

## INTRODUCTION

# Hot flushes are the tip of the iceberg!

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On average, women born in the UK between 2017 and 2019 will live until they are 83.1 years old, and approximately one-third (32.9%) have a chance of reaching 90 (ONS 2020). Therefore, I take great pleasure in writing this introduction to the following papers by Yvonne Coldron (2021, pp. 9–21), Carolyn Lindsay (2021, pp. 22–32) and Christien Bird (2021, pp. 33–39). They are all experts in their fields and equally passionate about educating women about postmenopausal health.

I recently operated on a 62-year-old woman whose uterus and vagina were now outside her body, hanging like a huge penis between her legs. She had delivered two children vaginally, and in all other regards, was ostensibly fit and well. The uterus and vagina were dry, crusty and ulcerated, and she was unable to pass urine because her urethra was kinked. I have no doubt that I would have seen significant hydronephrosis if I had imaged this woman's kidneys: her ureters were also outside her body, next to the cervix, and obstructed. This severe form of pelvic organ prolapse is known as procidentia, and is a cause of renal failure.

Could this have been prevented? We will never know, of course, but “sure as eggs is eggs”, we should be educating women about the menopause during and after their reproductive years. This will give them a fighting chance of avoiding the consequences of walking on two legs and the effects of ageing, not least declining and then absent ovarian function.

Women are what I would call “putter-uppers”, and often feel that certain things are their lot in life. I have seen too many anxious women who have “battled through their menopause” and have now “had enough”. How tragic that is! They are usually referring to the ravages of hot flushes and sweating, their complete loss of confidence, and sleeplessness leading to exhaustion. However, these are only the visible effects of menopause.

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What about the deterioration of their collagen and bones? Its essential role in all elastic and supple tissues makes collagen vitally important to pelvic floor and bladder health. The effect of oestrogen on the tissues of the vagina and urethra means that the former becomes pale, flat and dry instead of pink, plump and perky when levels of this hormone decline after the menopause. All the life-changing consequences of painful sex then follow in its wake.

Pelvic floor education during and after pregnancy, and from the age of 40 years onwards is the way forward, of course. Rather than a telegram from the Queen at 100, women in the UK should be wished a happy fortieth birthday by women's health experts, who have an important message for them: “Wake up and get ready for the next half of your life, and prepare to be your best selves.”

Hormone replacement therapy (HRT) is not for everyone, but all women should definitely think about their diet and exercise regime. However, HRT may be the right thing for some individuals, and they should be helped to make the very best evidence-based health choices for themselves. This means that women need to have access to experts like those who have written the following papers.

## References

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- Lindsay C. F. (2021) Impact of the menopause on the female urogenital system and sexual function. *Journal of Pelvic, Obstetric and Gynaecological Physiotherapy* 129 (Autumn), 22–32.
- Office for National Statistics (ONS) (2020) *National Life Tables—Life Expectancy in the UK: 2017 to 2019*. [WWW document.] URL <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetablesunitedkingdom/2017to2019>

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*Dr Karen Morton MA MRCP FRCOG (Fig. 1) is a consultant obstetrician and gynaecologist. She is also the founder and medical director of Dr Morton's – the medical helpline ([www.drmortons.co.uk](http://www.drmortons.co.uk)), and its free-at-the-point-of-care company, Tonsmor Doctors ([tonsmordocors.co.uk](http://tonsmordocors.co.uk)). After graduating from the University of Cambridge, Karen trained in Cambridge, Oxford, and Queen Charlotte's Maternity Hospital, Chelsea Hospital and St Thomas' Hospital in London before becoming a consultant at the Royal Surrey County Hospital in Guildford. Her special interests are paediatric and adolescent gynaecology, and the menopause. Karen is on the menopause specialist register of the British Menopause Society. Her obstetric experience includes the treatment of medical problems in pregnancy such as diabetes and thyroid disease. After years of dealing with a multitude of gynaecological issues over the telephone, she concluded that medicine has been slow to embrace communication technology. For gynaecological reasons, women need to seek medical advice more often than men (e.g. about contraception, period problems, fertility and pregnancy, and the menopause). Karen's mission is to deal with gender-related health inequality, and the impact that this undoubtedly has on women's career progression. She works closely with women's*



**Figure 1.** Dr Karen Morton MA MRCP FRCOG.

*health physiotherapists and nutritionists, and believes that we can best help women as a multi-disciplinary team.*