

# Ovarian ablation and suppression Factsheet

This factsheet is for women who have been offered ovarian ablation or suppression (removing or stopping the ovaries working) as part of their treatment for breast cancer. It discusses what this technique involves and how and when it may be used. It also outlines the most common side effects of ovarian ablation or suppression and ways of coping with these.

We hope this factsheet answers some of your questions and enables you to discuss with your specialist team the issues that are important to you. We recommend that you read this factsheet together with our **Treating breast cancer** and **Younger women with breast cancer** booklets.

### **What is ovarian ablation and ovarian suppression?**

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Ovarian ablation and ovarian suppression are the medical terms used to describe removing the ovaries or stopping them from working, either permanently or temporarily. The female hormone oestrogen stimulates some breast cancers to grow. This is called oestrogen receptor positive breast cancer. Before the menopause oestrogen comes from the ovaries, so removing them or stopping them from working means there is less oestrogen in the body for breast cancer cells to use.

### **Who may be offered ovarian ablation or suppression?**

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Ovarian ablation or suppression may be appropriate for you if you have not yet reached the menopause and your breast cancer has been shown to be oestrogen receptor positive. These techniques may be offered to women being treated for primary breast cancer and also those being treated for secondary breast cancer (breast cancer that has spread to another part of the body). Ovarian ablation or suppression is usually given alongside other treatments.

### **How is ovarian ablation or suppression achieved?**

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Ovarian ablation or suppression can be achieved in three ways:

- drugs (known as hormone therapy)
- surgery
- radiotherapy.

You should discuss each of these options with your specialist team so you can decide which is best for you. It is important to know that hormone therapy is the only potentially reversible form of ovarian suppression. This may be a major factor in making your decision.

If you are having radiotherapy to the ovaries or hormone therapy, it may be a while before your ovaries stop working completely. During this time it is possible to become pregnant so it is important to use a reliable barrier method of contraception, such as condoms, until advised by your specialist.

#### **Hormone therapy**

This involves using drugs that 'switch off' the production of oestrogen from the ovaries by interfering with other hormones produced in the brain that control the way the ovaries work. The drug currently used is Zoladex (goserelin). Zoladex is given as a subcutaneous (under the skin) injection into the abdomen (tummy). It is usually given every 28 days. The first injection of Zoladex may be given to you as an outpatient at the hospital. After this your GP (local doctor), practice or community nurse can give the injections, either in the surgery or at your home. Your periods are likely to stop after the first or second injection.

Oestrogen production is usually reduced to levels similar to those achieved after oophorectomy (an operation to remove the ovaries) surgery within three weeks of starting drug treatment. This effect will continue for as long as the treatment goes on. Zoladex treatment is usually given for between two and five years in women with primary breast cancer. If you have secondary breast cancer you will be given Zoladex for as long as it is helping to keep the cancer under control.

The advantage of using drug treatment to switch off oestrogen production is that the effects are usually (but not always) reversible. Once therapy is stopped, the ovaries will normally start working again within five to six months. However, some women, because of their age and the length of time they are having Zoladex, will start their natural menopause during treatment. This means their periods do not come back when the injections are stopped.

If you are concerned about going through an early menopause or would like to have children after your treatment, you can discuss with your specialist team how long to have Zoladex. For more information on this drug, see our **Zoladex** factsheet.

### Surgery

An operation to remove the ovaries is called an oophorectomy. It can be done as 'keyhole' surgery, which means an instrument called a laparoscope (a flexible thin tube with a camera lens attached) is used so that the surgeon can look into the abdomen. There are usually three small incisions (cuts) made, one near the navel (belly button), one near the bikini line and one on the side of the abdomen. These can sometimes leave small scars that will fade with time. It is done under a general anaesthetic and you can expect to be in hospital for one or two days.

Sometimes it isn't possible for the ovaries to be removed in this way, for example if you have had previous surgery in this area. In this case the ovaries are removed through a short incision made below the bikini line. This type of surgery might mean a slightly longer stay in hospital.

Either operation will stop the ovaries working immediately and permanently. This means that your periods will stop straight away and oestrogen will no longer be produced in this way.

Any type of surgery has the risk of causing side effects. These can include pain, bruising, swelling and infection. Your specialist team will tell you more about the likelihood of these and discuss any concerns you may have.

