

# Thinking Through Your Choices

If you want to avoid pregnancy, using birth control (**contraception**) can help. Permanent birth control (**sterilization**) may be a good choice if you are sure you want no more children, or if you want no children at all. It is called permanent because its reversal cannot be guaranteed.

## Choosing Permanent Birth Control

Permanent birth control may be a good option if you:

- Don't want to worry about an unexpected pregnancy.
- Don't want to have to remember to take or use temporary methods of birth control.
- Want a birth control method that doesn't contain hormones.
- Have a chronic disease or condition and should not risk pregnancy.
- Want spontaneity in your sexual relationship.

## Types of Permanent Birth Control

There are three kinds of permanent birth control:

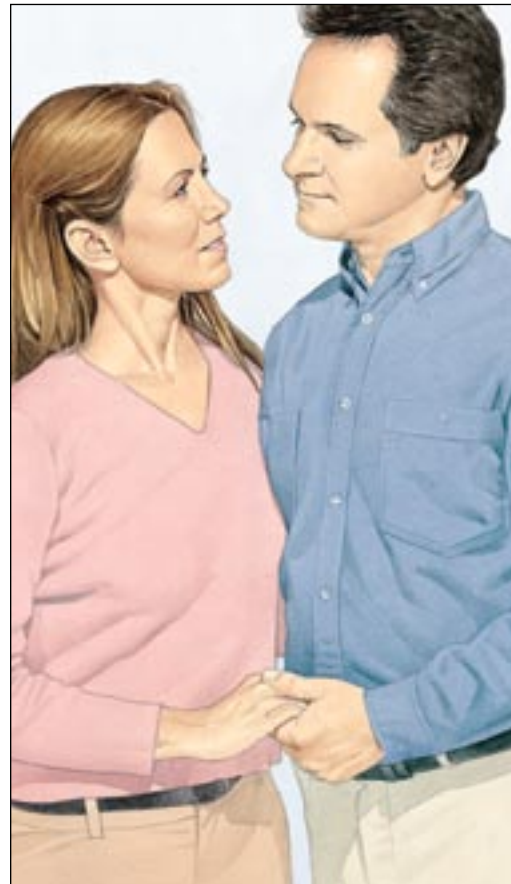
- **The Essure Procedure:** A permanent procedure for women that requires no incisions.
- **Tubal ligation:** A surgical procedure for women that requires incisions.
- **Vasectomy:** A surgical procedure for men that requires an incision or puncture.

## Effectiveness

No method of birth control is 100 percent effective. But all three methods of sterilization have very low pregnancy rates. This brochure will provide information on each procedure so you can make a well-informed decision.

This booklet is not intended as a substitute for professional medical care. Only your doctor can diagnose and treat a medical problem.

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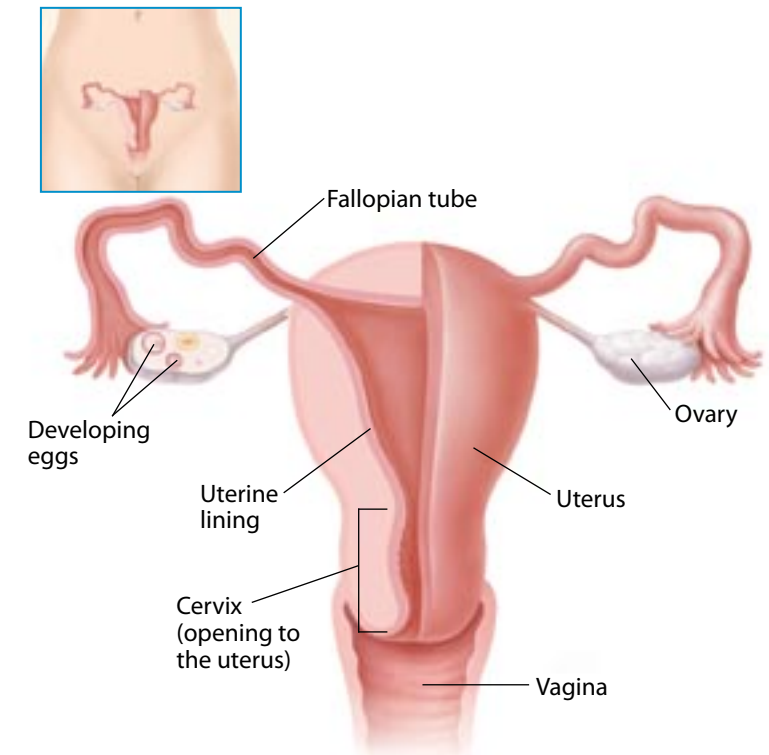
# How Pregnancy Happens

To understand how birth control works, it helps to know about the pregnancy process. Pregnancy begins when a woman's egg and a man's sperm join. This is known as **conception** or **fertilization**.

