

What is Essure®?

Essure® is indicated for women who desire permanent birth control (female sterilization*) by bilateral occlusion of the fallopian tubes.

- **Minimally invasive** —Essure® is the only sterilization choice that does not require skin incision and can be performed in the office without general anesthesia.
- **Non-hormonal** — Essure® inserts do not contain hormones
- **Highly effective** — More than 99.6% effective! Since 2001, approximately 800 000 women and their doctors have trusted Essure® as effective, permanent contraception.
- **Peace of mind** — You no longer have to worry about an unplanned pregnancy after the Essure® procedure is completed and a confirmation test shows proper placement.

After the procedure, most women return to normal activities within 1-2 days.

* The use of permanent contraception (sterilization) requires adherence to the following decrees: steriloimislaki 283/1970 (Sterilization Act) and steriloimis-asetus 427/1985 (Decree on Sterilization)

Essure® Insert

SIZE

The small (around 4 cm long), flexible Essure® inserts are designed to slide easily into each fallopian tube.

MATERIAL

The Essure® inserts are made from the same trusted material used in heart stents. The material is flexible, so it conforms to the shape of your fallopian tubes.

POSITION/PLACEMENT

Once properly inserted, the Essure® inserts stay anchored in the fallopian tubes, initiating the creation of a permanent barrier against pregnancy.



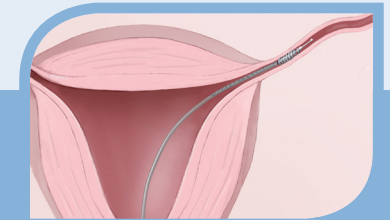
How does Essure® compare

	ESSURE®	TUBAL LIGATION	VASECTOMY
Permanent	●	●	●
Non-hormonal	●	●	●
No general anesthesia required	●		●
Can be performed in an outpatient setting	●		●
Non-incisional procedure	●		
Recovery usually less than a day	●		
Confirmation test	●		●

Essure® In 3 simple steps

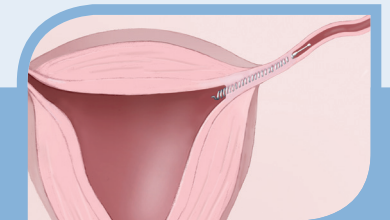
1 THE PROCEDURE

A specially trained doctor places a flexible insert into each of your fallopian tubes through the natural pathways of your vagina and cervix. There is no incision necessary. In the womb, the tip of each insert remains visible to your doctor, so proper placement can be confirmed.



2 THE BARRIER

Over the next 3 months, your body works with the Essure® inserts to form a tissue barrier against pregnancy. This barrier prevents sperm from reaching your eggs, so pregnancy cannot occur. **You must continue to use another form of contraception during this 3-month period.**



3 THE CONFIRMATION

After 3 months, it is time to get an Essure® Confirmation Test, which is an essential part of the Essure® procedure. This test verifies proper placement of the inserts.

Frequently asked questions



CAN I TRUST THE ESSURE® PROCEDURE?

No birth control method is 100% effective. The Essure® permanent birth control procedure is more than 99.6%¹ effective in preventing pregnancy in women who had successful placement in each fallopian tube.*

WHAT ARE THE POTENTIAL SIDE EFFECTS RESULTING FROM THE PROCEDURE?

The most common (≥10%) side effects resulting from the placement procedure were cramping, pain (similar to what you may feel during your normal monthly cycle), and nausea/vomiting.

WHAT ARE POTENTIAL SIDE EFFECTS LATER ON?

The most common adverse events (≥3%) in the first year of reliance were back pain, abdominal pain, and dyspareunia (pain during intercourse). No form of birth control is without risk or should be considered appropriate for every woman. It is important that women discuss the risks and benefits of any birth control option with their physicians.

HOW LONG IS THE RECOVERY?

Most women go home within 45-90 minutes after the Essure® procedure and return to normal activities within 1-2 days.

WILL I STILL HAVE A PERIOD?

Yes, some women report slightly lighter or heavier bleeding than usual, but these changes might be the result of discontinuing hormone-based contraception and returning to your normal cycle.

IS ESSURE® EASILY REVERSIBLE?

No, like all permanent contraception, Essure® is considered to be irreversible. Before choosing Essure®, you should be sure your family is complete.

HOW DOES ESSURE® COMPARE TO OTHER PERMANENT BIRTH CONTROL OPTIONS?

Essure® eliminates the risks, discomfort, and recovery time associated with surgical procedures such as tubal ligation and vasectomy. The Essure® inserts are made from the same material used in heart stents (nitinol).

If you know your family is complete, you can consider Essure®. It is among the most effective methods of permanent contraception,¹ trusted by approximately 800 000 women and their doctors since 2001.

CONSIDERATIONS

- Essure® is not suitable for women who have had tubal ligation or for any other reason cannot have an insert placed in each fallopian tube. Uterine or fallopian tube anomalies may make it difficult to place Essure® inserts. Not all women who undergo the Essure® procedure will achieve successful placement of both inserts.
- The Essure® Confirmation Test is an essential part of the Essure® procedure. Until the Essure® Confirmation Test has confirmed the inserts are in the correct place in your fallopian tubes, another form of birth control must be used.
- Women who have sensitivity to nickel should talk to their doctor.
- As with all medical procedures, there are risks associated with the Essure® procedure. Risks during or immediately after the procedure may include mild to moderate cramping, pain, nausea/vomiting, dizziness/light-headedness, and bleeding/spotting. The most common (≥10%) side effects resulting from the placement procedure were cramping, pain, and nausea/vomiting. The most common side effects (≥3%) in the first year of reliance were back pain, abdominal pain, and dyspareunia (pain during intercourse).
- Women undergoing immunosuppressive therapy (e.g. systemic corticosteroids or chemotherapy) are discouraged from undergoing the Essure® procedure.
- Essure® does not protect against sexually transmitted infections; barrier methods such as condoms should be used for protection against sexually transmitted infections.

WHO SHOULD **NOT** USE ESSURE®

- Essure® is contraindicated in women who are uncertain about ending fertility, can have only one insert placed, have previously undergone a tubal ligation, are pregnant or suspect pregnancy, delivered or terminated a pregnancy less than 6 weeks prior to the Essure® procedure, have an active or recent upper or lower pelvic infection, or have a known allergy to contrast media.

1. Fernandez H, et al. Eur J Obstet Gynecol Reprod Biol. 2014 Sep;180:133-7. doi: 10.1016/j.ejogrb.2014.04.043. Epub 2014 May 14.

BAYER MEDINFO CONTACT INFORMATION:

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consider Essure®
permanent contraception

Minimally invasive
Non-hormonal
Highly effective



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