



## **BIOTE HORMONE PELLETS**

### **What are BioTE Hormone Pellets?**

Hormone pellets are a convenient and effective method for hormone optimization for both men and women. Once inserted under the skin, a low dose of natural hormone flows directly into the blood stream on a consistent basis. BioTE pellets are compounded to the highest industry standards using the best quality botanical ingredients as bio-identical hormones.

### **How often will I need BioTE Therapy?**

For men, new pellets are usually inserted every 4 to 6 months, and for women, every 3 to 5 months which includes estrogen as well as testosterone.

### **Does the insertion hurt?**

Insertion takes about 5 minutes, is done under a local anesthetic, and virtually painless.

### **Are there any side effects and how long does it take the hormones to work?**

Side-effects are rare. For women, transient breast tenderness may last from 7 to 10 days but unlikely after the first insertion. Testosterone rarely causes acne or hair loss. Most women report symptomatic improvement within several days while testosterone pellets may take two weeks to reach full benefits.

### **Why hasn't my doctor suggested hormone pellets as an option?**

Most physicians have trained to prescribe synthetic hormones, not on the use of bio-identical hormones.

### **How does Dr. Birken know what dosage to insert?**

BioTe has a special formulation calculation, incorporating many factors, such as age, medical conditions, weight, and hormone levels resulting in extremely accurate dosage recommendations.

**Randy A. Birken, MD**



# BIO-IDENTICAL HORMONE PROTOCOL

Please sign that you have read this information and agree to participate in Dr. Birken's BHRT/PELLET program.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For further questions, please contact the following by phone or email:

Liz	281.419.3231	<a href="mailto:liz@drbirken.com">liz@drbirken.com</a>
Tammi	281.419.3231	<a href="mailto:tammi@drbirken.com">tammi@drbirken.com</a>

**Randy A. Birken, MD**



# TESTOSTERONE AND/OR ESTRADIOL PELLETT INSERTION CONSENT FORM {FEMALE}

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Last) (First) (Middle)

Bio-identical hormone pellets are concentrated hormones, biologically identical to the hormones you make in your own body prior to menopause. Estrogen and testosterone were made in your ovaries and adrenal gland prior to menopause. Bio-identical hormones have the same effects on your body as your own estrogen and testosterone did when you were younger, without the monthly fluctuations (ups and downs) of menstrual cycles.

Bio-identical hormone pellets are made from soy and are FDA monitored but not approved for female hormonal replacement. The pellet method of hormone replacement has been used in Europe and Canada for many years and by select OB/GYNs in the United States. You will have similar risks as you had prior to menopause, from the effects of estrogen and androgens, given as pellets.

Patients who are pre-menopausal are advised to continue reliable birth control while participating in pellet hormone replacement therapy. Testosterone is category X (will cause birth defects) and cannot be given to pregnant women.

My birth control method is: (please circle)

Abstinence	Birth control pill	Hysterectomy	IUD
Menopause	Tubal ligation	Vasectomy	Other

**Consent for Treatment:** I consent to the insertion of testosterone and/or estradiol pellets in my hip. I have been informed that I may experience any of the complications to this procedure as described below. These side effects are similar to those related to traditional testosterone and/or estrogen replacement. Surgical risks are the same as for any minor medical procedure and are included in the list of overall risks below:

Bleeding, bruising, swelling, infection and pain; extrusion of pellets; hyper sexuality (overactive Libido); lack of effect (from lack of absorption); breast tenderness and swelling especially in the first three weeks (estrogen pellets only); increase in hair growth on the face, similar to pre-menopausal patterns; water retention (estrogen only); increased growth of estrogen dependent tumors (endometrial cancer, breast cancer); birth defects in babies exposed to testosterone during their gestation; growth of liver tumors, if already present; change in voice (which is reversible); clitoral enlargement (which is reversible). The estradiol dosage that I may receive can aggravate fibroids or polyps, if they exist, and can cause bleeding. Testosterone therapy may increase one's hemoglobin and hematocrit, or thicken one's blood. This problem can be diagnosed with a blood test. Thus, a complete blood count (Hemoglobin & Hematocrit) should be done at least annually. This condition can be reversed simply by donating blood periodically.

