

PATIENT GUIDE • RANGE MEDICAL

How to give yourself an intramuscular injection

Your hormone medication works best when it goes into muscle, where it absorbs slowly and steadily — that steadiness is what keeps your levels even and you feeling consistent between doses.

The technique on this page is what makes the difference between a sore leg and a thirty-second routine you barely feel. It sounds harder than a skin injection — it isn't. By your third or fourth week, this is as ordinary as brushing your teeth.



WHAT YOU'RE WORKING WITH

Your medication comes from us as a **pre-filled syringe** — the dose is already measured. There is nothing to mix and nothing to draw up. A tiny air bubble in the syringe is normal and safe; you don't need to remove it.

HERE'S WHAT YOU NEED TO HAVE READY

- Your pre-filled syringe from Range — your dose is already measured
- An alcohol swab
- A cotton pad or gauze
- Your sharps container



HOW TO DO IT

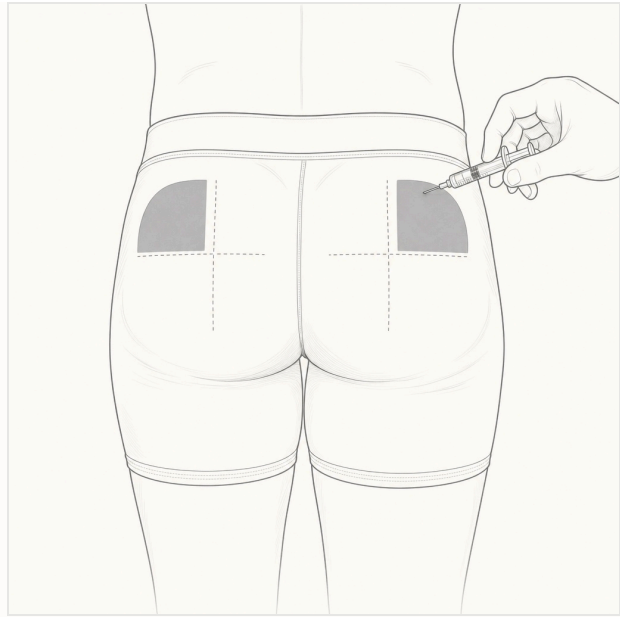
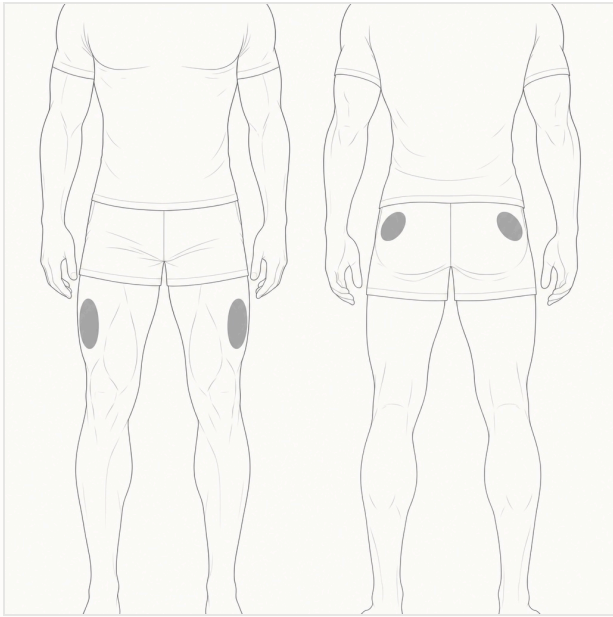
01 Set yourself up

- Wash your hands with soap and water.
- Check the label: your name, your medication, your dose.
- Look at the liquid. Testosterone and most hormone medications are a clear oil. Cloudy or has particles? Don't inject it — call us.
- Warm the oil: roll the syringe between your palms for a minute or two. Warm oil flows easier and feels better going in. Never use hot water or a microwave.
- If your medication lives in the refrigerator (check your label), let the syringe sit out for 15–30 minutes first.



