BHRT Initial Pellet Insertion - Female Packet

- **Patient copies of post-op instructions are on top of the packet.**
- **If more than one page, staple them together and place one patient label on the first page only.**
- **No need to hole punch patient copies of post-op instructions. Just place instructions inside the chart.**

Pelosi Medical Center
BHRT PELLET POST-INSERTION INSTRUCTIONS
FEMALE

INSTRUCTIONS

- Your insertion site has been covered with two layers of bandages. Remove the outer pressure bandage any time after 24 hours. It must be removed as soon as it gets wet. The inner layer (usually a steri strip) should be removed in 3 days.
- **Do not take tub baths or get into a hot tub or swimming pool for 3-4 days.** You may shower, but do not remove the bandage or steri-strips for 4 days.
- No heavy lifting or major exercises for the incision area for the next 3-4 days, which includes running, elliptical, squats, lunges, etc.
- The insertion site may be uncomfortable for up to 2 to 3 weeks. If there is itching or redness you may take Benadryl for relief (25 to 50 mg orally every 6 hours). Caution: this can cause drowsiness!
- You may experience bruising, swelling, and/or redness of the insertion site which may last from a few days up to 2 to 3 weeks. If the redness worsens after the first 2-3 days, please contact the office.
- You may notice some pinkish or bloody discoloration of the outer bandage. This is normal.
- If you experience bleeding from the incision, apply firm pressure for 5 minutes.
- Please call if you have any bleeding not relieved with pressure (not oozing), as this is NOT normal.
- Please call if you have any pus coming out of the insertion site, as this is NOT normal.
- We recommend putting an ice pack on the area where the pellets are located a couple of times for about 20 minutes each time over the next 4 to 5 hours. You can continue this for swelling, if needed. Be sure to place something between the ice pack and your bandages/skin. Do not place ice packs directly on bare skin.

REMINDERS:

- Remember to have your post-insertion blood work done 6 weeks after your FIRST insertion. If you are not feeling any better by 4 weeks, however, please call the office to have your labs drawn early.
- Most women will need re-insertion of their pellets 3-4 months after their initial insertion. If you experience symptoms prior to this, please call the office at **201-858-1800**.
- Please call as soon as symptoms that were relieved from the pellets start to return to make an appointment for your next insertion.

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

_____ ___/___/___

Patient Signature Date

Pelosi Medical Center
BHRT PELLET POST-INSERTION INSTRUCTIONS
FEMALE

INSTRUCTIONS

- Your insertion site has been covered with two layers of bandages. Remove the outer pressure bandage any time after 24 hours. It must be removed as soon as it gets wet. The inner layer (usually a steri strip) should be removed in 3 days.
- **Do not take tub baths or get into a hot tub or swimming pool for 3-4 days.** You may shower, but do not remove the bandage or steri-strips for 4 days.
- No heavy lifting or major exercises for the incision area for the next 3-4 days, which includes running, elliptical, squats, lunges, etc.
- The insertion site may be uncomfortable for up to 2 to 3 weeks. If there is itching or redness you may take Benadryl for relief (25 to 50 mg orally every 6 hours). Caution: this can cause drowsiness!
- You may experience bruising, swelling, and/or redness of the insertion site which may last from a few days up to 2 to 3 weeks. If the redness worsens after the first 2-3 days, please contact the office.
- You may notice some pinkish or bloody discoloration of the outer bandage. This is normal.
- If you experience bleeding from the incision, apply firm pressure for 5 minutes.
- Please call if you have any bleeding not relieved with pressure (not oozing), as this is NOT normal.
- Please call if you have any pus coming out of the insertion site, as this is NOT normal.
- We recommend putting an ice pack on the area where the pellets are located a couple of times for about 20 minutes each time over the next 4 to 5 hours. You can continue this for swelling, if needed. Be sure to place something between the ice pack and your bandages/skin. Do not place ice packs directly on bare skin.

REMINDERS:

- Remember to have your post-insertion blood work done 6 weeks after your FIRST insertion. If you are not feeling any better by 4 weeks, however, please call the office to have your labs drawn early.
- Most women will need re-insertion of their pellets 3-4 months after their initial insertion. If you experience symptoms prior to this, please call the office at **201-858-1800**.
- Please call as soon as symptoms that were relieved from the pellets start to return to make an appointment for your next insertion.

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

_____ ___/___/___

Patient Signature Date

Pelosi Medical Center
BHRT PELLET INSERTION CONSENT - FEMALE

My physician/practitioner has recommended bioidentical hormone therapy delivered by a pellet inserted under my skin for treatment of symptoms. I am experiencing related to low hormone levels. The following information has been explained to me prior to receiving the recommended therapy.

