

ORAL CONTRACEPTIVE PILL (OCP)

Starting the pill:

- This should be started within the 1st seven days of the menstruation cycle (preferably the first day of menses to reduce the risk of break through bleeding.)
- Try to take the pill the same time every day. If you pair it with something you do daily it will be easier to remember (ex. brushing your teeth). You can take the pill at night to avoid any nausea you may experience.
- Use a backup method of contraception (condoms) for the first pack.
- There are various regimes available:
 - One tablet can be taken for 21 days then 7 day break or placebo pills.
 - One tablet can be taken for 24 days then 4 days of placebo pills (Yaz)
 - One tablet can be taken for 26 days and then 2 days of placebo pills (Lolo)
 - One tablet can be taken for 84 days then 7 days off or placebo pills (Seasonale or Seasonique).
 - For further menstrual control, you can take your OCP's back-to-back → 21-21-21, then 7 days off. This is safe to do.

Missed pills:

- 1 pill missed → take forgotten pill when you remember, and take next pill as scheduled (even if this means taking 2 pills in one day)
- 2 or more pills missed →
 - Take the most recent missed pill as soon as possible and discard other missed pills
 - Continue taking the scheduled pills at the usual time (even if it means taking 2 pills in one day)
 - Use back up contraception or avoid sexual intercourse until hormonal pills have been taken for 7 consecutive days
 - If pills were missed in the last week of hormonal pills (e.g., days 15-21 for 28-day pill pack)
 - Finish the hormonal pills in the current pack and start a new pack the next day (do not take placebo pills)
 - If unable to start a new pack, use back up contraception or avoid sexual intercourse until hormonal pills from a new pack have been taken for 7 consecutive days

Advantages/Disadvantages:

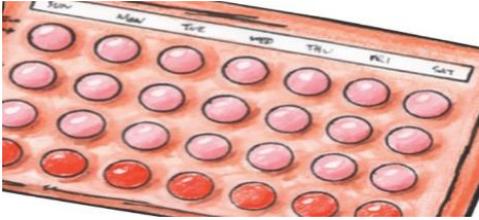
Advantages	Side effects (resolve after 3 months)
1. Effective and reversible	1. Intramenstrual bleeding
2. Cycle control and less menstrual pain	2. Breast tenderness
3. Improved acne	3. Headaches
4. Reduction in menses over time	4. Nausea
5. Reduction of benign ovarian cysts	5. Bloating
6. Lower risk of endometrial and ovarian cancer	6. Mood changes (only stop if significant)

RISKS: Deep Venous Thrombosis (rare) presents as severe pain/swelling of your leg or difficulty breathing/chest pain.

Myths/Facts:

Myths:

1. The pill can only be taken for a limited time
2. The pill causes you to gain weight
3. The pill causes cancer
4. The pill protects against sexually transmitted infections



Facts:

1. In most healthy women the OCP can be taken from puberty to menopause. There is no cumulative effect or break you need to take prior to pregnancy
2. Studies have found that most low dose OCPs are not associated with significant weight gain. Side effect can be bloating. If you notice an increase in weight your physician can choose a different OCP for you
3. The OCP may slightly increase your risk for breast cancer. It does reduce your risk of ovarian and uterine cancer by 50% which persists after stopping the OCP
4. The only contraceptive that offers this type of protection is condoms

If you have any problems you can do the following:

1. Call the office and make an appointment
2. Call the office and leave a message for me
3. For urgent concerns page me 604-227-2036. Leave your phone #, name and reason for call. Phone calls will be returned within 24 hours
4. In the event of an emergency (severe pain in legs or lungs) go to your nearest emergency room

Resource to check out:

Itsaplan.ca