



CONSENT FOR MALE PELLETT INSERTION

I wish to receive subdermal hormone pellet implants for the purpose of reducing symptoms that are at least in part due to low levels of testosterone. Even though subdermal bioidentical hormone implantation has been done for over 50 years by a large number of doctors around the world, I realize that it is not the usual and customary means of hormone replacement. These pellets are a natural soy-derived bioidentical testosterone inserted under the skin (subcutaneous) of my lateral buttocks to achieve a steady and consistent delivery of hormone into my bloodstream. I realize that the advantages of testosterone include decreasing depression, anxiety, and irritability, increasing energy and motivation, stabilizing moods, allowing one to cope better, improving ones self-image and self worth, and enhancing cognitive function so one is no longer operating 'in a fog', improving short-term memory and allowing one to stay focused; physical effects such as decreasing total body fat, increasing lean body mass, increasing muscle mass, and increasing bone mass; and sexual benefits such as increasing libido, increasing early morning erection, increasing firmness, and duration of erections.

I realize there are potential concerns with testosterone therapy and they include the possibility of enhancing a current prostate cancer to grow more rapidly. For this reason, a rectal exam and prostate specific antigen blood test will be done before starting testosterone and will be conducted each year thereafter. If there is any question about possible prostate cancer, I consent to a follow-up with an ultrasound of the prostate gland.

The second concern we have with testosterone therapy is that it may increase ones hemoglobin and hematocrit, or thicken ones blood. This can be reversed through donating blood periodically. This problem can be diagnosed with a blood test. Thus, a complete blood count should be done at least annually.

The final concern, especially in younger men, is that testosterone administration can suppress the development of sperm and the sperm count could dramatically reduce during therapy. However, to date, this appears to be a reversible process and once the testosterone is discontinued, the sperm count is restored. For any man who is concerned about his fertility we have encouraged them to produce samples and have them frozen as a precaution. Also, they should have a semen analysis prior to initiation of testosterone therapy. Testosterone administration is not to be used as a form of male contraception.

Pellet extrusion (coming out) has been known to occur on rare occasions. Incidence in the literature is between 2-5%. There is a very slight chance of a wound infection as there is with any type of surgical procedure. This would be easily treated with an antibiotic, or very rarely, incision and drainage.

Pellets should be considered irretrievable once they are inserted. However; in extraordinary circumstances, pellets may be removed by a general surgeon via a minor outpatient surgical procedure. Pellets may be added if needed to achieve desired results/blood levels. They dissolve completely in 4-12 months.

My signature below certifies that I have read and understand all of the above, that all my questions about this procedure have been answered satisfactorily. I wish to proceed with the pellet insertion. This consent covers present and future insertions.

Patient Signature _____ Date _____