

**PATIENT PACKAGE INSERT IN ACCORDANCE WITH THE PHARMACISTS' REGULATIONS (PREPARATIONS) - 1986**
The medicine is dispensed with a doctor's prescription only

## Emily Pills

**Composition:**

Each pill contains:

Gestodene 0.075 mg
Ethinylestradiol 0.02 mg

## Shelly Pills

**Composition:**

Each pill contains:

Gestodene 0.075 mg
Ethinylestradiol 0.03 mg

**Inactive ingredients and allergens - see section 6: “Further information”.**

**Read this leaflet carefully in its entirety before using the medicine.** This leaflet contains concise information about the medicine. If you have further questions, refer to the doctor or pharmacist.

This medicine has been prescribed for you. Do not pass it on to others. It may harm them even if it seems to you that their medical condition is similar.

### 1. WHAT IS THE MEDICINE INTENDED FOR?

This medicine is a preparation for birth control that belongs to a group of medicines called “contraceptive pills”. Each pill contains two female hormones, estrogen (ethinylestradiol) and progestogen (gestodene).

**Therapeutic group:** Combined contraceptive pills, an estrogen-progestogen combination.

Several important things to know about combination pills:

- When taken properly, combination pills are one of the most reliable reversible methods of contraception.
- Combination pills may slightly increase the risk of thrombosis (blood clots) in the veins and arteries, especially in the first year or when following a break of 4 or more weeks.
- Be alert and refer to a doctor if you suspect that you have symptoms of a blood clot (see under section 2: “Thrombosis - blood clots”).
- Use of pills does not protect against contraction of sexually transmitted diseases.

### 2. BEFORE USING THE MEDICINE

Before you start taking this medicine, read the information about thrombosis (blood clots) below; it is particularly important to read the part about thrombosis symptoms (see “Thrombosis - blood clots”).

Do not use the medicine if you have any of the conditions listed below, rather, refer to the doctor. The doctor will discuss with you contraceptive methods more appropriate for you.

<p><b>❗ Do not use the medicine if:</b></p> <ul style="list-style-type: none"><li>you are pregnant or suspect you are pregnant.</li> <li>you are breastfeeding.</li> <li>you have a known sensitivity to any of the ingredients of the medicine (allergy).</li> <li>you are suffering, or have suffered in the past, from blood clots in the deep veins of the legs (deep vein thrombosis), from blood clots in the lungs (pulmonary embolism), or in other parts of the body.</li> <li>you are suffering, or have suffered in the past, from blood clotting problems or from a disease/disorder that affects blood clotting, such as: impaired function of protein C, protein S deficiency, antithrombin-III deficiency, a hereditary disease called Factor V Leiden, antiphospholipid syndrome.</li> <li>you are due to undergo surgery or to be inactive or immobile for a long time (see “Thrombosis - blood clots”).</li> <li>Do not use the medicine if you are suffering, or have suffered, from heart rate disturbances, heart valve problems, heart attack or stroke, angina pectoris (a condition that causes strong chest pain and can be a first sign of a heart attack), transient ischemic attack (a temporary condition with stroke symptoms), disturbances in the blood vessels of the heart or brain.</li> <li>you are suffering from one or more of the following conditions that may increase the risk of developing a blood clot in the arteries: severe diabetes with blood vessel damage, hypertension, high levels of fats in the blood (cholesterol or triglycerides), or hyperomocysteinemia.</li> <li>you are suffering, or have suffered in the past, from “migraine with aura” (a type of migraine).</li> <li>you are suffering, or have suffered in the past, from liver tumors (malignant or benign).</li> <li>you are suffering from a liver disease, and your liver function is still not normal.</li> <li>you are suffering, or have suffered in the past, from cancer of the genitals (uterus, cervix, vagina).</li> <li>you are suffering from or there is a suspicion of breast cancer.</li> <li>you are suffering from unusual vaginal bleeding.</li> <li>you are suffering, or have suffered in the past, from inflammation of the pancreas (pancreatitis).</li></ul>
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### Special warnings regarding use of the medicine:

Before starting treatment, the doctor will examine you and ask you about your medical condition and the medical history of your family members. The doctor will measure your blood pressure and will perform a comprehensive general and gynecological examination (including breasts) and will confirm that you are not pregnant. He may perform additional tests.

This leaflet contains information about various situations in which treatment with a pill should not be continued, or situations in which the activity of the pill (contraception) may be reduced. In these situations, avoid having sex or use another non-hormonal contraceptive method, e.g., a condom. Do not rely on methods such as measuring body temperature or the “safe days method” to prevent pregnancy, as the pill changes the monthly fluctuations in body temperature and cervical discharge.

