LOUDOUN
INTERNAL MEDICINE
ASSOCIATES

What Might Occur After a Pellet Insertion for Females

A significant hormonal transition may occur in the first four weeks after the insertion of your hormone pellets. Certain changes might develop that can be bothersome.

INFECTION
Is possible with any type of procedure. Infection is uncommon with pellet insertion and occurs in <0.5 to 1%. If redness appears and seems to worsen (rather than improve), is associated with severe heat and/or pus, please contact the office. Warm compresses are helpful, but a prescription antibiotic may also be needed.

MOOD SWINGS/IRRITABILITY/ANXIETY
These may occur if you were deficient in hormones. These symptoms usually improve as hormone levels improve. 5HTP can be helpful for this temporary symptom and can be purchased at many health food stores.

PELLET EXTRUSION
Pellet extrusion is uncommon and occurs in <5% of procedures. If the wound becomes sore again after it has healed, begins to ooze or bleed or has a blister-type appearance, please contact the office. Warm compress may help soothe discomfort.

ITCHING OR REDNESS
Itching or redness in the area of the incision and pellet placement is common. If you have a reaction to the tape, please apply hydrocortisone 2-3 times per day to the rash. If redness becomes firm or starts to spread after the first few days, you will need to contact the office.

FLUID RETENTION/WEIGHT GAIN
Testosterone stimulates the muscle to grow and retain water, which may result in a weight change of two to five pounds. This is only temporary.

SWELLING OF THE HANDS & FEET
If swelling of the hands and feet occur, contact your provider's office.

BREAST TENDERNESS OR SWELLING
This usually occurs most commonly in the first round of pellets but does not usually continue thereafter. If this continues contact the office for further instructions.

ELEVATED RED CELL COUNT (most common in men)
Testosterone may stimulate growth in the bone marrow of the red blood cells. This condition is called erythrocytosis. Erythrocytosis may also occur in some patients independent of any treatments or medications. If your blood count goes too high, you may be asked to see a blood specialist called a hematologist to make sure there is nothing worrisome found. If there is no cause, the testosterone dose may have to be decreased.

HAIR LOSS
Can occur in some patients who convert testosterone to DHT. Dosage adjustment generally reduces or eliminates the problem. Prescription medications may be necessary in rare cases. Workup for other causes may also be needed.

FACIAL BREAKOUT
Some pimples may arise if the testosterone levels are too high and converts to DHT.

UTERINE SPOTTING/BLEEDING/IRREGULAR PERIODS
This may occur in the first few months after an insertion, especially if you have been prescribed progesterone and are not taking properly: i.e. missing doses, or not taking a high enough dose. Please notify the office if this occurs. Bleeding should be evaluated by a gynecologist.

HAIR GROWTH
Testosterone may stimulate some growth of hair on your chin, chest, nipples and/or lower abdomen. Fine, vellous hairs or "peach fuzz" often occurs but is not thick nor coarse. You may also have to shave your legs and arms more often. Dosage adjustment generally reduces or eliminates the problem.

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY AND UNDERSTAND THE INFORMATION ON THIS FORM

PATIENT:
Print Name: _____

Signature: _____ Date: _____

WITNESS:
Print Name: _____

Signature: _____ Date: _____