What I Tell My Patients About Hormones After Surgical Menopause Transcript

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Why Surgical Menopause Changes the Timing

If surgery If surgery has caused you to go into has caused you to go into menopause overnight, you are faced with, you are faced with a decision that a decision that most most most menopause content is not menopause content is not adapted to.

adapted to. Hormone therapy is one of your is one of your options, not one that is off limits options, not one that is off limits to you to you. But. But timing works differently for you timing works differently for you.

.. Welcome to my channel. Welcome to my channel. I am Dr. Elizabeth I am Dr. Elizabeth Tuddiken, a Tuddiken, a licensed licensed licensed naturopathic doctor practicing in practicing in sunny Arizona. And sunny Arizona. And before we get started, before we get started, I want to quickly I want to quickly thank everyone who has thank everyone who has recently subscribed. I am very grateful and glad. I am very grateful and glad that you found this that you found this channel. I read your channel. I read your comments and love comments and love to interact with you to interact with you there as much as there as much as possible. Please possible. Please keep keep keep writing them. I work with writing them. I work with many women who have many women who have had had had hysterectomies or hysterectomies or ovarian surgery, ovarian surgery, and so many of and so many of them come to me them come to me years later, still not years later, still not feeling like themselves and feeling like themselves and not understanding why. I not understanding why. I realized that the realized that the sooner we start sooner we start supporting you supporting you after the surgery, the after the surgery, the better everything will go.

better everything will go. So, if you are So, if you are early on, you are in a early on, you are in a good position. By the end of this video, By the end of this video, you will understand why the timing you will understand why the timing of of of hormone therapy hormone therapy after surgical after surgical menopause works menopause works differently and how basic differently and how basic support and support and hormone therapy hormone therapy work together, not work together, not replace each other.

We'll discuss why We'll discuss why this drastic drop this drastic drop changes your schedule, what the changes your schedule, what the baseline work is baseline work is anyway, anyway, anyway, specific detail specific detail about the type of hormones for about the type of hormones for your situation that your situation that few people hear about, and how few people hear about, and how long you'll realistically be long you'll realistically be on it on it. So,. So, let's start with something that let's start with something that almost no one almost no one explains. Why is the whole explains. Why is the whole conversation about timing hormone therapy hormone therapy different when different when menopause occurs menopause occurs through surgery rather than on its through surgery rather than on its own?

own?

The Cognitive Risk and What Estrogen Does

Most content Most content about menopause, even about menopause, even much of it much of it aimed at aimed at surgical menopause, treats the question of “ when to start taking when to start taking hormones” as a matter of hormones” as a matter of preference. What you preference. What you weigh, weigh, weigh, consider, consider, consider, maybe even maybe even miss.

miss. miss. This may not be such an This may not be such an issue for you. That's why. issue for you. That's why. Natural Natural Natural perimenopause is a perimenopause is a gradual process.

gradual process. Your estrogen levels Your estrogen levels decline over decline over the years, and your bones, the years, and your bones, brain, and heart brain, and heart receive a slow, receive a slow, uneven signal uneven signal to adapt to its to adapt to its lower levels. But lower levels. But when when when both ovaries are removed,

the both ovaries are removed, the body completely body completely skips this skips this gradual process.

gradual process. Estrogen levels Estrogen levels drop from normal drop from normal to almost zero in a to almost zero in a matter of days. Think matter of days. Think about it this way. The about it this way. The multi-year multi-year multi-year gradual process gradual process is like slowly is like slowly moving out of a house, moving out of a house, one box at a time.

one box at a time. A deal is when A deal is when a house is sold out from under your feet in a under your feet in a week. Same week. Same destination, destination, destination, but no time to but no time to gather. And that's part of gather. And that's part of why professional why professional guidelines guidelines guidelines view this view this situation differently.

Women who lose their Women who lose their ovaries before ovaries before natural menopause natural menopause are advised are advised are advised to start to start to start hormone therapy hormone therapy by age 45, even before by age 45, even before symptoms appear, and symptoms appear, and continue it continue it until at least age 52—the age when when when natural natural natural menopause usually occurs. Here's the menopause usually occurs. Here's the part that makes part that makes this important. In one Mayo Clinic study, women who Mayo Clinic study, women who underwent this underwent this surgery before surgery before natural menopause natural menopause had about a 46% higher risk of higher risk of cognitive impairment cognitive impairment or dementia in the or dementia in the future. And this future. And this risk increased the risk increased the younger the woman was younger the woman was at the time of surgery. But at the time of surgery. But here's the optimistic here's the optimistic part. Women who part. Women who subsequently took subsequently took estrogen until about estrogen until about age 50 were no age 50 were no different from those different from those who never had who never had such surgery.

such surgery. Estrogen seemed to Estrogen seemed to bridge this gap. bridge this gap. So, if your So, if your surgery was due to surgery was due to endometriosis or a endometriosis or a benign cyst, rather than a benign cyst, rather than a cancer gene, you cancer gene, you should discuss this should discuss this issue and do it issue and do it as soon as possible. There is also a as soon as possible. There is also a detail related to detail related to why why why the operation took place in the first place.

the operation took place in the first place. This changes what type of This changes what type of hormone therapy is hormone therapy is right for you. right for you.

