MENOBETES · FREE GUIDE

# The Surgical Menopause Recovery Checklist: What to Track in Your First 90 Days

The labs, nutrition shifts and hair-protection protocol your discharge paperwork left out.

90
DAY PLAN

## A note before you begin

When my ovaries were removed before I turned 40, I left hospital with wound-care instructions and a follow-up date. No one told me my hormones would drop overnight. No one told me my blood sugar would start behaving differently, or that my hair would start falling out three months later, just when I thought the worst was over.

I'm not a doctor. I'm a woman who has walked this road. This checklist is what I wish someone had put in my hands on day one: what changes, when it changes, which tests to ask for, and the small daily habits that protect your energy, your metabolism and your hair.

Print it. Bring it to your appointments. You don't have to walk this alone.

*— Ymmake Willem*

### START HERE

Only have 5 minutes? Do these 3 things this week:

1. **Book your labs**
   Print page 3 and take it to your doctor.
2. **Anchor every meal**
   About 30g of protein, 3 times a day (page 4).
3. **Print your questions**
   Take page 6 to your 6-week check-up.



Educational information only. Not medical advice.

SECTION 1

# The 90-Day Physiological Timeline

Removing both ovaries ends estrogen production within days, not years. Some symptoms show up right away, and others take weeks. Knowing the order of events helps you stay calm when something new appears.

WEEK 1

## Surgical stress & the hormone cliff

Your body is healing from surgery. Stress hormones such as cortisol rise, and blood sugar can run higher than usual. At the same time, estradiol falls sharply within the first few days.

**You may notice:** fatigue, broken sleep, first hot flashes or night sweats, mood swings, tearfulness.

WEEKS 2–6

## Your new hormonal baseline

Estrogen is now low and stable, and testosterone falls too, because the ovaries made a large share of it. Your body becomes less sensitive to insulin, so the same meals can give bigger blood sugar swings, and fat starts to settle around the middle.

**You may notice:** hot flashes, joint aches, vaginal dryness, low libido, brain fog, cravings, belly weight.

MONTHS 2–4

## The hair-shedding window DON'T PANIC

Major surgery and a sudden hormone change can push many hair follicles into their resting phase at once. They shed about 2–3 months later. This is called **telogen effluvium**. It is usually temporary, and it often catches women off guard because it starts long after the surgery.

**You may notice:** more hair in the shower and brush, a wider part, thinner ponytail.

DAY 90+

## Recovery & re-assessment

Your wound is healed and your energy is returning. This is a good time to repeat key labs, review how hormone therapy (if you're on it) is working, and set long-term habits for bone, heart and metabolic health.

A hysterectomy that keeps the ovaries does not cause immediate menopause, but it can bring menopause on a little earlier. This timeline is for women whose ovaries were removed.

SECTION 2 · PRINTABLE

# Post-Surgery Lab Request Sheet

Hand this sheet to your doctor. Ask for your actual numbers, not just "normal", and keep a copy so you can compare at day 90.

Name _____ Date of surgery _____ Ovaries removed? Both / One / None _____

| | TEST | WHY IT MATTERS | MY RESULT |
|---|---|---|---|
| **HORMONES** | | | |
| ☐ | **Estradiol (E2)** & **FSH** | Confirms your new baseline and helps guide hormone therapy dosing. | |
| ☐ | **Free & total testosterone** | Low levels can affect libido, energy and muscle. | |
| ☐ | **SHBG** | Shows how much testosterone your body can actually use. Oral estrogen raises it. | |
| **HAIR & ENERGY** | | | |
| ☐ | **Ferritin** + **full blood count** | Iron stores are often low after surgery. Lab "normal" can start as low as about 12–15 ng/mL, but many hair-loss specialists aim for 40–70 ng/mL or higher. | |
| ☐ | **Vitamin D** (25-OH) | Supports bone, mood and the hair growth cycle. | |
| ☐ | **Full thyroid panel**: TSH, Free T3, Free T4 (± antibodies) | Thyroid problems mimic menopause and are a common hidden cause of hair loss. | |
| **METABOLIC** | | | |
| ☐ | **Fasting insulin** & **fasting glucose** | Together they catch insulin resistance years before diabetes shows up. | |
| ☐ | **HbA1c** | Your average blood sugar over about 3 months. | |
| ☐ | **Lipid panel** | LDL cholesterol often rises once estrogen falls. | |

**Taking biotin?** High-dose biotin, common in hair supplements, can distort thyroid and hormone results. Tell your doctor and ask whether to pause it for a few days before your blood test.

