

‘Ovarian Preservation: Are we appropriately counselling our Patients?’

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Objective

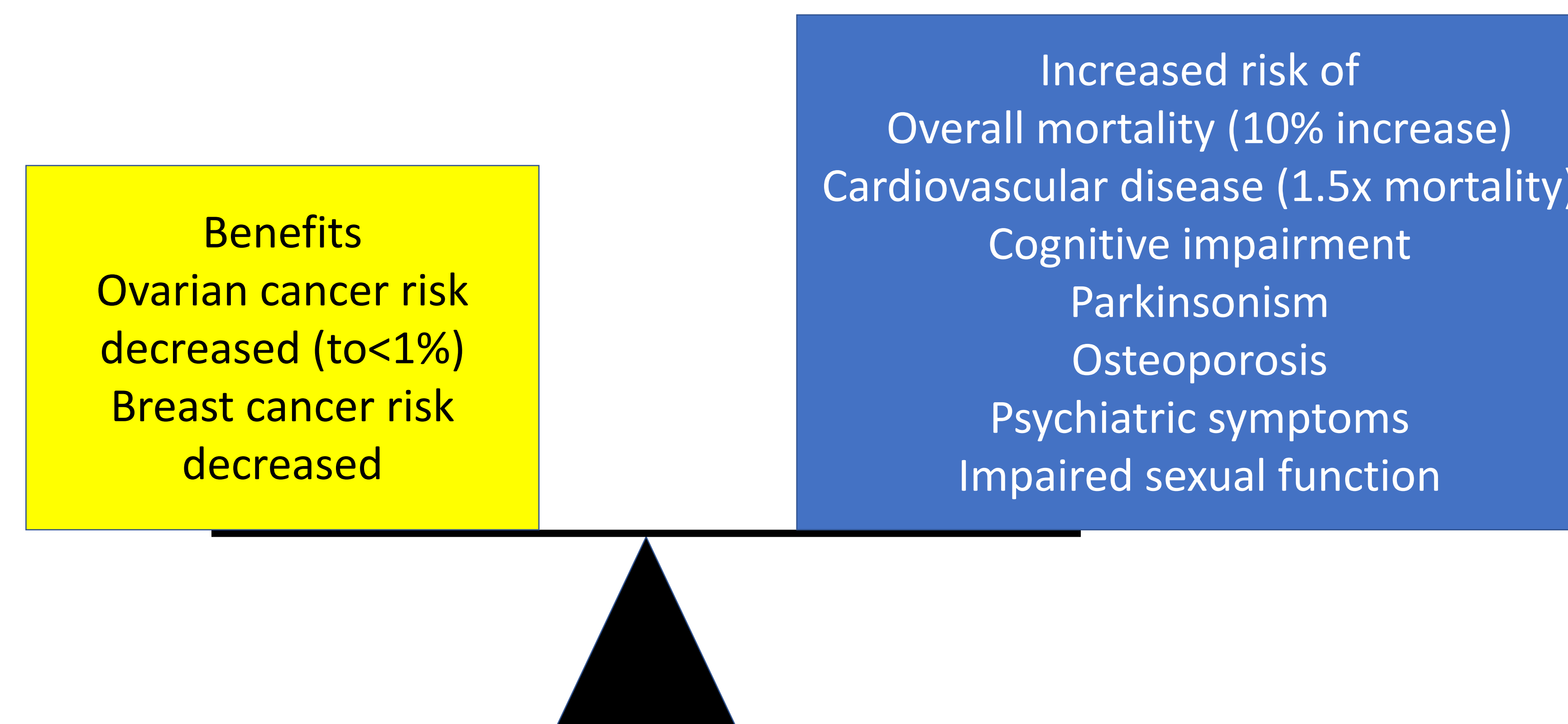
Recommendations from a recent article in the Obstetrician & Gynaecologist Journal, suggests that evidence supports the retention of ovaries at the time of hysterectomy in those under the age of 54 due to a potential decrease in menopause-related morbidity and all-cause mortality for women¹. This includes a decrease in cardiovascular disease, osteoporosis and cognitive function decline¹

Methodology

Design: Retrospective case review of patients who have been listed for hysterectomy, since the articles release in February 2022.

Method: Reviewing patient notes of those referred to the benign gynaecology team case discussion meeting, who wish to undergo hysterectomy as management. To determine whether patients have been adequately counselled on morbidity and mortality risks associated with ovarian removal up until the age of 54. 15 patients had been discussed at this meeting thus far and had been included

Risk and benefits of Ovarian removal at hysterectomy - Premenopausally



Points for discussion in consultations

- Ovaries continue to have endocrine function after the menopause.
- Following oophorectomy there is an increase in all cause mortality by 10%
- Cardiovascular disease mortality increased by 1.5x, some protection by HRT
- Reduced sex steroids can lead to reduced bone mineral density. Increasing risk of fractures, HRT can reduce this by up to 20%
- Cognitive decline starts at the time of oophorectomy, so there is increased cognitive decline and increased risk of parkinsonism.
- Reduced sexual pleasure due to lower oestrogen and testosterone levels by up to 50%
- Onset of menopausal symptoms

Results and Conclusions

Results Since the time of publication, no patients who have been reviewed in the benign gynae case discussion meeting have undergone hysterectomy, however of those cases that have had hysterectomy recommended, there is a clear documentation about the benefits of ovarian retention in 10/15 patients, the 5 patients were no discussion had been documented had been seen by junior registrars (ST3/4).

Conclusion: Further education of the Registrar body needs to be conducted with reference to the importance in properly counselling patients for hysterectomy, with a thorough discussion about potential morbidity and mortality of removing ovaries for benign disease during the perimenopausal period. In addition, following discussion of these cases at the BGCD meeting, the five patients who have not had this counselling will now undergo that discussion prior to surgery.

Further audit should be repeated in the next 12 months following education of the wider team

References

1. V. Asfour, A. Jakes, K. McMicking, W. Szetho, A. Sayasneh, Y. Daib, L. Mascarenhas, J. Rymer. Oophorectomy or ovarian conservation at the time of hysterectomy for benign disease. J. Obstetrics and gynaecology 2022 VOL24 (2) 131-136
2. & H. Sharp. Ovarian conservation vs removal at the time of hysterectomy. Am J Obstetrics and gynaecology. 2018 (3) 269-279