We'll figure this out. We'll figure this out. So the first question So the first question to ask your doctor should to ask your doctor should not be "is it worth it?" but not be "is it worth it?" but "how soon?" Before "how soon?

The Foundational Work That Matters Either Way

" Before we get into we get into discussing hormones, let's talk, let's talk about the path you will about the path you will take regardless take regardless of your of your hormone decision. So, the path hormone decision. So, the path you choose under you choose under any circumstances— regardless of your hormone decision—is a hormone decision—is a fundamental fundamental fundamental foundation for recovery foundation for recovery from such a loss. And from such a loss. And I want to emphasize: I want to emphasize: this is not a secondary this is not a secondary option. This is a separate option. This is a separate support. Sleep support, support. Sleep support, anti-inflammatory anti-inflammatory anti-inflammatory nutrition, daily nutrition, daily activity, and activity, and stress management. This is stress management. This is n't just a temporary n't just a temporary solution while you solution while you make decisions make decisions about hormones. They about hormones. They do their do their job, and they are job, and they are important whether you take hormone you take hormone therapy or not.

therapy or not. This channel has videos that go into This channel has videos that go into more depth on more depth on specific specific menopause supplements, and I menopause supplements, and I will continue to will continue to will continue to add to this add to this library for you.

library for you. They are not They are not specific to the specific to the postoperative postoperative postoperative

period, but much of period, but much of what is said there is what is said there is applicable here as well. So does applicable here as well. So does this mean that all this mean that all this loses its meaning once hormones appear? This is a question that hormones appear? This is a question that almost everyone almost everyone gets gets gets wrong. There is wrong. There is real research on what real research on what happens happens when you do when you do foundational foundational foundational work and go on work and go on hormone therapy, hormone therapy, not just one thing.

not just one thing. Stay with me Stay with me as we get to as we get to this. And if you're this. And if you're watching this video because you watching this video because you just got your just got your surgery date or are surgery date or are only a only a few weeks away, few weeks away, take a deep take a deep breath. You have more breath. You have more time to consider time to consider both of these paths than both of these paths than you think right now.

By the way, before we By the way, before we get into the get into the hormones, if this hormones, if this helps you helps you decide what decide what questions to ask, please questions to ask, please like like like this video and this video and subscribe to the channel.

subscribe to the channel. This helps us This helps us reach more women reach more women who are in who are in your exact situation. So, the your exact situation. So, the hormonal aspect.

Timing and the Type of Hormone Therapy

Hormone therapy Hormone therapy and two points that and two points that distinguish it in the case of distinguish it in the case of surgical surgical surgical menopause.

menopause. menopause. Start time and type of Start time and type of medication. First, medication. First, time. And these are again time. And these are again professional professional professional recommendations.

recommendations. recommendations. Start before age 45, Start before age 45, even without symptoms, even without symptoms, and continue and continue until at least age 52.

until at least age 52. So, if the surgery So, if the surgery was in your 30s or 40s, this is was in your 30s or 40s, this is not a conversation that not a conversation that should be postponed. This is should be postponed. This is a conversation that is needed a conversation that is needed now. Now about the type.

now. Now about the type. And this is something And this is something most people have never most people have never heard of. It heard of. It is commonly is commonly is commonly believed that if you believed that if you don't have a uterus, you don't don't have a uterus, you don't need progesterone —the other half of —the other half of hormone therapy.

hormone therapy. Just Just Just estrogen is enough. And for estrogen is enough. And for most women most women after a hysterectomy, after a hysterectomy, this is true. But this is this is true.

Why Endometriosis History Changes the Plan

But this is often not the case if often not the case if the surgery was done the surgery was done due to endometriosis. due to endometriosis. That's why. Think of That's why. Think of estrogen without estrogen without progesterone as progesterone as watering a plant without watering a plant without checking to see if there are any weeds underneath.

