

Transcervical Sterilization

A New Choice in Permanent Birth Control

Choosing a Birth Control Method

Women and their partners now have more birth control choices than ever. How do you choose the birth control method that is best for you? Comparing how safe the methods are, how much they cost, and how well they work may help you decide.

You also need to decide between temporary and permanent methods of birth control. The factors that influence this decision can change throughout your life. For a woman who is very certain she will never want to have a child in the future, a permanent birth control method may be a good choice. If a woman is unsure about whether she may want to become

pregnant at some point—even though she doesn't want to now—a temporary method makes sense.

This brochure describes permanent birth control, including a new permanent method for women. It may help you decide if permanent birth control is right for you. To make this decision, you may find it helpful to talk with your partner, health care provider, or both.



New Options in Permanent Birth Control: Transcervical Sterilization

If you use a permanent birth control method, you cannot become pregnant for the rest of your life. For women, permanent methods involve blocking the *fallopian tubes*, which carry eggs from the ovaries to the uterus. Once the tubes are blocked, the sperm cannot reach the egg to create a pregnancy. For men, the permanent method is an operation called a *vasectomy*, in which a doctor blocks the tube through which sperm passes.

Until recently, women who wanted permanent birth control had only one choice: a surgical procedure called a *tubal ligation*, also known as having their “tubes tied”. In this procedure, the doctor cuts into the abdomen to reach the fallopian tubes. Nearly one-quarter of US women between the ages of 15 and 44 rely on tubal ligations to prevent pregnancy.

Now a permanent birth control method that does not require surgery is available—transcervical sterilization. *Transcervical* means “through the cervix” (opening of the uterus). *Sterilization* is another name for permanent birth control. With transcervical sterilization, a doctor goes through the cervix and into the uterus to reach the fallopian tubes. The tubes are then blocked permanently to prevent pregnancy.



Transcervical sterilization has advantages over a tubal ligation. For many women, it is very convenient because it is usually done in an *outpatient setting*, which means most women will be able to return home within a couple of hours, rather than spend the night in a hospital or other health care facility. And the procedure takes only about 30 minutes.

In 2002, the Food and Drug Administration (FDA) approved the first transcervical sterilization method—micro-insert tubal occlusion (brand name Essure®)—in the United States. Other methods are being developed and tested.

“I wanted to be sure I would not regret my decision about permanent birth control. So I took a lot of time to look at other choices. And then I talked to my health care provider. I knew I did not want to have to remember to take a pill every day or change a patch. I did find out that there are good long-term, temporary birth control methods, such as the IUD, to consider. These methods work just as well as sterilization if you are unsure about permanent birth control.”

— MARIA K., AGE 34

Questions and Answers About Permanent Birth Control

Is permanent birth control right for me?

When deciding about permanent birth control, it's a good idea to:

- *Discuss birth control choices with your health care provider.* Explore all your choices for birth control, both temporary birth control methods—such as the pill, patch, contraceptive vaginal ring, contraceptive injections, and newer intrauterine devices (IUDs)—and permanent birth control methods. Your partner may want to consider a vasectomy.
- *Avoid making the decision in stressful times.* A recent divorce or miscarriage and other stressful events can lead to a decision you may regret later.
- *Choose a temporary birth control method if there is any chance that you may want children in the future.* It is highly unlikely that a permanent birth control method can be reversed.
- *Be aware that women age 30 or younger are more likely than older women to regret having had a permanent birth control method.*

Ask yourself these questions:

- Do I know for sure I do not want children or have all the children I want?
- Can I use or do I want to use temporary methods of birth control?
- Do I want a permanent, one-time method?
- Do I have health problems that make pregnancy unsafe?
- Do I want to enjoy sex without the fear of accidentally getting pregnant any time in the future?



Does permanent birth control affect female hormones?

No. Female hormones, which control a woman's menstrual cycle and sexuality, will not change. Your ovaries will continue to make eggs until menopause; your body absorbs the unfertilized eggs. Your menstrual cycle—and your desire for sex—will not change. Also, permanent birth control does not cause an early menopause.

Does permanent birth control protect against sexually transmitted diseases or infections, such as chlamydia, HIV infection, and gonorrhea?

No. If you are at risk for sexually transmitted diseases or infections, you should ask your partner to use a latex condom every time you have sex.

Transcervical Sterilization

With transcervical sterilization, the doctor inserts a device or material into the fallopian tubes to block them. To reach the tubes, the doctor uses a hysteroscope, which is like a thin telescope. The hysteroscope is inserted into the vagina, then through the cervix (the opening to the uterus), and into the uterus to the openings of the fallopian tubes.

What are the advantages of transcervical sterilization compared with tubal ligation?

- There are no incisions. With most tubal ligations, the doctor makes one or two small cuts into the woman's abdomen to reach the two fallopian tubes and blocks or cuts them.
- Women generally have less discomfort.
- Women recover faster (some women even return to work the same day). It often takes four to six days before women can return to their normal activities after a tubal ligation.
- Women with certain medical conditions, such as heart disease or obesity, can safely have this method. A tubal ligation is often unsafe for women with these conditions.
- It can be performed in an outpatient procedure.
- It is usually done with local rather than general anesthesia. Most women receive general anesthesia for the tubal ligation.

What are the disadvantages of transcervical sterilization compared with tubal ligation?