- If you used other hormonal contraceptives or if you are starting to take the pills shortly after giving birth, abortion or miscarriage, first consult the doctor.
- If, in unusual cases, you do not bleed during the days of the break period, consult the doctor.

- Unexpected bleeding (bleeding that is not during the 7-day break) can occur in the first few months of treatment with the medicine. If this bleeding persists beyond a few months, or if it occurs after a few months of use, consult the doctor.
- If you are sensitive to any food or medicine, inform the doctor before taking the pills.

**“Emily” and “Shelly”, like all other birth control pills, do not prevent infection with AIDS (HIV) or other sexually transmitted diseases!**

**❗ Refer for medical care immediately:**

**If you notice possible symptoms of a blood clot that can indicate that you are suffering from a blood clot in the leg (i.e., deep vein thrombosis), a blood clot in the lung (pulmonary embolism), heart attack or stroke (see “Thrombosis - blood clots”) below.**

For information regarding these symptoms read “How to recognize symptoms of a blood clot?” further in this leaflet.

**❗ If you are suffering from one or more of the following effects, consult the doctor before starting treatment.**

**Also, if one or more of the following effects develop or worsen during the course of treatment with Emily/Shelly, consult the doctor immediately:**

- Crohn's disease or ulcerative colitis (a chronic bowel disease).
- systemic lupus erythematosus (a disease that affects the immune system).
- hemolytic uremic syndrome (a blood clotting disorder causing kidney failure).
- sickle cell anemia (hereditary disease of the red blood cells).
- elevated levels of fats in the blood (hypertriglyceridemia) or a family history of this condition. Hypertriglyceridemia is associated with an increased risk of developing pancreatitis.
- before surgery, or if you are due to be inactive or immobile for a long time (see “Thrombosis - blood clots”).
- an inflammation in the veins under the skin (superficial thrombophlebitis).
- varicose veins.
- breast nodules, fibrocystic disease of the breast, abnormal X-ray of the breast or abnormal mammography.
- migraines, severe headaches or epilepsy.
- depression.
- a gall bladder, heart or kidney disease.
- diabetes.
- hypertension.
- porphyria.
- chloasma – appearance of brown spots on the face and body (as can occur during pregnancy).
- uterine fibroids (myoma).
- sensitivity to contact lenses.
- vision disturbances.
- Sydenham's chorea – a nerve disturbance that causes sudden body movements.
- appearance of blisters on the skin (a skin disease that appears during pregnancy called pemphigoid gestationis).
- hearing loss due to otosclerosis.
- calcium deficiency with muscle spasms.
- inflammation of the veins (phlebitis).
- swelling of the face, eyes, mouth or difficulty breathing.
- liver problems.
- If you are after childbirth, you are at increased risk of developing a blood clot. Ask the doctor when you can resume using the pill.

**❗ Thrombosis - blood clots**

Use of a combination pill such as Emily or Shelly increases the risk of developing a blood clot compared with the risk in women who do not take pills. In rare cases, a blood clot can block blood vessels and cause serious problems.

A blood clot can develop:

- in the veins (venous thrombosis)
- in the arteries (arterial thrombosis)

Recovery from a blood clot is not always complete. In rare cases, severe signs may persist, or, in very rare cases, it can be fatal.

**It is important to remember that the overall risk of developing a harmful blood clot due to use of “Emily” or “Shelly” is small.**

**How to recognize symptoms of a blood clot?**

Refer to a doctor urgently if you notice one or more of the following symptoms:

