

Female Castration—Could It Happen To You?

by Cicily Corbett

“Female castration” sounds like some horrible third-world sexual practice, restricted to primitive cultures in which women are oppressed and subjected to unspeakable, barbaric practices.

In fact, castration is performed on nearly half a million American women every year, in state-of-the-art hospitals, by AMA-licensed surgeons, as part of routine hysterectomies. *Hysterectomies which, in 98 percent of cases, are not medically necessary.* According to the non-profit HERS (Hysterectomy Educational Resources and Services) Foundation, only two percent of hysterectomies are performed for medical reasons (primarily cancer).

What exactly is castration? It’s removal of the gonads. Well, OK, what are the gonads? Those are the male and female reproductive organs, which produce the cells that end up as babies and also the sexual hormones. Male gonads are the testes or testicles (a.k.a. “balls” or “nuts”). They produce sperm, as well as testosterone. Female gonads are the ovaries. They produce eggs, as well as estrogen and progesterone. Castration in a man means removal of the testicles. Castration in a woman means removal of the ovaries. The medical term for this castration surgery is *oophorectomy*.

So, do nearly half a million men have their balls cut off every year? Do you think?? Not hardly! *It’s not medically necessary*, and of course men are not going to stand for it.

The rate of cancer in female sex organs and in male sex organs is nearly identical. So why is it that this procedure is so common in women, and yet almost nobody is worrying about it? Why are we putting down African cultures for practicing “genital mutilation”—and African women for putting up with it—when the same thing is going on right here at home?

The short answer is, American women can’t see their own reproductive organs and don’t understand much about them. Meanwhile, gynecologists, hospitals and drug companies make more than eight billion dollars a year from the business of hysterectomy and castration. In 2005, there were 617,000 hysterectomies performed in the U.S.

Over 99 percent of women did not have the surgery and the alternatives explained to them, allowing them to give informed consent. Many women are fast-talked into thinking that the surgery is life-saving and necessary; many more don’t even realize when they lie down on the operating table what is about to be done to them...much less the consequences.

And don’t think that hysterectomy/oophorectomy is a procedure for old ladies. Twice as many women in their 20’s and 30’s are hysterectomized as women in their 50’s and 60’s. Even women who don’t plan to have babies or are post-menopausal need their sexual organs. Common consequences of hysterectomy/oophorectomy include heart disease, osteoporosis, chronic fatigue, chronic constipation, bladder infections, personality

change, suicidal thoughts, and on and on and on. But most frightening of all are the sexual changes.

Over 75 percent of women who have had surgical removal of the uterus and/or ovaries report diminished or absent sexual desire. Most report diminished or absent orgasms. Many experience pain during intercourse. Most never talk about it.

Why are all these hysterectomies being performed? The most common reason hysterectomy is performed is for fibroids.

Fibroids are non-cancerous growths in the uterus. They grow until you reach menopause, then gradually shrink to a negligible size. You develop all of the new fibroids you are going to have by your 30's. According to US studies, fibroids occur up to nine times more often in black women than in white women. Symptoms of fibroids range from nothing at all to excessive bleeding, pain, pressure on the bladder, and anemia.

For women who are several years from menopause, when their fibroids will naturally shrink, a *myomectomy* (surgical removal of fibroids leaving the uterus intact) would be a more constructive solution to fibroids that cause a severe bleeding problem.

Fibroids are **not** a disease. Most women can live with the symptoms (mainly heavy bleeding, pain, and urinary frequency). If you cannot live with the symptoms, a myomectomy is a reasonable option.

Nora W. Coffey, founder and president of the HERS foundation, says, "If a doctor tells you that it can't be done because you have too many fibroids or that your uterus is too large, it just means they don't have the skill, it means you need a doctor that does have the skill. Although there are many other treatments for fibroids, such as uterine artery embolization (UAE, also called UFE), endometrial ablation, focused ultrasound, myolysis, and Lupron to shrink them, they are all destructive. The only constructive treatment for fibroids is myomectomy, but only if you're in the hands of a skilled gynecologist who has consistently good outcomes. A good outcome from myomectomy means you came out of the operating room with an intact uterus, you were not given a blood transfusion, and you did not have a new medical problem that you did not have before the myomectomy."

Ladies, get to know your own bodies! Get to know your own rights!

THINGS YOU CAN DO:

Visit the HERS Foundation online: www.hersfoundataion.org

Watch a 12-minute video about female anatomy:
<http://www.hersfoundation.org/anatomy/index.html>

Read Nora Coffey's blog for important information. (Especially read the comments for some heartbreaking stories from women—many quite young—who have been tricked into unnecessary hysterectomies): <http://hysterectomyinformation.blogspot.com/>

Take action by signing the petition regarding informed consent, reporting your experience, making a donation, attending a conference, or in other important ways: http://www.hersfoundation.org/take_action.htm