## The Woman's Role in Conception

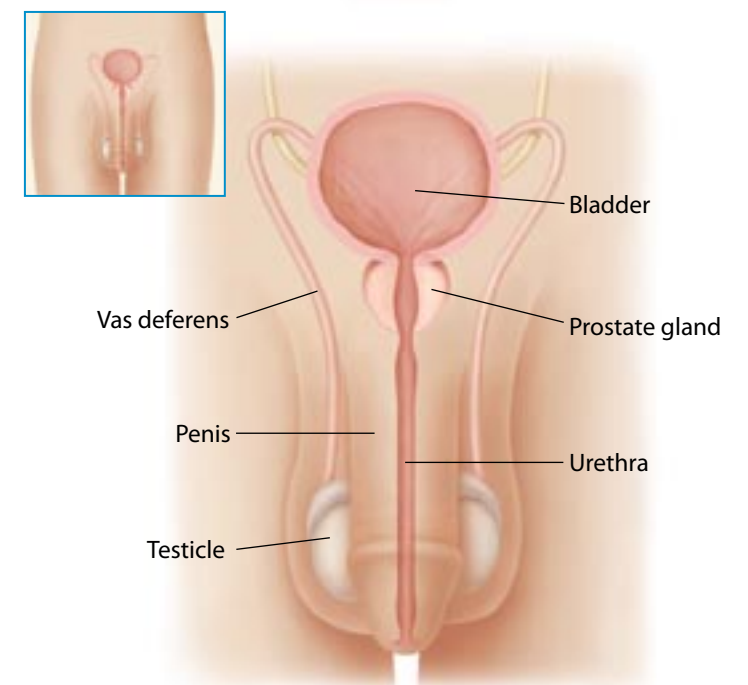
Each month, one of a woman's ovaries releases a mature egg (**ovulation**). The egg travels through the fallopian tube. If sperm are present, one of them may join with the egg to form an **embryo**. The embryo then travels to the uterus. There it implants in the uterine lining, where it grows to become a baby. If conception doesn't occur, the egg is absorbed by the body and the uterine lining is shed during your period (**menstruation**).

A new cycle begins.



## The Man's Role in Conception

**Sperm** are produced in a man's testicles. Fluid produced by the prostate gland combines with sperm to form **semen**. During a man's orgasm, semen flows through the vas deferens to the urethra and out of the penis (**ejaculation**). If the semen is ejaculated in or near a woman's vagina, sperm may travel into the uterus and the fallopian tubes. There, a sperm may join a mature egg to form an embryo. This results in pregnancy.



# The Essure<sup>®</sup> Procedure

This is a nonsurgical procedure that makes a woman sterile (unable to have children). The *Essure Procedure* can be performed in a doctor's office without general anesthesia.

## How Essure Works

With *Essure*, there is no cutting into the body. Instead, an *Essure*-trained doctor inserts spring-like coils, called micro-inserts, through the body's natural pathways (vagina, cervix, and uterus) and into the fallopian tubes. During the 3 months following the procedure, the body and the micro-inserts work together to form a tissue barrier. This prevents the egg from passing into the uterus, and sperm from reaching the egg. Therefore, fertilization cannot take place.

## During the Essure Procedure

The procedure takes about 35 minutes. You are given medication to take 1 to 2 hours before the procedure. This helps keep the fallopian tubes open and reduces cramping. During the procedure:

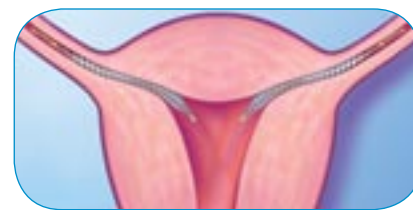
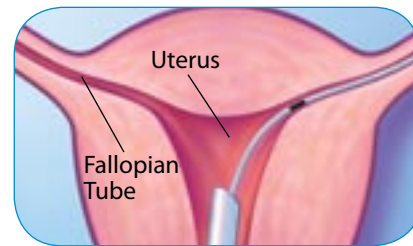
- The doctor inserts a narrow telescope-like instrument called a hysteroscope through the vagina and cervix and into the uterus. The hysteroscope is attached to a video camera that sends pictures to a monitor. This lets the doctor see inside the uterus.
- Fluid (called normal saline or saltwater) flows through the hysteroscope and into the uterus. The fluid expands the uterus to let the doctor see the openings to the fallopian tubes clearly.
- The spring-like micro-inserts are placed into each fallopian tube using a small, flexible tube (delivery catheter) that is passed through the hysteroscope.

