

Essure® Permanent Birth Control System (Conceptus Incorporated, San Carlos, Calif) is a nonincisional alternative for women seeking sterilization. **Essure** micro-insert placement procedure can be performed in an outpatient or office surgery setting. Using a hysteroscopic approach, an **Essure** micro-insert is placed in the proximal portion of each fallopian tube where it expands and anchors itself. The **Essure** micro-insert induces a local, benign fibrous tissue ingrowth from the surrounding tubal walls.¹ In most cases, this tissue ingrowth completely occludes the fallopian tube within 3 months, resulting in sterilization. The effectiveness and safety of the **Essure Permanent Birth Control System** was demonstrated in clinical trials in 632 women who relied on **Essure** for contraception for 12 or more months.^{2,3} The following is a case study from a procedure performed in the outpatient setting on an HIV positive patient post FDA approval.

Case Study 4 • HIV Positive Patient

Presentation: A 35-year-old Hispanic female presents requesting sterilization, but states that she wants to avoid any incisional procedure.

Medical History: This patient's gynecological history is positive for HIV, sexually transmitted from a former partner. This woman has had three normal and spontaneous births. She also has history of two terminated pregnancies. Her previous contraception was Medroxyprogesterone and condoms. She is currently unemployed.

Physical Examination: Test results for *Neisseria gonorrhoea* and *Chlamydia trachomatis* are negative; urine pregnancy test is negative; hemoglobin and WBC count are within normal ranges. Weight is 134 lbs; uterine position is anteverted; cycle day is 25 and no pelvic pathology exists.

Preprocedure: Thirty minutes prior to the **Essure** micro-insert placement, 30 mg IM of Toradol was administered. A paracervical block was placed using 2% Lidocaine.

Procedure: In an in-office setting, the patient was placed in the lithotomy position. Under hysteroscopic visualization (ACMI 5.0mm), an **Essure** micro-insert was inserted first in the proximal portion of the left and then the proximal portion of the right fallopian tube. After placement, 4-mm and 5-mm trails were observed on the left and right tube, respectively. No adverse events and no pain accompanied the procedure. Insertion of the **Essure** micro-inserts was accomplished in 18 minutes.



3-month hysterosalpingogram

Postplacement: Recovery was uneventful; no medications were needed and patient was discharged 30 minutes after the procedure. Patient rated her tolerance to the procedure as 'excellent'.

Follow-up: On day 1 following the procedure, patient returned to her normal activities. She rated her recovery as 'excellent'.

The patient was found to be successfully occluded in both fallopian tubes at the HSG follow-up. She was instructed to discontinue her current birth control method and rely on *Essure*.

NOTE: This is a single-case study and may not represent typical results. This case was performed by Mark Levie, MD

References

1. Valle RE, Carignan CS, Wright TC. Tissue response to the STOP microcoil transcervical permanent contraceptive device: results from a pre-hysterectomy study. *Fertil Steril.* 2001;76:974-980.
2. Kerin JF, Carignan CS, Cher D. The safety and effectiveness of a new hysteroscopic method for permanent birth control: results of the first Essure pbc clinical study. *Aust N Z J Obstet Gynaecol.* 2001;41:364-370.
3. Valle RE, Cooper JM, Kerin JF. Hysteroscopic tubal sterilization with the Essure nonincisional Permanent Contraception System. *Obstet Gynecol.* 2002;99(suppl):11S.