### Radiotherapy

Radiotherapy involves giving high-energy x-rays to the ovaries to stop them working permanently. Each woman's ovaries are in a slightly different position, so you will probably have an ultrasound scan (an image produced using sound waves) to find their position before your treatment begins. The position may then be marked with a felt-tip pen on the skin of your lower abdomen.

You will be given the radiotherapy treatment as an outpatient over a few days. In some cases it may be given on alternate days to reduce the likelihood of side effects. Radiotherapy to the ovaries produces a much slower ovarian ablation than an oophorectomy, and you can expect your periods to stop around three months after the treatment has finished.

Your specialist will probably perform a blood test to look at specific hormone levels to see if the procedure has completely worked. There is a small possibility that the radiotherapy treatment will not work and your periods continue or start again later. This is more likely in women under 35 and it may be necessary to use an increased dose of radiotherapy to ensure that periods stop completely.

Possible side effects of radiotherapy to the ovaries include diarrhoea, nausea, abdominal discomfort and tiredness. These are usually temporary, lasting for no more than a few weeks. Side effects can often be reduced with medication. Another potential but rare side effect is the possibility of late radiation damage (damage that occurs months or years after the radiotherapy treatment) to organs and tissues near the ovaries. The risk of this happening is kept as low as possible by careful planning and the low doses used for this type of treatment.

## What are the side effects of removing or suppressing the action of the ovaries?

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When a woman goes through a natural menopause the ovaries stop producing oestrogen and this can cause menopausal symptoms. The removal of ovaries or suppression through treatment also causes menopausal symptoms. These include hot flushes, night sweats, vaginal dryness and loss of sex drive, which can affect how you feel about yourself as a woman and have an impact on both you and your partner.

Experiencing a sudden menopause can mean these symptoms come on more quickly and can be more intense than with a natural menopause. This can sometimes make them more difficult to cope with, although it is important to remember that not everyone will get every symptom and there are ways of trying to lessen the side effects. Your specialist team will be able to tell you more about reducing any side effects you may have. For further information you can also see our **Menopausal symptoms and breast cancer** factsheet, or you may find our **Younger women with breast cancer** booklet useful.

In the long term, there is some concern that women who have an early menopause because of treatment for breast cancer may be more at risk of heart disease and osteoporosis (thinning of the bones) in later life. However, the benefits of ovarian ablation or suppression in reducing the chances of the breast cancer coming back or spreading are generally agreed to outweigh these risks. For information on reducing the risk of osteoporosis see our **Osteoporosis and breast cancer** factsheet.

## Coping with the effects of ovarian ablation or suppression

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Coping with a diagnosis of breast cancer can already be stressful, and for some women the addition of an early menopause brought on by treatment can make this a particularly difficult time. You may find that going through the menopause prematurely can create feelings of loss, and you may feel isolated from women your own age.

Some women may find it difficult to come to terms with the fact that they are permanently infertile after surgical removal or radiotherapy, or if they go through a natural menopause while having Zoladex. Whatever your feelings, remember you do not have to cope on your own. Your cancer specialist and breast care nurse are there to provide information and support. You may also find it helpful to share your feelings with someone who has had a similar experience. Breast Cancer Care runs specific services for younger women with breast cancer. These include telephone support groups, dedicated website chat rooms and weekend forums where younger women have the opportunity to meet one another and learn more about breast cancer.

For more information see our booklets on:  
**Treating breast cancer BCC4**  
**Younger women with breast cancer BCC66**  
**Zoladex BCC33**  
**Menopausal symptoms and breast cancer BCC18**  
**Osteoporosis and breast cancer BCC75**

To order, or download a copy, please visit  
[www.breastcancercare.org.uk/publications](http://www.breastcancercare.org.uk/publications)

## Further support

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### Breast Cancer Care

Breast Cancer Care is here to support you. From diagnosis, throughout treatment and beyond, our services are here every step of the way.

Our free, confidential **helpline** is here for anyone who has questions about breast cancer or breast health. Your call will be answered by one of our nurses or trained staff members with experience of breast cancer.

Our **website** gives instant access to information when you need it. It's also home to the largest online breast cancer community in the UK, so you can share your questions or concerns with other people in a similar situation.

