Zoladex® 3.6mg

goserelin

goserelin 3.6mg

Contains one depot in a prefilled SAFESYSTEM® syringe with a protective sleeve.

Use immediately after opening pouch.

Use only if pouch is undamaged.

Contains goserelin acetate equivalent to 3.6mg peptide base in sustained release depot.

Also contains Lactide/Glycolide copolymer.

For subcutaneous injection.

To be administered as directed by the prescriber.

For administration every four weeks.

See reverse for directions for use.

Do not store above 25°C.

Keep out of the reach of children.

This pouch contains a small white desiccant capsule which is to be discarded after opening the pouch.

AstraZeneca UK Limited

Macclesfield, Cheshire

United Kingdom

Made in United Kingdom

ZOLADEX SAFESYSTEM is a trademark of the AstraZeneca group of companies.

To open tear at arrows.

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The following information is intended for medical or healthcare professionals only:

Zoladex is administered by subcutaneous injection - read and understand all the instructions fully prior to administration

1. Put the patient in a comfortable position with the upper part of the body slightly raised. Prepare the injection site according to the local policy and procedure.

NOTE: Caution should be taken while injecting Zoladex into the anterior abdominal wall due to the proximity of underlying inferior epigastric artery and its branches; very thin patients may be at higher risk of vascular injury.

2. Examine the foil pouch and syringe for damage. Remove the syringe from the opened foil pouch and hold the syringe at a slight angle to the light.
Check that at least part of the Zoladex depot is visible **(Figure 1).**

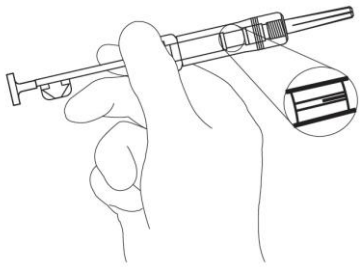

Figure 1.

3. Grasp the plastic safety tab and pull away from the syringe and discard **(Figure 2).** Remove needle cover. **Unlike liquid injections, there is no need to remove air bubbles as attempts to do so may displace the Zoladex depot.**

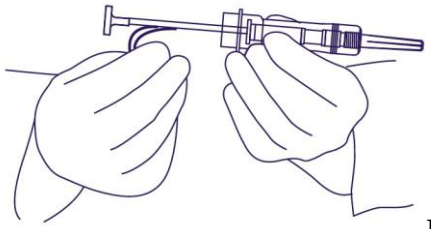

Figure 2.

4. Holding the syringe around the protective sleeve, using an aseptic technique, pinch the patient's skin and insert the needle at a slight angle (30 to 45 degrees) to the skin.

With the opening of the needle facing up, **insert needle into the subcutaneous tissue** of the anterior abdominal wall below the navel line, until the protective sleeve touches the patient's skin **(Figure 3).**

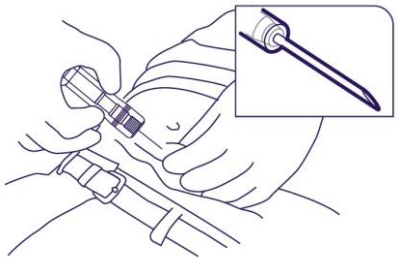

Figure 3.

NOTE: The Zoladex syringe cannot be used for aspiration. If the hypodermic needle penetrates a large vessel, blood will be seen instantly in the syringe chamber. If a vessel is penetrated, withdraw the needle and immediately control any resultant bleeding, monitoring the patient for signs or symptoms of abdominal haemorrhage. After ensuring the patient is haemodynamically stable another Zoladex depot may be injected with a new syringe elsewhere. Use extra care when administering Zoladex to patients with a low BMI and/or to patients receiving full dose anticoagulation.

5. **Do not penetrate into muscle or peritoneum.** Incorrect grip and angle of presentation is shown **(Figure 4).**

Figure 4.

6. Depress the plunger **fully**, until you can depress no more, to discharge the Zoladex depot and to activate the protective sleeve. You may hear a 'click' and will feel the protective sleeve automatically begin to slide to cover the needle. If the plunger is not depressed fully the protective sleeve will **NOT** activate.

NOTE: The needle does not retract.

7. Holding the syringe as shown in **Figure 5,** withdraw the needle and allow protective sleeve to continue to slide and cover needle.
Dispose of the syringe in an approved sharps collector.

Figure 5.

LOT

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