• An information booklet for women having a hysterectomy
• Ward 3 Forth Park Hospital Kirkcaldy
FIFE ACUTE HOSPITALS

DIRECTORATE OF WOMEN AND CHILDREN’S HEALTH

An information booklet for Women having hysterectomy
CONTENTS

1 YOUR OPERATION

Types of Hysterectomy
Reasons for hysterectomy
Anatomy and diagrams
Questions and answers
Surgical menopause
Complications

2 THE MENOPAUSE AND HORMONE REPLACEMENT THERAPY

The signs and symptoms
What is hormone replacement therapy/types available
Questions and answers
Side effects of HRT
The advantages and disadvantages of HRT

3 BEFORE YOUR OPERATION

Exercises
Smoking
Pre-operation information classes
Who can I ask if I have questions?

4 COMING INTO HOSPITAL

What happens before my operation?

5 AFTER YOUR OPERATION

What happens after my operation?
Exercises to help.
6  AFTER YOU GO HOME
   Rest and exercise
   Diet
   Hygiene
   Vaginal discharge
   Housework
   Standing
   Driving
   Sexual Activity
   Back to work
   Sports and keep fit

7  POSTURE AND LIFTING
   Exercises and information about correct lifting techniques

8  YOUR FEELINGS
   Dealing with thoughts to help your recovery

9  FURTHER INFORMATION

10  FINAL POINTS TO REMEMBER

11  USEFUL ADDRESSES

12  FURTHER READING
This booklet gives information you may need before your hysterectomy. We hope this will help you to understand and prepare for your operation.

If you have any worries or questions about your operation please feel free to ask the hospital staff.

Some of the information in this booklet may not apply to you. It will depend upon the type of operation you are going to have.

For further information contact:

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<th>Charge Nurse Ward 3</th>
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<th>MacMillan Nurse Specialist</th>
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1 YOUR OPERATION

What is a hysterectomy?

A hysterectomy is an operation, which involves removing the uterus (womb),

♦ **A total abdominal hysterectomy means (see diagram 1)** your uterus (womb) and your cervix (neck of the womb) is removed. This means you will probably not need to have any more smears. However if your smears have been abnormal you might need to continue to have regular checks. Speak to your gynaecologist after your operation.

♦ **A sub-total abdominal hysterectomy (see diagram 2)** means that the uterus is removed but the cervix is left. This means that you must continue to have regular smears.

♦ **A total abdominal hysterectomy and bilateral salpingo-ooophorectomy (see diagram 3)** – means removal of the uterus, cervix, fallopian tubes and both ovaries.

♦ **A vaginal hysterectomy** – this means removal of the uterus and cervix through the vagina
**When is a hysterectomy necessary?**

The most common reasons for needing a hysterectomy are:

- Abnormal or painful menstrual bleeding and or fibroids (benign fibrous lumps which grow in the muscle layer of the womb. Approximately 75% of all hysterectomies are performed for these reasons.
- Prolapse of the womb
- Pelvic inflammatory disease
- Endometriosis: (see information booklet) when cells which normally line the uterine cavity appear in other places causing pain inflammation and bleeding.
- Tumours (cancer) of the uterus, cervix, or ovaries
- Emergency cases where hysterectomy is indicated in the case of severe haemorrhage when it is impossible to stop the bleeding

**How is a hysterectomy carried out?**

A hysterectomy can be done in three ways.

- **Abdominal Hysterectomy** – The uterus (womb) can be removed through a cut in your tummy.
- **Vaginal Hysterectomy** – The uterus (womb) is removed through a cut at the top of the vagina.
- **Laparoscopic Vaginal Hysterectomy** – Can be done using a telescope inside your tummy and another small cut made to be able to move the instruments around inside your tummy. The uterus (womb) is removed vaginally.
TOTAL HYSTERECTOMY (1)

Subtotal Hy.terectomy (2)
TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY (3)
Will I still have a period?

After a hysterectomy you will have no more monthly periods. This means that you will not be able to get pregnant and you do not need to use a contraceptive.

Will I have a scar?

If you have an abdominal hysterectomy a cut is usually made across the top of the pubic hair line or “bikini line”. This means that you should not see any scar. Your gynaecologist may decide to make the cut vertically on the lower part of your tummy. It may be done this way if you are overweight or your uterus (womb) is enlarged due to a fibroid or cyst on your ovary.

Will I feel depressed?

Any surgical procedure will cause some stress and anxiety and sometimes after the operation once you go home you may feel a bit tearful at times. It is quite common to have good and bad days. Your mood may initially be affected but this should improve as you recover. If you feel that your mood remains to be low you might have to speak to your doctor about it.

Will I have any regrets?

For most women a hysterectomy means the end of troublesome periods. The fear of pregnancy is removed and contraception is no longer required. The problem with heavy often painful bleeding is eliminated. However if you feel in any way unsure about having a hysterectomy you should speak to your consultant, your family friends or your own doctor. Never feel pressurised into having it done for the wrong reasons.
How long will I be in hospital?

Some patients are admitted the day before having their operation. Others may be admitted on the day of the operation. You would normally be in hospital 5-6 days. If your operation is done using the laparoscope your stay may be 2-3 days.

Will I feel less of a woman?

Being feminine is not dependant upon you having a womb and a regular period so you should have no reason to feel this. Think of yourself as a whole person your individual personality, emotions, appearance and thoughts all make you the person you will always be.

Will my sex life be affected?

Although it is not advisable to have full sexual intercourse until you have fully healed, you should not find that your sexual desire is altered in any way. However if you are young and you have your ovaries removed occasionally some women will notice a change in their desire to have sexual intercourse, if this happens then you should discuss this with your own doctor or the menopause nurse specialist who will be seeing you at the menopause clinic. It may be that some treatment to try and improve this may be necessary.

Having intercourse may initially be a bit uncomfortable but this normally improves with time. The length of the vagina is slightly shorter if the cervix is removed. If you are continuing to have problems once again speak to your own doctor or the nurse specialist.

Will I have stitches?

If you have had an abdominal hysterectomy you may have stitches or staples. These will be removed after about 5-7 days post operatively. Some gynaecologists use stitches which dissolve themselves.

