



ADULT MEDICATION GUIDELINE

Estrogen - Vaginal

Scope (Staff): All WNHS Staff

Scope (Area): Obstetrics and Gynaecology

This document should be read in conjunction with the [Disclaimer](#).

Quick Links

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Restrictions

Estriol Pessary (Ovestin Ovula®): 500 microgram [Formulary: Restricted](#)

Others [Formulary: Unrestricted](#)

Medication Class

Hormone replacement therapy

Presentation

Estradiol Pessary (Vagifem Low®): 10 microgram

Estriol Vaginal Cream (Ovestin Vaginal®): 1mg/g (0.1%)

Estriol Pessary (Ovestin Ovula®): 500 microgram

Storage

Estradiol Pessary (Vagifem Low®): Store below 25°C. Store in a dry place protected from light. Do not refrigerate.

Estriol Vaginal Cream (Ovestin Vaginal®): Store below 30°C.

Estriol Pessary (Ovestin Ovula®): Store below 25°C. Protect from light and moisture.

Dose

Vulvodynia

Estriol Vaginal Cream:

NB: If there is a history of breast cancer, consult with the patient's oncologist. If there is a history of thromboembolic condition, consult with their haematologist.

Apply a tiny smear to the vaginal introitus TWICE each day for 6 to 9 months

Atrophic Vaginitis

Estradiol Pessary:

Loading dose: ONE pessary (10microg) ONCE daily for 2 weeks

Maintenance: ONE pessary (10microg) TWICE weekly (every 3-4 days) for at least 6 months

Estriol Vaginal Cream:

Loading dose: ONE applicatorful (0.5mg) at night for 2 weeks

Maintenance: ONE applicatorful of cream (0.5mg) TWICE weekly (every 3-4 days) for at least 6 months

Menopausal Symptoms, Vaginal Dryness (After Breast Cancer)

Estradiol Pessary:

Loading dose: ONE pessary (10microg) ONCE daily for 2 weeks

Maintenance dose: ONE pessary (10microg) TWICE weekly (every 3-4 days)

Estriol Vaginal Cream:

Loading dose: ONE applicatorful (0.5mg) at night for 2-3 weeks

Maintenance dose: ONE applicatorful (0.5mg) ONCE or TWICE weekly

Estriol Pessary:

Loading dose: ONE pessary (500microg) at night for 2-3 weeks

Maintenance dose: ONE pessary (500microg) ONCE or TWICE weekly

Pre-Surgery

Estradiol Pessary:

ONE pessary (10microg) ONCE daily for 2 weeks before surgery

Estriol Vaginal Cream:

ONE applicator (0.5mg) ONCE daily for 2 weeks before surgery

Estriol Pessary:

ONE pessary (500microg) ONCE daily for 2 weeks before surgery

Administration

Estradiol Pessary (Vagifem Low®)

Use before bed. Wash hands well before and after use. Tear off a single unit from the pack. Lie down and lift knees to chest as is comfortable. Open the strip at the plunger end and insert the applicator carefully into the vagina, stopping when resistance is felt (8-10cm). Gently press the plunger to release the pessary (a click will be felt). The pessary will stick to the wall of the vagina. Remove the applicator from the vagina and dispose.

Estriol Vaginal Cream (Ovestin Vaginal®)

Use before bed. Wash hands well before and after use. Break seal on tube using sharp point of the cap. Screw the end of the applicator onto the tube (ensure plunger is fully inserted into the barrel). Squeeze tube slowly to fill applicator to the red ring. Detach and cap the tube. Lie down and lift knees to chest as is comfortable. Insert the applicator deep into the vagina and slowly push the plunger all the way to insert the cream. Remove applicator. Pull the plunger from the barrel to wash both parts in warm (not hot or boiling) soapy water (do not use detergents). Rinse well and dry. Reassemble for next use.

Estriol Pessary (Ovestin Ovula®)

Use before bed. Wash hands well before and after use. Remove one pessary from its wrapper. Lie down and lift knees to chest as is comfortable. Insert pessary, using finger, deeply into the vagina.

Pregnancy

1st Trimester: Contraindicated (Estradiol); Consider alternative (Estriol)

2nd Trimester: Contraindicated

3rd Trimester: Contraindicated

Breastfeeding

Consider alternative

Related Policies, Procedures & Guidelines

[Gynaecology \(non-oncological\)](#)

[Sexually Transmitted Infections \(STI\)](#)

[Menopause and menopausal symptoms](#)

[Medication administration](#) (intranet only)

References

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Keywords	Oestrogen, estrogen, estriol, estradiol, vagifem, vaginal estrogen, vaginal atrophy, vulvodynia, vaginitis, ovestin, ovestin vaginal, HRT, menopause				
Document Owner:	Chief Pharmacist				
Author/ Reviewer	KEMH Pharmacy Department				
Version Info:	4.0				
Date First Issued:	09/2015	Last Reviewed:	Nov 2021	Review Date:	Nov 2024
Endorsed by:	Medicines and Therapeutics Committee			Date:	Jan 2022
NSQHS Standards Applicable:	<input checked="" type="checkbox"/>  Std 1: Clinical Governance <input type="checkbox"/>  Std 2: Partnering with Consumers <input type="checkbox"/>  Std 3: Preventing and Controlling Healthcare Associated Infection <input checked="" type="checkbox"/>  Std 4: Medication Safety		<input type="checkbox"/>  Std 5: Comprehensive Care <input type="checkbox"/>  Std 6: Communicating for Safety <input type="checkbox"/>  Std 7: Blood Management <input type="checkbox"/>  Std 8: Recognising and Responding to Acute Deterioration		
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The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this document (insert ISD Number). (Please refer to the

Aboriginal Health Impact Statement and Declaration for Department of Health and Health Service Provider Guidelines – please delete once you have completed this).

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