- Women need to use another method of birth control until their fallopian tubes are completely blocked. This takes about three months. After this period, dye is injected into the uterus and an X-ray is taken to make sure the tubes are blocked.
NOTE: The only type of birth control you *cannot* use during these three months is an intrauterine device, also called an IUD.
- Because the method is new, it is not known if there are long-term risks.

“After I decided on permanent birth control, I chose transcervical sterilization over tubal ligation. I needed to recover from the procedure quickly. I had three young children to take care of.”

— LUCY S., AGE 40

How do I know if transcervical sterilization is a good choice for me?

It may be a good choice if:

- You are willing to use another birth control method for the first three months after the transcervical procedure.
- You are willing to return to where you had the method done to find out if your fallopian tubes are fully blocked.
- You have a medical condition, such as diabetes or a heart condition, and you have been told to avoid general anesthesia or surgery where you have to be cut open.
- You have had more than one abdominal surgeries, including c-sections.

However, this may not be the best method for you if:

- You have uterine or tubal disease.
- You are uncertain about never becoming pregnant again or ever becoming pregnant.
- Feel uncomfortable about having a device or materials inserted into your fallopian tubes.
- Your health care provider has told you that there is something unusual in the way your fallopian tubes or other organs are shaped.
- You have been told you are allergic to the contrast dye that is used to make sure the method is working.



Micro-Insert Tubal Occlusion— a Transcervical Sterilization Method

Micro-insert tubal occlusion is the first transcervical sterilization method approved by the FDA. *Micro-insert* refers to a very tiny spring the doctor puts into the fallopian tubes. *Tubal occlusion* means blocking the fallopian tubes. With this transcervical method, the doctor puts a micro-insert into each of the fallopian tubes. This method takes about 30 minutes. Scar tissue then develops around the micro-insert and completely blocks the tubes over the next three months.

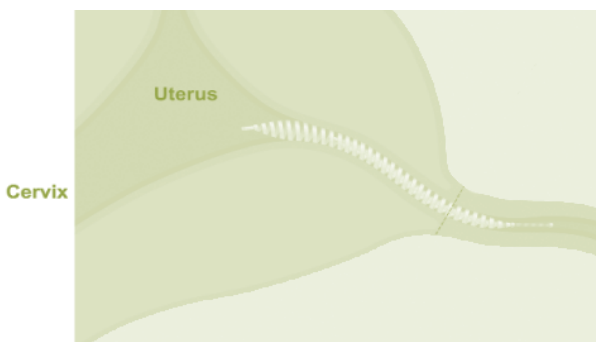
What does it feel like to have the micro-insert tubal occlusion method?

Before the doctor inserts the micro-insert, medicine is injected around the area of the cervix to make this part of your body numb, so you do not feel discomfort or pain except some minor cramping in your abdomen. After the doctor has inserted the micro-insert, you may continue to feel cramping, have some mild nausea or vomiting, and feel lightheaded.

How is the micro-insert tubal occlusion method done?

Step 1: The doctor inserts a thin, telescope-type instrument called a *hysteroscope* into the vagina, through the cervix, and into the uterus to reach the fallopian tubes. A camera is on the end of the hysteroscope to let the doctor see into the uterus.

Step 2: The doctor places the micro-insert into the opening of the fallopian tube through the hysteroscope. The coil expands and fills the opening. The doctor then does the same thing to the other tube.





Step 3: The lining of the tubes grows into the material in the coils, completely and permanently blocking the tubes. This takes about three months, so you need to use another method of birth control (except an IUD) during this time.

Step 4: After about three months, your doctor will do a special X-ray test to make sure the micro-inserts are in the right position and that your

tubes are blocked, which means the method is working. With the test, dye is injected into your uterus so an X-ray picture can be taken.

What is the recovery time for the micro-insert tubal occlusion method?

Most women leave the medical facility about 45 minutes after having this method and return to their normal activities the same day or within one to two days.

Very rarely, usually because of an unusual shape or position of the uterus or fallopian tubes, or because of technical problems during the procedure, placement of the micro-insert may be difficult or impossible.

How well does micro-insert tubal occlusion protect women from becoming pregnant?

To date, no pregnancies have been reported from any of the women who were studied in the United States for one to two years after having this method. As with other types of tubal sterilizations, there is a slight risk that the method may not work even if the X-ray shows that the tubes are totally blocked, so you could become pregnant. Women who do become pregnant after having the micro-insert method may be more likely to have an *ectopic pregnancy* (a pregnancy that occurs outside of the uterus, usually in the tubes).

How safe is micro-insert tubal occlusion?

Studies have shown that this method is safe. However, as with most birth control methods, there are risks. There is the possibility that the doctor may not be able to place the coils in the fallopian tubes the first time and may need to try it again at a later date. After the coils are placed in your tubes, you may have some pain and light bleeding.

Who should not have any transcervical sterilization method?

A woman should not have any transcervical sterilization method if she:

- Is pregnant or thinks she may be pregnant.
- Has had a baby, a miscarriage, or an abortion within six weeks before the transcervical method.
- Has an active or has had a recent pelvic infection.
- Has a uterus or fallopian tubes that are an unusual shape or in an unusual position.
- Has had a previous tubal ligation.



A woman should not have the micro-insert occlusion method if she:

- Is allergic to the dye that is used for the X-ray.
- Is sensitive or allergic to nickel. If you do not know, you can have a skin test to find out.
- Does not want to or cannot use another method of birth control for at least three months after this method is started.
- Does not want to or cannot return to have a special X-ray test about three months after having the procedure done.



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