

MOPE Clinic Highlights TRT Hematocrit Monitoring Following Updated 2026 Testosterone Guidance

Metairie clinic outlines why hematocrit, CBC testing, blood pressure and individualized follow-up matter during testosterone replacement therapy.

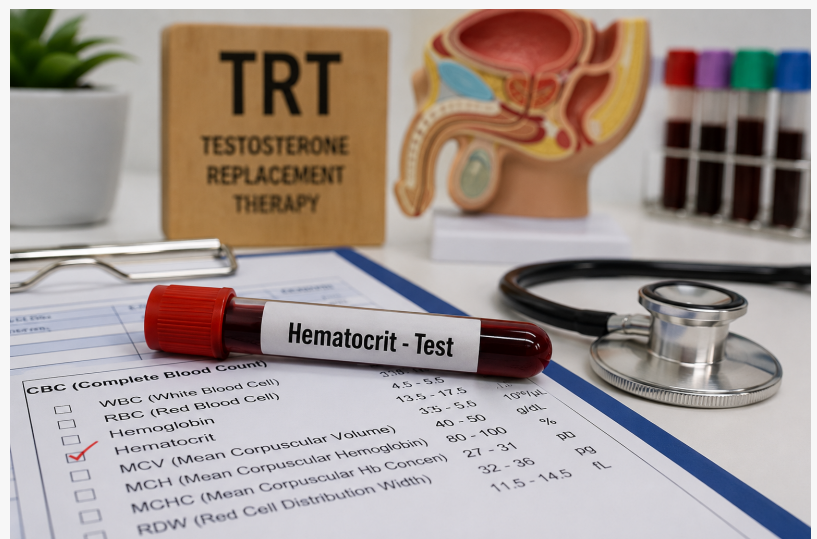
NEW ORLEANS, LA, UNITED STATES, August 31, 2026 /EINPresswire.com/ -- MOPE Clinic is expanding patient education about hematocrit and complete blood count monitoring during [testosterone replacement therapy](#) following renewed national attention to appropriate testosterone testing, diagnosis and medical oversight.

The Endocrine Society issued a statement on testosterone replacement therapy on July 16, 2026, emphasizing that testosterone deficiency should be diagnosed using both clinical symptoms and consistently low, accurately measured testosterone levels. The organization also stressed that symptoms alone are not enough to establish a diagnosis and that healthcare professionals should evaluate possible reversible causes before recommending treatment.

For patients who begin testosterone therapy, ongoing laboratory monitoring may be just as important as the initial evaluation. One laboratory measurement that often receives less public attention is hematocrit. Hematocrit measures the percentage of blood volume made up of red blood cells. Because testosterone can stimulate red blood cell production, hematocrit and hemoglobin can increase during treatment in some patients. That effect does not mean testosterone therapy is inherently unsafe. Rather, it illustrates why testosterone treatment should include appropriate laboratory follow-up and individualized medical review.

"Testosterone monitoring involves more than checking one hormone number," said Chris Rue, APRN, FNP-C, of [MOPE Clinic in Metairie](#). "Blood counts, blood pressure, symptoms and the patient's overall response all help guide care."

What Does Hematocrit Measure?



CBC and hematocrit testing can help clinicians monitor red blood cell changes during testosterone replacement therapy.



Testosterone monitoring involves more than checking one hormone number. Blood counts, blood pressure, symptoms and the patient's overall response all help guide care."

*Chris Rue, APRN, FNP-C, MOPE
Clinic Owner*

Red blood cells carry oxygen from the lungs to tissues throughout the body. Hematocrit measures how much of a person's blood consists of those cells. A hematocrit test is generally included as part of a complete blood count, commonly called a CBC. When red blood cell concentration becomes elevated, clinicians may investigate several possible causes. Testosterone use is one potential contributor, but it is not the only one. Dehydration, smoking, sleep-related breathing disorders, lung disease and other medical conditions may also influence hematocrit. This is why an isolated laboratory number

generally requires clinical context rather than a one-size-fits-all response.

Why Can Testosterone Raise Red Blood Cell Counts?

Testosterone can influence erythropoiesis, the biological process through which the body produces red blood cells. That effect can sometimes be medically useful. Testosterone therapy has been studied in men who have both testosterone deficiency and anemia because increased red blood cell production may improve anemia in appropriately selected patients. However, some patients experience a greater increase than others. Differences in medication dose, treatment formulation, baseline health, sleep quality and individual biological response may contribute to that variation. The American Urological Association recommends measuring hemoglobin and hematocrit before testosterone therapy and continuing to monitor those values during treatment.