Our **One-to-one support** service can put you in touch with someone who knows what you're going through. Just tell us what you'd like to talk about and we can find someone who's right for you.

Through our professionally-hosted **discussion forums** you can exchange tips on coping with the side effects of treatment, ask questions, share experiences and talk through concerns online. If you're feeling anxious or just need to hear from someone else who's been there, they offer a way to gain support and reassurance from others in a similar situation to you.

We host weekly **Live chat** sessions on our website offering you a private space to discuss your concerns with others – getting instant responses to messages and talking about issues that are important to you.

If you find it difficult to talk about breast cancer, we can answer your questions by email instead - our **Ask the nurse** service is available on the website.

**Telephone support groups** offer the chance to be part of a regular support group which you can join easily by phone.

We run **Information and support sessions and courses** for people living with and beyond breast cancer, bringing people together to share experiences. We also offer practical sessions to help with issues such as hair loss and finding a suitable bra after surgery. We also offer specific, tailored courses to younger women, and people living with secondary breast cancer.

Our free **information resources** for anyone affected by breast cancer include factsheets, booklets and DVDs. You can order our publications by using our order form, which can be requested from the helpline. All our publications can also be downloaded from our website.

To request a free leaflet containing further information about our services for **younger women** and **people having treatment for breast cancer** please contact your nearest centre (contact details at the back) or visit [www.breastcancercare.org.uk/publications](http://www.breastcancercare.org.uk/publications)

## Other organisations

Macmillan Cancer Support  
89 Albert Embankment  
London SE1 7UQ

General enquiries: **020 7840 7840**  
Helpline: **0808 808 00 00**  
Website: **[www.macmillan.org.uk](http://www.macmillan.org.uk)**  
Textphone: **0808 808 0121** or Text Relay

Macmillan Cancer Support provides practical, medical, emotional and financial support to people living with cancer and their carers and families. Over the phone, its cancer support specialists can answer questions about cancer types and treatments, provide practical and financial support to help people live with cancer, and are there if someone just wants to talk. Its website features expert, high-quality information on cancer types and treatments, emotional, financial and practical help, and an online community where people can share information and support. Macmillan also funds expert health and social care professionals such as nurses, doctors and benefits advisers.

Daisy Network  
PO Box 183  
Rossendale BB4 6WZ

Website: **[www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)**

The Daisy Network Premature Menopause Support Group is a registered charity that offers support for women who have experienced a premature menopause. It provides members with a support network of people to talk to and encourages sharing of information about personal experience of premature menopause.

A large print version of this factsheet can be downloaded from our website, **[www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)**. It is also available in Braille or on audio CD on request by phoning **0845 092 0808**.

**This factsheet has been produced by Breast Cancer Care's clinical specialists and reviewed by healthcare professionals and people affected by breast cancer.**

## Centres

### London and the South East of England

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Email [src@breastcancercare.org.uk](mailto:src@breastcancercare.org.uk)

### Wales, South West and Central England

Telephone 0845 077 1894  
Email [cym@breastcancercare.org.uk](mailto:cym@breastcancercare.org.uk)

### East Midlands and the North of England

Telephone 0845 077 1893  
Email [nrc@breastcancercare.org.uk](mailto:nrc@breastcancercare.org.uk)

### Scotland and Northern Ireland

Telephone 0845 077 1892  
Email [sco@breastcancercare.org.uk](mailto:sco@breastcancercare.org.uk)

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5-13 Great Suffolk Street, London SE1 0NS**

Or to make a donation online using a credit or debit card, please visit **[www.breastcancercare.org.uk/donate-to-us](http://www.breastcancercare.org.uk/donate-to-us)**



Breast Cancer Care is here for anyone affected by breast cancer. We bring people together, provide information and support, and campaign for improved standards of care. We use our understanding of people's experience of breast cancer and our clinical expertise in everything we do.

Visit [www.breastcancercare.org.uk](http://www.breastcancercare.org.uk) or call our free helpline on **0808 800 6000** (Text Relay **18001**).

Interpreters are available in any language. Calls may be monitored for training purposes. Confidentiality is maintained between callers and Breast Cancer Care.

**Central Office**  
**Breast Cancer Care**

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