OVERVIEW

Bioidentical hormones are hormones that are biologically identical to that made in my own body. The levels of active estradiol and/or testosterone made by my body have decreased, and therapy using these hormones may have the same or similar effect(s) on my body as my own naturally produced hormones. The pellets are a delivery mechanism for estradiol and/or testosterone, and bioidentical hormone replacement therapy using pellets has been used since the 1930's. There are other formulations of estradiol and testosterone replacement available, and different methods can be used to deliver the therapy.

There are no commercially available forms of testosterone, however, that are formulated specifically for use in women. The risks associated with pellet therapy are generally similar to other forms of replacement therapy using bioidentical hormones.

PELLET ACTIVE INGREDIENTS

I understand that (please initial by the appropriate statement):

_____ I am receiving pellets today that contain testosterone only.

_____ I am receiving pellets today that contain estradiol and testosterone.

_____ I am receiving pellets today that contain testosterone and anastrozole.

RISKS/COMPLICATIONS OF TESTOSTERONE

Risks associated with pellet insertion may include bleeding from incision site, bruising, fever, infection, pain, swelling, pellet extrusion which may occur several weeks or months after insertion, reaction to local anesthetic and/or preservatives, allergy to adhesives from bandage(s), steri-strips or other adhesive agents.

Some individuals may experience one or more of the following complications with testosterone: acne, abnormal bleeding or a change in menstrual cycle (if patient has a uterus), anxiety, breast or nipple tenderness or swelling, insomnia, depression, mood swings, fluid and electrolyte disturbances, headaches, increase in body hair, fluid retention or swelling, mood swings or irritability, rash, redness, itching, lack of effect (typically from lack of absorption), transient increase in cholesterol, nausea, retention of sodium, chloride and/or potassium, weight gain or weight loss, thinning hair or female pattern baldness, hypersexuality (overactive libido) or decreased libido, overproduction of estrogen (called aromatization) or an increase in red blood cell formation or blood count (erythrocytosis). The latter can be diagnosed with a blood test called a complete blood count (CBC). This test should be done at least annually. Erythrocytosis can be reversed simply by donating blood periodically, but further workup or referral may be required if a more worrisome condition is suspected.

If you are planning to start or expand your family soon, please talk to your provider about other options.

RISKS/COMPLICATIONS OF ESTRADIOL (ONLY APPLICABLE IF RECEIVING ESTRADIOL IN THE PELLETS)

The side-effects of estradiol are similar to those listed above for testosterone. Additionally, there is some risk, even when using bioidentical hormones, that estrogens may cause existing cases of some breast cancers to grow more rapidly. This risk may also apply to some undiagnosed forms of breast cancer.

Using estrogen-alone (without progesterone) may increase the chance of getting cancer of the uterus. Endometrial sampling (biopsy) or surgery may be required if abnormal bleeding occurs.

PLEASE INITIAL IF YOU ARE POSTMENOPAUSAL, HAVE A UTERUS, AND ARE GETTING ESTRADIOL.

_____ I understand that I have a uterus and am receiving postmenopausal dosing of estradiol. I agree to take progesterone as directed by my health care provider while receiving estradiol.

RISKS/COMPLICATIONS OF ANASTROZOLE (ONLY APPLICABLE IF RECEIVING ANASTROZOLE IN THE PELLETS)

Anastrozole is a type of medication called an aromatase inhibitor. Aromatase inhibitors limit or prevent the conversion of testosterone into estrogen. Aromatase inhibitors can be used for a variety of conditions but are most commonly used in patients with a history of estrogen receptor positive breast cancer.

Anastrozole should not be used in pregnant women and should be used with caution in women with pre-existing ischemic heart disease.

Anastrozole in pellets should not be given to premenopausal women nor to women taking oral aromatase inhibitors (anastrozole or letrozole) or selective estrogen receptor modulators (tamoxifen or raloxifene).

The amount of anastrozole used in pellets is very low. The most common side-effects for women taking anastrozole are hot flashes, joint pain, and muscle pain. Because of the low dose in the pellet, these effects are not usually seen with this type of therapy, however.

CONSENT FOR TREATMENT:

Pelosi Medical Center

BHRT PELLET INSERTION CONSENT - FEMALE

I agree to immediately report any adverse reactions or problems that may be related to my therapy to my physician or health care provider's office, so that it may be reported to the manufacturer. Potential complications have been explained to me, and I acknowledge that I have received and understand this information, including the possible risks and potential complications and the potential benefits.

I also acknowledge that the nature of bioidentical therapy and other treatments have been explained to me, and I have had all my questions answered. I understand that follow-up blood testing will be necessary four (4) weeks after my initial pellet insertion and then at least one time annually thereafter. I also understand that although most patients will receive the correct dosage with the first insertion, some may require dose changes.

