

INFORMED CONSENT FOR HORMONE PELLETT INSERTION (FEMALE)

Patient Name: _____ Today's Date: _____

This form is designed to document that you understand the information regarding hormone restoration therapy using pellets, including the potential risks and benefits of treating and not treating your symptoms. Information is presented so that you can make an informed decision regarding your condition and your options.

Although this therapy has been approved for human use, has been around since 1935, and is popular in Europe and Australia, I understand there are currently few doctors in the United States who administer estrogen and testosterone by pellets.

I have been told that I am to have *estrogen* (estradiol) pellets inserted under my skin to achieve a steady delivery of estrogen in my body. I understand that estrogen may eliminate mood swings, anxiety and irritability. I have also been told that I am to have *testosterone* inserted under my skin to achieve a steady delivery of natural testosterone hormone into my bloodstream. I understand that testosterone may increase energy levels, libido, and sense of well-being. I also understand that testosterone may decrease the frequency and severity of headaches. To maintain the benefits, the procedure needs to be performed 4 times per year the first year, and 3 times per year thereafter.

Possible complications of non-treatment may include a worsening of your symptoms.

Other hormone delivery systems are available including pills, injections, creams, and patches. It is Dr. Thomas's professional opinion that pellets are far superior because they provide a more natural and physiologic way to deliver hormones, and they permit more consistent and balanced levels of hormones utilizing lower dosages.

Potential *temporary* side effects from the pellet insertion procedure can include pain, bruising, extrusion (pellets coming out), and infection. Fortunately, these side effects are not common and are easily remedied if they do occur.

A significant hormonal transition will take place in your body. Therefore, certain *temporary* symptoms can occur which may include:

- Fluid Retention: Fluid entrapment in the muscle from testosterone stimulating the muscle to grow. This may result in a weight gain of two to five pounds. This is temporary and will last two to three weeks. This happens more frequently with the first insertion, and especially when done in hot and humid weather conditions.
- Swelling of the hands and feet: More likely to occur in hot and humid weather conditions. This can be treated by drinking lots of water, reducing your salt intake, taking *Apple Cider Vinegar Capsules* (available at most health food stores), or a mild diuretic which Dr. Thomas can prescribe.
- Breast tenderness and nipple sensitivity: May occur with the first pellet insertion. This is due to an increased blood supply to the breasts that estrogen causes. Increased blood supply is desirable as it nourishes the tissue. If it is bothersome, an excellent remedy is *Evening Primrose Oil Capsules* (available at most health food stores).
- Uterine spotting or bleeding: May occur in the first two months after an insertion, especially if forget to take your progesterone or if the dose is not high enough. Our office must be notified of this. The bleeding is usually not an indication of a significant uterine problem. More than likely the uterus is simply releasing old tissue. If the bleeding continues for more than two months, it may be a sign that have a benign polyp or fibroid of the uterus that needs to be removed. This can be diagnosed by your gynecologist.
- Mood swings and irritability: Usually seen in the patients who are very deficient in hormones. This will disappear when enough hormone gets into the system.
- Facial pimples: May occur if the body was extremely deficient in testosterone. This lasts a short time and can be handled with good face washing, astringents and skin toner.

Depending on the individual, it can take as little as 48-72 hours and up to 90 days before symptoms will begin to improve. You will be given written instructions on what to do after pellet insertion. If you experience a problem, or if you have any questions, please call our office.

I understand that Dr. Thomas is not a substitute for my primary care physician and the routine care that he or she provides. I agree to follow the recommended guidelines and have a yearly breast exam and mammogram, and a yearly pelvic exam and PAP Smear. I understand that Dr. Thomas is not a substitute for my primary care physician and the routine care that he or she should provide. I agree to hold harmless the facility (Complete Wellness Medical Center of Sanford, Inc.) and its owner (Dr. Yandell).

By signing below, I acknowledge I have reviewed the above information as well as the Notice of Privacy Practices, and have been informed of the benefits and risks of treatment, alternative treatment options, and the risks of not treating my symptoms. I also acknowledge I have been given ample opportunity to ask Dr. Thomas questions that have been answered to my satisfaction. I hereby consent to the procedure.

Patient Signature (Do not sign until you see Dr. Thomas)

Witness Signature