Are you experiencing one or more of the following signs?	May indicate:
swelling of one of the legs or along a vein in the leg or foot especially when accompanied by: <ul style="list-style-type: none"><li>pain or tenderness in the leg which may be felt only when standing or walking</li> <li>warmth in the leg</li> <li>changes in the color of the leg (red, pale or blue)</li></ul>	Deep vein thrombosis
<ul style="list-style-type: none"><li>sudden and unexplained breathing difficulty or rapid breathing</li> <li>sudden cough without a cause, which may be bloody</li> <li>sharp chest pain which may increase with deep breathing</li> <li>feeling faint or dizzyness</li> <li>rapid or irregular heartbeat</li> <li>severe stomach pain</li></ul> <p>Some of the signs, such as: coughing or breathing difficulty, may be mistaken for signs of a mild condition (such as a respiratory tract infection, the common cold); therefore, if you are uncertain, refer to a doctor.</p>	Pulmonary embolism
<ul style="list-style-type: none"><li>immediate loss of vision</li> <li>painless blurring of vision which can progress to loss of vision</li></ul> <p>These signs will usually occur in one eye.</p>	Thrombosis in blood vessels of the eye
<ul style="list-style-type: none"><li>chest pain, discomfort or heaviness</li> <li>sensation of pressure/fullness in the chest, arm or below the breastbone</li> <li>sensation of fullness, indigestion or choking feeling</li> <li>upper body discomfort radiating to the back, jaw, throat, arm and stomach</li> <li>sweating, nausea, vomiting or dizzyness</li> <li>extreme weakness, anxiety, or shortness of breath</li> <li>rapid or irregular heartbeat</li></ul>	Heart attack
<ul style="list-style-type: none"><li>sudden weakness or numbness of the face, arm or leg, especially on one side of the body</li> <li>sudden confusion, difficulty speaking or understanding</li> <li>sudden trouble seeing in one or both eyes</li> <li>sudden trouble walking, dizzyness, loss of balance or coordination</li> <li>severe or prolonged headache occurring suddenly with no known cause</li> <li>loss of consciousness or fainting, with or without seizure</li></ul> <p>Sometimes the symptoms of stroke can be very brief, with an almost immediate and full recovery, but you must still seek urgent medical attention, due to the risk of having another stroke.</p>	Stroke
<ul style="list-style-type: none"><li>swelling and slight blue discoloration of the extremities</li> <li>severe stomach pain</li></ul>	A blood clot blocking blood vessels

**❗ Venous thrombosis**

What can happen if a blood clot forms in a vein?

- The use of a combination pill has been associated with an increase in the risk of developing blood clots in the veins (venous thrombosis). However, this side effect is rare. The risk is higher during the first year of use of combination pills.
- If a blood clot develops in a vein in the leg or foot, it can cause a deep vein thrombosis.
- If a blood clot travels from the leg to the lung, it can cause pulmonary embolism.
- In very rare cases, a blood clot may form in another organ such as the eye (thrombosis in an ocular blood vessel).

When is the risk of developing a blood clot in a vein highest?
The risk of developing a blood clot in a vein is highest during the first year of taking a combination pill for the first time.
The risk may also be high when you resume taking a combination pill (the same preparation you have taken in the past or a different preparation) after a break of 4 weeks or more.
After the first year, the risk declines, but will always be slightly higher than if you were not taking a combination pill.
When you stop taking the pill, the risk of developing blood clots returns to normal within a few weeks.

What is the risk of developing a blood clot?
The risk depends on your body's natural tendency to develop venous thrombosis and on the type of combination pill you are taking. The overall risk for a blood clot in the leg or lung (deep vein thrombosis or pulmonary embolism) when using Emily/Shelly is low.

- Out of every 10,000 women who are not taking a combination pill and are not pregnant, about 2 women will develop a blood clot in a year.
- Out of every 10,000 women who are taking a combination pill that contains levonorgestrel, norethisterone or norgestimate, about 5-7 women will develop a blood clot in a year.
- Out of every 10,000 women who are taking a combination pill that contains gestodene, such as Emily/Shelly, about 9-12 women will develop a blood clot in a year.

	Risk of developing a blood clot in a year
Women who are <b>not taking</b> a combined hormonal contraceptive method (pill/patch/ring) and are not pregnant	About 2 out of 10,000 women
Women who are taking a combination pill containing levonorgestrel, norethisterone or norgestimate	About 5-7 out of 10,000 women
Women who are taking Emily/Shelly (a combination pill containing gestodene)	About 9-12 out of 10,000 women

The individual risk of developing a blood clot also depends on your medical history. The following conditions may increase the risk of developing a blood clot in the veins:

- With increasing age (especially over the age of 35).
- Overweight (BMI>30).

- If one of your family members (first-degree) has suffered from a blood clot in the leg, lung or other organ at a young age (below the age of 50); in this case, you may have a hereditary blood clotting problem.
- If you are in a state of prolonged immobility due to surgery, illness or trauma, stop taking the pill. Consult your doctor about when you should stop taking the pill and when you can start taking it again. Do not take the pill for two weeks after a surgery or bed rest, since the risk of thrombosis increases after surgeries, prolonged inactivity or immobility, injuries and fractures.
- After an abortion or a miscarriage in the second trimester.
- A few weeks after giving birth.
- Air travel (more than 4 hours) may temporarily increase the risk, particularly if you have additional risk factors.

