

Live Well to
Learn Well

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health.cornell.edu

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Appointments:
Monday–Saturday

Check web for hours,
services, providers,
and appointment
information

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What is it?

The patch is a prescription method of hormonal birth control. This thin plastic patch that adheres to the skin is 99% effective in preventing pregnancy when used correctly. The patch contains the same hormones (estrogen and progesterone) found in birth control pills. The sticky surface of the patch delivers the hormones through the skin, and they are absorbed into the bloodstream, keeping the ovaries from releasing eggs and thickening cervical mucus (which makes it difficult for sperm to enter the uterus).

Is it right for you?

Advantages

Many women choose the patch because it:

- is easy to use
- only needs changing three times a month
- permits sexual spontaneity
- maintains regular periods and relieves some menstrual problems (e.g., can shorten periods; reduce the incidence of iron deficiency anemia; minimize cramps and PMS; correct menstrual irregularity/amenorrhea)
- can reduce the symptoms of endometriosis
- decreases the incidence of ovarian cysts, fibrocystic breast syndrome and fibroadenomas of the breast
- significantly lowers the risk of ovarian and endometrial cancer
- can diminish acne

Disadvantages

- possible skin reactions or irritation at patch site
- need to remember to change the patch weekly for three weeks in a row
- may be less effective for women weighing 198 pounds or more

Side effects

Some women may experience nausea and/or vomiting, breast tenderness and moodiness. Side effects of hormonal birth control typically lessen over time, but it is important to discuss any concerns you have with a nurse or clinician.

Contraindications

Cigarette smoking: Smoking increases the risk of serious cardiovascular problems from hormonal contraceptive use. The risk increases with age and the amount of smoking. Women who use the patch are strongly urged not to smoke.

Chronic conditions: If you have a chronic medical problem, you will need to discuss the



The patch can be worn on the abdomen, torso, upper arm, or butt (images from Planned Parenthood Federation).

risks of using the patch as it relates to your particular situation. Most of the time, it is relatively safe. However, if you have any of the following conditions, check with your clinician about your ability to use the patch safely:

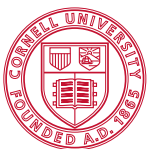
- thrombophlebitis, thromboembolic disorders, cerebral vascular disease, coronary artery disease or history of these conditions
- markedly impaired liver function or hepatic adenoma
- undiagnosed breast masses or known or suspected carcinoma of the breast
- known/suspected estrogen-dependent tumor
- unexplained genital bleeding
- known or suspected pregnancy
- history of migraines and headaches
- history of elevated cholesterol
- high blood pressure

How to get a prescription

Request an appointment with a clinician online via myCornellHealth, by phone (607-255-5155), or by visiting Cornell Health during business hours. Ask for a “Well Woman visit” if it is time for a Pap smear and/or check-up. Request a contraception visit if you feel you don’t need a check-up, Pap smear or STI testing. At your appointment, the clinician will talk with you more about the Patch and other contraceptive options.

Using the patch

You can wear the patch on your abdomen, upper torso (excluding the breast), on your upper arm or on your buttocks. A different site can be selected each week if you choose, but wherever you choose, the patch must remain there for 7 days. It is a good idea to avoid placing the patch in the exact same spot each week but



you can wear it in the same general location if preferred.

Women should never apply the patch to any skin that is red, irritated, or cut. Only one patch should be worn at a time. Check the patch every day to make sure it is sticking properly (“creasing” and “crinkling” are ok). A patch won’t be effective if it does not stick to the skin by itself. Never use tape or other adhesives to keep a patch in place. Instead, apply a new patch.