A vaginal hysterectomy is repaired with dissolving stitches inside.
**Will I need a cervical smear?**

If your cervix has been removed, you will not need to have cervical smears. However if you have had abnormal smears you may need to continue to have routine screening. Check with your gynaecologist after your operation.

If you have a sub-total hysterectomy where your cervix has not been removed you must continue to have regular cervical smears.

**Will I have my cervix removed?**

In most cases you would be advised to have your cervix removed at the same time as the womb. It prevents problems in the future with bleeding from the cervix or cancerous cells developing on the cervix.

There is no evidence that having your cervix removed changes your desire for sexual relations nor does it decrease your enjoyment of sexual intercourse.

However, sometimes the cervix is difficult to remove and it may be left. If this is the case, you will be required to continue on the cervical screening programme.

If you have any questions or concerns speak to your general practitioner, gynaecologist or nurse specialist.

**What is an Oophorectomy?**

**An operation which involves the removal of one or both ovaries.** An oophorectomy may be carried out with a hysterectomy or separately. The ovaries are responsible for producing the two female hormones oestrogen and progesterone before the menopause, which are responsible for maintaining the health of your bones and heart as well as maintaining your general well being.
What will happen if I have one ovary removed?

If you have one ovary removed before the menopause the other ovary will continue to work and provide you with the necessary hormones, however there is some evidence to suggest that your ovary may fail a few years quicker than the natural age of the menopause which is approximately 50-51. If you develop any signs or symptoms of the menopause you can discuss this with your doctor who may advise you to have a blood test to check your hormone levels. It may be necessary if your ovaries fail prematurely for you to use hormone replacement therapy until the age of 51.

What will happen if I have both my ovaries removed?

If you have both your ovaries removed then you will experience a “surgical menopause”. This means that you will experience symptoms of the menopause quite quickly following your operation which might include hot flushes and night sweats, this is due to the levels of hormones in your bloodstream dropping. Your gynaecologist will advise you to use hormone replacement therapy until the natural age of the menopause which is approximately 50-51 years.

If you have already been through the menopause this means that your ovaries are no longer working and you will probably be advised to have them removed. You should not feel any different afterwards.

I am having a hysterectomy – should I also have my ovaries removed at the same time?

◆ If your ovaries are healthy and you are a young woman there would be no need to have your ovaries removed, however if you are having some menopause symptoms (hot flushes, night sweats etc. see section 2) or if you are 45 years or older your gynaecologist may discuss the advantages and disadvantages or removing your ovaries.
Some young women have a condition called “endometriosis” a condition where the inside lining of the womb comes outside and can cause problems with bleeding and pain. These women may be advised to have both ovaries removed in this case to prevent the disease returning.

**What are the advantages and disadvantages of having my ovaries removed?**

- If you have your ovaries removed it reduces the risk of developing ovarian cancer in the future. This cancer mainly affects post-menopausal women.

- If your ovaries are removed prematurely i.e. under the age of 51 then you will be advised to use hormone replacement therapy until the natural age of the menopause i.e. 51. This is to prevent symptoms occurring as well as protecting your heart and bones.

- If your ovary or ovaries are left there is some evidence that women undergoing a hysterectomy may have to come back into hospital at a later date for further surgery due to problems with the remaining ovary.

- There is some evidence to suggest that if the ovaries are left they may fail a bit sooner than they would have normally following a hysterectomy. You may have to consider hormone replacement therapy if this happens.

- Hormone Replacement Therapy is not suitable for everyone and in some cases it may not be advisable for some women to take HRT. Like all drugs there can be side effects, advantages and disadvantages of taking hormone replacement therapy. You should speak to your gynaecologist or menopause nurse specialist if you are worried.
Complications

Complications are rare and all precautions are taken to prevent them. It is estimated in the UK that approximately one (1) woman in 30 will develop a minor operational complication in comparison to one (1) in 100 women who will develop a more serious complication.

In the post-operative period it is estimated that one (1) woman in 10 will develop a complication during the recovery time. Your consultant will probably discuss some of the complications with you at your hospital appointment.

(Figures taken from the BJOG 2002)

You can try and help prevent some of the complications by:
♦ Stopping smoking
♦ If you are overweight then try and lose weight before your operation
♦ Keep active before and after your operation

Please remember complications are rare!

♦ Anaesthetic problems are rare and this is why you are assessed by the anaesthetist and doctor before your operation.
♦ Haemorrhage can occur during a straightforward operation but there is more risk if the procedure is particularly difficult due to endometriosis or very large fibroids some bleeding might occur following the operation. It may be necessary for you to return to theatre to have the bleeding points sutured.
♦ Infection might happen post-operatively. An infection in your chest, bladder or wound – treatment is usually with antibiotics but occasionally a wound infection might require surgical drainage.
Damage to the ureter or bladder – the ureter runs from the kidney draining the urine into the bladder the two ureters and bladder are very close to the womb and very occasionally they can be damaged during the operation, further surgery to repair the damage might have to be done.

Damage to the bowel – this may occur if there are conditions such as endometriosis or tumours on the ovaries which makes the operation technically very difficult and very occasionally the bowel may be damaged.

Vault Haematoma – this is when blood collects at the top of the vagina (front passage). It usually discharges itself causing a dark brown/red discharge or you may have a small bleed a few weeks after your operation. Occasionally surgical drainage is required.

Deep vein thrombosis – a blood clot lodges itself in the deep vein of the leg where it causes a lack of blood supply to that leg, which in turn can cause pain and swelling. A serious complication of this is when the clot travels to the lung (pulmonary embolus) which can have a fatal outcome.

If you develop any problems after you are discharged from hospital do not hesitate to speak to your own doctor.
What is the menopause?

The menopause means the last menstrual period and is often associated with symptoms related to hormone deficiency such as night sweats and flushes throughout the day. The ovaries produce two female hormones oestrogen and progesterone. In the time leading up to the menopause the hormone levels fluctuate this gives rise to the symptoms which many women experience.

Usually the menopause happens to women in their late 40s or early 50s. The ovaries may naturally stop working or the woman may have a surgical menopause where both her ovaries have been removed often at the same time as her having a hysterectomy.

The peri-menopause or climacteric is the time leading up to the menopause and can last for two to three years and starts around the age of 47-49. However it can last for much longer in some women.

