

TV Medical Correspondent

Dr. Lauren Streicher:

Menopause is Forever, But Misery Isn't

BY DONNA DOLINAR



◀ WITH DR. OZ

You may have seen her on *The Dr. Oz Show*, *The Oprah Winfrey Show*, *The McNeil Lehrer Hour*, *ABC's World News Tonight, 20/20*, *Good Morning America* and NBC's *TODAY* show. Her second edition of *The Essential Guide to Hysterectomy* has just been released and she is a contributor to the Dr. Oz Blog.

She's Lauren Streicher*, MD, a practicing OB/GYN physician and surgeon in Chicago, as well as an assistant clinical professor of obstetrics and gynecology at Northwestern University's Feinberg School of Medicine. I caught up with this busy woman on a Sunday morning while she was at her treadmill desk. She walked while we talked.

Donna Dolinar: You are passionate about women's health issues. Was it always this way or was there a turning point that led you to this path?

Lauren Streicher: It was a combination. I grew up in a family where my mother was an extraordinary person and a role model. She earned a degree from Northwestern University at a time when not many women attended college. She encouraged me not only in academic pursuits, but with the idea that women have no limitations. When I was in college, my first job was at one of the first legal abortion clinics. My work was to talk to women about the concept of choice. I offered women information on terminating the pregnancy, keeping the baby, adoption and the various advantages and disadvantages to each option. I was trained at a very early age to realize how important it was to get all the information before making a decision and applied that to my work. That set the stage for me in medicine and now in writing.

DD: In a recent interview, you talked about mid-life women and the fact that there are differences between what is "common" and what is "normal." What do you mean by this, and can you give me some examples?

LS: Women tend to accept certain conditions because they are common. This particularly happens as we age. An example would be incontinence, those times when we cough or sneeze and have some leakage. Is it

common? Yes. Is it normal? Not necessarily. There are treatments that can provide relief.

Another more serious example would be undiagnosed heart disease. Chest pains may be common, but certainly are not normal. These are things women should discuss with their doctor.

DD: There is a great deal of history of the hysterectomy surgical procedure in the opening of your book.

LS: That is my favorite part of the book. I have always loved learning about how we used to treat various illnesses or diseases. It wasn't that long ago that we had different options and techniques. In fact, the textbook I used for my research on hysterectomy in the 1940s came right off my father's shelf; he was a doctor himself. Admittedly, a lot of women won't be interested in it, but I feel it gives context to where things are today.

DD: Are most hysterectomies performed laparoscopically?

LS: They should be, but sadly, many women still end up with a big incision they didn't need. In spite of outpatient hysterectomy being a safe, appropriate reality, women are not being informed when they are candidates for the procedure and instead are offered more invasive, risky procedures. We've come a long way since I did my first hysterectomy twenty years ago, and my fellow residents and I laughed at the notion that a uterus could be removed through a one-inch

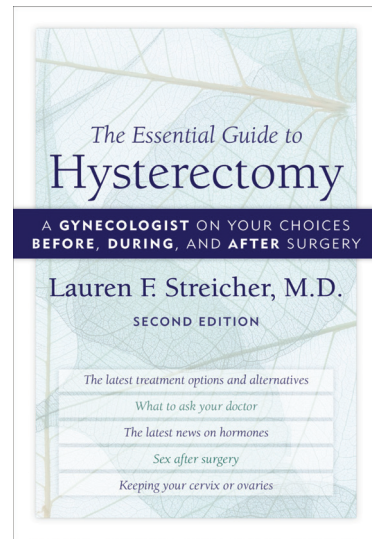
laparoscopic incision. Little did I know that one day I would perform most of my hysterectomies using that technique.

DD: My favorite chapter is Number 16. It outlines in humorous detail what to expect on the day of surgery. It should be required reading for any person undergoing any surgery.

LS: As surgeons, we take the process for granted, but it's another planet for the patient. Surgery can be frightening when you don't know what to expect.

DD: After a woman has a hysterectomy, what are the guidelines for pap smears?

LS: Postoperatively, it depends on what was removed. Hysterectomy surgical options are like an à la carte menu. If the cervix was removed, most women won't need a pap smear going forward. But, a lot of women think that if they don't have a pap smear, they don't need an annual exam, which is untrue, because they can still have gynecological problems.



▲ WORKING IN A CLINIC ON A RECENT TRIP TO KENYA

Approximately 600,000 hysterectomies are performed annually in the United States and an estimated

20

million U.S. women have had a hysterectomy.

