

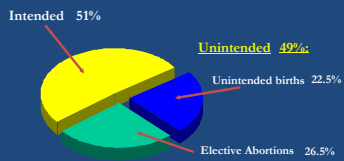
Hysteroscopic Sterilization: Knowing the Facts

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Objective

- Apply knowledge of permanent contraception options and outcomes to determine appropriate candidates for hysteroscopic sterilization

U.S. Pregnancies: Unintended vs. Intended



Handbook S. Low Plann. Perinat 1998;3(1):24-29.

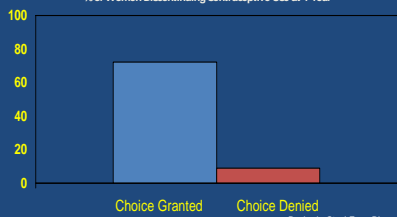
Unintended Pregnancy by Age Group

<u>Age</u>	<u>Occurrence*</u>	<u>Aborted†</u>
15-19	78%	45%
30-34	33%	56%
≥40	51%	65%

*Percentage of all pregnancies, 1994.
†Percentage of unintended pregnancies.
Adapted from Hatcher. *Fam Plann Perspect* 1998;30:24.

Impact of Choice

% of Women Discontinuing Contraceptive Use at 1 Year



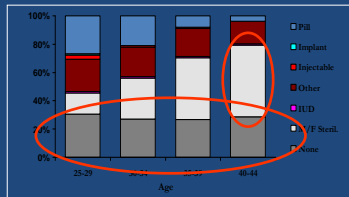
Parlant. *Stud Fam Plann* 1991

Why the Need for New Contraceptives

- Endemic rate of unintended pregnancies
- 43 % of all U.S. women will have had an induced abortion by age 45
- Consequences of unintended births:
 - Increased maternal morbidity & mortality
 - Socioeconomic ramifications

Henshaw, *Fam Plan Perspect* 1988;30:24
Holtz, *Obstet Gynecol* 1999;93:889

Usage of Different Contraceptive Methods by Age Groups



Gallup Survey '98-'99

Irreversible Options

Current Sterilization Techniques

- Incisional
 - Laparoscopy
 - Laparotomy or Mini-Lap
 - Vasectomy
- Hysteroscopic
 - Essure – received FDA approval in November 2002
 - Adiana – in clinical trials
 - Ovion – in development

Filshie Clip



Incisional – Tubal Ligation

- Incision required
- General anesthesia or equivalent required
- Associated with low but major procedure complication risks
- 1-4 week wait for effectiveness
- Typical recovery time 4-6 days
- Visible scar

Risks of Tubal Ligation via Transabdominal Approach

- **major** complication rate for laparoscopy¹
- 5.7% **major** complication rate for laparotomy²
- Five-fold decrease in complication rates³ with local anesthesia
- Most prevalent form of birth control
- Vast majority of complications with transabdominal approach due to:
 - Incisions
 - Blind insertion of instruments into abdomen
 - General anesthesia

Incisional–Tubal Ligation (cont)

Typical side effects may include:

- Cramps
- Discharge
- Nausea/vomiting
- Pain in neck/shoulder (if gas used)
- Pain in incision
- Scratchy throat (if breathing tube is used)
- Tired and achy
- Swollen abdomen (if gas used)
- Bruising around incision

Low occurrence, however **major** complications include infections, internal injuries, internal bleeding and effects from general anesthesia

Tubal Ligation – Major Complication

- Infections – incisional cellulitis
necrotizing fasciitis
PID
- Internal injuries
 - Major vessels
 - Intestines
 - Bladder
- Death

Tubal Ligation – Complications

- Minor Complications:
 - Rate: 10.4% (Saidi)
- Major Complications:
 - Rate: 1-5% (Saidi, Jansen, Herkki-Siren)

Incisional–Tubal Ligation *(cont)*

Considerations

1. Chance of future failure resulting in pregnancy including ectopic pregnancy
2. Major procedural complication risks
3. Longer recovery time
4. Concerns with having a post partum tubal and uncertainty of newborn health

Incisional-Vasectomy (Cont'd)

Side effects may include:

- Swelling and bruising
- Dull ache in testicles

Low occurrence complications include bruising, infection, testicular pain, granuloma, decrease in seminal fluids, and painful ejaculation