(see information sheet nos. 1,2,3)

If you have had a hysterectomy and your ovary or ovaries have been left there is a possibility that your menopause may happen a few years sooner than the average age of the menopause which is of 50-51. In many instances the first sign of the menopause approaching is alteration in your menstrual pattern, you will obviously not have this as a marker and should be aware of the other symptoms which you might experience, for example:
Early symptoms

♦ **Hot flushes.** Three out of four women experience sudden unpleasant sensations of burning heat spreading across their face, neck and chest. This is called a hot flush. It can last for a few minutes or up to an hour. Some women experience one or two hot flushes a week, others have ten or fifteen a day. Untreated hot flushes can carry on for two years or more.

♦ **Night Sweats.** These are usually associated with hot flushes and tend to occur at night in bed. Some women find that their sleep is badly disturbed by having to get out of bed many times or even to change their bed clothes.

♦ **Joint aches.** A complaint which some women experience but may be unrelated to the menopause.

♦ **Mood Swings/Concentration/Confidence.** Up to half of all women experience some sort of psychological complaint during the menopause. This usually takes the place of upset emotions, forgetfulness, irritability, loss of concentration and insomnia. Many of these symptoms may be related to the woman suffering from a lack of sleep, which in turn can lead to her finding it difficult to cope on a day to day basis.

♦ **Loss of sex drive.** A loss of interest in sex can be caused by some of the physical symptoms e.g. vaginal dryness can make sex very painful and a combination of the emotional symptoms may reduce her interest in sex.

The menopause can be a difficult time for many women as they find themselves having to cope with these symptoms at a time when there may be other difficulties such as teenage children or elderly parents, or changes in personal relationships. Dealing with these situations is a strain at the best of times.
Intermediate Symptoms

♦ **Vaginal or urinary symptoms**
   The lining of the vagina becomes thinner, less flexible and drier. This can lead to some discomfort or fear of sexual intercourse. The vagina is less resistant to infection. Similarly the tissues that support the bladder and urethra become thinner. This can lead to symptoms such as sudden urge to pass urine or lack of control on coughing or sneezing.

Late Symptoms

The most important long term effect of reduced oestrogen involves the skeleton and possibly the cardiovascular system.

♦ **Osteoporosis**
   Osteoporosis is the medical term for weak brittle bones. Before the menopause oestrogen helps to protect the bones. After the menopause much less oestrogen is produced and the bones lose their bone mass which may result in osteoporosis.
   (see information sheet no.7)

♦ **Cardiovascular system**
   Post menopausal women are at a higher risk of heart disease and stroke. There are however many other risk factors like smoking, poor diet, obesity, high blood pressure, which contribute to this.

   Women who are surgically menopausal are at a higher risk of heart disease than women of the same age who still have functioning ovaries therefore HRT helps to prevent this.
What Can I Do?

- **If you are under the age of the natural menopause 51-52 and you have had a hysterectomy** and your ovary or ovaries have been left then if you start to develop any of these symptoms speak to your doctor as it is possible that you are going through an earlier menopause. If your doctor thinks you are having an early menopause then you will be advised to have Hormone Replacement Therapy until the age of the natural menopause which is 50-51. If you do not take HRT you may be putting yourself at risk of osteoporosis and cardiovascular disease, as well as all the other symptoms discussed.

- **If you are under the age of the natural menopause and have had a hysterectomy and both ovaries have been removed,** you will be advised by your consultant to have HRT until the age of the natural menopause. Hormone replacement therapy replaces what your own ovaries would have done for you if they had been left. It is important that you take your HRT once again to prevent the complications of oestrogen deficiency.

- **If you are 50-55 when you have your hysterectomy and if you have also had your ovaries removed** then it would be your choice to use HRT or not. If you were post-menopausal i.e. your last menstrual period was at least 12 months ago, you may not be having any symptoms of the menopause now you may choose not to have HRT. However if you were still having periods before your hysterectomy this would indicate that your ovaries were still working, you may need to consider HRT for 1-2 years to help you cope with the symptoms.

*The consultant and the menopause nurse specialist will discuss this with you.*
What is Hormone Replacement Therapy?

Hormone replacement therapy (HRT) replaces the hormones oestrogen and progesterone which the ovaries no longer produce after your menopause. HRT returns your hormone level to the level you had before the menopause.

While the menopause is not an illness, HRT can be a useful treatment. HRT can help to relieve some of the more immediate and troublesome symptoms such as hot flushes, night sweats and vaginal dryness. It also protects your bones from thinning, a condition called osteoporosis.

What type of HRT will I need?

If you have had a total hysterectomy (removal of the cervix and uterus) and removal of both ovaries –

♦ Oestrogen only
   This is recommended for women who have had their ovaries and womb removed by a hysterectomy. Because the role of progesterone is simply to protect the womb, this group of women do not need progesterone.

If you have had a hysterectomy but one or both ovaries have been left you do not need HRT, your ovaries will produce the necessary hormones. However, if you develop any symptoms of the menopause consult your doctor.
If you have had a sub-total hysterectomy (removal of the womb but not the cervix) and removal of both ovaries –

♦ Cyclical HRT/or Combined HRT
This may be recommended for a short time following your operation. This type of HRT contains oestrogen and progesterone therapy. You will then be changed to either combined HRT or Oestrogen only HRT.

♦ Oestrogen only
your consultant may prescribe oestrogen only if he/she is satisfied there is no endometrium lining of the womb attached to the cervix.

If you have had a total hysterectomy and removal of both your ovaries for a condition called endometriosis –

♦ Continuous combined HRT
This is a type of HRT which contains both oestrogen and progesterone together and is given continuously. In some cases of endometriosis the lining of the womb can be found in different areas within the pelvis and after surgery has been done it is not always possible to remove all the sites of endometriosis therefore you have to be treated initially as if you still have your womb. Depending upon the severity of the disease you may only have to be on a combined treatment for a short time before moving eventually on to oestrogen only. However there are some women who have severe endometriosis and they will be required to be on continuous combined HRT all the time.

The Menopause Nurse Specialist will discuss this with you.
What ways can I take Hormone Replacement Therapy?