Microscopic Microscopic endometriosis tissue endometriosis tissue can survive even can survive even after careful after careful surgery. And estrogen, surgery. And estrogen, administered separately, administered separately, can nourish them.

can nourish them. This is well known to This is well known to doctors who treat doctors who treat this disease. In a

this disease. In a 2023 study 2023 study of doctors of doctors dealing with this dealing with this issue, the majority, issue, the majority, including 82% of including 82% of endometriosis specialists, endometriosis specialists, preferred preferred preferred combination therapy combination therapy (estrogen plus (estrogen plus progestogen) over progestogen) over estrogen alone. One estrogen alone. One frank observation: frank observation: the same survey the same survey showed that showed that most decisions most decisions were based on the doctor's personal experience, not on doctor's personal experience, not on solid solid solid research data. That's why it's research data. That's why it's worth asking about it worth asking about it yourself, without yourself, without assuming that your assuming that your plan is already adapted plan is already adapted to your story.

to your story. Before we go any further, Before we go any further, let me answer a let me answer a question that I question that I know will arise. Will know will arise. Will endometriosis return due to endometriosis return due to taking hormones?

taking hormones? The honest answer: there is very little research on this topic. very little research on this topic. Only two small Only two small trials, and neither trials, and neither result was result was clear enough to clear enough to rule out rule out rule out chance.

chance. chance. One review One review said: the evidence is said: the evidence is not enough to not enough to deny a woman the deny a woman the treatment she treatment she needs, but the risk is needs, but the risk is not zero. And not zero. And if you're wondering if you're wondering if it's safer if it's safer to wait a certain amount of time to wait a certain amount of time before starting, here's what before starting, here's what one one one study showed. In women study showed. In women who started taking who started taking hormones immediately after hormones immediately after surgery, pain surgery, pain returned returned returned in about 7% of cases. For those in about 7% of cases. For those who waited more than 6 who waited more than 6 weeks, this figure weeks, this figure was 20%. So, was 20%. So, waiting did not provide any waiting did not provide any benefits. So benefits. So discuss three things discuss three things with your surgeon or with your surgeon or team of doctors. The team of doctors. The start time, type of hormones start time, type of hormones given the reason for the given the reason for the surgery, and surgery, and the duration of their the duration of their administration. This is what administration.

How Hormones and Foundations Add Up

This is what happens when you happens when you do both: both do both: both basic basic basic body support and body support and hormone therapy, hormone therapy, rather than just one.

rather than just one. Think of Think of Think of hormone therapy hormone therapy as restoring the as restoring the supply line. This supply line. This returns estrogen to the returns estrogen to the bloodstream. But the foundation —movement, sleep, nutrition,,, stress management—is what stress management—is what tells your body tells your body exactly how to exactly how to use what use what comes in.

Supply and Supply and delivery. You delivery. You need both. need both. And there is research on exactly And there is research on exactly this. In a two-year this. In a two-year study of women study of women who had been who had been taking taking taking hormone therapy for a long time, hormone therapy for a long time, adding simple adding simple home-based strength home-based strength exercises— exercises— exercises— platform lifts and platform lifts and chair raises, chair raises, which can be done which can be done right in the living room— increased increased increased hip bone density by an additional 1.5–2.5%. In addition to what hormone therapy was already providing.

hormone therapy was already providing. Now, one honest Now, one honest caveat. This caveat. This study study study looked at women on looked at women on hormone therapy hormone therapy in general, not in general, not specifically after specifically after surgical surgical surgical menopause, but it's menopause, but it's still strong evidence still strong evidence that the two that the two approaches are complementary, approaches are complementary, not mutually exclusive not mutually exclusive. I remember a. I remember a woman who came woman who came to me already to me already undergoing undergoing undergoing hormone therapy hormone therapy after such an operation.

after such an operation. The hormones helped, The hormones helped, but she still didn't but she still didn't feel the same as feel the same as before. She was before. She was depressed, tired, depressed, tired, as if she wasn't quite herself.

as if she wasn't quite herself. She was told, in essence, She was told, in essence, that hormones were the that hormones were the solution. So this was her solution. So this was her new condition. So, we did new condition. So, we did n't touch her hormones.

n't touch her hormones. We built We built the rest of the foundation around them the rest of the foundation around them. We. We worked on her worked on her dream. We added dream. We added regular regular regular strength training to her life. We strength training to her life. We analyzed her analyzed her diet. And within diet. And within a few months, things a few months, things that the hormones themselves had that the hormones themselves had n't affected n't affected began to improve : her energy, her mood, : her energy, her mood, that feeling of that feeling of coming back to herself.

