

How to Give Your Testosterone Injection

A step-by-step guide for LifeTANK patients

Injectable testosterone is an oil-based medication. It can be given two ways: into the muscle (intramuscular, or IM) or into the fat layer just under the skin (subcutaneous, or SQ). Both are effective, and both are widely used. IM has been the traditional route for decades, but SQ has become the preferred option for most of our patients.

The two routes side by side

	Intramuscular (IM)	Subcutaneous (SQ)
Where it goes	Into the muscle — outer thigh, upper outer buttock, or shoulder.	Into the fat layer just under the skin — abdomen, love handle, or upper outer thigh.
Needle	22–25 gauge, 1 to 1½ inches long.	28–31 gauge, ½ inch — the same size used for insulin.
How it feels	A deeper pressure; some soreness for a day is common.	Most patients describe it as a pinch or nothing at all.
Volume per shot	Up to 1 mL	Best at ½ mL or less per site.
Absorption	Faster release, higher early peak.	Slower, steadier release from fat tissue.

Why we usually recommend subcutaneous

Subcutaneous injection puts the same medication in a shallower layer of tissue using a much smaller needle. Studies comparing the two routes show comparable testosterone levels and symptom response.

- It hurts less. An insulin-size needle is far smaller than an IM needle.
- It is easier to do yourself.
The abdomen and love handles are easy to see and reach, no twisting to reach buttock.
- It fits smaller, more frequent dosing. Because SQ volumes are small and comfortable, splitting your weekly dose into two or three smaller injections is realistic instead of a chore.
- Steadier levels. Slower absorption from the fat and smaller, more frequent doses flatten the peaks and valleys. That means fewer mood and energy swings between shots, less spillover conversion to estrogen at the peak, and less stimulus for your blood to thicken.

What you'll need

- Your testosterone vial, at room temperature. It does not need refrigeration — store it upright, out of direct light.
- A syringe. Most SQ patients use a ½-inch, 27–30 gauge insulin-type syringe and draw through the same needle. If you prefer, use a 1 mL syringe with an 18-gauge needle to draw and a fresh 27–31 gauge needle to inject.
- Alcohol pads, a clean tissue or gauze, and an approved sharps container.

Step by step

1. **Warm the oil.** Roll the vial between your palms for a minute or so, or carry it in your pocket while you get everything else ready. Warm oil draws into smaller needles far more easily than cold oil.
2. **Wash your hands** with soap and water and set your supplies out on a clean surface.
3. **Clean the vial top.** Wipe the rubber stopper with an alcohol pad and let it air dry.
4. **Draw your dose.** We recommend drawing up several doses at once so the vial is emptied. You can put multiple doses into a single syringe or use a new syringe for each dose, whichever you prefer.
5. **Pick and clean your site.** For SQ, use the abdomen at least two inches away from the navel, a love handle, or the upper outer thigh. Wipe with alcohol and let the skin dry completely; injecting through wet alcohol is what stings.
6. **Pinch and inject.** Gently pinch up a fold of skin and fat. Insert the needle at a 45 to 90 degree angle in one smooth motion, then push the plunger down slowly and steadily over about 10 seconds. You do not need to pull back to check for blood with a subcutaneous injection.
7. **Withdraw and press.** Pull the needle straight out, release the pinch, and hold light pressure for a few seconds. Do not massage the site.
8. **Dispose of the syringe** when done using place it in your marked sharps container.

Rotate your sites

Never use the same spot twice in a row. Rotating gives each site time to recover and keeps the tissue from thickening or scarring over months and years of therapy. A simple rotation is left abdomen, right abdomen, left flank, right flank, then back to the beginning. Stay clear of scars, stretch marks, moles, and any area that is bruised, tender, or hard.

If you are injecting IM, the outer thigh (vastus lateralis) and upper outer buttock (ventrogluteal) are the preferred sites. Insert at 90 degrees, all the way to the hub for a 1 to 1½ inch needle, and rotate sides each time.

What's normal after an injection

Mild redness, itching, or a small soft lump at a subcutaneous site is common in the first weeks and usually settles within a day or two. Some patients notice a faint bruise. With IM injections, a day of muscle soreness is expected. None of these require a call unless they are worsening rather than fading.

Call the clinic if you notice any of these

- Redness that spreads, warmth, swelling, or drainage at an injection site — especially with fever or chills.
- A lump that keeps growing, stays painful beyond a few days, or feels hard and hot.
- Shortness of breath, chest pain, coughing, or lightheadedness right after an injection.
- Pain, swelling, or redness in one calf or thigh, or sudden shortness of breath at any time.
Go to an emergency department.
- You missed a dose, injected the wrong amount, or your medication looks cloudy, discolored, or has particles in it.

Sharps disposal

In California, used needles and syringes cannot go in household trash or recycling. Use an FDA-cleared sharps container or a heavy-duty plastic container with a screw-on lid, and take it to a household hazardous waste collection site, a participating pharmacy, or use a mail-back program. Ask us if you need help finding a drop-off near you.

Questions about your dose, your schedule, or your technique? Call the clinic before changing anything on your own.

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