Every woman experiences menopause differently. Decisions made with your health-care provider about treatment are based on your symptoms, health status, risk factors for disease and your personal beliefs. Ideally this discussion will be started before your surgery.

- Estrogen therapy is an important option to discuss with your health-care provider especially if menopause occurs before age 40.

- Remember, a healthy lifestyle has a major role to play in improving health and quality of life and decreasing risk for disease.

## Resources

1. The Ottawa Hospital mySurgery:  
[www.ottawahospital.on.ca/wps/portal/Base/TheHospital/ClinicalServices/mySurgery](http://www.ottawahospital.on.ca/wps/portal/Base/TheHospital/ClinicalServices/mySurgery)
2. The Society of Obstetricians and Gynecologists of Canada (SOGC)  
613-730-4192 / 1-800-561-2416  
Email: [helpdesk@sogc.com](mailto:helpdesk@sogc.com)  
[www.sogc.org](http://www.sogc.org)
3. The North American Menopause Society (NAMS)  
440-442-7550 / 1-800-774-5342  
Email: [info@menopause.org](mailto:info@menopause.org)  
[www.menopause.org](http://www.menopause.org)
4. Osteoporosis Canada  
416-696-2663 / 1-800-977-1778 (French) / 1-800-463-6842 (English)  
[www.osteoporosis.ca](http://www.osteoporosis.ca)
5. Menopause Information Sessions  
The Ottawa Hospital – Riverside Campus  
To register or for more information, call: 613-738-8400, ext. 81727
6. Canadian Cancer Society / Société canadienne du cancer  
613-723-1744  
Email: [ottawa@ontario.cancer.ca](mailto:ottawa@ontario.cancer.ca)  
[www.cancer.ca](http://www.cancer.ca)

### The Ottawa Hospital Learning Services

Do you need help finding more information about your disease? The Ottawa Hospital's Learning Services can provide informational resources to patients and families upon request.

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