

POST-CARE

HRT PELLETT PROCEDURE

PLEASE FOLLOW THESE INSTRUCTIONS TO MINIMIZE THE CHANCES OF SIDE EFFECTS FROM YOUR PELLETT PROCEDURE:

AFTER CARE

- YOUR INSERTION SITE HAS BEEN COVERED WITH TWO LAYERS OF BANDAGES. THE INNER LAYER IS A STERI-STRIP, AND THE OUTER LAYER IS A WATERPROOF DRESSING.
- DO NOT TAKE TUB BATHS OR GET INTO A LAKE, HOT TUB OR SWIMMING POOL FOR 7 DAYS. YOU MAY SHOWER, BUT DO NOT REMOVE THE BANDAGE OR STERI-STRIPS FOR 7 DAYS.
- NO HEAVY EXERCISING OR HEAVY LIFTING USING THE LEGS FOR 7 DAYS. THIS INCLUDES RUNNING, ELLIPTICAL, SQUATS, LUNGES, ETC. YOU CAN DO MODERATE UPPER BODY WORK AND NORMAL WALKING ON A FLAT SURFACE.
- IF THE INSERTION SITE IS UNCOMFORTABLE, ITCHY, OR RED YOU MAY TAKE AN ANTIHISTAMINE AND/OR TYLENOL FOR RELIEF.
- IT IS RECOMMENDED TO ICE THE INSERTION SITE WITH AN ICE PACK 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 BANDAGE/SKIN. DO NOT PLACE DIRECTLY ON BANDAGE OR SKIN.

COMMON SIDE EFFECTS

GENERAL

- THE SODIUM BICARBONATE IN THE ANESTHETIC MAY CAUSE THE SITE TO SWELL FOR 1-3 DAYS.
- YOU MAY EXPERIENCE BRUISING, SWELLING, AND/OR REDNESS AT THE INSERTION SITE WHICH MAY LAST FROM A FEW DAYS UP TO 2-3 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 OOZING) THAT IS NOT RESOLVED WITH PRESSURE, AS THIS IS NOT NORMAL.

QUESTIONS? CALL (470) 272-8730 OR TEXT
(706) 696-8879

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- PLEASE CALL IMMEDIATELY IF YOU HAVE ANY PUS COMING OUT OF THE INSERTION SITE, OR ANY OTHER SIGNS OF INFECTION INCLUDING FEVER OR CHILLS.
- PELLETT EXTRUSION IS UNCOMMON BUT PLEASE LET US KNOW IF THE PELLETT COMES OUT, AND IF THE WOUND BECOMES SORE AGAIN AFTER IT HAS HEALED, BEGINS TO OOZE OR BLEED, OR HAS A BLISTER-TYPE APPEARANCE.
- FLUID RETENTION/WEIGHT GAIN: TESTOSTERONE STIMULATES THE MUSCLE TO GROW AND RETAIN WATER WHICH MAY RESULT IN A WEIGHT CHANGE OF 2-5 LBS. THIS IS ONLY TEMPORARY AND HAPPENS FREQUENTLY AFTER INSERTION, AND ESPECIALLY IN HOT, HUMID WEATHER.
- SWELLING OF THE HANDS AND FEET: THIS IS COMMON IN HOT, HUMID WEATHER AND CAN BE TREATED BY DRINKING MORE WATER, REDUCING YOUR SALT INTAKE, OR BY TAKING A MILD DIURETIC.

FOR FEMALES:

- **UTERINE SPOTTING/BLEEDING:** 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 IS NOT NECESSARILY AN INDICATION OF A SIGNIFICANT UTERINE PROBLEM.
- **BREAST TENDERNESS OR SWELLING:** THIS USUALLY OCCURS MOST COMMONLY IN THE FIRST ROUND OF PELLETT BUT DOES NOT USUALLY CONTINUE THEREAFTER.
- **MOOD SWINGS/IRRITABILITY/ANXIETY:** THESE MAY OCCUR IF YOU WERE QUITE DEFICIENT IN HORMONES. THESE SYMPTOMS USUALLY IMPROVE AS HORMONE LEVELS IMPROVE.
- **ELEVATED RED CELL COUNT:** WHILE 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.