The more of these dangerous conditions that apply to you, the greater the risk of developing a blood clot.

It is important to tell the doctor if any of the above-mentioned conditions apply to you, even if you are unsure. Your doctor may decide that you should stop taking Emily/Shelly.

If one or more of the above-mentioned conditions change (e.g., if a first-degree family member experiences a thrombosis for no known reason, if you have gained a lot of weight, etc.), tell your doctor.

**❗ Arterial thrombosis**

What can happen if a blood clot forms in an artery?

Like a blood clot in a vein, a blood clot in an artery can cause serious problems, such as a heart attack or a stroke.

It is important to note that the risk of a heart attack or stroke due to use of “Emily” or “Shelly” is very low but can increase as a result of the conditions listed below.

The following conditions may increase the risk of developing a blood clot in arteries:

- With increasing age (especially over the age of 35).
- Smoking.** When using a hormonal contraceptive like Emily/Shelly, it is recommended to quit smoking. If you are unable to stop smoking and are over the age of 35, the doctor may advise you to use a different type of contraception.
- Overweight.
- If one of your family members (first-degree) has suffered from a heart attack or stroke at a young age (below the age of 50). In this case, you could be at a high risk of having a heart attack or stroke.
- If you have hypertension uncontrolled by medicinal treatment.
- If you, or a first-degree relative, have high blood fat levels (cholesterol or triglycerides).
- Migraine – women who suffer from migraines (primarily with aura) may also be at high risk of a stroke.
- Diabetes.
- Heart and/or blood system disturbances (e.g., valve problems, heart rhythm disturbances).

If you have more than one of these conditions, or if one of them is particularly severe, the risk of developing a blood clot may be even higher.

If one or more of the above-mentioned conditions change with Emily/Shelly (e.g., if you start smoking, if a first-degree family member experiences a thrombosis for no known reason, or if you have gained a lot of weight), tell your doctor.

**Birth control pills and cancer:**

- Breast cancer is slightly more common among women who take pills compared to women who do not take pills. This small increase in the number of breast cancer diagnoses gradually disappears over the 10 years after stopping use of the pills.
- It is unclear if the pill causes breast cancer. It is possible that women taking pills are examined more often, and the disease is therefore detected earlier.
- There are studies that indicate increased risk of cervical cancer in women taking pills for a long time, but it is unclear if the increased risk depends on the pill.
- Reports of benign or malignant liver tumors in women taking pills are rare. Refer to a doctor if you experience sudden, severe abdominal pain.

**❗ If you are taking, or have recently taken, other medicines, including non-prescription medicines and nutritional supplements, tell the doctor or pharmacist.** In some cases, the doctor or pharmacist will advise you to use an additional contraceptive method (e.g., a condom) for a certain period of time.

Certain medicines may reduce the contraceptive efficacy of the pill or cause unusual bleeding and irregular periods; inform the doctor or pharmacist, especially if you are taking:

- medicines that shorten the time it takes food to pass through the digestive system
- a medicine to treat AIDS or hepatitis C
- a medicine to treat epilepsy (phenytoin, primidone, topiramate, carbamazepine or oxcarbazepine)
- a medicine to treat infections (griseofulvin, rifampicin or rifabutin)
- antibiotics (e.g., antibiotics from the penicillin family [ampicillin] or tetracycline family)
- a medicine to treat sleep disturbances (modafinil)
- sedatives and hypnotics (barbiturates)
- a medicine to relieve pain and reduce fever (phenylbutazone)
- corticosteroids (dexamethasone)
- a preparation that contains the *Hypericum* plant to treat depression (St. John's wort)

Certain medicines may cause high levels of the medicine in the blood, for example:

- atorvastatin to lower cholesterol
- vitamin C (ascorbic acid)
- paracetamol to relieve pain and reduce fever
- indinavir to treat AIDS
- fluconazole (to treat fungi)
- troleandomycin (a macrolide antibiotic) may increase the risk of intrahepatic cholestasis

The pill may also affect the activity of other medicines that break down in the liver, and increase the risk of inefficacy and side effects, for example:

- lamotrigine (to treat epilepsy)
- ciclosporin (to suppress the immune system)
- theophylline (to treat asthma)
- corticosteroids
- flunarizine (to treat migraines), may increase the risk of galactorrhea (production of breast milk unrelated to childbirth or breastfeeding)

**To prevent risks or inefficacy arising from drug interactions, consult the doctor or pharmacist before taking another medicine when using Emily/Shelly.**

**❗ Pregnancy**

Do not use the medicine if you are pregnant or suspect that you are pregnant.