—Centers for Disease Control and Prevention
www.cdc.gov

* Pronounced Striker

(continued on next page)

DD: In a hysterectomy, what are the advantages of leaving the ovaries intact rather than removing them?

LS: Age and circumstances. The surgeon needs to look at the reason for the hysterectomy, plus factors like is it a 40-45 year old woman producing estrogen, or someone with a history of cancer, or a 60+ woman whose ovaries are inactive. Because ovarian cancer is so difficult to diagnose, there are differing opinions on whether it is better to leave the ovaries intact or eliminate the chance of ovarian cancer. These are the pros and cons of the decision process.

DD: Could you explain the difference between peri-menopause and menopause?

LS: During peri-menopause, the ovaries are starting to wind down, which causes a roller coaster of estrogen production, causing an imbalance. Menopause is when the ovaries are not producing any estrogen and will never again. Peri-menopause can be a very difficult time. While some women have no issues, for many women it is a time when they are very uncomfortable, to say the least. It can last for months or years. An open discussion with your physician should give you the information you need to make an informed decision about what treatments, if any, are best for you.

Many women say, "I'm done with menopause," meaning they are no longer having symptoms of menopause such as hot flashes or insomnia. Menopause, however, refers to the ovary no longer producing estrogen. This is not transient, which is why I say a woman is in menopause forever, even if she no longer has symptoms. The consequences of menopause (lack of estrogen, bone loss, vaginal atrophy, etc.) will continue.

DD: You are also a spokeswoman for a new product—a lubricant. Can you talk about that?

LS: Longer life expectancies, coupled with menopause occurring in their 50s, means a longer time when women can and should enjoy the sexual experience. Women are likely to have sexual problems for various reasons, but they are not discussing it. The first thing women do when they have a problem is they don't talk about it with anyone...not with friends, doctors or husbands/partners. They buy the first product they find and very often it doesn't work. I believe you should at least buy one that is likely to help you.

Most lubricants are water soluble. They are gloppy, sticky and don't last very long. In addition, most have an ingredient called propylene glycol, which is very irritating. Many also contain glycerin—a sugar—which will increase the risk of yeast infections.

Silicone-based lubricants are much more slippery, last longer and have no propylene glycol. The lubricant I recommend, Wet Platinum, is a silicone lubricant that, unlike other silicone lubricants, is readily available in most drugstores as opposed to having to buy it online. It's also less expensive.

I am making it my mission to educate



▲ DR. STREICHER AND HER DAUGHTERS, DANIELLE AND RACHEL

women that they are not alone. Other women have the same problems. Education is the whole idea, including starting conversations about why women might need these types of products.

DD: You are married with adult children and stepchildren, a practicing physician and professor, a writer and television personality. What secrets do you have to balance your work and personal life and still keep sane?

LS: I take time for myself; at least 20 minutes out of my day. Sometimes it means going to a spa or having a pedicure. I keep physi-

cally active. When I write, I do it on my treadmill desk, which will give me 20 to 30 miles of walking. I take a ballet class; my husband and I attend ballet performances. I read for pleasure. My husband and I take trips, even if it is only for a few days, to recharge. Because my husband and I have separate careers, we have lots to talk about over dinner, experiences to share and opinions to offer.

GF: What do you see in your future?

LS: When people talk about retiring, they need to remember that

one still needs a purpose. I try very hard not to do things I don't like. I am still thinking about the next phase of my life.

DD: If you weren't a physician, what would you be?

LS: A ballerina. I realize that will never happen. I don't think I have the body or talent, but I love ballet! If I weren't a physician, I probably would have been a writer. I started as an English major in college. I took the prerequisites for medical school, just to keep my options open. I applied to medical school and was accepted and started down that path. If I hadn't gone to medical school, I would have pursued journalism or some other type of writing. My oldest daughter, in fact, almost exactly followed my footsteps but she took the direction I didn't; she's a writer. **g**



For over 17 years, Donna Dolinar was a technical writer/manager in the contracts departments in the home health industry. She now splits her time between freelance writing and community service. She lives in Kansas City, Kansas with her husband and two cats.

"At least once a day, a patient apologizes to me that she hasn't shaved her legs or had a pedicure before climbing into the stirrups.

It reminds me that what is a very routine exam for me is anything but routine for the women who are experiencing it."

—Lauren Streicher, MD
<http://blog.doctoroz.com/oz-experts/prepping-for-a-trip-to-the-gyn>