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FOR FEMALES:

- **HAIR LOSS:** IS RARELY DUE TO PELLETS BUT 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 BREAKOUTS:** SOME PIMPLES MAY ARISE IF THE TESTOSTERONE LEVELS ARE EITHER TOO LOW OR RISE RAPIDLY. THIS LASTS A SHORT PERIOD OF TIME AND CAN BE HANDLED WITH A GOOD FACE CLEANSING ROUTINE, ASTRINGENTS AND TONER. IF THESE SOLUTIONS DO NOT HELP, PLEASE CALL THE OFFICE.
- **HAIR GROWTH:** TESTOSTERONE MAY STIMULATE SOME GROWTH OF HAIR ON YOUR CHIN, CHEST, NIPPLES AND/OR LOWER ABDOMEN. THIS TENDS TO BE HEREDITARY. 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.

FOR MALES:

- **BREAST TENDERNESS OR NIPPLE SENSITIVITY:** THESE MAY DEVELOP WITH THE FIRST PELLETT INSERTION. THE INCREASE IN ESTROGEN SENDS MORE BLOOD TO THE BREAST TISSUE. INCREASED BLOOD SUPPLY IS A GOOD THING, AS IT NOURISHES THE TISSUE. TAKING 2 CAPSULES OF DIM DAILY HELPS PREVENT EXCESS ESTROGEN FORMATION. IN MALES, THIS MAY INDICATE THAT YOU ARE A PERSON WHO IS AN AROMATIZER (CHANGES TESTOSTERONE INTO ESTROGEN). THIS IS USUALLY PREVENTED IF DIM IS TAKEN REGULARLY BUT CAN BE EASILY TREATED AND WILL BE ADDRESSED FURTHER WHEN YOUR LABS ARE DONE, IF NEEDED.
- **MOOD SWINGS/IRRITABILITY:** THESE MAY OCCUR IF YOU WERE QUITE DEFICIENT IN HORMONES. THESE SYMPTOMS USUALLY IMPROVE WHEN ENOUGH HORMONES ARE IN YOUR SYSTEM.
- **ELEVATED RED BLOOD CELL COUNT:** TESTOSTERONE MAY STIMULATE GROWTH IN THE BONE MARROW OF THE RED BLOOD CELLS. THIS CONDITION 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. ROUTINE BLOOD DONATION MAY BE HELPFUL IN PREVENTING THIS.