02 Pick your spot and get ready

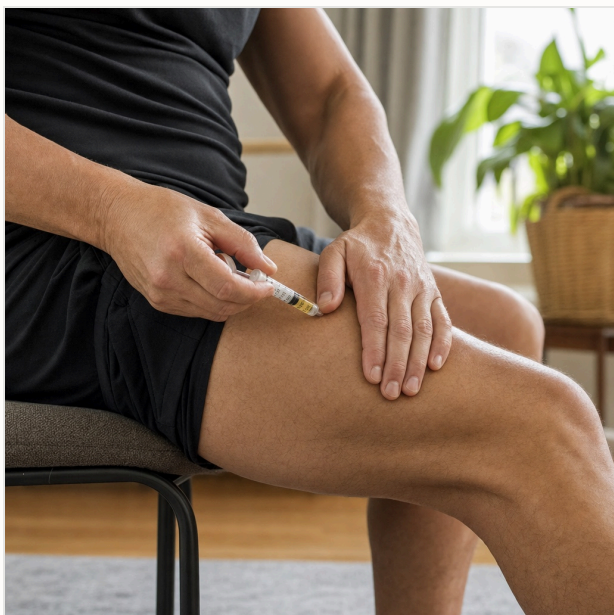
- Thigh: look at your thigh and divide it into three equal parts. Your spot is the middle third, on the outer edge. It's the easiest place to see and reach yourself.
- Buttock: picture one line down the middle of a cheek and another across it, splitting it into four squares. The needle goes into the top outer square, the one closest to your hip — never the inner squares, and never below that middle line, because the sciatic nerve runs through the lower inner area. It's hard to see and reach on yourself, so save this one for when someone is giving you the injection.
- Rotate sites each injection — alternate legs, or trade the thigh for the buttock — and skip any spot that is bruised, tender, or scarred.
- Sit down and let the leg go completely loose. A relaxed muscle barely feels this; a tense one does.
- Clean your spot with an alcohol swab and let it air-dry — wet alcohol stings.
- Pull the needle cap straight off. Don't touch the needle, and never re-cap it.



03 Inject — quick in, slow push

- With your free hand, hold the skin at your spot gently flat and taut. Don't pinch — pinching is for under-the-skin shots, not this one.
- Hold the syringe like a dart and insert the needle straight in at a 90-degree angle, all the way, in one quick motion. Quick in hurts less than slow in.
- Keep the needle pointed the same direction the whole time — no angling or wiggling once it's in.
- Press the plunger down slowly and steadily — about ten seconds per mL. Oil-based medication likes to go in slowly; rushing it is what makes the muscle sore.

- Pull the needle straight out. If the spot bleeds a drop, press your cotton pad on it — don't rub.
- Place the used syringe directly in your sharps container. Done.



TIPS TO MAKE IT MORE COMFORTABLE

- Let your medication come to room temperature before you inject.
- Let the alcohol dry completely before the needle goes in.
- Break through the skin quickly — hesitating is what stings.
- Don't change the direction of the needle as it goes in or comes out.
- Relax the area. Tension is what turns a non-event into a sore spot.

WHAT TO EXPECT

Normal: a mild ache at the spot for a day or two — oil-based medications do that, and injecting slowly into a warm, relaxed muscle is the best prevention. A drop of blood or a small bruise is normal too.

Call us if a spot gets more red, swollen, warm, or painful over the next couple of days instead of less, or if you run a fever.

Rare but worth knowing: if you get a sudden urge to cough, chest tightness, or dizziness right after injecting, sit down — it almost always passes within a few minutes. If it doesn't, get care right away. Either way, tell us before your next dose.

CALL US IF YOU HAVE

- A lump, swelling, or bruising at the injection site that does not go away.
- Redness, warmth, or pain at the spot that increases over the next couple of days instead of fading.
- A fever after an injection.

Call 911 or get care immediately if you develop a rash, itching, shortness of breath, or swelling of the mouth, lips, or face after an injection.

GETTING SORENESS OR LEAK-BACK? TRY THIS

Before the needle goes in, use your free hand to pull the skin about an inch to the side and hold it there. Inject as usual, pull the needle out — and only then let the skin go. The skin slides back over the needle's path and seals the medication inside the muscle. Nurses call it the Z-track; you can just call it the no-leak trick.

STORING YOUR MEDICATION

- Follow the storage note on your label. Testosterone is usually kept at room temperature, away from direct sunlight; some other hormone medications are refrigerated.
- Never freeze your medication. If a syringe freezes, don't use it — call us and we'll make it right.
- Each syringe is single-use: use it once, then it goes in the sharps container.
- Keep everything out of reach of children.

Text us

Call us

Range Medical · Newport Beach · (949) 997-3988. This guide is for Range Medical patients using pre-filled syringes we dispensed, and it doesn't replace the instructions on your label or from your provider. Giving yourself a subcutaneous (under-the-skin) injection instead? [That guide is here.](#)



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