

M5.1 — Self-Injection Technique (Patient Handout)

Self-Injection Technique — Weekly Peptide Therapy

For: patients self-administering weekly subcutaneous peptide injections (semaglutide, tirzepatide, or compounded preparations). **From:** your prescribing clinician. **Purpose:** a practical guide for safe, comfortable, consistent self-injection.

What you're doing — in one sentence

A subcutaneous (just-under-the-skin) injection of a peptide medication, once a week, using either a **pre-filled auto-injector pen** (Wegovy, Ozempic, Zepbound, Saxenda, Mounjaro) or a **vial-and-syringe** preparation from a compounding pharmacy.

This is the same kind of injection patients have given themselves daily for decades for insulin, fertility hormones, and biologic medications. It is a routine clinical skill, not a procedure to fear.

What you need

Always: - Your medication (pen or vial) - Alcohol pads (2 per injection) - A sharps container (for safe needle disposal) - A clean, flat surface to work on - Good lighting

If using a vial-and-syringe (compounded): - 1 mL insulin syringe with 30G × 5/16" needle (one per dose, do not reuse) - See your separate **Reconstitution One-Pager** for vial setup

Where to inject

Three sites work well:

Site	Notes
Abdomen	Most common. Stay at least 2 inches away from the belly button. Easy to see, plenty of subcutaneous tissue.
Upper outer thigh	Good alternative. Halfway between hip and knee, outer surface.
Back of upper arm	Hardest to self-inject; better if someone else is helping.

Rotate sites every injection. Don't use the exact same spot twice in a row. A loose rule: shift at least 1 inch each week, alternating sides of the body. This prevents tissue thickening (lipohypertrophy) which can make absorption inconsistent over time.

Avoid: - Scars or stretch marks (variable absorption) - Areas with bruising, infection, or active rash
 - Within 2 inches of the belly button - The same spot two weeks in a row

Step-by-step — pre-filled auto-injector pen (Wegovy, Ozempic, Zepbound, etc.)

1. Take the pen out of the refrigerator

Let it sit at room temperature for **15–30 minutes**. A cold injection stings more.

2. Wash hands and prep the site

- Wash hands with soap and water.
- Wipe the injection site with an alcohol pad in a circular motion.
- Let it air-dry for 30 seconds. (Injecting through wet alcohol stings.)

3. Check the pen

- Look at the medication through the window. It should be clear and colorless. If it's cloudy, discolored, or has particles — do not use; call your pharmacy.
- Check the expiration date.
- Make sure the dose dial shows the correct dose.

4. Remove the cap

Pull the cap straight off. Don't twist.

5. Position the pen

- Hold the pen at a **90° angle** to the skin (perpendicular).
- Press the needle end firmly against the prepared site so the safety mechanism engages.

6. Press the button

- Press the dose button until you hear (or feel) the click.
- **Hold the pen in place for at least 6 seconds** while the medication is delivered. (Lifting too early under-doses you.)
- You may hear a second click when delivery is complete.

7. Remove the pen

- Lift straight up. The needle retracts automatically into the pen.
- A small drop of blood or medication at the site is normal.

8. Dispose

- Place the pen straight into your sharps container. **Do not recap.**
- The pen is single-use; even if there's leftover medication, do not reuse.

Step-by-step — vial-and-syringe (compounded preparations)

1. Take the reconstituted vial out of the refrigerator

Let it sit at room temperature for **5–10 minutes**.

2. Wash hands and prep

- Wash hands.
- Wipe the vial's rubber stopper with an alcohol pad. Let dry.
- Wipe the injection site with a fresh alcohol pad. Let dry.

3. Draw your dose

- Open a new insulin syringe.
- Pull the plunger back to draw in air equal to your dose volume (e.g., 0.20 mL).
- Insert the needle through the vial stopper.
- Push the air into the vial.
- Invert the vial. Slowly pull the plunger to draw out your exact dose.

- Tap out any air bubbles. Push them back into the vial and re-draw if needed.
- Withdraw the needle.

4. Inject

- Pinch a fold of skin at the injection site gently between thumb and forefinger.
- Insert the needle at a **90° angle** to the skin in a quick, smooth motion. (At 30G, this should sting only briefly.)
- Push the plunger steadily until all the medication is delivered.
- Release the pinched skin.
- Withdraw the needle in a quick, smooth motion.

5. Aftercare

- A small drop of blood at the site is normal. Press gently with a clean cotton ball or gauze if needed. Do not rub.
- Discard the used syringe directly into your sharps container.

Common questions

“How deep does the needle go?” A 30G insulin needle is 5/16" (about 8 mm). It deposits the medication in the **subcutaneous fat layer** — not into muscle, not into a vein. The pinch-and-90° technique keeps it in the right tissue plane.

“Will it hurt?” At 30G, most people describe it as a brief pinch. Letting the medication warm to room temp and letting alcohol fully dry reduce sting substantially. If a particular injection hurts more, try a different site next time.

“What if I see blood?” A drop or two is normal — you nicked a tiny capillary. Press gently with a clean gauze. No need to repeat the injection.

“What if I see a bubble in the pen window?” Small bubbles in pre-filled pens are normal and don't affect dosing. The pen is designed to handle them. Do not try to “prime” or expel them.

“What if I missed the subcutaneous layer and hit muscle?” This is rare with a 30G × 5/16" needle. If you suspect this happened (a deeper sting, soreness like a muscle injection), the dose is still absorbed but slightly faster. Monitor for stronger-than-usual side effects. Next time, pinch a bigger fold of skin.

“Can I inject more than once per week if I forgot?” Never double-dose. See the *What to Expect* handout for missed-dose rules.

“Can I shower / swim / exercise after injecting?” Yes, immediately. The site is closed within seconds.

"My injection site is red and itchy a day later — should I worry?" Mild redness or itching at the injection site is common and harmless. Try a different site for the next dose. If the site swells dramatically, becomes hot, or you develop a rash beyond the site, call your clinician.

Sharps disposal

- Use a designated sharps container (purchase at any pharmacy, ~\$10).
 - Never put used needles in regular trash or recycling.
 - When the container is 2/3 full, take it to a pharmacy or community disposal site. Many pharmacies (CVS, Walgreens) accept full containers free.
 - Travel: a small travel sharps container is widely available.
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What you'll get faster at over the first 3 doses

First dose: likely 10–15 minutes from setup to disposal. You'll be slow and deliberate. **Second dose:** ~5 minutes. You'll know what to expect. **Third dose and beyond:** under 2 minutes start to finish.

If after 3 doses you still feel unsure, call us. A 5-minute office visit to watch your technique is worth it.

When to call us

- Persistent pain, swelling, or warmth at the injection site beyond 48 hours
- Any sign of infection (red streaks spreading from the site, fever, pus)
- An allergic reaction (rash, hives, swelling of face/lips, difficulty breathing — **this is an emergency, call 911 first**)
- A medication leak from the site that looked like a lot of medication
- Doubt about whether you got the full dose

For non-emergencies: call the prescribing office. For after-hours emergencies: call 911 or go to the nearest emergency room.

Clinician sign-off: _____ **Date:** _____ **Patient acknowledgment:**
_____ **Date:** _____

Companion documents: Reconstitution One-Pager (for compounded preparations) · What to Expect on Semaglutide