



## Testosterone and/or Testosterone-Anastrozole Pellet Insertion Consent Form

Testosterone pellet implantation has been used for androgen replacement since 1940. Implants may be manufactured or compounded. Your physician implants the pellets under the skin of the abdominal wall, flank or upper gluteal area through a small incision using local anesthesia. Complications may occur and may include, but are not limited to, extrusion of the pellet, bleeding, bruising, swelling, skin discoloration, scarring, acne and infection. There may be discomfort following the procedure. An ice pack may be applied.

Pellets dissolve and are not removed. Pellets avoid the liver. There is not an increase in clotting factors or elevation of liver enzymes. Alternatives to testosterone implants include topical creams and gels, patches, lozenges or injections. Testosterone does not cause prostate cancer, but may stimulate an undiagnosed prostate cancer. If your PSA is elevated you will need written approval from your urologist or primary care physician prior to starting testosterone therapy. Testosterone may also increase the production of red blood cells. If the red blood count elevates above normal, you may donate blood or lower your dose of testosterone. Testosterone, delivered by pellet implantation, decreases sperm production and may decrease testicular size. It may also worsen sleep apnea. A few recent studies have suggested an increased risk of cardiovascular events in men receiving testosterone therapy, particularly in men with a history of heart disease. In June 2014, the FDA issued a warning about increased blood clots in veins.

**CONSENT FOR TREATMENT:** I HAVE BEEN INFORMED THAT I MAY EXPERIENCE ANY OF THE COMPLICATIONS TO THIS PROCEDURE DESCRIBED IN THIS DOCUMENT.

Bleeding, bruising, swelling, infection and pain, lack of effect, thinning hair, male pattern baldness, increased growth of the prostate and prostate tumors, extrusion of pellets, and hypersexuality (overactive libido). There can be a decrease in testicular size and a significant reduction in sperm production. Testosterone is the major substrate or “building block” for estrogen. Testosterone and estrogen levels may be checked to assess the absorption of testosterone and the conversion to estrogen. Symptoms of excess estrogen include fluid retention, bloating, breast tenderness, irritability and weight gain. If indicated, you may be treated with an estrogen blocker, such as anastrozole, which can be combined with testosterone in the compounded pellet implant.

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. The risks and benefits of this treatment have been explained to me and I further acknowledge that there may be risks of testosterone therapy that we do not yet know at this time. 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 have read and understand the above information. I understand the procedure, benefits, risks and alternatives to the implantation of pellets as testosterone therapy. I agree to allow Amy Garza, MD to implant the bioidentical hormone pellets. I understand that Dr. Garza will not be assuming care as my primary physician. I agree to have an annual exam including a digital rectal exam for prostate evaluation as deemed appropriate by my primary care provider. I agree to hold Dr. Garza harmless for any complications that may occur. I have discussed any questions and concerns with the doctor.

Printed Name

Signature

Date

