

## Do I need to stop HRT before my surgery?

If you are due to have an operation and you take HRT, this factsheet is for you. You may be wondering whether you can keep taking your HRT up until your surgery and during the recovery period. Perhaps you have been told by your healthcare professional that you need to stop taking your HRT several weeks before your operation and you would like to know more about this. This factsheet will explain the risk of blood clot associated with undergoing surgery and what this means for you if you take HRT.

### What is the concern?

Most people think that going on a long flight is the biggest risk for getting a type of blood clot called DVT or Deep Vein Thrombosis, but there is a much larger risk of clot if you have surgery or have to stay in hospital for other reasons. A DVT is a serious condition and can be fatal if the clot breaks off and travels through your heart and becomes lodged in your lung (known as a PE or Pulmonary Embolism). You are more at risk of getting a clot if you're over 60 years, are overweight, have previously had a clot, you have an inflammatory illness, or you have a family history of clot or certain blood diseases. You are also at greater risk if you are in hospital and unable to move around much, such as after major surgery, especially to the tummy, hip or knee, and you need to spend long periods and many days in bed.

The good news is that DVTs and PEs can usually be prevented safely and effectively by medication, tight-fitting stockings and moving around.

### Does taking HRT increase my risk of getting a clot?

The answer to this question depends on what type of HRT you take. If you take the estrogen part of HRT in tablet form, then there is a very small risk of clot for some women. Because of this slight risk, you may be asked to come off the estrogen tablets 4-6 weeks before any major surgery. This may not be necessary for minor or laparoscopic surgery, so discuss your individual risk of clot with your surgeon. Because oral estrogen does carry this small risk, it may be worth considering changing the way you take estrogen in the future and try one of the alternative types of estrogen that is absorbed through the skin.

If you take your estrogen through the skin (transdermal) via a patch, gel or spray, the good news is that there is no need to stop taking your HRT before or after surgery – regardless of the type of surgery. Transdermal estrogen poses no additional risk for clot so you can carry on taking it, and simply follow the general advice given to anyone for reducing risk of clot after your surgery.

There is no risk of clot with micronised progesterone (Utrogestan in the UK), the Mirena (a hormonal intrauterine device commonly used for contraception but also for the progesterone part of HRT) or with testosterone. There is a small risk of clot with the tablet synthetic progestogens which are in some types of HRT.

## Benefits of HRT

If you're able to take HRT throughout your surgery and recovery, there will be benefits to your overall health and wellbeing that will aid your recuperation. As well as not having to endure unpleasant menopausal symptoms, the estrogen can aid the skin's wound-healing properties, help give you energy and motivation to do the necessary physical rehabilitation that is advised, and help keep your moods and emotions on an even keel as you adjust and adapt to any temporary changes to your routines that you might have to cope with.

And it is always worth remembering that HRT will optimise the health of your bones, heart and blood vessels, and your brain health for years to come.

## Ways to reduce risk of clot (for anyone) after surgery

Regardless of the type of HRT you take, it is prudent to be aware of ways to reduce your risk of getting a clot if you're going to have major surgery, particularly to the abdomen, hip or knee.

**The five most important things to be aware of are:**

1. Discuss your individual risk of clot with your doctor prior to surgery, for example at your pre-operative assessment appointment (mention if you are on the contraceptive pill or taking other medication that may affect your risk of clot).
2. Take any blood-thinning medication that is prescribed for you as directed, such as heparin or warfarin.
3. If they are advised, wear the 'compression' (sometimes called TED) stockings during and after your surgery. These are tight-fitting stockings that compress the veins in your leg to stimulate blood-flow. It's important that they are fitted properly.
4. Drink plenty of water and stay well-hydrated for the coming days and weeks after surgery.
5. As much as it is possible, move around frequently. Even while lying on the bed, you can do leg exercises, circling your feet, and shift position regularly. Once you're able, regular short walks will be beneficial.