If you find out that you are pregnant during the course of treatment with the pill, stop the treatment and refer to the doctor. Use a non-hormonal contraceptive method, e.g., a condom, until the pregnancy is confirmed.

If you plan to become pregnant, consult the doctor.

**❗ Breastfeeding**

If you are breastfeeding, do not use Emily/Shelly.

If you would like to breastfeed and take birth control pills, the doctor will recommend taking a different type of pill that is suitable when breastfeeding.

**❗ Smoking**

If you smoke – inform the doctor before starting treatment with this pill.

The risk of arterial thrombosis and serious cardiovascular side effects associated with use of birth control pills increases with age. This risk increases in women who smoke large numbers of cigarettes (15 or more cigarettes a day), especially if they are over the age of 35. Therefore, it is recommended not to smoke when using birth control pills.

**❗ Important information about some of the ingredients of the medicine**

**The medicine contains sugar!**

This medicine contains lactose and sucrose. If you are suffering from an intolerance to certain sugars, consult the doctor before you start use.

### 3. HOW SHOULD YOU USE THE MEDICINE?

Always use according to the doctor's instructions. Consult with the doctor or pharmacist if you are uncertain about the instructions for use.

**The usual dosage unless otherwise instructed by the doctor is:** one pill **at a set time** every day, from the first day of the period and for 21 consecutive days, followed by a 7-day break in pill taking.

**Do not exceed the recommended dose.**

The package was designed to help you take the pill on time. Each tray (blister) contains 21 pills.

**Dosage and instructions for use:**

- Wait until the beginning of your next cycle.
- Take the first pill on the first day of your cycle (first day of menstrual bleeding). Take the first pill from the blister, corresponding to the day of the week (for example: MON. - on the second day of the week) (the days are written in Hebrew). Swallow it whole with a little water. Do not crush or halve the pill.
- Continue taking pills in the direction of the arrows until you finish the blister.
- It does not matter when you take the pill during the day, but if you chose a certain time (for instance, after breakfast or dinner), continue doing so every day.
- Once you have finished taking all 21 pills in the blister, take a 7-day break.**
- Bleeding usually starts on the second-third day of the break (after taking the last pill in the blister) and does not end before you start using the next blister.
- How will you continue?** After a 7-day break, start the next blister on the 8th day (whether the bleeding has stopped or not). This way, taking each blister will always begin on the same day of the week.

**Using a pack for the first time, when you did not use hormonal contraceptives in the past month:**

Take the first pill on the first day of your period (on the day the bleeding starts).

There is no need to use additional methods of contraception during the 7-day break, provided you have taken all of the 21 pills consecutively, from the first day of your period, and provided you start the next blister on time.

**If you did not start taking “Emily” or “Shelly” on the first day of your period,** use an additional method of contraception (e.g., a condom) for the first 7 days of taking the first blister.

**Use after miscarriage or abortion that occurred in the first trimester:**

- Consult the doctor regarding use of “Emily” or “Shelly” after miscarriage or abortion.
- You may start taking a birth control pill immediately after a miscarriage or abortion that occurred **in the first trimester**.

**Use after an abortion in the second trimester of pregnancy or after childbirth:**

- Consult the doctor regarding use of the pill after childbirth or an abortion in the second trimester of pregnancy.
- As the immediate period of time after childbirth or abortion involves a higher risk for developing blood clots, only start taking the pill after 28 days have passed from abortion in the second trimester or from childbirth, and on condition that the delivery went without any complications, you are not breastfeeding and are fully mobile.
- Use an additional, non-hormonal contraceptive (e.g., a condom) as a back-up for the first 7 days of pill-taking.
- If you have had unprotected sex after childbirth-abortion, wait until the next period starts.
- Do not use Emily/Shelly if you are breastfeeding.**

**Switching from other pills to Emily/Shelly - consult the doctor:**

- When changing from a 21-day combined (estrogen-progesterone) pill to Emily/Shelly, take the Emily/Shelly pill the day after you have finished taking the previous course of pills.
- When changing from a 28-day combined (estrogen-progesterone) pill to Emily/Shelly, start taking the Emily/Shelly pill the day after you take the **active** pill of the previous pills. If you are not sure what the active pill is, consult the doctor or pharmacist.
- In either of these cases, no bleeding is expected until the end of the first blister of Emily/Shelly. No additional contraception is required in these cases.