That's what I want That's what I want you to take away from this. you to take away from this. Hormones weren't Hormones weren't a mistake, but they a mistake, but they weren't the complete weren't the complete answer. She answer. She needed both.

needed both. So, do you need So, do you need to choose? No. to choose? No. Studies Studies Studies confirm confirm confirm the effectiveness of both the effectiveness of both methods, and in my methods, and in my experience, it is the experience, it is the combination that allows women to feel like themselves again. And feel like themselves again. And here's what here's what no one tells you before no one tells you before surgery: this is what I surgery: this is what I want you to want you to remember. Plus remember. Plus one thing worth one thing worth mentioning that has mentioning that has nothing to do with nothing to do with hormones. Ask hormones. Ask your team of doctors your team of doctors three specific three specific things. How quickly things. How quickly to start, what type of to start, what type of hormones to choose hormones to choose depending on the reasons for depending on the reasons for the surgery, and how long to the surgery, and how long to actually take them.

These three questions These three questions will advance your will advance your treatment further than treatment further than anything else. And anything else. And continue to continue to continue to lay the foundation, lay the foundation, no matter what no matter what you decide about you decide about hormones. Sleep, hormones. Sleep, nutrition, exercise, nutrition, exercise, stress support —because the data —because the data shows that this shows that this complements hormone complements hormone therapy. It doesn't therapy. It doesn't bother her. Now one more thing bother her. Now one more thing before we before we finish, and it has nothing to do finish, and it has nothing to do with with with hormones.

The Emotional Piece Most Women Face Alone

hormones. Researchers Researchers analyzed analyzed analyzed online conversations of women online conversations of women who were experiencing just who were experiencing just such an abrupt early such an abrupt early menopause. And the menopause. And the same themes came up same themes came up again and again. The need to need to justify justify justify your symptoms to your symptoms to others. A loss of others. A loss of identity, which identity, which some of them described some of them described as a loss of self. And there is a as a loss of self. And there is a deep sense of deep sense of loneliness in this.

loneliness in this. So if this happened to So if this happened to you overnight, rather than over the you overnight, rather than over the course of years, and you course of years, and you feel like you've feel like you've lost a part of lost a part of yourself, it doesn't mean yourself, it doesn't mean you're being dramatic.

you're being dramatic. This is a documented This is a documented fact. This is a known fact. This is a known part of this part of this process that needs the process that needs the same attention as same attention as your hormones or your hormones or tests. You don't tests. You don't need to deal need to deal with all of this today.

You need three You need three correct questions correct questions for your next for your next appointment and

permission appointment and permission to continue with the basic to continue with the basic work while you work while you figure out the figure out the rest. You are not rest. You are not far behind. You are on time.

far behind. You are on time. So, here it is, all in one So, here it is, all in one place. If surgery place. If surgery caused caused caused overnight menopause, treat, treat the timing of the timing of the timing of hormone therapy hormone therapy as something more as something more urgent than the urgent than the slow slow slow natural transition.

natural transition. The faster, the better. The faster, the better. And if the surgery was And if the surgery was due to endometriosis, the due to endometriosis, the type of hormones also type of hormones also matters. So matters. So ask about it. But ask about it. But none of this none of this makes basic work makes basic work optional.

optional. optional. Studies say Studies say they complement they complement each other. They are not each other. They are not competing, and that is the competing, and that is the foundation of my practice.

foundation of my practice. We give your body what it We give your body what it needs. needs. needs. We remove We remove obstacles and obstacles and support him on support him on all fronts where we all fronts where we can. Hormones—when can. Hormones—when appropriate, basics— always. Your body is always. Your body is still set up still set up to heal and to heal and recover, even recover, even after such a shock.

after such a shock. My job is to help you do this help you do this with maximum with maximum benefit for you. benefit for you. If you need If you need more more more personalized personalized personalized support to support to tailor this to tailor this to your situation, that's what your situation, that's what I do with I do with patients. You can patients. You can find me at find me at hawthornhealingcenter.com. If hawthornhealingcenter.com. If your surgery was for your surgery was for reasons that completely reasons that completely preclude preclude preclude hormone therapy, hormone therapy, such as the BRCA gene, such as the BRCA gene, ovarian cancer, or a history of hormone-dependent cancer, that's a different history of hormone-dependent cancer, that's a different story, and I'm preparing a story, and I'm preparing a separate video about separate video about what will be different for you what will be different for you. Stay tuned for. Stay tuned for updates. If you updates. If you want want want honest, balanced advice honest, balanced advice on all of this from on all of this from someone who sees the someone who sees the big picture, that's what big picture, that's what our channel is about.

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