

Menopause & PMS

This leaflet has been written by staff working in the Menopause & PMS service at Chelsea and Westminster Hospital for clinics at Chelsea and Westminster Hospital and West Middlesex Hospital. You have received it as you are having hormone implants.

Take home messages

- Implants are used where other types of HRT has been ineffective
- A blood test must be done 2 weeks before each implant. If performed with your GP, bring the result in person
- Stop any estrogen top-up 1 week before your blood test (you may restart after the test)
- A normal result is between 200-600pmol/l
- Oestradiol results above 800pmol/l may result in your implant being deferred
- Discontinuing estradiol implants: a progestogen must be continued until a postmenopausal serum estradiol blood result is obtained
- Implants are unlicensed products but can be prescribed by specialists
- Implants are non-reversible
- Results should be fax to 020 3315 3050

Consent to implant

PID:

Name:

Signature

Date:

Clinician

Name:

Signature

Date:

My estradiol result is:

Dose E2:

Dose T:

Further advice and support:

www.menopausematters.co.uk (Menopause Health)

www.the-bms.org (British Menopause Society)

www.womens-health-concern.org

Contact information

If you need to re-schedule your appointment please ring the appointments office on 020 3315 6666.

Patient Advice & Liaison Service (PALS)

If you require information, support or advice about our services, you can contact the PALS office on the Ground Floor of the hospital just behind the main reception. Alternatively, you can feedback your comments/suggestions on one of our comment cards, available at the PALS office, or on a feedback form on our website www.chelwest.nhs.uk/pals. We value your opinion and invite you to provide us with feedback.

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Speak to your clinician



Hormone Implants in menopause hormonal replacement (HRT)

Information for patients

Chelsea and Westminster Hospital

NHS Foundation Trust

Hormone Implants in hormone replacement therapy (HRT)

What are hormone implants?

A hormone implant is a small crystalline slow release pellet containing 100% body / bio identical hormones

- Estradiol is an unlicensed product. The usual dose is 25-50mg estradiol (maximum 75mg). Most women will have 50mg of estradiol
- Testosterone is an unlicensed product. The standard dose of testosterone is 100mg

Please speak to your clinician for individualised risks and benefits and ensure you are happy to continue this treatment. The risks and benefits of implants are the same as for any transdermal (via the skin) hormone replacement therapy (HRT).

When are they given?

Implants are usually given every 6-8 months, but not more frequently. A blood test is required every 6 to 12 months to monitor your hormone levels with the dose and frequency changed accordingly if necessary. Our guidelines follow safe practice to ensure normal therapeutic blood results are maintained. The normal estradiol range is 300-600pmol but exceptionally a higher limit may be agreed.

A blood test is requested 2 weeks before the next implant. Your implant may be deferred if the result is too high.

Some menopause symptoms may return before the next implant is due. In this case we advise you to use a 'top-up' of estrogen or testosterone as a patch or gel which your GP can prescribe. You must stop using your 'top-up' estrogen or testosterone one week before you have a blood test.

How are they given?

Implants are inserted under the skin, usually in the abdomen (stomach) or in the buttock. With a local anaesthetic, a small 5mm incision (cut) is made in the skin. Using an 'introducer' the implant is inserted under

the skin into the fatty layer. The wound is covered with 'steristrips' and a sterile dressing. This should remain in place for 48 hours and the wound kept dry. Occasionally a soluble stitch is used if the wound continues to bleed. This usually dissolves and falls out in 7-10 days, but if not it should be removed by a healthcare practitioner.

You may experience localised bruising, pain and discomfort at the wound site for a few days after the procedure. Simple painkillers will help reduce symptoms. Keep the wound dry for 48 hours. You will be left with a small scar from the incision.

- It is very rare for implant wounds to become infected and antibiotics may be prescribed by your GP
- Occasionally testosterone implants may be rejected. If this occurs, contact your healthcare practitioner

What are the risk and benefits of estradiol implants?

Benefits include:

- Improved response when other treatments have failed
- Long-term bone protection

Risks include:

- Thromboembolic risk (blood clots) or stroke is comparable to other transdermal estrogens, when the serum estradiol remains within normal range

What is tachyphylaxis?

Estrogen implant levels in the blood may accumulate with time. Studies have found that the estradiol may reach higher than normal levels in about 3% of women resulting in a return of symptoms sooner than 6 months. This is known as tachyphylaxis. If your estradiol results are high we will adjust your treatment accordingly and your next implant may be deferred.

Why is a progestogen or progesterone needed?

If you still have your uterus (womb) you will also be prescribed a progestogen/progesterone. This is to prevent the risk of developing endometrial hyperplasia (thickening of the womb lining) – a future risk for endometrial cancer. Without adequate progestogenic opposition the additional risk increased cancer risk is 5 cases per 1000 women after 5 years of use.

- The gold standard is the levonorgestrel IUS (Mirena coil) with implants for maximum protection

Other oral options can be discussed with your clinician.

Discontinuing estrogen implants

Estrogen implants should be considered as a non-reversible HRT. The implant cannot be removed once inserted. If you are planning a family within 12 months of treatment this option is not suitable for you.

Estrogen implants give a therapeutic effect for 6-8 months. However, the residual implant may continue to release small amounts of estradiol for up to 18-24 months. Women who still have their uterus (womb) must:

- Continue using a progestogen, such as the Mirena IUS, until their serum estradiol blood test is within the postmenopausal range (<70pmol) or
- Continue with cyclical progesterone to induce a withdrawal bleed. This can only be stopped when no further bleeding occurs

Testosterone implants

Testosterone helps with low energy levels and libido. The implant delivers a normal female dose but depending upon an individual's sensitivity, side effects may vary. The most common side effect is hair growth which is reversible. Less commonly acne, male pattern hair loss or deepening of the voice. The implant dose can be adjusted to reduce this effect.

(Unlicensed drug: a drug that is not licenced for use in the UK but can be used by specialists)