your guide to
the contraceptive patch

Helping you choose the method of contraception that is best for you
The contraceptive patch

The Evra contraceptive patch is a small, thin, beige coloured patch, nearly 5cm x 5cm in size. You stick it on your skin and it releases two hormones – oestrogen and progestogen. These are similar to the natural hormones that women produce in their ovaries and like those used in the combined oral contraceptive pill.

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How effective is the patch?
How effective any contraceptive depends on how old you are, how often you have sex and whether you follow the instructions.

If 100 sexually active women don’t use any contraception, 80 to 90 will become pregnant in a year.

If used correctly and according to the instructions the patch is over 99% effective. This means that less than 1 woman will get pregnant in a year.

If the patch is not used according to instructions, more women will become pregnant.

How does the patch work?
The patch releases a daily dose of hormones through the skin, into the bloodstream. The main way it works is to stop the ovaries from releasing an
egg each month (ovulation). This is the same as the combined oral contraceptive pill. It also:

- thickens the mucus from your cervix. This makes it difficult for sperm to move through it and reach an egg
- makes the lining of your womb thinner so it is less likely to accept a fertilised egg.

Where can I get the patch?
Family planning doctors, nurses and most GPs provide contraception. You can go to any general practice if you prefer not to see your own doctor. (See page 14)

Can anyone use the patch?
Not everyone can use the patch and a doctor or nurse will need to ask you about your own and your family's medical history. Do mention any illnesses or operations you have had. Some of the conditions which may mean you should not use the patch are:

- you are or think you might be pregnant
- you are breastfeeding
- you smoke and are over 35

You have now or had in the past:

- thrombosis (blood clots) in any vein or artery
- a heart abnormality or circulatory disease, including raised blood pressure
- very severe migraines or migraines with aura
- breast cancer
- active disease of the liver or gall bladder
- diabetes
unexplained bleeding from your vagina (for example, between periods or after sex).

Research has shown that the effectiveness of the patch may be reduced in women who weigh 90kg (14 stone) or over. If you do, the patch may not be your first choice method if it’s important not to get pregnant.

**What are the advantages of the patch?**

Some of the advantages of the patch are:

- you don’t have to think about it every day; you only have to remember to replace the patch once each week
- it doesn’t interrupt sex
- it is easy to use
- unlike the pill, the hormones do not need to be absorbed by the stomach, so the patch is not affected by vomiting or diarrhoea
- it usually makes your periods regular, lighter and less painful.

**What are the disadvantages of the patch?**

- It may be seen.
- For a small number of women it may cause skin irritation.
- It does not protect you against sexually transmitted infections so you may need to use condoms as well.

You may get some temporary side-effects when you first start using the patch, these should stop within a few months. They include:

- headaches
- nausea
- breast tenderness
- mood changes
- weight gain or loss.

Breakthrough bleeding (bleeding between periods) and spotting is common in the first few cycles of patch use. If you are using the patch correctly, this is nothing to worry about. You will still be protected against pregnancy.

**Are there any risks?**

The contraceptive patch is a safe and effective method. Before any method is made widely available to women, it has to go through extensive medical trials. Research shows that the effects of the patch are similar to those seen in women using combined oral contraceptives.

There is a very low risk of some serious side-effects with the patch. These are the same as those associated with the combined pill.

A very small number of women may develop a blood clot which can block a vein (venous thrombosis) or an artery (arterial thrombosis or heart attack or stroke). If you have ever had a thrombosis, you should not use the patch.

The risk of venous thrombosis is greater if any of the following apply to you: you are very overweight, are immobile for a long period of time or use a wheelchair or a member of your immediate family had a venous thrombosis before they were 45. Some women have genetic differences that affect how their blood clots. This can increase their risk of venous thrombosis if they also use the patch.

The risk of arterial thrombosis is greater if any of the following apply to you: you smoke, are diabetic, have high blood pressure, are very
overweight, have migraine with aura, or a member of your immediate family had a heart attack or stroke before they were 45.

Research into the risk of breast cancer, cervical cancer and hormonal contraception is complex and contradictory. Current research suggests that all users of hormonal contraception appear to have a small increase in risk of being diagnosed with breast cancer compared to non-users of hormonal contraception. Further research is ongoing. All risks and benefits should be discussed with your doctor or nurse.

See a doctor straightaway if you have any of the following:

- pain in the chest, including any sharp pain which is worse when you breathe in
- breathlessness
- you cough up blood
- painful swelling in your leg(s)
- weakness, numbness, or bad "pins and needles" of an arm or leg
- severe stomach pains
- a bad fainting attack or you collapse
- unusual headaches or migraines that are worse than usual
- sudden problems with your speech or eyesight
- jaundice (yellowing skin or yellowing eyes).

**How do I use the patch?**

- A new patch is applied, once a week, every week for three weeks. The first patch is applied on the first day of your period (day 1 of your menstrual cycle). This is known as the