**Switching from a progesterone-only pill to Emily/Shelly:**

You can stop taking the pill (that only contains progesterone) any day, and start taking **Emily/Shelly** the next day **at the same time**.

- Use an additional method of contraception (e.g., a condom) for the first 7 days of taking the first blister.

**Switching from injected or implanted contraceptives:**

- You can start using Emily/Shelly on the day the implant is removed or on the day the next injection is supposed to be administered.
- Use an additional method of contraception (e.g., a condom) for the first 7 days of taking the first blister.

**If no bleeding appears after finishing the blister:**

Refer to the doctor if no bleeding occurs during the break, without stopping the course of taking the pills.

If you have taken all of the pills according to the instructions and have not suffered from acute vomiting or diarrhea and you have not taken other medicines, it is unlikely that you are pregnant.

In any case, you should make sure that you are not pregnant before taking the next pack.

**If you forgot to take the daily pill:**

**If you have forgotten to take a pill, there is a risk of you becoming pregnant.**

**If less than 12 hours have passed since the time at which you were due to take a pill,** take a pill as soon as you remember, and continue to take the next pills as usual.

**If more than 12 hours have passed since the time at which you were due to take a pill,** there is a risk of you becoming pregnant. Therefore:

- Take the last missed pill as soon as you remember and continue to take the rest of the pills as usual, even if it means taking 2 pills on the same day.

- Continue taking “Emily” or “Shelly” until the end of the blister.
- In addition, use an additional contraception (e.g., a condom, spermicide, etc.) for the next 7 days.
- If the 7 days during which use of an extra contraception was necessary run beyond the day on which you take the last pill in the current blister, start the next blister the day after taking the last pill of the current blister (i.e., without a break). In this case, you will only get your period at the end of the second blister. If you do not get your period at the end of the second blister, refer to the doctor immediately, before starting use of a new blister.

**If you suffer from vomiting or diarrhea:**

- The pill may not work if the diarrhea or vomiting occurs **within 4 hours** of taking the pill; therefore, take an additional pill from a back-up blister as soon as possible (similar to the case where the daily pill was missed).
- If the vomiting or diarrhea occurs **more than 4 hours** after taking the pill, continue taking “Emily” or “Shelly” as usual, but remember that you may not be protected against pregnancy from the start of diarrhea or vomiting. Therefore, use an additional contraceptive (e.g., a condom) during this period, until you start to use the next blister.

**Follow-up examinations and laboratory tests:**

- During use of the medicine, you must undergo medical tests: liver function tests.
- If you are taking the preparation for a prolonged period of time, visit your doctor every six months for a routine gynecological examination, as is standard with prolonged use of hormonal preparations.
- Before undergoing blood tests, inform the doctor that you are taking birth control pills, because this preparation may affect the test results.

If you are visiting a doctor or clinic for any reason, inform them that you are taking birth control pills.

**If you accidentally took a higher dosage:**

Overdose may cause digestive system effects (e.g., nausea, vomiting, abdominal pain), breast tenderness, dizziness, sleepiness, fatigue, vaginal bleeding.

**If you took an overdose,** or if a child accidentally swallowed the medicine, immediately proceed to a hospital emergency room and bring the package of the medicine with you. **Do not induce vomiting** without explicit instruction from the doctor!

**If you want to stop taking the medicine:**

You can stop taking “Shelly” or “Emily” at any time. If you are not interested in becoming pregnant, consult the doctor regarding other effective contraceptive methods.

**Do not take medicines in the dark!** Check the label and the dose **each time** you take medicine. Wear glasses if you need them.

If you have further questions regarding use of the medicine, consult the doctor or pharmacist.

### 4. SIDE EFFECTS

As with any medicine, use of “Shelly” or “Emily” may cause side effects in some users. Do not be alarmed when reading the list of side effects. You may not suffer from any of them.

If you are suffering from a side effect, especially if it is severe or prolonged, or if you experience any change in your health, and you are worried that it may have resulted from the use of Emily/Shelly, refer to the doctor.

An increased risk of developing a blood clot in the veins (venous thrombosis) or in the arteries (arterial thrombosis) exists in all women using a combined hormonal contraceptive. For more detailed information, see section 2 “Before using the medicine”.

**Stop treatment and refer to a doctor immediately if you experience any of the following symptoms:**

- Swelling of the face, lips or throat accompanied by difficulty in swallowing or breathing and also itching and rash. This may be a sign of severe allergy to the medicine.