

# Hormone Implants

Information and advice for patients

## *Gynaecology*

### **What are hormone implants?**

Hormone implants are a form of hormone replacement therapy – a treatment for the symptoms of the menopause. They are small pellets which are inserted into the fat under the skin (usually the tummy) where they become absorbed, releasing the hormones slowly over a 4 -6 month period.

There are 2 types of implant: estrogen and testosterone. Estrogen implants are used to alleviate the majority of menopausal symptoms caused by the fall in production of estrogen from the ovaries, or lack of production if the ovaries have been removed. Testosterone implants are used to improve the symptoms of loss of energy and loss of interest in normal sexual relationships that occurs as a result of the ovaries being removed.

Hormone implants are mostly used for women who have had a hysterectomy (womb removed). Women who have not had a hysterectomy will also need to take progestogens whilst using an estrogen implant and for 3 years after stopping implants to protect their womb lining from becoming abnormal.

### **What are the benefits of hormone implants?**

The benefits of hormone implants are that they are:

- effective in relieving menopausal symptoms in women who only respond to higher doses of HRT or in those who have had a surgical menopause, because the implants achieve higher levels of hormone in the circulation
- effective at preventing osteoporosis
- convenient as there is no need to remember to take tablets or change patches

### **What are the risks of hormone implants?**

- Inflammation, infection and bruising can occur at the site where the implant was inserted. This is uncommon as the implant is inserted under sterile precautions, and antibiotics to treat the infection are rarely needed.
- The implant can be rejected and work its own way back out of the skin. This is rare and if it occurs is mostly seen with testosterone implants. The reason why this can happen is unclear, but if one implant is rejected it does not mean that further implants will be.
- Rarely after repeated implants the hormones can accumulate in the body. Women who use implants long-term can avoid this by having their hormone levels checked once a year.
- Symptoms can come back as the implant comes to the end of its working life.

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Hormone implants can also cause the usual side effects of HRT. These are:

- Breast tenderness
- Headaches
- Mood changes
- Bloating/fluid retention

### **What are the risks of not having hormone implants?**

The risk of choosing not to have a hormone implant is that you will not experience the benefits of symptom-relief and protection against osteoporosis it can give.

### **Are there any alternatives to hormone implants?**

There are alternative ways you can receive HRT. For more information about these please see the 'Hormone replacement therapy (HRT)' leaflet.

### **Preparing to have the implant**

You do not need to do anything to prepare for the having the implant inserted; it is inserted during an outpatient appointment.

### **Having the implant inserted**

The implant is inserted by a nurse or doctor and takes about 10 minutes.

1. Local anaesthetic is applied to a small patch of skin (usually on the lower part of the tummy) to numb the skin so that you will not feel anything.
2. A small cut is then made in the area that has been numbed
3. A thin hollow instrument is inserted through this cut and the implant is deposited in the fat several inches away from the site of the cut.
4. The instrument is then removed and the cut is brought together with a stitch or adhesive tapes.

### **After having an implant inserted**

You will be able to go home after the implant has been inserted and can go back to your normal activities such as driving and work straight away.

Make sure you keep the area where the implant has been inserted dry for 5 - 7 days to prevent infection and to allow it to heal.

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### **Follow-up**

You will be given a follow-up appointment for 4 – 6 months after the implant was inserted, so that your doctor can check your response to it.

If the implant has worked well for you and you want to continue with this treatment you will need to have a blood test before you have your next implant inserted, to check that the hormone levels remain within the standard range. When your doctor is happy that the treatment is working well for you, you will usually only need a blood test once a year.

### **Symptoms to report**

If you experience any pain, swelling or redness in the area where the implant was inserted, with a temperature above 38°C please see your GP or contact the menopause clinic as you may have developed an infection.

### **Contact details**

If you have any questions or concerns please contact the menopause clinic or your GP.

#### **Menopause clinic**

0121 507 4042

Thursday 2pm – 5pm

### **Further information**

For more information about our hospitals and services please see:

#### **Sandwell and West Birmingham Hospitals NHS Trust**

[www.swbh.nhs.uk](http://www.swbh.nhs.uk)

The following related information leaflets are also available; please ask your nurse or doctor if you would like one:

- The menopause
- Helping yourself through the menopause
- Hormone replacement therapy (HRT)

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### Sources used for the information in this leaflet

- NHS Evidence Clinical Knowledge Summaries, 'Menopause management', January 2008
- British National Formulary 62, section 6.4.1: 'Female sex hormones', September 2011
- Medicines and Healthcare products Regulatory Agency, drug safety update, September 2007
- Royal College of Obstetricians and Gynaecologists, 'Menopause and Hormone Replacement – study group statement', December 2004
- 'Management of the menopause: The handbook of the British Menopause Society', 5th edition, May 2009
- International Menopause Society, current position papers and consensus statements, various dates, [www.imsociety.org](http://www.imsociety.org)
- Endocrine Society, 'Postmenopausal hormone therapy: An endocrine society scientific statement', July 2010
- National Osteoporosis Society position statement, 'Hormone replacement therapy for the treatment and prevention of osteoporosis', December 2010

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5420 or email: [swb-tr.swbh-gm-patient-information@nhs.net](mailto:swb-tr.swbh-gm-patient-information@nhs.net)



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ML3638  
Issue Date: February 2012  
Review Date: February 2014