

STERILIZATION OPTIONS (Permanent Contraception)

Several effective options are available to those interested in sterilization (permanent contraception). These should be considered only after temporary (reversible) options have been determined to not be an acceptable alternative, and that no further childbearing is desired. These procedures should all be considered **PERMANENT** and **IRREVERSIBLE**.

1. **Essure®:** This procedure involves the placement of a small, flexible micro-insert into the fallopian tubes, the structure that carries the egg from the ovary to the uterus. A thin camera (hysteroscope) is placed into the uterine cavity through the cervix to place the device. This means **NO INCISION** is needed to perform this procedure. The body works with the micro-insert to form a tissue blockage of the tube, making contact between the egg and sperm impossible. The procedure takes approximately 15 minutes to perform, and can be done in the doctor's office or in the hospital. Women having the procedure done in the office return to their normal activity almost immediately with little to no discomfort. A confirmation test is performed three months after the insert is placed to be certain that the tubes are closed. During this time, an alternative form of birth control is necessary. Essure® has been shown to be 99.8% effective in preventing pregnancy.
2. **Laparoscopic Tubal Ligation:** This procedure involves placing a thin camera (laparoscope) through an incision near the navel. A second incision is made on the lower abdomen through which a device is inserted, enabling the surgeon to close the fallopian tubes. This procedure requires general anesthesia, so must be done in the hospital. The tubal ligation takes about 30 minutes to perform and is effective immediately. Women typically stay a few hours in the hospital and go home the same day. There is minimal to moderate discomfort, and some patients experience slight nausea from the anesthesia. Women usually return to normal activities in 3-7 days. This procedure has been shown to be 99.7% effective in preventing pregnancy.
3. **Post-partum or Mini-lap Tubal Ligation:** This procedure is performed shortly after delivery during the same hospital stay. A small incision is made under the navel to gain access to the fallopian tubes. The tubes are tied and the middle portion removed, blocking the egg and sperm from contacting each other. A similar procedure is performed if sterilization is desired at the time of cesarean section. This procedure can be done using the labor epidural, spinal, or general anesthesia. Having this procedure done does **NOT** prolong the hospital stay past that of the delivery. The navel incision can produce mild discomfort for a few days. This procedure is 99.7 % effective in preventing pregnancy.
4. **Vasectomy (Male Sterilization):** Vasectomy is performed by a Urologist. It involves creating a blockage (by various methods) in the vas deferens (tubes that carry sperm) so that sperm is no longer contained in the ejaculate. Typically, two small incisions are made on each side of the scrotum, and the vas deferens are tied. This procedure can be performed in the doctor's office under local anesthesia or in the hospital. The discomfort is minimal, usually controlled with a cold compress and over-the-counter pain medication. Normal activities may be resumed within 3 days. This procedure is 99.8 % effective in preventing pregnancy.

Essure® vs. Tubal Ligation

	Essure®	Tubal Ligation
Location of procedure	Office or Hospital	Hospital
Anesthetic	Mild sedation, Local anesthesia	General anesthesia
Incisions	None	One or two
Duration of process	Office: 1 hour Hospital: 3-4 hours	3-4 hours (in hospital)
Effectiveness	99.8%	99.7%
When it is effective	After 3 months	Immediately
Further testing to confirm sterilization	Yes	No
Back to work	Same day or next day	3 to 7 days
Post-operative pain	None to minimal	Minimal to moderate, possible nausea from anesthesia
Post-operative pain medication	Over-the-counter	Over-the-counter, or prescription medication
Out of pocket cost	Office co-pay Hospital co-pay	Hospital co-pay
Complication Risk	Extremely low	Low