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- **BREAST TENDERNESS OR NIPPLE SENSITIVITY:** THESE MAY DEVELOP WITH THE FIRST PELLETT INSERTION. THE INCREASE IN ESTROGEN SENDS MORE BLOOD TO THE BREAST TISSUE. INCREASED BLOOD SUPPLY IS A GOOD THING, AS IT NOURISHES THE TISSUE. TAKING 2 CAPSULES OF DIM DAILY HELPS PREVENT EXCESS ESTROGEN FORMATION. IN MALES, THIS MAY INDICATE THAT YOU ARE A PERSON WHO IS AN AROMATIZER (CHANGES TESTOSTERONE INTO ESTROGEN). THIS IS USUALLY PREVENTED IF DIM IS TAKEN REGULARLY BUT CAN BE EASILY TREATED AND WILL BE ADDRESSED FURTHER WHEN YOUR LABS ARE DONE, IF NEEDED.
- **MOOD SWINGS/IRRITABILITY:** THESE MAY OCCUR IF YOU WERE QUITE DEFICIENT IN HORMONES. THESE SYMPTOMS USUALLY IMPROVE WHEN ENOUGH HORMONES ARE IN YOUR SYSTEM. 5HTP CAN BE HELPFUL FOR THIS TEMPORARY SYMPTOM AND CAN BE PURCHASED AT MANY HEALTH FOOD STORES.
- **ELEVATED RED BLOOD CELL COUNT:** TESTOSTERONE MAY STIMULATE GROWTH IN THE BONE MARROW OF THE RED BLOOD CELLS. THIS CONDITION 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. ROUTINE BLOOD DONATION MAY BE HELPFUL IN PREVENTING THIS.
- **HAIR LOSS OR ANXIETY:** IS RARE AND USUALLY OCCURS IN PATIENTS WHO CONVERT TESTOSTERONE TO DHT. DOSAGE ADJUSTMENT GENERALLY REDUCES OR ELIMINATES THE PROBLEM. PRESCRIPTION MEDICATIONS MAY BE NECESSARY IN RARE CASES. 5HTP MAY BE HELPFUL FOR ANXIETY AND IS AVAILABLE OVER-THE-COUNTER.
- **FACIAL/BODY BREAKOUT:** ACNE MAY OCCUR WHEN TESTOSTERONE LEVELS ARE EITHER VERY LOW OR HIGH. THIS LASTS A SHORT PERIOD OF TIME AND CAN BE HANDLED WITH A GOOD FACE CLEANSING ROUTINE, ASTRINGENTS AND TONER. IF THESE SOLUTIONS DO NOT HELP, PLEASE CALL THE OFFICE FOR SUGGESTIONS.
- **AROMATIZATION:** SOME MEN WILL FORM HIGHER-THAN-EXPECTED LEVELS OF ESTROGEN FROM THE TESTOSTERONE. USING DIM 2 CAPSULES DAILY AS DIRECTED MAY PREVENT THIS. SYMPTOMS SUCH AS NIPPLE TENDERNESS OR FEELING EMOTIONAL MAY BE OBSERVED. THESE WILL USUALLY RESOLVE BY TAKING DIM, BUT A PRESCRIPTION MAY BE NEEDED.

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FOR MALES:

- **HIGH OR LOW HORMONE LEVELS:** THE MAJORITY OF TIMES, WE ADMINISTER THE HORMONE DOSAGE THAT IS BEST FOR EACH PATIENT, HOWEVER, EVERY PATIENT BREAKS DOWN AND USES HORMONES DIFFERENTLY. MOST PATIENTS WILL HAVE THE CORRECT DOSAGE THE FIRST INSERTION, BUT SOME PATIENTS MAY REQUIRE DOSAGE CHANGES AND BLOOD TESTING. IF YOUR BLOOD LEVELS ARE LOW, RESULTS ARE NOT OPTIMAL AND IT IS NOT TOO FAR FROM THE ORIGINAL INSERTION, WE MAY SUGGEST YOU RETURN SO WE CAN ADMINISTER ADDITIONAL PELLETS OR A "BOOST" (AT NO CHARGE). THIS WOULD REQUIRE BLOOD WORK TO CONFIRM. ON THE OTHER HAND, IF YOUR LEVELS ARE HIGH, WE CAN TREAT THE SYMPTOMS (IF YOU ARE HAVING ANY) BY SUPPLEMENTS AND/OR PRESCRIPTION MEDICATIONS. THE DOSAGE WILL BE ADJUSTED AT YOUR NEXT INSERTION.
- **TESTICULAR SHRINKAGE:** TESTICULAR SHRINKAGE IS EXPECTED WITH ANY TYPE OF TESTOSTERONE TREATMENT.
- **LOW SPERM COUNT:** ANY TESTOSTERONE REPLACEMENT WILL CAUSE SIGNIFICANT DECREASE IN SPERM COUNT DURING USE. PELLETT THERAPY MAY AFFECT SPERM COUNT UP TO ONE YEAR. IF YOU ARE PLANNING TO START OR EXPAND YOUR FAMILY, PLEASE TALK TO YOUR PROVIDER ABOUT OTHER OPTIONS.

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