

Essure® Permanent Birth Control System (Conceptus Incorporated, San Carlos, Calif) is a nonincisional alternative for women seeking sterilization. The **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 on an insulin dependent diabetic patient post FDA approval.

Case Study 6 • Type I Diabetic and PID History

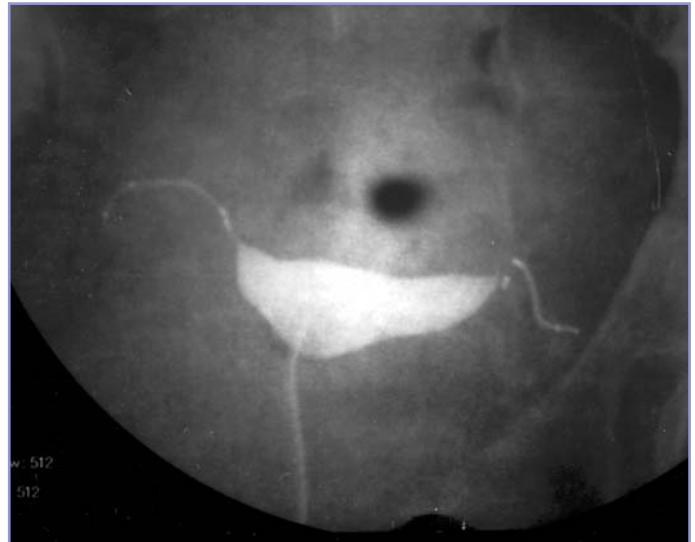
Presentation: A 29-year-old Causasian female presents requesting sterilization due to potential complications associated with future pregnancies. **Essure** was recommended as an alternative due to increased risks associated with traditional surgery in women who are insulin dependent.

Medical History: This patient's gynecological history is positive for PID, STD and endometriosis. She is an insulin dependent diabetic and has had bladder and kidney infections. Family history is also positive for Type I diabetes. This woman has had one birth by cesarean section. She is currently employed as a full-time factory worker.

Physical Examination: Urine pregnancy test was negative. Weight is 119 lbs; uterine position is retroverted; cycle day is 11 and no pelvic pathology exists.

Preprocedure: Fifty minutes prior to the **Essure** micro-insert placement, 3 mg IM of Toradol was administered. A paracervical block was placed using 22 cc of 0.75% Sensorcaine 5 minutes before hysteroscope introduction.

Procedure: With the patient in the lithotomy position, gravity-fed saline was used to distend the uterus. Under hysteroscopic visualization (Wolfe 5.5mm), 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, 2mm trails were observed on the left and right tubes. The patient was given 4 mg of Versed and 250mg of Fentanyl for discomfort immediately prior to scope introduction. No adverse events were experienced during placement. Insertion of the **Essure** micro-inserts was accomplished in 10 minutes.



3-month hysterosalpingogram

Postplacement: The patient was administered 50mg of Demerol and 50mg of Vistaril IM to address pain post procedure. She was discharged 1 hour and 15 minutes after the **Essure** procedure, pain free.

Follow-up: On day 1 following the procedure, patient returned to her normal activities. She was not experiencing any post procedure pain or bleeding.

The patient was noted to have a successful bilateral tubal occlusion at the 3 month HSG evaluation.

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

References

1. Valle RF, 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 RF, Cooper JM, Kerin JF. Hysteroscopic tubal sterilization with the Essure nonincisional Permanent Contraception System. *Obstet Gynecol.* 2002;99(suppl):11S.