

12 Self-injecting

If you are on an injectable form of testosterone, after a while, you might want to look at the option of giving yourself your own injections.

Mal

When on regular visits to the doc, or giving myself injections I felt like it was a constant reminder of my difference.

Self-injecting is usually a realistic option once you're established on a dose and frequency, sometime after the first or second year of treatment.

Chris

I've been on testosterone for over two years now. I'm just sick of going to the doctors. It's not like I have to pay for going to the docs or anything. It's just annoying to have to go there. I was due a shot, and wanted to give it to myself but ended up going to the doc anyway. Next time I'm going to ask the doc to show me how to do it myself.

During the first year, your GP should be monitoring your blood pressure and taking blood regularly to be sure your body is making a safe adjustment to the new hormone. If everything is going well, during the second year, blood tests are usually only once every 6 months and yearly after that.

Max

I advocate seeing a Dr for at least the first year and having regular blood work done (once ever 3mth minimum), simply because this is still all very new to your system which is making, in some areas of your body/system rather dramatic changes. At the least, isn't it best to be safer than sorry.

Please don't rely on this handbook to learn how to self-inject testosterone. Complications from injecting intra-muscularly (IM) include abscess, tissue necrosis, inflammation and tissue damage, formation of fibrous tissue, haematoma and injury to blood vessels, bones and peripheral nerves.¹ Nevertheless, it is possible to learn how to inject safely from your own GP.

¹ Cocoman & Murray, 2006.

If your partner is interested to learn how to do this injection, it might be a good idea to attend several appointments together to learn the technique.

David

I have self injected since 2000 and I found it to be much easier and less painful than having a doctor do it.

Reid

I self-inject. It's easier than trying to fit in fortnightly visits to the doc around a full-time work schedule.

The basic idea

Testosterone is a deep IM injection, suspended in an oil base. It has been designed to release testosterone most effectively deep inside a large muscle. Testosterone is **not designed** to be injected into blood, fat or subcutaneously (just below the surface of the skin).

Veins or arteries don't deal well with an oil-based drug; fat doesn't break down oil all that well; and injecting into subcutaneous tissue runs the risk of an abscess.

Chris

T should be going into your butt or your thigh muscle. It's an intramuscular injection. Always inject towards the outside area of the thigh. The inner thigh tends to be more fatty, fleshy, and have more veins.

Preparation

Primoteston Depot comes prepared with its own needle. So if you use Primoteston, you first need to assemble the injection.

Sustanon, on the other hand comes in a small ampoule and you need to have your own syringe and two different size needles to use for the Sustanon injection.

The first needle is used for drawing the medication into the syringe ('drawing up' needle). This is usually a large gauge needle (around 18 or 19 gauge). The second needle is used for injecting the testosterone into your body ('giving' needle). This is usually smaller gauge needle (around 20 or 21 gauge).

The Sustanon ampoules in Australia need to be snapped open. You do this by holding the little ampoule with the dot away from you. Then snap the ampoule head in an outward motion away from you. Attach the large 'drawing up' needle onto the syringe. Pick

up the syringe with the 'drawing up' needle attached and poke into the ampoule. Pull back on the plunger until you have all the Sustanon from the ampoule in the syringe. Remove the needle from the ampoule and pull back a little on the plunger to remove the remaining liquid from the base of the needle. Remove the needle from the syringe and put into a sharps container. Replace with the finer ('giving') needle.

Never let either of the needles touch another surface before drawing up or injecting. Any foreign particles could end up being injected deep into your body and can cause you a serious infection.



Whether you are injecting Primoteston or Sustanon, look at the syringe to see if there are any air bubbles in the liquid. You can usually gently tap the syringe to cause the air bubbles to rise to the surface and then press very gently on the plunger to expel the air through the needle. When you're satisfied the needle is ready, you are ready to inject.