What Hematocrit Level Gets Attention During TRT?

American Urological Association guidance identifies hematocrit below 54% as a treatment monitoring goal. That number should not be interpreted as meaning that every patient is identical until reaching 54%. A clinician may also review how quickly hematocrit is changing, where the patient started, current testosterone levels, medication dose and other possible contributors. A gradual upward trend may provide useful information even before a threshold is reached. For that reason, comparing follow-up laboratory results with baseline values can be more informative than looking at a single result in isolation.

Louisiana Heat and Hydration Can Affect the Picture

Hydration is especially relevant for patients living in South Louisiana. Hot, humid weather in Metairie, New Orleans, Kenner, Covington, Mandeville, Slidell and surrounding communities can lead to substantial fluid loss, particularly for people who work outdoors or spend extended periods outside. Dehydration reduces the amount of plasma, or fluid, in the bloodstream. As a

result, the measured concentration of red blood cells may appear higher. That does not mean an elevated hematocrit should simply be attributed to Louisiana weather. It also does not mean drinking extra water is a treatment for clinically significant erythrocytosis. Instead, hydration status is one of several pieces of information that may help a healthcare professional interpret laboratory findings.

Sleep Apnea May Also Matter

Sleep-disordered breathing can be another factor worth evaluating. Obstructive sleep apnea causes repeated reductions in oxygen during sleep. In response to low oxygen levels, the body may increase red blood cell production. This overlap is particularly relevant because fatigue, reduced energy, poor concentration, weight gain and decreased performance may occur in people with low testosterone, sleep apnea or both. Someone receiving testosterone therapy who also experiences loud snoring, witnessed pauses in breathing, morning headaches or persistent daytime fatigue may need additional evaluation rather than assuming every symptom is caused by hormone levels.

Blood Pressure Monitoring Has Become More Relevant

Blood pressure is another measurement that clinicians may follow during testosterone treatment. In February 2025, the FDA announced class-wide labeling changes for testosterone products after reviewing the TRAVERSE cardiovascular trial and required ambulatory blood pressure monitoring studies. The agency removed earlier boxed-warning language concerning increased cardiovascular outcomes while also requiring new or updated warnings about increased blood pressure. The FDA subsequently requested additional testosterone prescribing-information updates in June 2026 after reviewing newer evidence. These developments demonstrate why current testosterone care involves more than simply measuring whether testosterone levels rise after treatment begins.

DIY Tips for Patients Preparing for Follow-Up Labs

Simple habits may help produce more useful follow-up information, although none of them replace medical testing or professional evaluation.

Maintain normal hydration.

Patients do not need to intentionally overhydrate before laboratory testing. However, arriving severely dehydrated after working outside or spending hours in Louisiana heat may affect certain blood measurements.

Bring an accurate medication list.

The treating provider should know the exact testosterone formulation, dose and frequency as well as other prescription medications, supplements and over-the-counter products.

Track blood pressure when recommended.

Home readings can provide additional information when a clinician is evaluating blood pressure trends.

Report changes in sleep.

Heavy snoring, nighttime breathing pauses, morning headaches and persistent daytime sleepiness may warrant further evaluation.

Discuss smoking and nicotine exposure.

Smoking can affect oxygen delivery and red blood cell production, so accurate history matters when evaluating elevated hematocrit.

Keep copies of prior laboratory results.

Trends may be more informative than a single test. Baseline and follow-up CBC results allow clinicians to see how hematocrit changes over time.

Avoid changing TRT dosage independently.

A laboratory result should be reviewed with the clinician managing treatment before medication changes are made.

Do not automatically begin blood donation or aspirin.

Online discussions often present these approaches as universal solutions for elevated hematocrit. Management should instead depend on the individual laboratory trend, medical history and possible underlying causes.

Why Routine Blood Donation Is Not Always a Simple Answer

Therapeutic phlebotomy has been used in some patients with testosterone-associated erythrocytosis. However, recent medical literature has questioned whether repeated phlebotomy should automatically be used for every patient who develops an elevated hematocrit while taking testosterone. The clinical decision may depend on the degree of elevation, treatment regimen, symptoms, cardiovascular risk factors and other possible causes.

Repeated blood donation can also affect iron stores.

For that reason, blood donation should not be treated as a substitute for investigating why hematocrit increased.

