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endometrial hyperplasia may be a precursor to endometrial cancer There may be risks that may be associated with the use of progestin with estrogens compared to estrogen-only regimens, including an increased risk of breast cancer If feasible, estrogens should be discontinued at least 4 to 6 weeks prior to type surgery associated with an increased risk of thromboembolism, or during prolonged immobilisation periods Most studies do not show significant increased from endometrial cancer endometriosis with the use of estrogen for all women should receive annual breast examinations by a healthcare professional and perform monthly breast self-examinations; in addition, mammogram examinations should be scheduled based on patient age, risk factors and previous mammography results Risk of cardiovascular, endometrial cancer, breast cancer and dementia; see Black Box Warnings Estrogens increase the risk of galbladder disease Discontinue estrogen if severe hypercalcemia occurs, severe hypertriglyceride Monitor thyroid function occurs in women on thyroid replacement therapy Estrogens may be poorly metabolized in women with impaired liver function; for women with a history of cholestatic jaundice associated with past oestrogen use or pregnancy, caution should be exercised, and in case of relapse, hormone therapy should be discontinued for menopausal symptoms associated with an increased risk of ovarian cancer; the exact duration of hormone therapy associated with an increased risk of ovarian cancer, it is not known retina vascular thrombosis has been reported in patients receiving estrogen; discontinue treatment pending testing if there is sudden partial or complete loss of vision or sudden onset of proptosis, diplopia or migraine; if the examination reveals papilledemic or renal vascular lesions, estrogens should be permanently discontinued may cause fluid retention; women with conditions that could be affected by this factor, such as cardiac or renal dysfunction, require careful observation when prescribed only by estrogen Several cases of malignant transformation of residual endometrial implants reported in women treated after hysterectomy with estrogen-only therapy; for women known to have residual endometriosis after hysterectomy, the addition of progestin should be considered estrogen therapy should be used with caution in women with hypogratroidism because estrogen-induced hypocalcemia may occur Rare cases of anaphylaxis and angioedema reported; may worsen symptoms of hereditary angioedema It can cause worsening of asthma, diabetes mellitus, epilepsy, migraine, porphyria, systemic lupus erythematosis, and liver haemangioma Premarin cream can weaken latex condoms; the possibility of vaginal cream weakening and contributing to the failure of condoms, diaphragms or cervical latex or rubber caps should be considered hypothyroidisE The use of estrogen leads to increased levels of thyroid-binding globulin (TBG); women with normal thyroid function can compensate for increased TBG by creating more thyroid hormones, thereby maintaining free concentrations of T4 and T3 serums in the normal range Women dependent on thyroid hormone replacement therapy who also receive estrogens may require increased doses of thyroid replacement therapy; these women should monitor thyroid function to maintain a free thyroid gland level in the acceptable range of Venous thromboembolism Management appropriately risk factors for arterial vascular diseases (for example, hypertension, diabetes mellitus, tobacco use, hypercolestery and obesity) and/or venous thromboembolism (VTE) (for example, personal history or family history of VTE, obesity and systemic lupus erythematosis) If VTE occurs or is suspected, oestrogen-only therapy should be discontinued immediately.

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