- **Tablets**
  HRT is commonly prescribed in tablet form and there are many different types available. They are easy to take but must be taken around the same time each day.

- **Patches**
  Skin patches deliver the hormones directly to the blood stream through the skin. They deliver a constant level of hormones and must be applied weekly or twice weekly depending upon the brand. Not suitable for people with sensitive skin.

- **Gel**
  An oestrogen gel can be applied directly onto the skin to deliver the hormone into the blood stream. This must be applied nightly and a waiting time of 1 hour before showering or coming into contact with a male partner is advised.

- **Vaginal Rings**
  Are not so common but can be inserted by the woman into the top of the vagina, the ring can be left for 3 months but will need to be changed after 3 months for a new ring. Once the ring is in you can forget about having to take any tablets or patches. It is not licensed to protect your bones from osteoporosis as yet.

- **Nasal Spray**
  An oestrogen spray which is absorbed through the membrane of the nose applied 2-4 times each day. Not licensed to protect your bones from osteoporosis as yet.

- **Implants**
  Small pellets of oestrogen are inserted under the skin using a local anaesthetic and they last for about 6 months delivering the hormone into the bloodstream. This is not a first line treatment as it involves a cut in your tummy every 6 months.
Local HRT
This includes creams, tablets and pessaries which are inserted into the vagina where the oestrogen helps to reduce vaginal dryness. Local HRT is not usually used to treat hot flushes or prevent osteoporosis.

When should I start HRT?

Once you have had your hysterectomy and removal of your ovaries you will experience some symptoms like hot flushes within a couple of days of your operation. Your HRT can be started once you are up and walking about and able to tolerate food and drink around about your 4th – 5th day post operatively.

When should I stop HRT?

You should take your HRT until the natural age of the menopause which is 50-51 years then seek advice about coming off it.

What are the side effects?

You may experience some side effects when you first start taking HRT although they tend to disappear after the first few months of treatment.

The most common side effects are breast tenderness, headaches, nausea, leg cramps and feeling bloated. If you are worried about the side effects you must speak to your doctor but most side effects are mild and do not last longer than a few weeks or months. You are advised to always read the patient information leaflet which is supplied with your medicine.
What are the advantages and disadvantages of Hormone Replacement Therapy?

Advantages

♦ **Osteoporosis Prophylaxis**
  HRT will lead to cessation of menopausal bone loss, reducing the risk of hip and vertebral fracture with an increasing cumulative benefit over time.

♦ **Vasomotor symptoms** (hot flushes, night sweats)
  HRT will effectively deal with hot flushes and night sweats. By improving a woman’s sleep pattern other symptoms such as irritability, lack of concentration, may improve.

♦ **Urogenital symptoms**
  Lack of oestrogen can cause thinning of the vaginal walls and bladder neck, this may in turn result in symptoms like vaginal dryness, painful intercourse and irritable bladder symptoms. These symptoms will respond and improve with HRT.

♦ **Reduced risk colorectal cancers**
  HRT reduces the risk of women developing colorectal cancer, with a third reduction after 5 years of HRT. This beneficial effect starts after 3 years use.

♦ **Others**
  Other reported benefits of HRT include reduced tooth loss, reduced risk/delay onset Alzheimer’s disease, improved wound healing, reduced onset macular degeneration and cataract formation. However these reported benefits remain unproven.
Disadvantages

Breast cancer association to HRT

Every woman is at risk of breast cancer, whether or not she takes HRT. All women in this country have a 1:12 lifetime risk of developing breast cancer. For women who have been surgically menopausal by having bilateral oopherectomy (removal of both ovaries) under the natural age of the menopause i.e. 51 are at no greater risk of developing breast cancer with HRT than if they had their normal functioning ovaries. The extra incidence seems to be associated to the use HRT beyond the natural age of the menopause. There is a small increase in risk for women over the age of 51 who have been using HRT for longer than five years compared to women who have never used HRT. This increased risk of breast cancer is similarly found in women whose menopause occurs late naturally without taking HRT.
If women stop taking HRT the increased risk disappears by 5 years after stopping HRT.
This effect is not seen in women who start HRT for premature menopause whether that be naturally or surgically induced.

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<th>NO. BREAST CANCER IN AGE 50-70 YEARS</th>
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<td>10 YEARS</td>
<td>51 PER 1000</td>
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The extra risk associated with the continuous use of oestrogen only beyond the natural age of the menopause should be weighed up with the benefits and risks associated with the continued use of HRT.

There are many studies looking at breast cancer and HRT. Most of the studies include women from 50 years and older using HRT.

Oestrogen only HRT seems to carry a lesser risk than combined HRT (oestrogen and progesterone). You should ask for up-to-date information if you need to use HRT.
Women are encouraged to be breast “aware” and self examination should be undertaken each month. Any changes in the breast such as:

♦ A lump or thickening within the breast
♦ One breast becoming larger or lower
♦ Puckering or dimpling of the skin
♦ Nipple which has become inverted or changed its position or shape
♦ A rash or change in skin texture
♦ Discharge or bleeding from one nipple or both
♦ Constant pain in one part of the breast

**Should be investigated by your own doctor**

There is a long term study ongoing in America on women using oestrogen therapy only and the results are due out in 2008.
BREAST SELF EXAMINATION

Look at your breasts in the mirror for change in shape or size.

Look down at your breasts and gently check each nipple for an unusual discharge.

Examine one breast at a time.
Keeping your fingers flat and together start at the collar bone....

... and work around the outside of each breast in repeatedly small circles until you reach the nipple.

Lastly examine far into the armpit in the same small circular movements.
Deep Vein Thrombosis

As with breast cancer, all women have a very small risk of developing a blood clot in the leg, or a deep vein thrombosis whether or not they take HRT. The risk for women not on HRT is 1 PER 1,000 WOMEN. For women on HRT there are an ADDITIONAL 2 CASES PER 1000. All women can try to reduce their risk further by not becoming overweight, not smoking and taking regular exercise. Following surgery is a higher risk time and you should try to remain active following your operation.

