

Essure Hysteroscopic Tubal Occlusion Consent Form

I have requested a permanent form of birth control. I have chosen the Essure procedure, which is performed by hysteroscopy.

I understand that Hysteroscopy is a way to look inside the uterus using a thin, telescope-like device that is inserted into the uterus through the vagina and cervix. Hysteroscopy is minor surgery that may be done in a doctor's office or operating room with local, regional, or general anesthesia.

I understand that the hysteroscope is used with the Essure instrument to place a coil-like micro insert in the lower segment of my fallopian tubes. Tissue will grow around the insert, creating a blockage in the fallopian tube. This blockage will prevent sperm from passing into the fallopian tube and prevent fertilization of eggs. I understand that there is a small chance that the coil cannot be placed into the fallopian tubes, which means that I will need an alternative contraceptive method.

I understand that hysteroscopy is generally a safe procedure. Problems such as injury to the cervix or the uterus, infection, heavy bleeding, or side effects of the anesthesia occur in less than 1 percent of cases. Additional surgery may be required in the event of injury to the cervix or uterus.

I understand that after the procedure I may feel dizzy, faint or sick from the anesthesia and may have slight vaginal bleeding and cramps for a day or two.

I have been instructed to call my health care provider with any of the following symptoms:

- A fever
- Severe abdominal pain
- Heavy vaginal bleeding or discharge

I have been advised that because tissue growth around the coil takes time to fully block off the fallopian tube, I must use an alternative form of birth control for three months following the Essure procedure.

I have been advised that the FDA requires a follow up test, a hysterosalpingogram to assure that my tubes are fully blocked. This test will be scheduled 3 months after my procedure.

I am aware that after the Essure procedure, certain devices used to treat heavy uterine bleeding cannot be utilized and that it will be important for me to alert my health care provider that I have had the Essure procedure.

I have been given the Essure Patient Information Booklet to review and have had any questions I had answered by my provider.

_____ Date: _____
Patient Signature

_____ Date: _____
Physician Signature