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HYSTERECTOMIES & TUBAL LIGATIONS What Your Doctor Won't Tell You

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Suzanne came to our offices looking for assistance with her constant fatigue, chronic neck and back pain, acne that just wouldn't clear up accompanied by non-stop anxiety. She was 36 years old. Her anxiety was increased by constant worry that she was only going to get worse as she got older. Suzanne was a working mom of 2 children. She had her hands full taking care of her kids, husband, and house. Her job was demanding and she sometimes didn't get home till after her husband, which meant she had to do "double-time" to get a meal on the table for 4 people, try to find a few moments to spend with her children before collapsing in bed with her husband. Too tired to do ANYTHING. The idea of making love at that point in the day was ludicrous to her. All she could do by 10pm was lay in bed, tossing and turning for up to 2 hours before she would fall into a coma.

She would wake up in the morning and walk like a zombie to the kitchen to now start the day all over again. Her breakfast was always toast and butter, lunch was any fast food restaurant she could go to while at work, and dinner was usually a

glass or two of wine accompanied by whatever she could throw together. Food was just a necessity or something to hurry and get done with. Suzanne was NOT a cook and with her busy schedule she provided for her and her family whatever she could that was fast.

Five years earlier Suzanne and her husband made the decision to not have any more children. So when her last child was born she had made arrangements with her OBGYN to have a TUBAL LIGATION done. She felt this was the most “natural” birth-control she could do.

She breast-fed her baby and all seemed manageable during the baby’s first 9 months. At 9 months her baby pretty much weaned herself off the breast. That’s when Suzanne’s life really started roller-coastering. She experienced extreme fatigue every afternoon, sleep became a battle, her neck and shoulders were always hurting, acne stayed flared up and the anxiety was taking over her life. And 5 years later, she is still having those same issues with no relief in sight.

At the age of 42, Mary Sue starting having major issues with her menstrual cycle. She was a stay-at-home mom whose kids were now in their teens. Her husband worked off-shore 14 & 14. Her moods were a mess, she was constipated and having extreme heavy bleeding that just wouldn’t stop. Her gynecologist prescribed birth-control pills in an effort to “control” Mary Sue’s cycle. But the hormones made her feel worse. Her eating was out of control. She didn’t know if the darn birth control pills had caused her body to crave sweets but something had changed and she couldn’t pass up sugar for anything.

After two years of struggling with constant bleeding and low iron, Mary Sue was worn out. She begged her gynecologist for a Hysterectomy. Sadly her gynecologist agreed and told Mary Sue that she would like to, “ONLY do a partial hysterectomy” on her so that her “ovaries would still be intact and function normally.” When the doctor performed the surgery she found a cyst that had gone undetected with physical exams and made the decision to remove the entire ovary as well as the uterus. When Mary Sue was in recovery her doctor came by and told her what had occurred and assured Mary Sue that the “remaining ovary will make up for the loss of the other”.

Barbara, age 50, went for her yearly check up to her gynecologist. She always hated these visits, as they were uncomfortable physically and emotionally for her. At this particular visit she explained to her doctor that she was still having a monthly cycle even though it was a bit irregular, but they were heavier and she felt more cramping during them. She was feeling very moody, some anxiety, and

definite fatigue and weight gain. Barbara didn't know if the weight gain caused the moodiness or if the "sadness" and anxiety caused the weight gain. Nevertheless she wasn't happy with her body at all. Her normal diet consisted of a bagel with peanut butter for breakfast a salad for lunch, 3 regular cokes a day and meat and potatoes and veggie for dinner, a little dessert and then snacked almost nightly on ice cream.

During the exam the doctor notice that Barbara's uterus had prolapsed (fallen) and there was a rather large cyst on one of her ovaries. Last year and again this year her pap smear came back abnormal with pre-cancerous cells. Barbara's mother and grandmother both had uterine cancer. The gynecologist suggested a liberal approach and wanted to perform a full hysterectomy. Barbara agreed. She trusted the doctor and never bothered to do any research on her own about possible issues after surgery.

These 3 women have one of thing in common: surgical castration.

Yes... even Suzanne (above) who had a tubal ligation ended up "castrated". Her ovaries' blood supply was cut off during after the procedure and they eventually "shriveled up" and died.

According to recent studies up to 12% of women between the ages of 40-44 will have a hysterectomy! One-third of all women get a hysterectomy before they turn 60. Approximately 600,000 hysterectomies are performed annually here in the United States. Over 20 million American women have had a hysterectomy. And virtually all of them have been mishandled when it comes to hormone replacement in their bodies.

If you have fibroids, excessively heavy periods, endometriosis, uterine prolapse, or any type of invasive cancer of the reproductive organs... then you will most likely be a candidate for a hysterectomy.