Stop taking your HRT and see your doctor if you experience:

♦ A red swollen or painful leg
♦ Sharp pains in your chest with breathlessness or faintness

HRT and Coronary Heart Disease

HRT has not been shown to prevent heart disease. While some studies show that HRT has a favourable effect on fat levels in the blood stream a definite benefit has not been proven. A study recently published suggested that HRT may in fact increase the risk of heart disease and stroke, however the part of the study looking at women who are using oestrogen only is still ongoing and the results are expected in the year 2008.

Will I gain weight?

There is no evidence that women put weight on when taking HRT. Women may notice that, until the menopause, their bodies have tended to hold fat in specific areas such as the hips and thighs and this happens under the influence of oestrogen. When the menopause occurs there is a tendency to store fat around the waist and tummy. HRT may return the fat distribution back to the hips and thighs.

Overall, clinical trials show that weight levels usually remain the same whether a woman is on HRT or not.
What if my symptoms are not controlled?

When you first start on HRT you may still be aware of some of the symptoms, it may take a few weeks until you do start noticing an improvement. It is important to continue on treatment for at least 3 months before considering changing treatment. You will have a follow up clinic appointment 3 months following your operation with the Menopause Nurse Specialist.

Can all women take HRT?

There are very few reasons why a woman cannot take HRT. Some reasons are liver disease, cancer of the womb, or breast but the nurse specialist will advice you.

Common side effects  (which usually settle down within 4-6 weeks)

♦  Headaches
♦  Nausea
♦  Breast Tenderness

(Please read the information leaflet contained with your medication)

What do I do if my HRT does not suit me?

♦  It is really worth persevering with HRT because it offers you so many health benefits
♦  Stick with your existing HRT for 3-6 months to see if the side effects settle down
♦  Ask to try another form of HRT which might suit you better
♦  Ask for a different dosage or a slightly different type of oestrogen/progesterone, this might solve the problem.
3 BEFORE YOUR OPERATION

It will be helpful if you are as fit as possible before your operation. Regular walking, swimming or any other exercise/sport that you normally do are good for your general fitness. There may be physical reasons why you cannot do much exercise but try to do as much as you can.

**Pelvic Floor Muscles**

These important muscles form a broad sling running from front to back and form the floor of your pelvis. They help to keep your bladder, bowel and uterus in place and stop unwanted leakage of urine and faeces.

It is important to strengthen these muscles before your operation to compensate (make up for) any weakness that may occur (happen) afterwards.

**PELVIC FLOOR EXERCISES**

Imagine you are trying to stop yourself passing wind and at the same time trying to stop your flow or urine mid-stream. The feeling is one of ‘squeeze and lift’ by closing and drawing up the back and front passages.

It is important to do this exercise without:

- Pulling in your tummy
- Squeezing your legs together
- Tightening your buttocks
- Holding your breath

This is the ‘secret exercise’ and no one can see you doing it. This is called a pelvic floor contraction.

Try to do these exercises 2-3 times a day. At each session repeat each exercise 5 times holding for up to 10 seconds.

Try to make the muscle lift when you:

- Rise from chair
- Cough, sneeze or laugh
BREATHING EXERCISES

♦ Sit up comfortably in a chair with your shoulders and arms relaxed. Take a deep breath in through your nose, drawing the air into the bottom of your lungs. Hold it for a count of three.
♦ Let the breath out through your mouth in a relaxed sigh.
♦ Repeat this 6 times. (Do not do more than 6-8 deep breaths at a time without having a rest. This can make you feel dizzy)
♦ Try to practise this exercise 3 times a day.
♦ If you normally cough up phlegm, do this after your deep breathing. Spit up the phlegm rather than swallowing it.
♦ Breathing like this will also help to clear your chest after the anaesthetic.

SMOKING

Forth Park Hospital is a “No Smoking” area. You will therefore not be allowed to smoke while you are in hospital.

There are lots of good reasons to stop smoking, especially before an operation:
♦ The tar in cigarettes (even low tar cigarettes) irritates your lungs. Your lungs need to be as clear as possible before your operation.
♦ The nicotine in cigarette smoke affects your heart and can raise your blood pressure. Carbon monoxide in cigarette smoke reduces the oxygen content to your blood. This can slow down healing.
♦ Smoking can affect the ability of your body to fight infections.
♦ Smoking makes you cough. Coughing can cause strain on
  - the site of your wound
  - your abdominal (tummy) muscles
  - your pelvic floor muscles (the muscles between your legs)

If you need help to stop smoking contact your GP or the National Helpline Telephone number: 0800 84 84 84.
If I have any further questions who can I ask?

As with any operation the more prepared you are the quicker you are likely to recover. If you have any questions about coming into hospital or about your operation then you can ‘phone the ward and speak to one of the nurses Tel: 01592 643355 ext. 2731. If you prefer you can discuss your questions with your own doctor or practise nurse.

If you have any questions and you would like to ask another woman who has had a similar operation then by contacting Wendy Chrystal, Menopause Nurse Specialist (on Tel No: 643355 Ext: 2824) this can be arranged for you. If you would like an appointment to discuss your operation contact the above telephone number. She can either see you or arrange for you to see your gynaecologist.

You will be invited to attend a pre-operative meeting in Ward 3 Forth Park Hospital where a nurse and physiotherapist can explain things further. You are advised to come along if you can.

If you would like to arrange an appointment or if you simply wish more information please contact the above telephone numbers.
When will I have to come into hospital?

You will usually come into hospital the day before your operation. You will be told whether to come in the morning or afternoon. However, if you come from Dunfermline you may be admitted the night before or morning of your operation.

What should I do when I get there?

Report to Ward 3, Forth Park Hospital, Bennochy Road, Kirkcaldy.

What happens when I arrive in the ward?

Sister or Staff Nurse will meet you when you arrive in the ward. They will explain what will happen. If you are unsure about anything please feel free to ask.

The nurses and doctor will ask you questions about your general health. If you are taking any medicines or tablets please bring them in with you and give them to Sister or Staff Nurse.

You will have your blood pressure, pulse and temperature checked. You will also be asked to give a sample of urine.

Other tests may also be carried out, for example:

- A chest X-ray
- A heart tracing (ECG)
- Blood tests
What happens before my operation?

**Skin Preparation** - A small shave of your public hair will be required. This can be done by yourself before admission or by yourself or the nursing staff after admission.

