

# GnRH agonist injections for gynaecological conditions

Department of Gynaecology

Information for Patients

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## What are Gonadotrophin-releasing hormone (GnRH) agonists and how do they work?

GnRH is a hormone that is produced by a gland in the brain. It causes the release of 2 other hormones known as FSH and LH which together make the ovary produce oestrogen, progesterone and eggs.

This medication blocks the production of these hormones which then switches off the release of oestrogen from the ovaries. This causes a temporary and reversible 'menopause'. This will help treat your gynaecological conditions such as endometriosis, fibroids and premenstrual syndrome (PMS) by reducing these hormones that stimulate these conditions.

## Why might I be offered treatment with a GnRH agonist?

There are a number of reasons why we might recommend treatment with a GnRH agonist. Some examples of these are:

- To reduce symptoms (such as pain) of conditions that we know are hormone sensitive such as endometriosis and adenomyosis. This may be before, after or instead of an operation.
- As a test, to see whether pain is being caused by diseases such as endometriosis and adenomyosis, PMS or migraines caused by your menstrual cycles. If the symptoms improve when the ovaries are 'switched off', then we are more able to suggest a treatment that can help long-term. If the symptoms do not improve when the ovaries are 'switched off' then taking the ovaries out is less likely to help
- To help shrink fibroids, reduce blood loss during surgery for fibroids and/or reduce heavy menstrual bleeding linked with fibroids or other conditions.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

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To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## How do we give the injections?

There are different brands of injections, but the common ones are:

- Decapeptyl SR (Triptorelin) – either 3 micrograms every 4 weeks or 11.25mg every 3 months
- Prostag (Luprorelin) – 3.75 micrograms every 4 weeks or 11.25mg every 3 months
- Zoladex (Goserelin) – 3.6 micrograms every 4 weeks or 10.8mg every 3 months

They all work in the same way. The injections are either given under the skin in your stomach (Zoladex) or into the muscle of your arm, thigh or buttock (Prostag/Decapeptyl).

The first injection may be given in hospital or GP practice on the advice of a gynaecologist. After this your GP will be asked to prescribe and arrange for the injection to be given to you. To begin with we would recommend a 4 weekly injection. After that, if you are happy to continue treatment, we would recommend the 3 monthly injection as this reduces the number of injections you need to have.

## What are the side-effects?

You may get a flare-up of your symptoms at the start, but this generally resolves the first month.

Low oestrogen levels caused by the use of GnRH agonists usually causes side effects with similar symptoms that women going through the menopause have.

Common side effects	Uncommon side effects
Hot flushes	Skin rash*
Headaches	Itching*
Difficulty sleeping	Shortness of breath*
Night sweats	Chest pain*
Weight changes	Poor appetite
Mood changes	Diarrhoea
Poor concentration	Vomiting
Tingling in hands or feet	Heart beats become noticeable (Palpitations)
Dizziness	Hair loss
Nausea	Changes in vision such as blurred vision
Joint pain/stiffness	Poor glucose control (in women with diabetes)
Muscle weakness	
Breast tenderness	
Vaginal dryness	
Poor libido (sex drive)	
Skin irritation at injection site	
Thinning of the bones**	

\* If you have any of these side effects, please contact your doctor immediately.

\*\* Only with long-term use for over a year and without add-back hormone replacement therapy (HRT) (see next section); recovery occurs after stopping the treatment.

If you have any side effects that cause you concern, please tell a member of the Gynaecology Team (see later for contact details) or your GP.

## Using add-back hormone replacement therapy to reduce side effects

GnRH agonists cause a temporary menopause. Low dose hormone replacement therapy is typically used to reduce these side effects. This is known as 'add-back hormone replacement therapy'.

The normal recommended length of time that these injections are used for is 6 months. If add-back HRT is used, GnRH agonists can be used for longer periods than 6 months. HRT can be given in a number of ways but the most common is by a tablet or a patch.

If you already have a Mirena coil in (for contraception, control of pelvic pain or heavy periods), this can work as part of the add-back HRT. You will just need some form of oestrogen replacement.

The risks linked with HRT do not apply to women who are having GnRH agonist injections. You are just replacing the hormones that your body would be producing naturally had they not been turned off (suppressed) by the GnRH agonist.

## Pregnancy, breastfeeding and contraception

You should not have GnRH agonist injections if you are

- pregnant or breastfeeding.
- trying to get pregnant, as there is an increased risk of miscarriage.

The injections generally stop an egg being released from your ovaries (ovulating) and stop your periods but they are not a contraceptive so some contraception (for example, condoms or a diaphragm) should be used whilst you are being treated with the GnRH agonists.

Fertility recovers after the last injection is out of your system - usually a few months.

## How will I be reviewed?

You will usually remain under the care of the gynaecology team whilst you are on the injections. Your gynaecologist will discuss the length of the treatment course with you. You will have a follow up appointment in the gynaecology clinic every 6 or 12 months if you are to remain on the injections for more than 6 months.

## Further information

- Royal College of Obstetricians and Gynaecologists: [www.rcog.org.uk](http://www.rcog.org.uk)
- Endometriosis UK: [www.endometriosis-uk.org](http://www.endometriosis-uk.org)

## Contact details

If you have any questions, please contact your GP or consultant's secretary (their number can be found on your appointment letter).

Out of hours, in an emergency, please contact the Gynaecology Assessment Unit on 0116 258 6259.

## Notes

Write down any questions you may have here:-

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