

## Consent Form for Essure<sup>®</sup> Procedure

\_\_\_\_ I understand that the Essure permanent birth control procedure has been clinically tested for four years and shown to be 99.8% effective in preventing pregnancy during that time period.

\_\_\_\_ I understand that the Essure procedure involves placing a micro-insert (small, flexible coil) into each fallopian tube which over time causes the tubes to close, thereby preventing pregnancy.

\_\_\_\_ I understand that to be sure the Essure micro-insert has worked to close off my fallopian tubes and that I can rely on the Essure procedure for my birth control, an Essure Confirmation Test (hysterosalpingogram (HSG)) must be performed three months following the procedure. During this test, a special fluid (dye) and x-ray will be used to show that my fallopian tubes are occluded and that the micro-inserts are in the correct location.

\_\_\_\_ I understand that until the Essure Confirmation Test (HSG) has confirmed my tubes are closed another form of birth control must be used.

\_\_\_\_ I understand that some women may not have successful placement of both Essure micro-inserts, and should this occur I should seek the advice of my physician.

\_\_\_\_ I understand that should I become pregnant, I should immediately seek medical care for evaluation of the pregnancy.

\_\_\_\_ I understand that the Essure procedure is considered to be permanent and cannot be reversed.

\_\_\_\_ I understand that the other risks associated with placement of the Essure device include, but are not limited to: bleeding, infection, perforation, and pain similar to menstrual cramping.

\_\_\_\_ I understand that Essure does not protect against sexually transmitted diseases and that barrier methods such as condoms should be used for protection against sexually transmitted diseases.

\_\_\_\_ I have received the patient information booklet.

\_\_\_\_ I have had the opportunity to ask questions regarding the Essure permanent birth control procedure and wish to proceed with the placement of the Essure devices.

\_\_\_\_ I am not allergic to nickel or contrast media (dye).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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