## Post-Procedure

You will probably be able to leave the doctor's office about 45 minutes after the procedure is completed. Most women return to normal activities within 1 to 2 days.

### Effectiveness

1 year: 99.95%  
4 years: 99.80%



Spring-like coils are placed in each of the fallopian tubes.



## After the Essure Procedure

For the first 3 months after the procedure, you must use another birth control method to prevent pregnancy. At the 3-month point, a special type of x-ray test called a hysterosalpingogram (HSG) is done. This test confirms two things. First, it verifies whether both of the *Essure* micro-inserts are in the correct location. Second, it shows whether both of the fallopian tubes are blocked. After this test confirms both of these things, you can rely on the *Essure* micro-inserts for permanent birth control.

After having the *Essure Procedure*, your body continues to release eggs each month. These are absorbed by your body and you continue to have a monthly period. However, you may have temporary changes in the length or heaviness of your period. The *Essure Procedure* does not affect menopause.



During an HSG, the doctor fills the uterus with a special fluid (dye) that shows up on x-rays.

## Pros and Cons of the Essure Procedure

### Pros

- Very low pregnancy rate.
- No hormones involved.
- No incisions, burning, or scarring.
- No general anesthesia required.
- Can be performed in a doctor's office.
- Short procedure time.
- Few side effects.
- Quick recovery.

### Cons

- Cannot be reversed.
- May result in some pain, cramping, vaginal bleeding, or menstrual pattern changes.
- Risks include: perforation, expulsion, or other unsatisfactory location of the micro-insert.
- Requires use of another method of birth control during the first 3 months after the procedure.

### The Essure Procedure may not be for you if...

- There is any chance that you may want to have children in the future.
- You have a known allergy to contrast dye (commonly used for x-ray [HSG] testing).
- You have a sensitivity to nickel as shown by skin testing.

# Tubal Ligation

This is a surgical procedure that makes a woman sterile. Tubal ligation, often referred to as sterilization, may be done in a hospital or surgery center. It is usually done under general anesthesia.

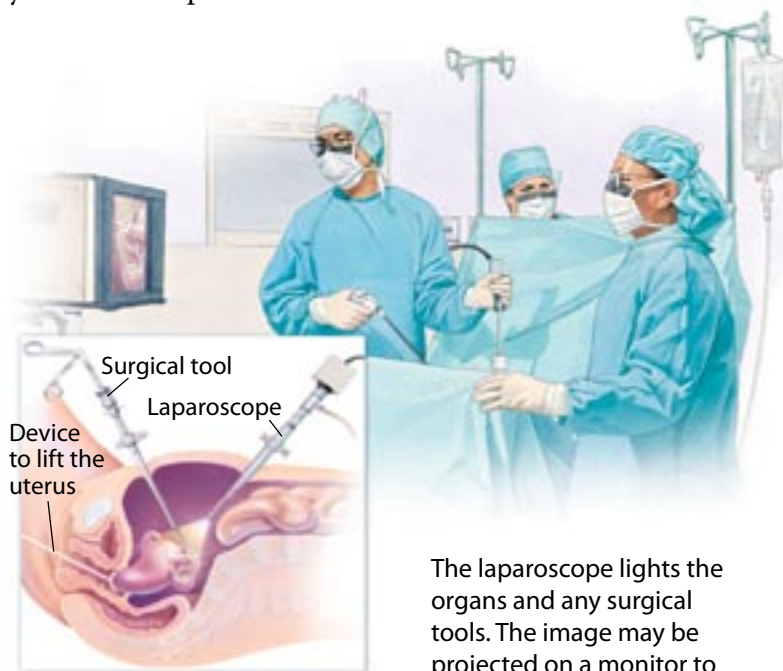
## How Tubal Ligation Works

During tubal ligation, a woman's fallopian tubes are blocked. This stops mature eggs from passing into the uterus. It also prevents sperm from reaching the eggs. Therefore, pregnancy cannot take place.