Application instructions

- Choose a cool, clean, dry area on the skin (i.e., do not apply immediately after a shower/bath). Avoid putting creams, lotions, oils, powder, or make-up on or near the patch. Otherwise, it may not stick properly.
- Open the foil pouch by tearing it along the top edge. Peel the foil patch apart and open it flat.
- The patch is covered by a layer of clear plastic. Remove the patch and plastic together from the foil pouch.
- Using your fingernail, lift one corner of the patch and peel the patch and plastic off the foil liner.
- Peel away half of the clear plastic. Avoid touching the sticky surface.
- Apply the sticky side of the patch to clean, dry skin. Then, remove the other half of the clear plastic.
- Press firmly on the patch, with the palm of your hand for 10 seconds, making sure that the edges stick.
- Wear each patch for one full week.
- Apply a new patch on the same day each week for three weeks in a row.
- During week 4, do not wear a patch. (Your period is expected to begin during this time.)

If a patch is loose

... **and it’s been fewer than 24 hours, apply a new patch right away.** No back-up contraception is needed.

... **and it’s been more than 24 hours (or you’re not sure),** start a new 4 week cycle with a new patch change day. Use a back-up contraceptive (e.g. condoms) for the first week of this new cycle.

Forgotten or detached patch

Delayed application or detachment for <48 hours since a patch should have been applied or reattached: Apply a new patch as soon as possible. (If detachment occurred

<24 hours since the patch was applied, try to reapply the patch or replace with a new patch.) Keep the same patch change day. No additional contraceptive protection is needed. Emergency Contraception is not usually needed but can be considered if delayed application or detachment occurred earlier in the cycle or in the last week of the previous cycle.

Delayed application or detachment for ≥48 hours since a patch should have been applied or reattached: Apply a new patch as soon as possible. Keep the same patch change day. Use back-up contraception (e.g., condoms) or avoid sexual intercourse until a patch has been worn for 7 consecutive days. If the delayed application or detachment occurred in the third patch week: Omit the hormone-free week by finishing the third week of patch use (keeping the same patch change day) and starting a new patch immediately. If unable to start a new patch immediately, use back-up contraception (e.g., condoms) or avoid sexual intercourse until a new patch has been worn for 7 consecutive days. Emergency contraception should be considered if the delayed application or detachment occurred within the first week of patch use and unprotected sexual intercourse occurred in the previous 5 days.

Patch removal/disposal

When removing the used patch, simply lift off one corner and peel back quickly. Because used patches still contain active hormones, carefully fold the used patch in half so that it sticks to itself. Put it in a plastic bag before you throw it away to reduce the chance of estrogen seeping into the soil and water supply. Do not flush patches down the toilet.

Taking certain medications

Some drugs taken for medical conditions may decrease the effectiveness of the patch. If you are using any of the following drugs, tell your clinician:

- Rifampin
- Griseofulvin
- Phenytoin
- Phenobarbital
- Topiramate
- Carbamazepine
- Antiretrovirals
- St. John’s Wort

You must inform all health care providers that you use the patch, especially if you are in a leg cast or scheduled for surgery. If you have any questions, ask.

Warning signs

It is important to be aware of the very rare but potentially serious complications that may arise as the result of patch (e.g. gall stones, blood clots). If you experience any of the following, please call Cornell Health for consultation:

- Severe abdominal pain lasting more than 30 minutes
- Severe chest pain or shortness of breath
- Increase in frequency or severity of headaches, especially if associated with weakness, numbness, or vision disturbances
- Loss of vision, double or blurred vision
- Speech problems
- Severe pain in the calf or thighs

Switching from other hormonal contraceptives

Individuals may change from other hormonal methods of contraception to the patch. In order to obtain a prescription, please schedule an appointment with a clinician by phone or online at myCornellHealth.

Additional considerations

No hormonal method of birth control protects against sexually transmitted infections (STI) including HIV. Latex barriers (condoms or squares) are the best way for sexually active people to protect themselves against STIs when you or your partner have had other sex partners. Condoms, lubricants, and other sexual health products can be purchased at the Cornell Health Pharmacy.

More information

Cornell Health’s clinicians and sexual health nurses can talk with you about concerns you may have about the patch, other birth control methods, and STI prevention/testing. Request an appointment online via myCornellHealth, by phone (607-255-5155), or in person during business hours.

Additional information can be found at : <https://www.xulane.com/what-is-the-patch>

Note: This fact sheet is not intended to replace the package insert information. Please refer to it for more comprehensive information.