

Procedure
Insertion of Testosterone Pellet Implant (Female)

- INSERTION SITE (Landmarks)
 - Upper gluteal area (posterior) in a line between iliac crest and gluteal crease (see below)
 - OR
 - Anterior lower abdominal wall, 1 cm medial to anterior iliac spine parallel to the inguinal ligament (see below)

- PROCEDURE
 - For gluteal insertion: place the patient on their side, rolled slightly anterior.
 - Prep the skin with the three betadine swabs in concentric circles
 - Use 5-6 cc's of local anesthesia (3cc 1% lidocaine with epi or 1% plain with 3cc Sodium Bicarbonate to prevent stinging) to anestitize the skin and subcutaneous tract (≈5 cm in length). Make sure you inject a visible skin wheal.
 - Using a #11 blade, make a small **5 mm** transverse skin incision approximately 5 mm in depth
 - Guide the sterile cannula with the sharp trocar into the subcutaneous tissue about 5 mm in depth. The tract should be parallel to the skin.
 - This is directed medial towards lateral
 - It can also be done the opposite direction
 - Remove the sharp trocar and insert the pellets into the cannula using the sterile forceps
 - Cover the opening with a thumb, finger tip or trocar so the pellet does not fall out
 - Using the sterile blunt trocar, advance the pellets beyond the tip of the cannula holding the cannula securely in place
 - Remove the cannula/blunt trocar together
 - Cross skin tapes (steri-strips) over the incision
 - Apply a dressing and have the patient hold pressure for 5 minutes
 - If the patient is on anti-coagulants have them hold pressure for 10 minutes

- SUPPLIES NEEDED
 - **Trocar kit**, local anesthesia, tape
www.trocarkit.com
 - Sterile testosterone pellets

Landmarks: The pellet is placed in a line between the anterior iliac crest and gluteal crease (below swim suit line)



Landmarks abdomen