## During Surgery

You may have laparoscopy, which is outpatient surgery, or you may have minilaparotomy. This is most often done in the hospital just after you deliver a child. Before either procedure, you will probably be sedated with general anesthesia.

- **Laparoscopy:** Your surgeon makes a tiny incision in your abdomen. A small amount of gas is inserted to expand the abdomen. (This makes it easier to see the organs.) Then your surgeon inserts a lighted viewing tube (laparoscope). Surgical tools are placed in the viewing tube or in other incisions. These tools are used to block the fallopian tubes by cutting, burning, or clipping them. Then the incisions are closed with stitches or staples.
- **Minilaparotomy:** Your surgeon makes a small incision near your navel or at your pubic hairline. The fallopian tubes are blocked. Then the incision is closed with stitches or staples. After a cesarean delivery, minilaparotomy can be done through the incision already made.



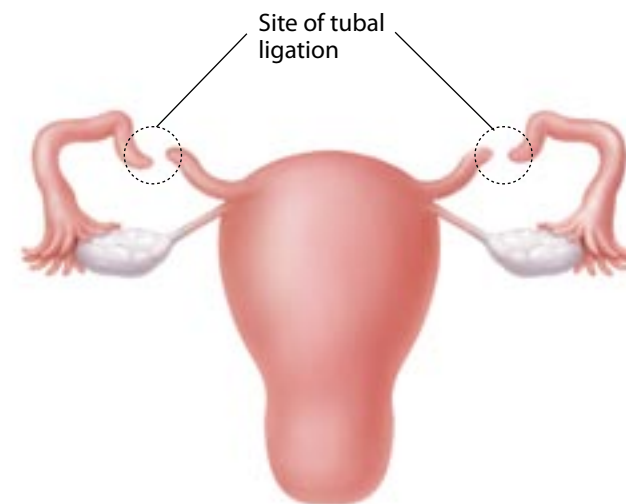
The laparoscope lights the organs and any surgical tools. The image may be projected on a monitor to help guide the surgery.

### Effectiveness

- 1 year: 99.45%
- 4 years: 98.82%
- 10 years: 98.15%

## After Tubal Ligation

You are protected from pregnancy immediately after surgery. Your ovaries still release an egg each month. But its passage through the fallopian tube is blocked. The egg is absorbed by your body. You still have monthly periods, and menopause is not affected.



## Pros and Cons of Tubal Ligation

### Pros

- Very low pregnancy rate.
- Effective birth control immediately after surgery.
- No side effects once healed from surgery.

### Cons

- Reversal is not likely to be successful.
- Requires general anesthesia.
- Is typically performed in a hospital.
- Risks include: problems associated with anesthesia, vaginal or internal bleeding, infection, temporary pain or soreness in the abdomen, and bowel or bladder damage. Rare: ectopic pregnancy (fertilization in the fallopian tube).
- Recovery can take several days. Recovery from a minilaparotomy may mean a hospital stay.

## Post-Surgery

If you have outpatient surgery, you will be monitored in the recovery room for a few hours. When you feel well enough, you can go home. You will probably be able to resume most of your daily activities within 4 to 6 days. After childbirth, tubal ligation may lengthen your hospital stay by a day.

### *Tubal ligation may not be for you if...*

- There is any chance that you may want to have children in the future.
- You have health issues related to general anesthesia.
- You have a medical condition that makes surgery risky.

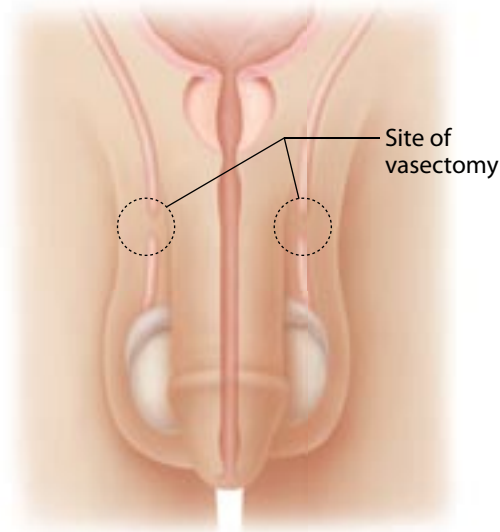
# Vasectomy

This is a surgical procedure that makes a man unable to father a child. Vasectomy is usually done under local anesthetic in a doctor's office.

