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**The  
Menopause  
Society™**

*Leading the Conversation*

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**Surgical Menopause Causes More Severe Genitourinary Syndrome of Menopause Phenotype**

*New study suggests that the sudden withdrawal of estrogen due to surgery increases the risk of genitourinary syndrome of menopause phenotype, including both genitourinary symptoms and exam findings*

CLEVELAND, Ohio (June 10, 2026)—Menopause is associated with an array of sexual and urinary symptoms, although not all women experience the same symptoms or severity of symptoms. A new study suggests that many of these signs and symptoms are worse for women who undergo surgical menopause instead of natural menopause. Results of the study are published online today in *Menopause*, the journal of The Menopause Society.

Surgically induced menopause occurs when both ovaries are removed, which causes an immediate and severe drop in hormones. A new study involving more than 400 postmenopausal women sought to determine if surgical menopause causes the same or different exam findings and symptoms compared to those of women who underwent menopause naturally. Specifically, the study focused on genitourinary syndrome of menopause (GSM) signs and symptoms.

GSM is a chronic, multifactorial clinical condition caused by changes in the lower urinary tract and genital tissues resulting from postmenopausal estrogen deprivation. The reported prevalence of GSM ranges between 27% and 84%. Although the condition significantly adversely affects the quality of life of postmenopausal women, it is frequently overlooked in routine practice.

To date, studies comparing GSM in women with surgical menopause versus natural menopause are limited. In this latest study, researchers found a statistically significant association of GSM symptom frequency with menopause type, being more frequent in the surgical menopause group compared with the natural menopause group. Symptoms most affected include vaginal dryness, pain during intercourse and urination, reduced sexual desire, postcoital bleeding, and urinary frequency. Additionally, GSM exam scores were higher (worse) in women with surgical menopause.

Given the significant impact of such symptoms on a woman's quality of life, early intervention is important and the researchers suggest that healthcare professionals more regularly inquire about symptoms with their female midlife patients. The results also support the growing preference for ovarian-conserving approaches during hysterectomy whenever clinically feasible.

Survey results are published in the article "Genitourinary syndrome of menopause in surgical versus natural menopause: standardized clinical scoring."

"This study showed that GSM symptoms and exam findings were worse in women who experienced menopause due to removal of both ovaries compared to those who underwent menopause naturally. Given the prevalence of GSM in menopausal women, and that fact that it is undertreated, clinicians caring for

midlife women should be more proactive in assessing for and managing GSM in general. In women with surgical menopause, this may be even more critical and should prompt early evaluation and treatment of symptoms,” says Dr. Stephanie Faubion, medical director for The Menopause Society.

For more information about menopause and healthy aging, visit [www.menopause.org](http://www.menopause.org).

The Menopause Society is dedicated to empowering healthcare professionals and providing them with the tools and resources to improve the health of women during the menopause transition and beyond. As the leading authority on menopause since 1989, the nonprofit, multidisciplinary organization serves as the independent, evidence-based resource for healthcare professionals, researchers, the media, and the public and leads the conversation about improving women’s health and healthcare experiences. To learn more, visit [menopause.org](http://menopause.org).