SECTION 3

# The Post-Op Blood Sugar Reset

Estradiol helps your muscles and liver respond to insulin. When it drops suddenly, your body has to make more insulin to handle the same food. That is why women who never thought about blood sugar can suddenly see cravings, energy crashes and belly weight.

### What's happening

Lower estrogen → weaker insulin response → higher, longer blood sugar peaks after meals → more fat stored around the middle.

### The good news

Insulin sensitivity responds quickly to how you eat and move. Small, daily rules work better than a crash diet, which your healing body (and your hair) can't afford right now.

## The 3 daily rules

**1**

### The 30g protein anchor

Build every meal around about 30g of protein, such as 3 eggs with Greek yogurt, a palm-sized piece of fish or chicken, or a cup of lentils with tofu. Protein steadies blood sugar, helps your wound heal, protects muscle and supplies the building blocks of hair.

**2**

### Fiber first

Eat in this order: vegetables or salad first, then protein and fat, then starch or fruit last. Eating the same meal in this order can noticeably flatten the blood sugar spike that follows it.

**3**

### The evening carb cutoff

Have most of your starchy carbs earlier in the day, when your body handles them better, and keep dinner mainly protein and vegetables. Many women find this also calms night sweats and improves sleep.

## What one day looks like

**BREAKFAST**

3-egg omelette with spinach, plus ½ cup Greek yogurt and berries

**≈ 30g protein**

**LUNCH**

Big green salad first, then a palm-sized piece of grilled chicken with ½ cup brown rice

**≈ 35g protein**

**DINNER**

Palm-sized baked fish with roasted vegetables and a side of lentils (no bread or rice)

**≈ 30g protein**

**Make it easy with my free Recipe Finder & Carb Checker.**
Find low-carb meals that follow these three rules, and check the carbs in what you eat. Scan the code or visit **menobetes.com/recipe-finder-carb-checker**

On diabetes medicine or insulin? Talk to your doctor before changing how you eat, because your doses may need adjusting.

SECTION 4

# Stopping the 90-Day Hair Shed

You can't always stop a shed that has already started, because those hairs left the growth phase weeks ago. You can protect the hair that's coming in next and avoid making the shed worse.

## 3 mistakes women make when the shedding starts

### 1. Crash dieting

Cutting calories or protein hard to fight post-op weight gain tells your body hair is optional, and it can set off a second wave of shedding.

### 2. Tight styles & high heat

Tight ponytails, braids, extensions and hot tools stress follicles that are already fragile. Go loose and low-heat for now.

### 3. Ignoring ferritin

Low iron stores are one of the most common, and most fixable, drivers of shedding. "Normal" is not always enough for hair.

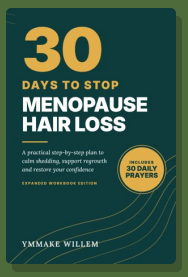
## Daily scalp checklist

- [ ] Wash gently with a mild shampoo; don't skip washing out of fear
- [ ] Detangle wet hair with a wide-tooth comb, ends first
- [ ] 4–5 minute scalp massage with your fingertips
- [ ] Loose style, satin pillowcase or bonnet at night
- [ ] Air-dry or use low heat with a heat protectant
- [ ] Once a week: photo of your part, same spot and same light

## Daily micronutrient checklist

- [ ] Protein at every meal (90g+ total)
- [ ] Iron-rich food with vitamin C (e.g. greens or beef with citrus)
- [ ] Zinc: seeds, legumes, seafood
- [ ] Omega-3s: oily fish, walnuts, flax
- [ ] Vitamin D from sun or food, or a supplement if your lab is low
- [ ] 7+ hours of sleep; stress raises shedding

Only supplement iron if a test shows you need it. Too much iron is harmful.




**This checklist protects your hair for a day. My book takes you through 30.**

- A step-by-step plan to calm shedding and support regrowth
- Expanded workbook edition, with space to track your progress
- Includes 30 daily prayers to restore your confidence

Scan the code, or visit **a.co/d/0iFGxXMW**. Kindle and paperback.