**Effectiveness**  
99.26% at 1 year  
98.87% at 5 years

## How a Vasectomy Works

During surgery, the two vas deferens are cut and sealed off. This prevents sperm from being able to travel from the testes to the penis. It is the only change in the reproductive system. The testes still produce sperm. But since the sperm have nowhere to go, they die and are absorbed by the body. Only a very small amount of semen is made up of sperm. So after a vasectomy, the semen won't look or feel any different.



## During Surgery

The entire procedure usually lasts less than 30 minutes. Medication may be given to the patient to help him relax. To prevent pain during surgery, an injection of local anesthetic is given in the scrotum or lower groin. During the procedure:

- One or two small incisions or punctures are made in the scrotum. This may be done with a scalpel or with a pointed clamp (no-scalpel method).
- The vas deferens are cut and the ends are sealed off using one of several methods. If needed, the incision is closed with stitches.

## Post-Surgery

After surgery, the patient can rest for a while until he's ready to go home. He can have sex again as soon as he feels able to (often in about a week).

## After a Vasectomy

After a vasectomy, some active sperm still remain in the semen. It will take time—usually up to 3 months—and many ejaculations before the sperm are completely gone. During this period, the patient must use another birth control method to prevent pregnancy.

To make sure no sperm are left in the semen, the patient will need to have one or more semen exams. Patients usually collect a semen sample at home and bring it to a lab. The sample is then checked under a microscope. A patient is sterile only when these samples show no evidence of sperm. He can then ask his doctor whether additional follow-up is needed.



A vasectomy patient must use another form of birth control, such as condoms, until a test confirms he is sterile.

## Pros and Cons of Vasectomy

### Pros

- Very low pregnancy rate.
- Can be performed in a doctor's office.
- No side effects once healed from surgery.
- Fewer risks than tubal ligation.

### Cons

- Reversal is not likely to be successful.
- Requires incisions or punctures.
- May result in some discomfort, bruising, or swelling in and around testicles right after surgery.
- Risks include: internal bleeding, infection of the incision, lump formed at cut ends of vas deferens, and aching due to buildup of sperm.
- Requires use of another method of birth control during the first 3 months after the procedure.

### Vasectomy may not be for you if . . .

- There is any chance that you may want to have children in the future.

# Other Things to Consider

Choosing permanent birth control is a big decision. Here are some things to think about.

## Health Factors

A given birth control method may:

- Affect certain health conditions.
- Carry some health risks.

You may want to talk to your healthcare provider about how permanent birth control could affect you. He or she can talk to you about the health benefits and risks of each type.



## Cost

Permanent birth control may be cheaper than the long-term costs of temporary birth control. And permanent birth control is often covered by medical insurance. Talk to your insurance provider to find out what options are covered by your plan.

## Practicing Safe Sex

Practicing safe sex means reducing the chance of transmitting an STD (sexually transmitted disease). Using birth control is not the same thing as practicing safe sex. Permanent birth control does not protect you from STDs.

## As Time Goes By

Life changes may affect your birth control needs. Someday you may want to rethink your birth control choice if you:

- Begin or end a relationship.
- Decide that you're ready to have children.

Remember that permanent birth control is just that—permanent. So be sure that you do not want to have children. If you're sure, permanent birth control may be an excellent option. It can help you avoid pregnancy and feel more comfortable and relaxed in your sex life.

# Permanent Birth Control Options

This chart gives an overview of each type of permanent birth control.