**Randy A. Birken, MD**



# TESTOSTERONE AND/OR ESTRADIOL PELLETT INSERTION CONSENT FORM {FEMALE}

**Benefits of Testosterone Pellets Include:** Increased libido, energy, and sense of well-being. Increased muscle mass and strength and stamina. Decreased frequency and severity of migraine headaches. Decrease in mood swings, anxiety and irritability. Decreased weight. Decrease in risk or severity of diabetes. Decreased risk of heart disease. Decreased risk of Alzheimer's and dementia.

I have read and understand the above. I have been encouraged and have had the opportunity to ask any questions regarding pellet therapy. All of my questions have been answered to my satisfaction, I further acknowledge that there may be risks of testosterone and or estrogen therapy that we do not yet know, at this time, and that the risks and benefits of this treatment have been explained to me and I have been informed that I may experience complications, including one or more of those listed above. I accept these risks and benefits and I consent to the insertion of hormone pellets under my skin. This consent is ongoing for this and all future pellet insertions.

I understand that payment is due in full at the time of service. I also understand that it is my responsibility to submit a claim to my insurance company for possible reimbursement. I have been advised that most insurance companies do not consider pellet therapy to be a covered benefit and my insurance company may not reimburse me, depending on my coverage. I acknowledge that my provider has no contracts with any insurance company and is not contractually obligated to pre-certify treatment with my insurance company or answer letters of appeal.

Print Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Randy A. Birken, MD**



## POST-INSERTION INSTRUCTIONS FOR WOMEN

- Your insertion site has been closed with steri-strips and covered with a compression gauze. You may remove the outer pressure bandage prior to showering. You may replace it with a smaller bandage to catch any anesthetic that may ooze out. The steri-strips should be removed 5 to 7 days after insertion.
- We recommend putting an ice pack on the insertion area a couple of times for about 20 minutes each time over the next 4 to 5 hours.
- Do not take tub baths or get into a hot tub or swimming pool for 3 days. You may shower but do not scrub the site until the incision is well healed (about 7 days).
- No intense lower body exercises for 4 days, this includes running, riding a horse, lower body weight lifting, etc.
- The sodium bicarbonate in the anesthetic may cause the site to swell for 1 to 3 days. Don't worry.....this is normal.
- The insertion site may be uncomfortable for up to 2 to 3 weeks. If there is itching or redness you may take an over the counter antihistamine such as Zyrtec or Claritin. You may also take Benadryl which 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.
- You may notice some pinkish or bloody discoloration on 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) or pus coming out of the insertion site that is not relieved by pressure.
- Remember to go for your post-insertion blood work 4 to 6 weeks after the insertion.
- Most women will need re-insertions of their pellets 3 to 5 months after their initial insertion.
- Please call as soon as symptoms that were relieved from the pellets start to return to make an appointment for a re-insertion.

Print Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Randy A. Birken, MD**



## POTENTIAL HORMONE SIDE EFFECTS FOR WOMEN

A significant hormonal transition will occur in the first four weeks after the insertion of your hormone pellets. Therefore, certain changes might develop that can be bothersome.

**FLUID RETENTION:** Testosterone stimulates the muscle to grow and retain water which may result in a weight change of two to five pounds. This is only temporary. This happens frequently with the first insertion, and more so during hot, humid weather conditions.

**SWELLING OF THE HANDS & FEET:** This is common in hot and humid weather. It may be treated by drinking lots of water, reducing your salt intake, taking cider vinegar capsules daily, (found at most health and food stores) or by taking a mild diuretic, which the office can prescribe.

**UTERINE SPOTING/BLEEDING:** This may occur in the first few months after an insertion, especially if your progesterone is not taken 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. More than likely, the uterus may be releasing tissue that needs to be eliminated. This tissue may have already been present in your uterus prior to getting pellets and is being released in response to the increase in hormones.

**MOOD SWINGS/IRRITABILITY:** These may occur if you were quite deficient in hormones. They will disappear when enough hormones are in your system.

**FACIAL BREAKOUT:** Some pimples may arise if the body is very deficient in testosterone. 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 and possibly prescriptions.

**HAIR LOSS:** 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.

**HAIR GROWTH:** Testosterone may stimulate some growth of hair on your chin, chest, nipples and/or lower abdomen. This tends to be hereditary. You may also have to shave your legs and arms more often. Dosage adjustment generally reduces or eliminates the problem.

Print Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Randy A. Birken, MD**