

Consent Estradiol & Testosterone Implants

Testosterone and estradiol pellet implantation has been used for hormone replacement since 1940. Current implants are well standardized and release testosterone and estradiol at a very consistent rate. Testosterone and estradiol pellets are placed under the skin of the lower abdomen wall or hip. This is performed by a physician as an out-patient office procedure under local anesthesia. The procedure takes minutes and is virtually pain free. Antibiotics *may* be given before the procedure and for up to 24 hours following the procedure to prevent an infection (diabetics, history of joint surgery). Complications are rare and include extrusion of the pellet, bleeding, and infection. Temporary skin discoloration is common. Anytime estrogen replacement therapy is started, vaginal bleeding or spotting may occur. This usually resolves on its own or with an adjustment in progesterone. If the bleeding persists, a work-up may be necessary to make sure that there are no uterine abnormalities. Please notify Dr. Clearfield, prior to the procedure, if you have a history of heavy menstrual flow, abnormal uterine bleeding, endometriosis, fibroids or have required a D & C or 'endometrial ablation' in the past. If you have a uterus, you must continue progesterone for at least 6 months after pellets are inserted. Failure to do so may result in build up (proliferation) of the uterine lining. Pellets are not removed and wear off on their own.

The implanted pellets deliver estradiol and testosterone for three to six months depending on the patient. The *first time* pellets are implanted hormone levels, including FSH, estradiol and testosterone, may be checked at month 4 or 5 (whenever the patient becomes symptomatic) to determine when additional pellets are needed. On average, in women, testosterone and estradiol pellets are implanted at 3-6 month intervals.

Instructions for estradiol & testosterone implants

- It is recommended that you have a negative breast exam/mammogram and pelvic exam.
- If you are diabetic or have had a joint replaced, an antibiotic (Keflex or Doxycycline) *may* be given prior to the procedure. If so, you are to take one dose of antibiotics before the procedure and two doses following the procedure.
- No vigorous physical activity for 48 hours following the procedure.
- You may apply an ice pack to the incision for 1-2 hours following the procedure.
- You may shower in 24 hours. A dry dressing (no antibiotic ointment) may be applied during the day to protect the incision. After the first 24 hours, leave the incision open to air at night.
- You may drive yourself to and from the procedure.
- You must notify Dr. Clearfield of any allergies or bleeding problems prior to the procedure including anti-coagulant (i.e. coumadin, Plavix) or aspirin therapy.
- You should notify your health care provider that you have the hormone implants.
- If vaginal bleeding occurs, you must notify your gynecologist or health care provider.
- Please read the handout 'Progesterone Dosing Strategies'.
- If you are a PRE-MENOPAUSAL female, you **must** use birth control. *Theoretically*, testosterone could masculinize a female fetus. You must notify the office if you become pregnant.

I have read and understand the above information. I understand the procedure, benefits, risks, possible temporary side effects and alternatives to the 'Implantation of Testosterone and Estradiol Pellets' and hormone therapy. I agree to allow Rebecca L. Clearfield, M.D. to implant the testosterone and/or estradiol pellets. I agree to the above mentioned follow up and will notify my health care practitioner. I understand that Dr. Clearfield will not be assuming my healthcare. I agree to hold Dr. Clearfield harmless for any complications that may occur. I give permission for my data to be used (anonymously) in a research study or publication in a peer-reviewed journal.

Witness

Patient signature