



The Association of Minimally Invasive Gynecologic Surgeons

...dedicated to safe, state-of-the-art surgery and health life-styles for women of all ages

R. Wayne Whitted MD, MPH

Paul A. Pietro MD

8740 N Kendall Dr. Suite 101

Miami, Florida 33176

Phone: 305-596-3744

www.floridaamigos.com

Keeping Your Ovaries if You Are Having a Hysterectomy

OBGYN.net Editorial Advisor: [William H. Parker, MD](#)

Leaving ovaries intact during hysterectomies for non-cancerous conditions may boost long-term survival rates for women under age 65, according to the results of a new study published in the August issue of *Obstetrics and Gynecology*.

More than 600,000 hysterectomies are performed yearly in the United States, and of those, about 90 percent are performed for benign conditions such as fibroids, heavy or irregular bleeding, **endometriosis** or abnormal pap smears. At least half of all women undergoing hysterectomy today are recommended to have their ovaries removed as a preventive measure against ovarian cancer, a practice known as “prophylactic oophorectomy”. The new study, by Dr. William Parker and colleagues, evaluated whether ovary removal was advantageous for women with no family history of ovarian cancer.

Their conclusion: women are better off in the long run if they keep their ovaries.

“For the last 40 years, the prevailing medical wisdom has been to remove the ovaries if women were 45 or older, in order to prevent **ovarian cancer**,” says Dr. Parker, Chair of Obstetrics and Gynecology at Saint John’s Health Center and clinical professor at the UCLA School of Medicine. “But our study suggests this practice may be doing more harm than good.”

Ovaries continue to make small amounts of estrogen for years after menopause, and they continue to make significant levels of two other hormones, testosterone and androstenedione, at least until age 80. Muscle and fat cells convert testosterone and androstenedione into more estrogen, which helps protect against **heart disease** and osteoporosis. The incidence of heart disease and osteoporosis has been shown to be lower in women who have intact ovaries than women who have had their ovaries removed. While 14,000 women die of ovarian cancer every year, heart disease kills 450,000 women a year, or 30 times more women.

Dr. Parker and his co-authors examined 20 years of published medical data to determine the risks for five conditions that have been linked to the presence or absence of ovaries: ovarian cancer, **breast cancer**, heart disease, hip fractures and stroke. The data was then entered into a sophisticated computer model to estimate age-specific risks of mortality.

To look at one analysis of the data in this study: if you took 20,000 women between ages 50 -54 who have a hysterectomy and compared 10,000 women who had their ovaries removed and 10,000 women who kept their ovaries, by the time the women reach 80 years old, 858 more women would have died from the

group who had their ovaries removed.

While 47 (out of 10,000) fewer women would have died from ovarian cancer, 838 more women would have died from heart disease and 158 more women would have died from complications of hip fracture.

“Our findings indicate that women clearly benefit from keeping their ovaries when undergoing hysterectomies before age 65,” said Dr. Parker. “Moreover, ovary removal could not be shown to have a health benefit at any age.” And, although not included in this study, the affects of ovary removal on sexuality, mood and cognitive function have been studied elsewhere and also need to be considered.

“The takeaways from this study are readily apparent,” Dr. Parker said. “We need to train several generations of gynecologists to counsel women differently. The decision to remove ovaries in women who are not at high risk of ovarian cancer should be made with great caution.”

Our philosophy, in the Association of Minimally Invasive Gynecologic Surgeons, is always based on current research and national and international norms. We believe in ovarian conservation. When we counsel patients regarding the possibility of ovarian removal at surgery, the real risk of that, in our hands, is less than 1/1000 and not 50% as has been told to our patients.

Please instruct your staff on the importance of accurate conveyance of information to our patients.

Very Truly Yours,

R. Wayne Whitted MD, MPH

Paul A. Pietro MD