

Triptorelin Injections

Patient Information

You have been informed by your doctor or nurse specialist that you require a gonadotrophin releasing hormone injection.

If you have been added to the waiting list, please refer to the supporting leaflets- endometrial ablation and resection of fibroids for an explanation of your procedure, if you have not been given a leaflet one can be obtained from the nursing staff.

- Triptorelin is a drug which is used to suppress hormones and is given by an intramuscular (into the muscle) injection, usually given into the buttock. The medication is a synthetic hormone which is used to reduce the levels of oestrogen in the body. It affects the release of hormones from the pituitary gland (luteinizing hormone and follicle stimulating hormone) these hormones stimulate the release of oestrogen and progesterone from the ovaries. When the medication is first administered there is an initial increase in circulating hormones and an initial flare up response is caused.

Patients may notice a flare up of symptoms associated with their gynaecological condition; this should only last for the first two weeks of treatment. Ongoing treatment will however cause a reduction of circulating hormones resulting in reduced oestrogen levels which prevent ovulation and in turn cause a medically induced menopausal state (anovulation) deprives the endometrial deposits from oestrogen aiming to stop menstrual periods and reduce the associated pelvic pain. Most women will stop bleeding and notice an improvement to symptoms within two months of starting treatment once hormone levels have reduced to a stabilised level.

- It may be necessary for you to have an injection to prepare the lining of the womb before your procedure, shrink a fibroid or make the womb smaller. This is done approximately five weeks before the planned date of your procedure. The injection is given by a nurse in an outpatient clinic. An appointment will be sent to you through the post, our waiting list coordinator will make these arrangements. **If you haven't received an appointment when you have been given your procedure date please contact 01274 364888.**
- This may stop your next period; however this is not the case for all women. If you are due an operation such as fibroid resection or an endometrial ablation and are bleeding heavily please contact the theatre booking team as it is likely the surgery or procedure would need to be postponed.
- Occasionally some women may require a second injection this may be to provide you with a longer course of treatment to help with your symptoms or where delays in your planned surgery have been encountered.

How can these side effects be managed?

As the side effects of GnRH are mainly associated with low oestrogen levels, symptoms can be managed with the use of hormone replacement therapy (HRT). HRT is usually given alongside GnRH injections to prevent or reduce the associated side effects associated with menopause making treatment more tolerable.

The most serious side effect of GnRH analogue treatment is thinning of the bones (osteoporosis). If injections are administered alone then this risk increases and treatment can only be provided for 6 months. The use of HRT has long-term benefits in reducing bone thinning and associated risk of osteoporosis. Where GnRH analogue treatment is provided for long term management a bone density scan (DEXA scan – Dual Energy X-Ray Absorptiometry) will be carried out after 2 years of treatment to ensure bone density is within the normal range.

A 6-month treatment break will also be recommended at this time.

Symptoms similar to the menopause may include hot flushes, sweating and vaginal dryness.

What to expect when I stop having the injections?

Oestrogen levels will start to increase once the last GnRH analogue injection has worn off. The return of ovulation and menstrual periods should normally return within 6-10 weeks, the longer the course of treatment the longer it may take for periods to return. The side effects associated with low oestrogen should reduce as oestrogen levels increase. The symptoms related to your gynaecological condition, such as heavy, painful periods and pelvic pain may return. There will be no negative impact to ongoing fertility once ovulation has returned.

Contact numbers:

If you have any concerns please telephone:

The Women's Health Unit where a nurse will be available on 01274 364895 8.00am – 5.00pm
Monday – Friday

or Ward 25 for urgent advice on 01274 364438 (24hr contact).

You can contact us using the Relay UK app. Textphone users will need to dial 18001 01274 364895. Women's Services Patient Information

Smoking

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

Wristbands - When you are in hospital it is essential to wear a wristband at all times to make sure you are safe during your stay. The wristband will show accurate details about you on it including all the information that staff need to identify you correctly and give you the right care.

If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it.

If you need this information in another format or language, please ask a member of staff to arrange this for you.