

Prostap and Zoladex Therapy

Patient Information

Gynaecology Department

Draft

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Introduction

Prostap and Zoladex are types of drug called gonadotrophin-releasing hormone analogues (GnRHa). They are very similar; Prostap is usually given in our hospital. In gynaecology they may be used to treat fibroids, endometriosis, premenstrual syndrome (PMT) and for In Vitro Fertilisation (IVF) treatment. They are also used in the treatment of various conditions including prostate and breast cancer.

Possible side effects

Prostap and Zoladex work by causing a temporary 'artificial menopause' in the body, by decreasing the production of oestrogen and by stopping menstruation (periods). Some women experience increased bleeding in the first month on treatment although this usually resolves by itself. The main side effects of the drugs are similar to the effects of the menopause:

- Hot flushes
- Increased sweating
- Vaginal dryness causing discomfort during intercourse
- Decreased libido (sex drive)
- Decreased bone density (thinning of the bones) if used for a long period of time without HRT (see below)

In order to minimise these side effects patients are also prescribed a form of Hormone Replacement Therapy (HRT) called Livial, which is taken in the tablet form every day. The Royal College of Obstetricians and Gynaecologists has stated that the safe length of time that GnRHa can be used is still unclear, but treatment as long as it is combined with HRT appears to be safe and effective for up to two years. As far as can be determined, the treatment with HRT does not carry any risks in those under 50 years old.

If you experience any other side effects you should discuss these with your doctor or nurse.

Alternatives

There may be alternative treatments for the condition for which Prostap is being offered and if you would like to have more information about this please consult the doctor treating you. These alternatives will vary depending on the condition being treated.

Bone density scans

Some people stay on treatment for longer than two years. If this happens you would then be asked to have a DEXA scan, (similar to an x-ray), to measure your bone density. If you stay on treatment for longer than this, you will need to have a bone density scan every two years.

How to take Prostag and Zoladex

It is given as an injection during the first five days of your period and then given every month or every three months depending on which suits you best.

Barrier methods of contraception should still be used whilst on Prostag or Zoladex.

Contact information

If you have any questions, please contact:

Hanover Women's Unit (9am until 5pm Monday to Friday) telephone 01942 264959

Swinley Ward (24 hours) telephone 01942 822568

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
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Wigan Lane
Wigan WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



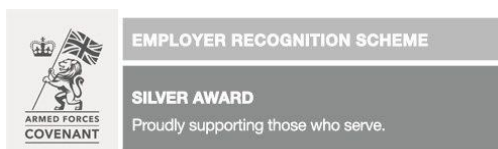
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For details on how we collect, use and store the information we hold about you, please take a look at our “how we use your information” leaflet which can be found on the Trust website: <https://www.wwl.nhs.uk>

This leaflet is also available in audio, large print, Braille and other languages upon request. For more information please ask in the department/ward.

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