**Bowel Preparation** - If your bowels have not moved the day of admission you will require to have two suppositories.

Your surgeon may give you medicine to help stop your blood from clotting. This will be explained to you.

You can still have your operation if you have your period.

The nursing and medical staff will explain your operation to you and time will be given to answer any questions that you may have.

After you understand fully the operation that is to be performed the doctor will then ask you to sign a consent form for the operation. Some consultants wish to perform this themselves.

You will also see the anaesthetist who will talk to you about your anaesthetic she/he will also discuss how to control your pain after your operation.

The nursing staff will advise you at what time you should stop eating and drinking in preparation for your operation.

On the morning of your operation you will be asked to have a shower or bath. You should not put any talc, make-up or perfume on. This will have to be taken off before you go to theatre.

All jewellery except your wedding ring, will need to be taken off before you go to theatre.

You will be asked to change into a theatre gown (these tie up the back) in preparation for your operation.
The anaesthetist will have discussed a pre-medication with you and you will be asked to take this 1-2 hours before your operation. It will help to relax you and will help prevent sickness after your operation.

You will be taken to theatre by a nurse from the ward and a theatre porter. You will be taken into the anaesthetic room first. Once you have had your anaesthetic you will not wake up until after your operation is over.
What happens after my operation?

You will wake up in the recovery room. You will still feel very sleepy. A nurse will check your blood pressure, pulse and temperature often. This is a normal part of your care.

One of the nurses from the ward will take you back to the ward. If you have any pain let the nurses know. They can give you something to help or they will instruct you on the use of the patient controlled analgesia (you will have a leaflet about this).

You may have a catheter. This is a tube to drain the urine from your bladder. This usually stays in for 1-3 days after your operation. You will be asked to drink plenty while your catheter is in.

Sometimes a tube is put into your wound when you are in theatre. This is called a wound drain. It drains any oozing fluid from the operation site. This will be taken out 24-48 hours after your operation.

You may also have a drip for the first 12-24 hours after your operation. This gives you fluids.

On the morning after your operation you will be offered a bed bath. You will then be helped to sit up by your bedside for breakfast and other meals during the day. You will be able to get up and walk about on the second day after your operation.

You may have staples to be removed. These are usually taken out 5-7 days after your operation. Some surgeons use stitches which dissolve themselves when the wound has healed. In this case the stitches do not need to be removed.

Nursing staff will advise you regarding this.
A slight vaginal discharge is normal for up to 6 weeks after a hysterectomy or vaginal repair. It is possible for the discharge to contain threads from stitches dissolving inside.

Most women find that they are quite depressed after the operation. This often happens on the 4th or 5th day. Try not to worry. This is very common and does not last long.

EXERCISES

Your operation can place stresses and strains on your body. Your tummy and pelvic floor muscles and your circulation (blood flow) can be affected. The physiotherapist will help you with the exercises described below. These exercises can be done even if you have stitches. They will help your body recover if done regularly 3 or 4 times a day.

It helps if you practice these exercises before your operation.

**Exercises to improve circulation**

- Sit or lie with both legs stretched out
- Pull both feet up towards you stretching the calf muscles. Then point your feet down. Repeat several times.
- Make large slow circles with your feet in either or both directions
- Try never to sit with your legs crossed as this slows the circulation and may give you a thrombosis (clot) or varicose veins.
**Pelvic floor exercises**

These exercises have been explained earlier in the booklet. It is very important to continue practising your pelvic floor exercises every day after your operation.

The pelvic floor muscles can weaken following hysterectomy and it is advisable to keep them as strong as you can to prevent unwanted urinary leakage and maintain good support for your bladder and bowel.

**Posture**

Good posture in standing will help to maintain good support round your pelvic area as your muscles will work more efficiently.

Correct your posture by:

✧ Place your feet slightly apart and put equal weight through each foot.
✧ Pull in your tummy muscles and tuck in your bottom.
✧ Think of yourself standing tall with shoulders relaxed and tummy tucked in

**Pelvic Tilting**

This exercise will help you maintain a good posture, may help to prevent backache and may reduce wind pain.

Lie on your back on your bed with your knees bent and feet flat.

Pull in your tummy, tighten your buttocks and press the small of your back down onto the floor to flatten out the curve. You should feel your pelvis tilting.

Relax and repeat up to ten times.
AFTER YOU GO HOME

Most people are very keen to get out of hospital. However, once the excitement of getting home has worn off many people feel tired and depressed. If you feel down for one or two days, try not to worry. This is quite common and the feeling usually passes when you start to get stronger.

THE FIRST FEW WEEKS

Rest and Exercise

For the first week or two you will probably not feel like doing very much. Many people have to catch up on sleep when they leave hospital. If you find you want to sleep more than usual, go ahead but continue to have short walks. Exercise prevents deep vein thrombosis.

Carry on with your exercises for as long as you can. Walking is also a good exercise to get your strength back. Start off gradually with 5-10 minutes. If you are able increase to a 30-45 minute walk by 6 weeks. Remember if you are walking somewhere you always have to get back home again.

Diet

It is important to avoid constipation after your operation. This can cause straining of the tummy and pelvic floor muscles. A high fibre diet helps to avoid this. Try to eat plenty of:
- fresh vegetables
- salads
- fruit
- wholemeal bread
- and drink plenty of fluids

If you want more information about diet ask your doctor or nurses in the ward.
**Hygiene**
It is important to keep the area of your wound clean after your operation. If possible try to take a bath/shower every day. Do not put antiseptic solution or bubble bath in your bath for the first four weeks. If you only have a shower make sure you clean the genital area well. Be careful if you have a wound on your tummy. Gently pat the wound dry. Do not put talc or cream near your wound. If you need to use panty liners then change them frequently. Do not use tampons.

**Vaginal discharge**
After your operation you have a slight blood stained discharge. This will change to a brownish discharge with time. When you go home your discharge should only be spotting on your pad. A discharge which is very slight and does not have a bad smell is normal. If you have any heavy fresh bleeding or if your discharge has a bad smell, tell your own doctor (GP). This could mean that you have a vaginal infection which can be easily treated with antibiotics.
AFTER A FEW WEEKS

Housework
Try not to do much housework in the first 2 weeks you are at home. Only do light housework like:
- making a cup of tea
- light dusting
- help with the washing up
This means that you will need someone to help you for at least the first 2-3 weeks. You can gradually increase what you are doing. By the end of 6 weeks you can get back to most of your normal jobs in the house. However, you should not be doing anything that involves heavy lifting, for example:
- lifting heavy baskets of washing
- lifting heavy shopping bags
- lifting children

For the first four weeks do not lift more than the weight of a full kettle of water. Do not do any heavy lifting for at least three months after your operation.