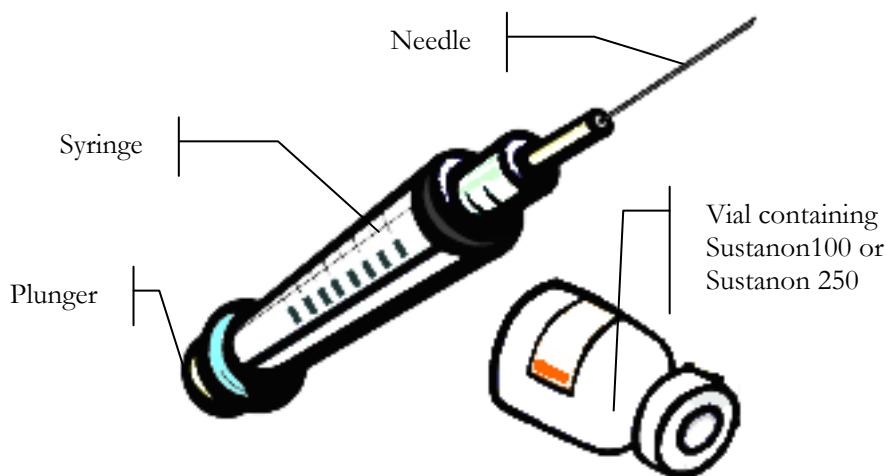


Figure 16 Syringe and vial

The technique

1. Always wash your hands before injecting.
2. Hold the injection like a dart and pierce the skin at a right angle to your body. Press the needle down into the muscle to within about half a centimetre of the needle base.
3. Pull very gently back on the plunger (aspiration). If blood comes back with the plunger, you are in a blood vessel or blood vein (the wrong spot!). Remove the needle, add a fresh, clean needle and start again.
4. If no blood enters the needle, you are ready to inject the testosterone.
5. Sustanon is very thick, with a consistency like honey. You'll need to pay extra attention to holding the barrel of the needle tightly to prevent the pressure of injecting the oil, from separating the needle and the syringe. Press slowly and firmly down on the plunger.
5. When the syringe is empty, withdraw the needle quickly while applying pressure to the site. Rub or massage the area a to help disperse the solution in the muscle and prevent soreness. You might find the injection site bleeds a little bit, so sticky plaster could come in handy. Dispose of the needle safely in a 'sharps container' (usually a durable plastic container bright yellow in colour).

Some tips

- Run through the procedure in your mind before doing it and prepare everything you need first. You don't want to be running around looking for a bandaid or the sharps container during the procedure.
- Injecting after a warm shower can be useful. The muscle is relaxed and warm.
- Roll the full Primoteston syringe or the Sustanon ampoule between your palms quickly to warm the solution. Another way is to run warm running water over the ampoule.
- Alternate your injection sites between injections.
- Using a needle smaller than a 21gauge for injecting, will take too long to inject and also result in a nasty bruise from the pressure of injecting.

- Pulling back *too fast* when checking you're in the right spot, can cause bruising and soreness. Slowly and gently is best.
- Injecting too fast will hurt or you might feel some difficulty in breathing. When you (or someone else) injects too quickly, a tiny bit of oil gets forced across the cell membranes into your blood stream. This can end up in your lungs with a second or two of discomfort.
- If you learn to inject your own hormones, remember to never share needles or syringes with anyone else, and make sure you have an effective disposal container for your sharps.
- Never put your testosterone medication in the fridge. Testosterone is dissolved in an oily base. Putting it in the fridge will make it harder to inject into your body.
- When you inject, make sure you go deep enough. Most pain after the injection comes from not injecting deep enough.
- Wash your hands before injecting.

Injection sites

Since testosterone is designed to go deep into a large muscle: the two best options are your buttocks (*gluteus maximus*, a thick powerful muscle) or the muscle on the outside of your upper thigh (*vastus lateralis*).

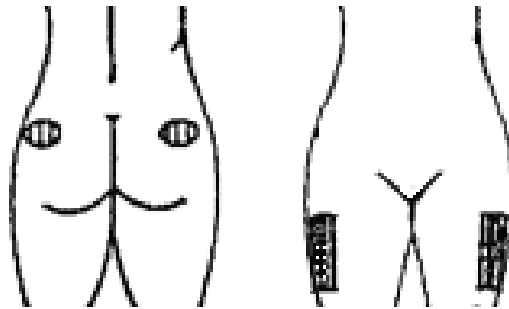


Figure 17 Useful sites for deep intramuscular injections

Buttocks

The word 'buttock' in ordinary speech is different to the medical term. Running through the buttock area is your sciatic nerve. This is one of the longest nerves in your body running from your spinal cord in your backbone down through each of your buttocks to the soles of your feet (one on either side of your rear). If you hit this nerve while injecting, you will experience "excruciating and incapacitating pain" which pain-killers won't be able to relieve.²

To avoid this main nerve, mentally divide each buttock into a grid of four squares: two upper quadrants and two lower quadrants. The best spot to inject is in the upper-outside quadrant of either side.