What Patients Can Expect From Medical TRT Monitoring

Proper testosterone monitoring generally begins before medication is prescribed. Baseline testing allows a healthcare professional to understand where testosterone levels and other relevant markers started. After treatment begins, follow-up evaluation may include hormone

levels, CBC measurements, symptoms, blood pressure and other tests based on the patient's age, medical history and treatment plan. The purpose is not simply to raise testosterone as high as possible. Instead, treatment aims to address appropriately diagnosed testosterone deficiency while monitoring the patient's overall response.

At MOPE Clinic, laboratory testing is required before treatment. Treatment plans are individualized based on clinical evaluation, symptoms and laboratory findings.

The Metairie clinic is LegitScript-certified and operates as a physical medical clinic rather than a virtual-only prescription service.

Frequently Asked Questions About TRT and Hematocrit

Can TRT raise hematocrit?

Yes. Testosterone can stimulate red blood cell production, which may increase hematocrit and hemoglobin in some patients.

Does everyone on testosterone develop high hematocrit?

No. Individual responses vary. Dose, formulation, baseline laboratory values, smoking, sleep apnea and other health factors may influence the response.

What is a CBC?

CBC stands for complete blood count. It measures several components of blood, including red blood cells, white blood cells, hemoglobin, hematocrit and platelets.

Why is a CBC used during testosterone therapy?

Because testosterone may affect red blood cell production, CBC testing helps clinicians monitor hemoglobin and hematocrit over time.

What hematocrit level is considered high during TRT?

American Urological Association guidance recommends monitoring patients to maintain hematocrit below 54%. Clinical interpretation also depends on baseline values, trends and individual medical circumstances.

Can dehydration make hematocrit look higher?

Yes. Reduced plasma volume from dehydration may increase the measured concentration of red blood cells.

Does Louisiana heat make this more relevant?

Potentially. Heavy sweating and inadequate fluid replacement during hot and humid weather may contribute to dehydration, although weather should not automatically be assumed to explain an abnormal result.

Can sleep apnea raise hematocrit?

It can contribute. Repeated low oxygen levels during sleep may stimulate the body to produce additional red blood cells.

Can smoking increase hematocrit?

Smoking may contribute to elevated red blood cell levels because it can affect oxygen delivery.

Should someone stop testosterone if hematocrit rises?

Medication should not be stopped or changed without guidance from the clinician managing treatment. The next step depends on the degree of elevation, laboratory trend and underlying factors.

Should someone donate blood if hematocrit rises on TRT?

Not automatically. Blood donation or therapeutic phlebotomy may be appropriate in some circumstances, but it should not replace medical evaluation of the cause.

Does taking aspirin lower hematocrit?

Aspirin does not lower the number of red blood cells. Patients should not begin aspirin solely because of a hematocrit result without discussing the risks and benefits with a healthcare professional.

How often should TRT blood work be checked?

Monitoring schedules vary based on the patient, treatment stage, medication and laboratory findings. A healthcare professional should determine the appropriate timing.

Are testosterone levels the only labs needed before TRT?

No. Appropriate evaluation may involve additional laboratory measurements and medical history based on the individual patient. MOPE Clinic requires laboratory evaluation before treatment.

Can someone feel normal even when hematocrit is rising?

Yes. Laboratory changes do not always produce obvious symptoms, which is one reason scheduled monitoring can be valuable.

Medical Oversight Remains Central to Testosterone Care

The Endocrine Society's July 2026 statement reinforces the importance of accurate diagnosis before testosterone replacement therapy is prescribed. Symptoms such as fatigue, reduced libido or decreased energy can have multiple causes. Laboratory confirmation and clinical evaluation can help distinguish testosterone deficiency from other health issues. Once therapy begins, the same principle continues: medical decisions should be based on more than one symptom or one laboratory number.

MOPE Clinic serves men in Metairie, New Orleans and communities throughout South Louisiana with laboratory-based hormone evaluation and individualized treatment planning. Additional educational information about [TRT hematocrit monitoring](#) is available in the article published by MOPE Clinic at: <https://mopeclinic.com/trt-hematocrit-monitoring/>

About MOPE Clinic

MOPE Clinic is a LegitScript-certified medical clinic located in Metairie, Louisiana. The clinic provides laboratory-based hormone evaluation, testosterone replacement therapy and individualized medical care. Laboratory testing and medical evaluation are required before treatment. MOPE Clinic is not a virtual-only prescription provider and serves patients from Metairie, New Orleans, Kenner, Covington, Mandeville, Slidell, Houma and surrounding South Louisiana communities.

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