I understand that my blood tests may reveal that my levels are not optimal which would mean I may need a higher or lower dose in the future. Furthermore, I have not been promised or guaranteed any specific benefits from the insertion of testosterone pellets.

I accept these risks and benefits, and I consent to the insertion of testosterone pellets under my skin performed by my provider. This consent is ongoing for this and all future insertions in this facility until I am no longer a patient here, but I do understand that I can revoke my consent at any time. I have been informed that I may experience any of the complications to this procedure as described above.

I have read or have had this form read to me.

_____	___/___/___	_____	___/___/___	_____	__/___/__
Patient Signature	Date	Witness Signature	Date	Surgeon Signature	Date

Patient ID

Pelosi Medical Center
BHRT Pellet Insertion Flowsheet

Date	Estradiol (mg)	Testosterone (mg)	Placement Site	Notes	Physician Signature
			☐ R ☐ L ☐ Lower abdomen ☐ Lower back ☐ Gluteus		
			☐ R ☐ L ☐ Lower abdomen ☐ Lower back ☐ Gluteus		
			☐ R ☐ L ☐ Lower abdomen ☐ Lower back ☐ Gluteus		
			☐ R ☐ L ☐ Lower abdomen ☐ Lower back ☐ Gluteus		
			☐ R ☐ L ☐ Lower abdomen ☐ Lower back ☐ Gluteus		
			☐ R ☐ L ☐ Lower abdomen ☐ Lower back ☐ Gluteus		
			☐ R ☐ L ☐ Lower abdomen ☐ Lower back ☐ Gluteus		
			☐ R ☐ L ☐ Lower abdomen ☐ Lower back ☐ Gluteus		
			☐ R ☐ L ☐ Lower abdomen ☐ Lower back ☐ Gluteus		
			☐ R ☐ L ☐ Lower abdomen ☐ Lower back ☐ Gluteus		
			☐ R ☐ L ☐ Lower abdomen ☐ Lower back ☐ Gluteus		

Pelosi Medical Center
BHRT PELLET TREATMENT PLAN - FEMALE

- The following medications or supplements are recommended in addition to your pellet therapy.
- It is best to take these vitamins and/or supplements after eating.
- **If you are currently taking estrogen replacement, please stop after 3 days; if you are using another form of testosterone, please stop after 7 days.**

SUPPLEMENTS: Those marked with an ***** are available in our office to purchase. To order online, scan the QR code. For best results, please take the supplements recommended for you. Take all supplements or vitamins AFTER a meal.

_____ DIM SGS+ - take 1 daily. *****

_____ ADK 5 or _____ADK10 – take daily or as directed. *****

_____ Multi-Strain Probiotic 20B - take 1 to 2 weekly then increase after 1 month to 1 daily. *****

_____ Bacillus Coagulans - take 1 daily or as directed.

_____ Methyl Factors+ - take 1 daily or as directed based on B12 or other lab results. *****

_____ Iodine+ - start by taking 2-3x weekly and gradually increase to daily dosing; start Iodine+ about 4 weeks after your first round of pellets.

_____ Arterosil - take 1 capsule twice daily; take 1 capsule 3x daily if taking for diabetic neuropathy.

_____ Curcumin SF - take 1-2 twice daily.

_____ Omega 3 + CoQ10 - take 1-2 twice daily.

_____ Senolytic Complex - take 1 capsule per day with water or as directed.

_____ Best Night Sleep - take 1 capsules 30 minutes before bed or as directed.

_____ Serene - take 1 or 2 capsules with water as needed. Effects typically start to diminish after 3-4 hours. Dosing may vary.

_____ BPC-157 - take 2 capsules per day with water or as directed.

_____ Other _____

PRESCRIPTIONS: These will be electronically sent to your preferred pharmacy. (Note: cmpd = compounded)

_____ Progesterone ____100 mg generic ____200 mg generic ____225 mg cmpd ____100 mg cmpd sublingual

If you are POSTMENOPAUSAL, have a uterus, and received estrogen replacement, please do not skip doses of progesterone as it can result in vaginal bleeding or an increased risk for endometrial cancer.

_____ NP Thyroid _____ mg every morning on an empty stomach. Wait 30 minutes before eating or drinking anything, including coffee, food, or other medications.

_____ Wean off Synthroid/Levothyroxine: alternate your desiccated thyroid (NP Thyroid or Armour) every other day with Synthroid/Levothyroxine for 3 weeks then go to every day on your desiccated thyroid

_____ Spironolactone100 mg daily. Start with ½ tablet daily and increase slowly to daily use in AM.

_____ Wean off your antidepressant (see wean protocol) _____ Other _____

Please call us at 201-858-1800 or send us a message through our patient portal for any questions about these recommendations.

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

_____ ____/____/_____

Patient Signature Date