

Male Testosterone Replacement Therapy (TRT) with Compounded Pellets

“Why pellets?”

Pellet therapy is one of many alternative ways to supplement testosterone in men. It has been used in Europe for over 70 years, and in the United States for several decades. Pellet therapy is considerably less expensive than patches. Some men have allergic reactions to gels, and the odor may be objectionable. And even with perfect compliance, patients on intermittent injections may experience recurrence of symptoms days prior to their next injection. Pellet therapy offers an opportunity to obtain a smooth, consistently effective treatment that is cost-effective and minimizes the problem of compliance.

“What are testosterone pellets and how large are they?”

Testosterone pellets are small, compressed cylinders of pure testosterone, 4mm diameter. None is larger than a Tic-Tac®. The pellets are prepared and sterilized in a federally inspected and certified 503(B) outsourcing compounding pharmacy. They are subject to quality testing, insuring potency, sterility, and dose consistency.

“How are the pellets administered?”

The pellets are injected into subcutaneous fat (fat beneath the skin) of the upper outer buttock just below the waistline. It is an office procedure. With the patient lying on their side, the skin is prepped then anesthetized with an injection of Xylocaine anesthetic. Then a small 5 mm incision is made with a sterile scalpel. A stainless steel trocar, which looks like a metal syringe, is then inserted through this incision. Once in place in the subcutaneous fat a plunger pushes the pellets into place. Then the trocar is removed and the wound is covered with a steri-strip and a bandage. The whole procedure lasts 10 to 15 minutes.

“How do you decide what dose to use?”

The pellet method involves a computer-calculated dose which is individualized to your needs based on your age, weight, and your pre-treatment levels of testosterone. Subsequent dosing is based on your clinical response and lab values obtained at four weeks after dosing. As many as 5 to 12 pellets are used to achieve the calculated dose level.

“How long does it take to work and how often will I require pellet insertions?”

It may be a week after the first dose before patients notice an improvement in their symptoms. Hormone levels and a blood count are obtained at four weeks after the first dose in order to determine individual dose response. Repeat dosing is performed about every six months and sometimes more frequently depending upon the individual patient’s response. Your individual activity level and metabolism will determine the hormone level achieved after a dose, and the duration of its clinical effect.

“If I am currently on another form of TRT, will I experience a recurrence of symptoms after starting pellet therapy while I am waiting for my levels to build up?”

For patients being switched from another form of TRT, it is possible that they might experience a brief increase in symptoms during the first one or two weeks of pellet therapy. Generally, however, the transition is relatively seamless.

“How often will I require other office visits and blood work?”

Hormone levels will be checked at four weeks after the first pellet administration. Additional lab work may be needed according to a patient’s individual response to therapy. Surveillance involves careful attention to several laboratory and clinical parameters. Testosterone therapy can stimulate production of red blood cells, thickening the blood, thus requiring blood donation intermittently. Some men aromatize testosterone to estrogen and might require an additional prescription medication (aromatase inhibitor). The blood tests we do are surveillance for these issues, as well as monitoring your response to therapy. A lab profile will be rechecked yearly, including testosterone and estrogen levels, CBC, and PSA. **Patients must continue to see their regular physician for yearly exams.** For appropriate-age males, a current prostate exam and/or PSA test (within a year) is **required** to initiate and continue pellet therapy. Our physician only administers pellet therapy and will not do this exam for you.

“Are there any special preparations required prior to my insertion?”

When medically appropriate we ask that patients stop aspirin therapy at least one week prior to insertions. In all patients taking any form of blood thinner, we require that you discuss this with your prescribing doctor to determine the appropriateness of temporarily stopping the medication before the procedure. In some cases, like patients who have cardiac stents and/or artificial valves, it is not appropriate under any circumstances to stop such blood thinners. Such patients may want to consider an alternate form of TRT.

“Are there any special instructions or down time after insertion?”

You will be given instructions that explain clearly how to handle the bandage that covers the incision. Though you may shower, we request that you not soak in a bath tub until 3-4 days after the procedure. We also request that there be no vigorous exercise for seven days following an insertion, especially deep knee bends/squats, though routine activities of daily life can be maintained. There will be local soreness for one to two weeks.

“Are there any complications particular to the insertion procedure?”

As with all surgical procedures involving the skin and subcutaneous fat, wound infection is a rare but real possibility. If it occurs, such an infection generally responds to oral antibiotics. Further, the procedure will occasionally injure a minor blood vessel resulting in some bleeding and a larger bruise at the site. Very rarely, a hematoma, which is a collection of blood under the skin, may form at the wound site. Again, this is very rare and usually happens in patients on some form of blood thinner. Finally, on rare occasion, pellets may rarely extrude (come out of the incision) and be lost.

“What are some of the possible complications of testosterone therapy?”

Testosterone therapy can stimulate production of red blood cells, thickening the blood, and increasing the risk of stroke. Intermittent blood donation will keep this under control. Also, estrogen overproduction through conversion of testosterone might require a prescription (aromatase inhibitor) in order to reduce risks associated with excess estrogen. Excess production of estradiol (yes, men make estrogen, too!) will increase body fat production and possibly interfere with sexual function. The blood tests we do are for surveillance for these issues, as well as monitoring your response to therapy.

At age 65 and above, testosterone therapy might increase the risk of heart attack (according to one medical study).

Finally, there can be increased hair loss, enlargement of the prostate, reversible testicular shrinkage, and a minor increase in the serum PSA level.

“How do I get started and how much does it cost?”

1. An initial office consultation at the Center for Balance and Wellness is \$150. As we do not file insurance or Medicare, this may be paid in cash, or with a check or credit card. The purpose of this visit is to review your history, discuss lifestyle factors, and determine if pellet therapy is appropriate for you.
2. Unless already done prior to your visit, a panel of lab tests will be ordered. These lab tests can be done by your usual physician's office and filed on your insurance, or in cases where patients have a large deductible or no insurance, our office will order your initially-required lab panel at a reasonable cash rate.
3. After reviewing your history and lab results, an appointment for the pelleting procedure will be scheduled. Testosterone pellet therapy for men is \$680. Payment is required in advance.
4. Please note that although testosterone itself is an FDA approved drug, its use in this fashion is “off-label” (not FDA approved), and therefore not covered by most insurances. You will be given a receipt for your payment that you may file with your insurance company if you choose to do so. Rarely, patients have received partial reimbursement. Some patients pay for pellets out of their HAS accounts. We will not file insurance for you, and cannot file with Medicare.



Hormone Therapy for Men and Women

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