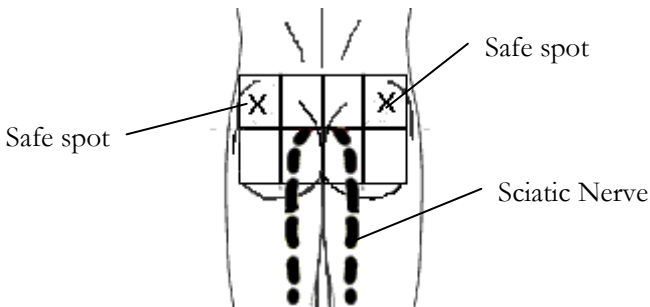


Figure 18 Upper quadrant areas to avoid the sciatic nerve

Some men self-inject into this region by squatting down on their heels. If you have a partner or friend willing to assist, they can inject this region either when you are lying down or standing.

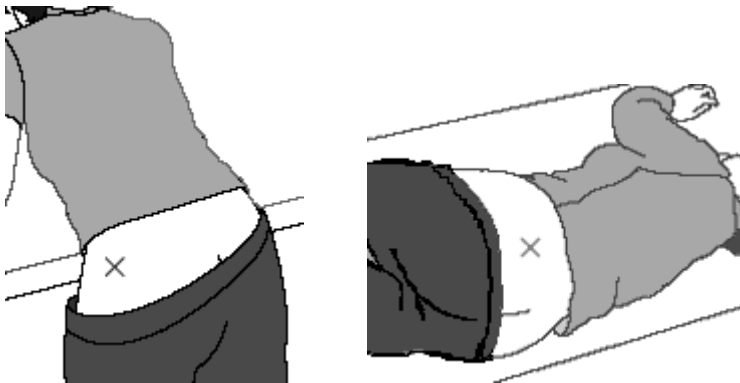


Figure 19 Upper quadrant areas for deep intramuscular injection

² Small, 2003, p288.

Thigh

The muscle you're looking for is the one you use to raise your leg parallel to the floor when you sit in a chair or doing leg extensions at the gym. It is usually a thick and well-developed muscle providing an excellent choice³ to inject yourself from a sitting or lounging position. An advantage of injecting into this area is the uptake of testosterone is faster than when injected the buttock area.⁴

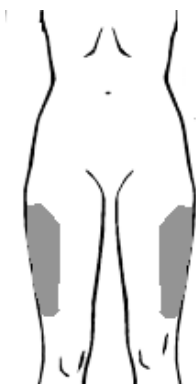


Figure 20 *Vastus lateralis* sites for deep intramuscular injection(a)

About a hand-width (across the knuckles) down from your groin to about a hand-width above your knee is the area you're looking for. It might be easier if you divide your thigh into three sections.

Mick

I used to inject in the upper thigh alternated from one to the other for each injection. I found this to be the easiest place because I could see what I was doing and sit down to do it.

This middle area on the outside of your leg, as Mick describes, is the safest area to inject.

3 Small, 2003.

4 Cocoman & Murray, 2006.

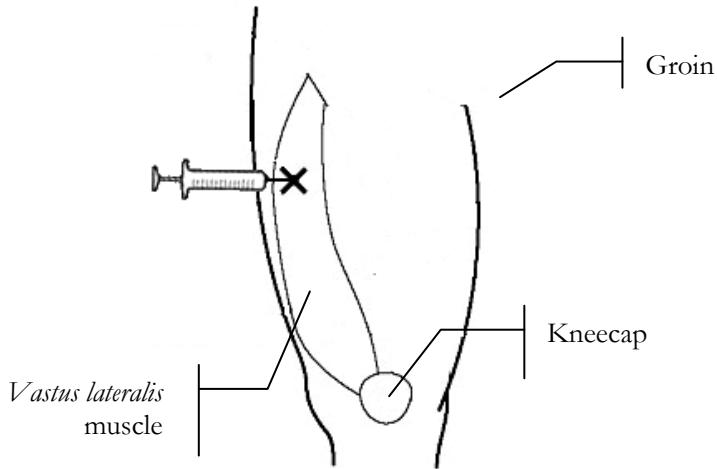


Figure 21 *Vastus lateralis* site for deep intramuscular injection (b)

Disposing of needles

If you self-inject, ask your GP how to get a sharps container for your used needles. These are usually available either from your GP or the pharmacist you pick your testosterone up from or a needle exchange service. They are a bright yellow hard plastic container.

When the container is full, don't throw it out in your household rubbish. Sharps containers are destroyed in a high temperature incinerator disposal unit. You can ask your GP if you can leave your full sharps containers with them for safe disposal or drop it off at your nearest major hospital.