	Essure	Tubal Ligation	Vasectomy
How is the procedure performed?	<p>A soft, flexible micro-insert is delivered through the vagina and uterus and placed into each fallopian tube.</p> <p>The spring-like micro-insert expands during placement to fit the fallopian tube.</p> <p>A small trailing portion of the micro-insert remains in the uterus. This viewable portion of the micro-insert serves to verify placement and does not irritate the lining of the uterus.</p> <p>Scar tissue grows into the micro-insert (usually over 3 months) and forms a barrier so sperm cannot reach the egg.</p>	<p>Usually performed as a laparoscopic procedure, under general anesthesia. Gas is used to expand the abdomen so surgical tools can be inserted. The fallopian tubes are blocked by one of these methods:</p> <ul style="list-style-type: none"> <li>• Clamping with metal clips or plastic rings</li> <li>• Cutting away a section of the tube</li> <li>• Burning a portion of the tube</li> </ul> <p>The clamps, rings, or clips remain in the body. Stitches or staples are used to close the skin incisions.</p>	<p>The scrotal area is shaved and cleaned with an antiseptic solution.</p> <p>An incision or puncture is made into the scrotum (the sac containing the testicles).</p> <p>The vas deferens tubes, one from each testicle, are tied in two places with permanent sutures. The tubes are severed between the ties by:</p> <ul style="list-style-type: none"> <li>• Burning a portion of the tube</li> <li>• Cutting</li> <li>• Blocking with clips or clamps</li> </ul> <p>If an incision is made, it is then closed with stitches.</p>
Effectiveness*	<p>99.95% at 1 year</p> <p>99.80% at 4 years</p>	<p>99.45% at 1 year</p> <p>98.82% at 4 years</p> <p>98.15% at 10 years</p>	<p>99.26% at 1 year</p> <p>98.87% at 5 years</p>
Procedure time	35 minutes	30–45 minutes	20–30 minutes
Recovery time	1–2 days or sooner	4–6 days	2–3 days
Post-procedure pain/discomfort	<ul style="list-style-type: none"> <li>• Cramps</li> <li>• Discharge</li> </ul>	<ul style="list-style-type: none"> <li>• Cramps</li> <li>• Discharge</li> <li>• Pain at the incision</li> <li>• Bloating abdomen and/or sharp pains in the neck or shoulder (due to gas used)</li> <li>• Bruising around the incision</li> <li>• Feeling tired and achy</li> </ul>	<ul style="list-style-type: none"> <li>• Swelling</li> <li>• Bruising</li> <li>• Pain in the testicles</li> </ul> <p>(Ice packs and/or an athletic supporter may need to be used to decrease bruising and swelling.)</p>
Reliance and test	<p>Reliance can begin at 3 months when the <i>Essure</i> confirmation test confirms placement and blockage of the tubes.</p>	<p>Immediate/no test</p>	<p>Reliance can begin at 3 months when a follow-up test confirms no sperm is evident.</p>

\*Statistics indicate that, over time, the *Essure procedure* remains the most effective method when compared to other forms of permanent birth control.

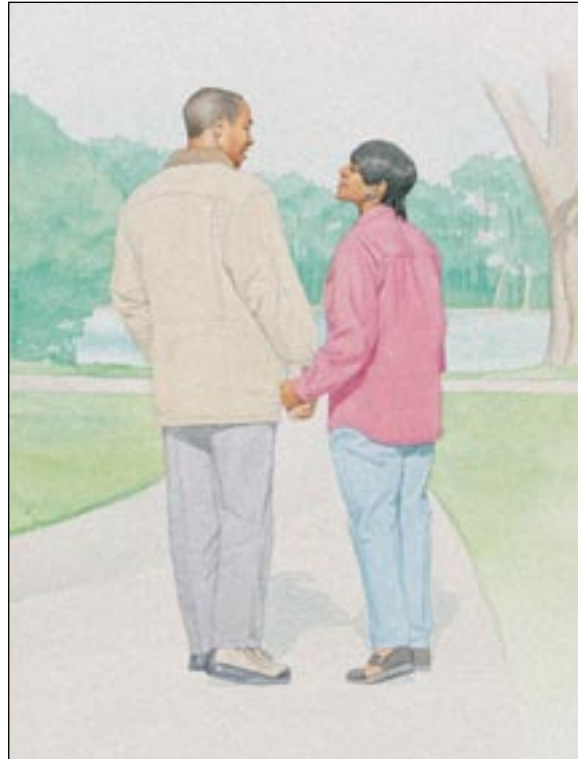
## Your Best Choice

To make the best choice about permanent birth control, talk honestly with your partner and healthcare provider about your needs, concerns, and options. You can also check out the resources below for more information.

### Resources

**Planned Parenthood  
Federation of America**  
800-230-7526  
[www.plannedparenthood.org](http://www.plannedparenthood.org)

**Healthfinder  
(U.S. Department of Health  
and Human Services)**  
[www.healthfinder.gov](http://www.healthfinder.gov)



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# Permanent Birth Control



Choosing a Method for  
Preventing Pregnancy