Shedding that lasts beyond 6 months, or comes with patchy bald spots, needs a doctor's review.

SECTION 5 · PRINTABLE

# Your 6-Week Check-Up Question Guide

Appointments go fast. Print this page, take a pen, and write the answers down while you're in the room.

1. **Is hormone therapy right for me, and should it be a patch or gel (transdermal) or a pill (oral)?**
   For women whose ovaries were removed before natural menopause age, guidelines generally favor hormone therapy unless there's a reason not to. Transdermal estrogen carries a lower clot risk than pills.

2. **Do I need progesterone too, or estrogen alone?**
   This depends on whether your uterus was removed. If my surgery was for cancer or a gene such as BRCA, how does that change my options?

3. **Should I have a baseline DEXA bone density scan?**
   Bone loss speeds up after estrogen falls suddenly. A baseline scan lets you track it.

4. **Can you refer me to a pelvic floor physiotherapist?**
   Also ask: when can I safely lift, exercise and have sex again?

5. **Could my testosterone be part of the problem?**
   Ask if low desire, low energy or loss of muscle is a concern for you.

6. **Which of my labs should we repeat, and when?**
   Bring the lab sheet from page 3 and agree on a recheck around day 90.

7. **How should we watch my heart and metabolic health from now on?**
   Blood pressure, cholesterol and blood sugar: how often to check, and what targets apply to me.

**Don't wait for your check-up. Call your doctor or get urgent care if you have:**

fever or chills · a wound that is red, hot, swelling or leaking · heavy bleeding · pain, swelling or warmth in one calf · chest pain or shortness of breath · severe or worsening belly pain · thoughts of harming yourself or deep low mood.

SECTION 6 · PRINTABLE

# Your 90-Day Tracker

Fill in one row each week. Patterns you can show your doctor are far more useful than "I just don't feel right".

**Score 0–5:** 0 = none · 5 = severe (hot flashes) or excellent (sleep, energy) **Shed:** L / M / H

**Protein:** days you hit 30g per meal (0–7)

| WEEK | HOT FLASHES | SLEEP | ENERGY | MOOD | HAIR SHED | PROTEIN DAYS | WAIST | NOTES |
|---|---|---|---|---|---|---|---|---|
| Week 1 | | | | | | | | |
| Week 2 | | | | | | | | |
| Week 3 | | | | | | | | |
| Week 4 | | | | | | | | |
| Week 5 | | | | | | | | |
| Week 6 ✓ | | | | | | | | |
| Week 7 | | | | | | | | |
| Week 8 | | | | | | | | |
| Week 9 | | | | | | | | |
| Week 10 | | | | | | | | |
| Week 11 | | | | | | | | |
| Week 12 | | | | | | | | |
| Week 13 ✓ | | | | | | | | |

✓ **Week 6:** post-op check-up, so bring page 6. ✓ **Week 13 (day 90):** repeat your labs and compare them with page 3.

SECTION 7

# Your Next Steps

You've got the map. Here's where to go next for support between appointments.

### Eat for steady blood sugar

Use my free Recipe Finder & Carb Checker to find low-carb meals and check the carbs in your food. **menobetes.com/recipe-finder-carb-checker**

### Protect your hair, day by day

*30 Days to Stop Menopause Hair Loss* by Ymmake Willem: the expanded workbook edition, with 30 daily prayers. Kindle and paperback. **a.co/d/0iFGxXMW**

### Watch & learn on YouTube

Short, practical videos on menopause, blood sugar and hair. Search **MenoBetes** on YouTube and subscribe.

### Watch your inbox

You're on the MenoBetes list. Over the next few weeks I'll send you the recipes, tips and stories that helped me most. Reply any time; I read every message.

*"I've walked this road.*
*You don't have to walk it alone."*

— Ymmake Willem · menobetes.com

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**Important:** This guide is for education and general information only. It is not medical advice and does not replace care from your own doctor, surgeon or pharmacist. Always talk to a qualified health professional before starting, stopping or changing any medicine, supplement, hormone therapy, diet or exercise plan, especially after surgery. Lab reference ranges vary between laboratories.