Here's what most doctors won't tell you:

1. It takes about 6 weeks for the cervix to heal and yes, you CAN still have sex after the healing period.
2. Getting a hysterectomy is NOT a cure for endometriosis no matter what the doctor tells you. Removing the organ that is having the issue is not fixing WHY you have the issues... it's NEVER the organ's fault.
3. You may end up losing your ovaries. This is basically female castration.
4. **Even a partial hysterectomy, in which the uterus is removed but the ovaries are left intact, will ultimately result in functional castration. Removing the uterus will severely restrict blood flow to the ovaries, and within a few years the ovaries will no longer function. Many women believe that this complete loss of ovarian function will occur anyway as a result of menopause, but this is not true.**

5. You might be able to actually avoid a hysterectomy altogether. An ablation procedure might assist you greatly, followed by correcting your diet and balancing your hormones. We've seen numerous women avoid a hysterectomy by making these lifestyle changes.
6. Psychological healing after a hysterectomy can take time. This is huge trauma for a woman both emotionally and physically. The sudden loss/stoppage of estrogens & other hormones and the resulting hormones shock can affect brain function. Confusion, rage, depression and memory loss that can mimic an Alzheimer's type state can manifest.
7. After a tubal ligation many women develop endometriosis, have an increased risk of cervical cancer, eventually end up undergoing a hysterectomy, have excessive bleeding during menstruation and may develop: memory loss, general decline in feeling of well-being, lethargy, loss of libido.

Reports show that more than half of all women who undergo hysterectomy but retain their ovaries will experience symptoms of hormone shifting and imbalance – even though their ovaries are left in place and continue to function (for a while).

Generally, many women who undergo a hysterectomy (but retain their ovaries) will experience changes in their hormones, even though they still MIGHT have some ovarian function. Some won't note any differences following their hysterectomy, whereas others will immediately notice significant symptomatology of menopause, even though their ovaries are intact.

We have a few recommendations for women who are having a hysterectomy (full or partial) or an ablation. They may want to consider the use of natural progesterone prior to either surgery. In many cases this can help to repair the damage and circumvent the need for a hysterectomy. Working with a holistic practitioner who has a lot of experience in this area is important. They will test the ovarian AND adrenal functions with a saliva hormone test for accuracy (NOT a blood test!). Based on those results they might suggest introducing natural progesterone, 21 days on and one week off, or two weeks on and one week off.

They should immediately change their dietary habits to a more plant based diet to lessen any possible insulin resistance. Insulin resistance can contribute to severely imbalanced hormones or erratic hormone levels. There are a few supplements that can assist also along with dietary changes. A good holistic practitioner should be well versed in how to handle this.

FACTS ABOUT HYSTERECTOMIES

Young women who have had their ovaries removed or rendered nonfunctional due to ovarian isolation are 7 times more likely to develop coronary heart

disease. They are also more likely to develop bone problems at an early age than women who move into menopause naturally.

FACT: Women report a loss of physical sexual sensation after hysterectomy.

FACT: A woman's vagina is shortened, scarred and dislocated by hysterectomy.

FACT: Hysterectomy's damage is life-long. Among its most common consequences, in addition to operative injuries are:

- heart disease
- loss of sexual desire, arousal, sensation
- weight gain
- osteoporosis
- bone, joint and muscle pain and immobility
- painful intercourse, vaginal damage
- displacement of bladder, bowel, and other pelvic organs
- urinary tract infections, frequency, incontinence
- chronic constipation and digestive disorders
- debilitating fatigue
- loss of stamina
- altered body odor
- loss of short-term memory
- blunting of emotions, personality changes, despondency, irritability, anger, reclusiveness and suicidal thinking

FACT: No drugs or other treatments can replace ovarian or uterine hormones or functions. The loss is permanent.

FACT: The medical term for the removal of the ovaries is castration. 73% of women are castrated during hysterectomy.

FACT: The uterus and ovaries function throughout life in women who have not been hysterectomized or castrated.

FACT: 98% of women HERS has referred to board-certified gynecologists after being told they needed hysterectomies, discovered that, in fact, they did not need hysterectomies.

FACT: Gynecologists, hospitals and drug companies make more than \$17B dollars a year from the business of hysterectomy and castration.

So what do you do if you've already had an ablation, hysterectomy or tubal ligation?

I do know that most of this information is troubling to you if you've already undergone any of these procedures....

First, realize that you can't go back in time and change history. It's done. The bright side is this: you CAN balance your hormones; you CAN get back your life. It's going to take some work. This is now the time to really take care of yourself: to love your body, nourish your body, and to calm your body.

We are a Natural HEALTH COACH: a professional trained to provide lifestyle nutrition and help individuals set and reach their health goals using diet and exercise tools and behavioral psychology principles.

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