Standing

For the first six to twelve weeks try not to stand for any length of time. Sit to do household jobs like ironing or drying the dishes.

Driving

Try to avoid driving for 3-4 weeks. You may find that the seat belt puts too much pressure on your tummy. This can be uncomfortable. You should feel confident before you start to drive again. Check with your insurance company.
AFTER 6 – 8 WEEKS

Sexual Activity

There are many old wives tales about women’s sexual life after a hysterectomy. These come about because of a lack of understanding. At first after a hysterectomy the vagina is slightly shortened. However since it is lined with folds of stretchy skin this will not be a problem when sexual intercourse is started again. If you find that you have some dryness during sexual intercourse (this may happen if you are worried or tense) then KY jelly will help. You can get this easily from any chemist. Your sexual feelings should be unchanged after your operation. If you normally climax during lovemaking this will still be possible. If you are having any problems discuss with your own doctor. You should be able to resume sexual relations by 6 weeks after your operation.

Often a hysterectomy removes the cause of some miserable and painful problems. This gives many women a “new lease of life”.

Back to work

This will depend on the job you do and on how well you are recovering. Some people may be able to go back to work 6 weeks after their operation. Others who have a job which involves heavy lifting may have to wait until 12 weeks.

Sports/Keep Fit

You should wait for 6-8 weeks before starting most sports and keep fit. However, if you are very keen to get back to sport, ask your doctor before leaving hospital.
POSTURE AND LIFTING

When you start lifting and working again, it is important to do it correctly. If you use your back badly when lifting you put an extra strain on your tummy and pelvic floor muscles. It is also important for these reasons to have good posture. The diagrams below show examples of good posture and the correct way to lift.

POSTURE

RIGHT

WRONG

SITTING

RIGHT

WRONG
LIFTING
RIGHT
WRONG

BEDS, BATH, OVENS
RIGHT
WRONG

GARDENING, FIRES
RIGHT
WRONG
Many women feel relieved after they have had their hysterectomy. It means an end to many unpleasant problems. They often feel able to start life afresh.

Nevertheless you may have worries and questions you want to ask. Remember we at the hospital are here to help and advise you. Please feel free to talk to us.

Your husband or partner may have his own worries about your operation. For example, about the effect it has had on your health and personality. It is important that you talk to each other about the operation and get help if you need it.

**Coping with worry**

People recover more quickly after an operation if they do not worry too much about it. An event like having an operation does not usually cause stress itself. It is the way we judge the event that can make us worry.

Before having an operation the thoughts that run through our mind about it can affect our physical state. If we feel worried about something our bodies tense up. We might even feel shaky or a little sick. This is quite normal.

People often find themselves thinking and worrying about being in hospital. They worry about the operation itself and whether they will recover easily. Again this is quite natural. However it can get in the way of the body’s ability to recover from the operation. Thinking about the operation in a realistic and positive way can help your recovery.
DEALING WITH THOUGHTS TO HELP YOUR RECOVERY

As we have said people who spend a lot of time thinking about their operation recover more slowly. It has also been found that people can learn to control their thoughts so they do not worry as much. This helps them to recover more quickly from their operation.

Nothing is all negative or positive. We can learn to see other ways of looking at things. We can look at the positive side of being in hospital.

For example, we can think that:
- Being in hospital will give us a chance to rest, relax and be free from work
- The stay in hospital is quite short
- The operation will remove some of the health problems we have been having. Once the operation is over we will feel much better.

This is one example of changing a worrying though to a more positive one. Being able to do this has been found to reduce the amount of worry a person feels. It also helps them recover more quickly.

You can learn this method of coping with worrying thoughts as they come into your mind.

You need to:
♦ Get the worrying though clear in your mind. Work out just what is worrying you
♦ Change the thought to a more positive one
♦ Think more about the positive thought

Here are some more examples of worries that you may have about the operation. We have given the kind of negative thought you may have, then we have given possible ways of turning this into positive thoughts. Different people may be happy with different positive thoughts.
**Example – Pain**

Many women worry more than they need to about the pain after the operation. How can you make this more positive?

*Negative thought:*
I don’t know how I’ll act or feel with the pain after my operation.

*Positive thoughts:*
Thousands of other women have had the operation. They have coped with the pain. I am like them, so I can too.

I can tell the nurse when I feel any pain. She will be able to give me something to help it.

The first few days I will be sleeping a lot, so I won’t feel much pain.

After the operation I won’t have to worry about period pain any more. It is worth a bit of discomfort for that.

**Example – Other Problems**

Some women worry that a serious problem might be found during the operation. If you are having this thought how would you deal with it? We have given some examples of positive thoughts. Before looking at these try to think of some that make sense to you.

*Negative thought:*
A serious problem could be found during the operation.
Positive thoughts:
In my check ups all the tests have been OK. This is a good sign that I am all right. This is just a routine hysterectomy.

The problems that I have been having sound like those of most other women who have had a hysterectomy. They do well afterwards, I will too.

Thousands of hysterectomies are done each year. It is very rare for serious problems to turn up.

My doctor would have said if there was anything seriously wrong. I’ll not let that thought worry me.

If anything else turned up, it could be treated right away. I would be in better health afterwards anyway.

Example – The Anaesthetic

Let us look at another common negative thought. This time you imagine changing it. Don’t turn the page until you have thought of your own changes. Here is the example: Some women worry about being unconscious during the operation. They worry that they will not wake up when they should. Some worry that they might wake up during the operation. How would you deal with this thought?

You may never have had this worry, but for practice, try to think of some positive thoughts. We’ve left space below for you to write down your ideas.
Did you find it easy to do? We’ve given some examples of positive thoughts below.

Negative thought
I am worried about being unconscious

Positive thoughts
Thousands of people in Britain have a general anaesthetic each year. They come out of it fine. So will I.

