Other drug leaflets available from Endometriosis SHE Trust (UK):

Danol (Danazol); Dimetriose (Gestrinone); DLPA (Phenylalanine); Duphaston (Dydrogesterone); Mirena Coil (Levonorgestrel); Primolut-N (Norethisterone); Provera/Depo-Provera (Medroxyprogesterone Acetate); Suprecur (Buserelin); Synarel (Nafarelin); Utovlan (Norethisterone) and Zoladex (Goserelin).

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© PROSTAP SR (LEUPRORELIN ACETATE)

Prostap SR (Leuprorelin Acetate) for the treatment of endometriosis

Prostap SR is made by Wyeth Laboratories.

What is Prostap SR?

Prostap SR is a nonapeptide (protein) analogue of the natural female hormone Gonadotrophin Releasing Hormone (GnRH). This means it is an artificial (and a stronger) form of GnRH.

How Prostap SR works:

Prostap SR works by blocking the GnRH receptors (the cells or tissues that normally respond to GnRH). This causes oestrogen levels to fall and tricks the body into a pseudo (false) menopause. The deposits of endometriosis shrink. Periods usually stop during treatment, but return within two to three months of treatment ending.

Administration and dosage of Prostap SR:

Prostap SR comes as an injection in a strength of 3.75mgs per 1ml in powder form and is then mixed with sterile fluid that is included in the pack. It should not be mixed with any other component.

The injection is given every four weeks into the arm, either just under the skin or into the muscle.

Generally, treatment is given for six months continuously.

Treatment is started during the first five days of the cycle (day one is the first day of bleeding).

Prostap SR is not suitable for the treatment of children.

When Prostap SR should not be used (contra-indications):

Lactating women (breast feeding)
Pregnancy
Severe heart disease
Liver disease
Kidney disease
Undiagnosed vaginal bleeding
Metabolic and circulatory problems during previous oestrogen or progesterone therapy (metabolism is the way in which the body uses nutrients)

Precautions in the use of Prostap SR:

During the early days of treatment, symptoms may increase, but these will resolve as treatment progresses.

Some patients have a loss of bone-density during treatment with Prostap SR. This is almost always reversed when treatment stops.

Patients who are underweight, smoke, have a familial history of osteoporosis or are approaching the menopause may wish to assess the risk factors of bone loss.

Women with a history of the following should bring it to the attention of their medical practitioner:

History of heavy smoking
Heavy use of alcohol
Chronic use of drugs
Use of anti-convulsants
Use of steroids
Strong family history of osteoporosis

Side effects of Prostap SR:

Loss of sleep
Hot flushes
Weight gain
Fluid retention
Loss of bone-density
Dizziness
Visual disturbances
Breast tenderness
Nausea
Loss of sex drive
Headaches
Dry vagina
Emotional changes
Joint pains
Skin rash
Hair loss

As with all treatments, you may have no side effects at all, or you may have a few but it is rare to experience multiple side effects.

Do remember to report any side effects to your medical practitioner and ask for advice.

PLEASE NOTE:

- Make sure that you are not pregnant before starting treatment. A pregnancy test is advisable.
- Barrier methods of contraception should be used during treatment, as Prostap SR is not a contraceptive.
- Recurrence of symptoms occurs in 40-70% of cases especially with severe disease where endometrial deposits and lesions such as ovarian endometriomas and recto-vaginal nodules occur. Surgical resection of these may be necessary. See other leaflets.