

New study questions benefits of elective removal of ovaries during hysterectomy

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Removal of the ovaries (bilateral oophorectomy) while performing a hysterectomy is common practice to prevent the subsequent development of ovarian cancer. This prophylactic procedure is performed in 55% of all U.S. women having a hysterectomy, or approximately 300,000 times each year. An article in the March/April issue of The Journal of Minimally Invasive Gynecology suggests that this procedure may do more harm than good.

William H. Parker, MD, John Wayne Cancer Institute at Saint John's Health Center, Santa Monica, CA, provides a comprehensive analysis of the medical literature relating to the benefit of oophorectomy at the time of hysterectomy. His investigation includes studies of post-hysterectomy cancer incidence, all cause mortality, cardiovascular disease, osteoporosis and hip fractures, coronary artery disease, and a number of other conditions. He concludes that, on balance, removal of the ovaries is not generally warranted for all women undergoing hysterectomy. In women not at high risk for development of ovarian or [breast cancer](#), removing the ovaries at the time of hysterectomy should be approached with caution.

Dr. Parker states, "Presently, observational studies suggest that bilateral oophorectomy may do more harm than good. Given that 300 000 U.S. women a year undergo elective oophorectomy, the findings of increased long-term risks have important public health implications...Prudence suggests that a detailed informed consent process covering the risks and benefits of oophorectomy and ovarian conservation should be conducted

with women faced with this important decision."

Premenopausal oophorectomy causes a rapid decline in circulating ovarian estrogens and androgens. Postmenopausal ovaries continue to produce significant amounts of the androgens testosterone and androstenedione, which are converted to estrogen. Estrogen deficiency has been associated with higher risks of coronary artery disease and [hip fracture](#), and neurologic conditions. Although approximately 15,000 U.S. women die each year of [ovarian cancer](#), 350,000 women die of coronary artery disease. Therefore reducing a woman's risk of ovarian cancer with oophorectomy may be outweighed by increased risks of [coronary artery disease](#) and neurologic conditions.

In an accompanying editorial, G. David Adamson, MD, FRCSC, FACOG, FACS, Director of Fertility Physicians of Northern California, Palo Alto and San Jose, CA, and past-president of both the American Society for Reproductive Medicine and the American Association of Gynecologic Laparoscopists, comments, "Dr. Parker has performed a valuable service to his fellow gynecologists and to women everywhere who have to make the difficult decision regarding ovarian conservation or removal at the time of hysterectomy. Oophorectomy is not necessarily the wrong decision for many women, but assessment of these data leads to the conclusion that more women are undergoing oophorectomy than should."

More information: The article is "Bilateral Oophorectomy versus Ovarian Conservation: Effects on Long-term Women's Health" by William H. Parker, MD. The editorial is "Ovarian Conservation" by G. David Adamson, MD. Both appear in the *Journal of Minimally Invasive Gynecology*, Volume 17, Number 2 (March/April 2010).

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