Being unconscious during the operation is like being sound asleep. I do this all the time so I don’t need to worry about it.

The doctors are experts. They know exactly how much anaesthetic a person needs. So I will sleep and wake up when I should.

These are just some ideas. Your own will be better because they make sense to you.

Example – Recovery

This is our last example of a thought which some people find worrying.

Negative thought
It seems to be taking such a long time to get back to normal.
How would you deal with this thought? Write down some of your positive thoughts.

Here are some of our examples.

*Positive thoughts*

I’m much stronger than I was right after the operation.

I am able to do more things now than I was a week ago.

Try to remember this way of making negative thoughts into more positive ones. It can be helpful before you come into hospital, while you are in hospital and after you go home. While you are in hospital you will be encouraged to practise your exercises. You may find that you feel more at ease if you think positively about these exercises.

Once you go home new worries may crop up. Again you can try to take a positive view of these. We hope that knowing how to cope with worrying thoughts about your operation will help you to make a smooth recovery.
VISITING TIMES

While you are in hospital the normal visiting hours in Ward 3 are 2-8pm every day, at the discretion of the nurse in charge or the ward.

*On the day of your operation* only 1 visitor will be allowed to visit for a short time in the evening. This will depend on your condition and at the discretion of the nurse in charge of the ward. Other relatives are free to telephone the ward. It is best if they wait until 5.30 p.m. onwards to call.

*On the following days* visiting returns to normal.

If your visitors have problems visiting between these hours please feel free to talk to the Sister or Staff Nurse. They may be able to arrange a better time.

Other Help Available

There is a menopause specialist nurse – Wendy Chrystal, based within Ward 3 who is available to give information on the menopause and hormone replacement therapy for those who require it. All patients who are having their ovaries removed will be seen prior to their operation and following it. Written information on HRT will either be sent out or given on admission to the ward. Regular information evenings are held and there is a 24 hour answer machine service available.

There is a gynae-oncology specialist nurse – Jane McCafferty based within Ward 3 who will be available to those who require information / advice /counselling.
10 FINAL POINTS TO REMEMBER

ABOUT HYSTERECTOMY

A hysterectomy will not cause you to become fat, depressed or to grow hairs.

A hysterectomy will not change your sex life.

AFTER YOUR OPERATION...

After your operation you may have feelings in your tummy like “pinging elastic”. These may last for some time. These are normal and nothing to worry about.

After your operation stop doing what you are doing if it hurts.

You may pass bits of stitches from inside as they dissolve. This is quite normal.

Your scar will fade. It will be bright pink or purple at first. Within a year it will fade to a thin pale line which will hardly show.

If you do not have a wound in your tummy you may feel better more quickly. However you do have stitches inside and you should not overdo it.

POSITIVE THINKING..

You may have negative thoughts about your operation or coming into hospital. Try to think about these in a more positive way. It can help your recovery.
USEFUL ADDRESSES

The following offer a good source of advice and guidance on practical and personal problems related to your operation, the menopause, HRT and women’s issues.

Menopause Nurse Specialist
Ward 3
Forth Park Hospital
Bennochy Road
Kirkcaldy
KY2 5RA
(For advice about your operation or issues related to the menopause and HRT)
Tel: 01592 643355 Ext: 2824
(answering machine at other times)

Staff in Ward 3 Forth Park Hospital
Bennochy Road
Kirkcaldy
KY2 5RA
Tel: 01592 643355 Ext: 2731

Senior Physiotherapist
Forth Park Hospital
Tel: 01592 643355 Ext: 2729

Gynaecology Oncology Nurse Specialist
Forth Park Hospital
Tel: 01592 643355 Ext: 2846

Osteoporosis Service
Queen Margaret Hospital
Contact Lynn Gordon
Osteoporosis Liaison Specialist Nurse
Tel: 01592 643355 Ext:6662
Breast Service
Queen Margaret Hospital
Contact Susan Jamieson Breast Nurse
Tel: 01592 643355 Ext:5536

Hysterectomy Support Network
C/0 3 Lynne Close
Green Street Green
Orpington
Kent  BR6 6BS

Women’s Health Concern
P.O. Box 1629
London W8 6UA
Tel: 0171 602 6669

The National Osteoporosis Service
P.O. Box 10
Radstock
Bath
BA3 3YB
Tel: 01761 471771

The Amarant Centre
80 Lambeth Road
London SE1 7PW
Tel: 0171 4013855
FURTHER READING

Hysterectomy
By Nancy Dunn and Wendy Savage
Help Programme
149 Tottenham Court Riad
London W1P 9LL

Hysterectomy
By Elliot Phillip
Published by the British Medical Association

Women on Hysterectomy or how long before I can hand glide?
By Nikki Henriques and Anne Dickson
Published by Wellingborough and Thorsons 1986

Hysterectomy – What it is and how to cope with it successfully
By Suzie Hayman
Published by Health Care for Women series
Sheldon Press

Every Woman’s Lifeguide
By Dr. Miriam Stoppard

HRT and You
Edited by Professor William Thompson
Queens University, Belfast
Produced by Novo Nordisk
Novo Nordisk Customer Care Centre
Tel: 0845 600 5055

Great Healthy Food for Strong Bones
By Fiona Hunter and Emma Lee Gow
Carroll and Brown
100 Ways to Live to 100, How to Enjoy a Longer Healthier Life
By Dr. Roger Henderson
Paikhus

Breast Cancer The Facts
Michael Baum
Oxford University Press

**Information Leaflets available from Ward 3:**

1. What is the Menopause?
2. Hormone Replacement Therapy
3. The Advantages and Disadvantages of Hormone Replacement Therapy
4. Information Sheet on Oestrogen and Testosterone Implants
5. What is Osteoporosis
6. Advice on Lifestyle and Diet for Women Approaching the Menopause
7. A Guide for Alternative Treatments for Women Approaching the Menopause
8. An Information Booklet for Women Approaching the Menopause
Updated January 2003
Produced by Physiotherapy Department,
Wendy Chrystal, Menopause Nurse Specialist, and Ward 3 Staff
Forth Park Hospital, Kirkcaldy
In conjunction with Health Promotion Department,
Fife Primary Care