

The Royal Children's Hospital Fertility Preservation Service Oestrogen Patch Information Sheet

What are Oestrogen Patches?

Oestrogen is a hormone made by the ovaries. Oestrogen levels can go down for a number of reasons during treatment with chemotherapy or radiation. These reasons include weight loss, a reduction in active egg numbers or due to administration of Zoladex® treatment which makes the ovary inactive. This drop in oestrogen levels causes periods to stop and cause uncomfortable symptoms such as hot flushes or vaginal dryness. Prolonged drops in oestrogen can affect the mineral content in bones (bone density). For these reasons your doctor may recommend the use of an oestrogen patch during treatment.

How do Oestrogen Patches Work?

Oestrogen patches work by releasing oestrogen through the skin into the bloodstream. Usually, a very low dose of oestrogen is used, much lower than the amount the body would normally produce.

Indication for use

1. After Zoladex® injections to protect bone density (the patches are only used for the duration of Zoladex® treatment).
2. To treat hot flushes or vaginal dryness during oncology treatment.
3. After chemotherapy or radiation treatment as hormone replacement therapy for those who need it.

How to Apply Oestrogen Patches

1. Patches come in a variety of doses, shapes and sizes. Each come with patient instructions. Please read and follow the instructions carefully. Ask your doctor if you have any questions.
2. Do not place the oestrogen patches on skin areas that have cuts, scrapes or burns. If it does get on these areas, rinse it off right away with water. The area of skin must be free of powder, oil or lotion for the patch to stick to your skin.
3. Wash your hands before and after application of the patch.
4. When you are ready to apply the oestrogen patch, carefully remove it from the protective pouch by tearing the package (do not use scissors as you may accidentally cut the patch).
5. The oestrogen patch is attached to an adhesive liner.
6. Some patches (for example Climara) have a silver foil sticker in the pouch. Do **not** remove this sticker from the pouch.
7. Peel off the backing from the patch and apply the patch to a clean, dry and hair free area of the skin between the abdomen and the upper thigh including the buttocks. Do **not** touch the sticky side of the patch. Try to avoid the waistline as clothing and belts may cause the patch to peel off.
8. Press on the patch firmly for at least 10 seconds and then rub along the edges to ensure that the patch is firmly in place.
9. You may bathe, shower or swim while wearing the patch. Contact with water may sometimes cause the patch to lift or fall off. To reduce this risk, you may reinforce it with Tegaderm® or another waterproof dressing. If the patch lifts off, try to reapply it on a new area of skin. If it does not stick completely, put on a new patch but follow the original schedule for changing the patches.

10. Change your patch as instructed by your doctor and place on a different area of your abdomen, buttock or thigh. It is important to use a different site each time you apply a new patch. If there is any sticky residue left on your skin, allow it to dry and then gently remove it with oil or lotion.
11. If you forget to replace your patch, apply a new one as soon as you remember.

Common side effects

The most common side effects seen while taking oestrogen patches are:

- A rash or local reaction to the site
- Nausea, headache, irregular bleeding (usually short lived)
- Oestrogen treatment can very rarely cause clots in the legs that can travel to the lungs. Oestrogen provided via a patch can minimise this risk as it is directly absorbed via the skin and therefore can be administered in very small doses that reduce the risk of these side effects.

The Gynaecology team will provide information about your personal risks and help to guide if the medication is safe for you or not. You must be under the care of a Gynaecologist for the duration of treatment. If it is deemed that hormone patches are to be used after oncology treatment as hormone replacement, then different preparations are used (which include the hormone progesterone). This is done to mimic the hormone production in a normal menstrual cycle (which produces oestrogen and progesterone). The progesterone keeps the lining of the uterus thin (so it does not overgrow or become abnormal).

Please speak with your treating clinician if you have any concerns in regards to these side effects.

Who do I contact for further information?

If you would like any further information, please contact the Oncofertility team at RCH.

Oncofertility Team
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