

***Bellevue Obstetrics & Gynecology***  
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**Essure Pre-Procedure Instructions**

1. **Take an 800mg Ibuprofen the night before the procedure, another one the morning of the procedure, and a final dose one hour prior to your appointment time.** This will help reduce tubal spasm and uterine cramping during the procedure. Take with food.
2. Eat a light meal prior to the procedure.
3. A urine pregnancy test will be performed in the office prior to the procedure.
4. If you are very anxious about having the procedure done, please call our office to discuss options to reduce your anxiety.
5. If you are not on Depo-Provera or the birth control pill, the best time to have the Essure procedure done is 1-3 days after your menses stops. If you are on the birth control pill, simply skip the placebo pills and start a new pack. The Essure can either be done at the start of the new pack, or 1-3 days after your menses if you choose to take the placebo pills. If you are on Depo-Provera, the Essure can be done at anytime.

**Essure Procedure**

1. You will be given a local anesthetic during the procedure to reduce pain. You will be awake during the entire procedure.
2. Dr. Woods and his nursing staff will keep you informed of what is taking place at all times. If you have questions or concerns, please feel free to ask them at any time.
3. Some patients feel fine after the procedure and return to work that day. Others experience some cramping and nausea, and prefer to rest the remainder of the day. Prescriptions for the nausea and pain will be given to you when you leave.

**Essure Post-Procedure Instructions**

1. It is **very important** that you take your pain medication as prescribed. If you do not stay on top of the pain, it can quickly worsen once the pain medicine and the lidocaine wear off. Continue to take the Ibuprofen 800mg every 6-8 hours with food, as well as the Darvocet N-100 every 4-6 hours.
2. The pain medicines can make you nauseous. Take the Phenergan suppositories every 4-6 hours after the procedure as needed for nausea. This medicine can make you drowsy.
3. If you have a fever greater than 100.5 or severe cramping, call the office (402) 734-4106.

4. It is common to have some vaginal spotting after the procedure. You can resume all normal activities, including intercourse in 2-3 days (see instructions below regarding birth control).
5. Please call to set up a Post-Op visit with Dr. Woods one month after the procedure date.
6. **You will need to have a test called a Hysterosalpingogram (HSG) three months after the Essure procedure.** This test will take place in the radiology department of a hospital. This will ensure that the micro-inserts are properly in place and the fallopian tubes are completely blocked. On the first day of your menses, three months after the procedure, **please call Cindy at the office to schedule the HSG.** It will be performed shortly after your menses has stopped.

### Other Instructions

1. During the three months after the procedure, tissue will begin to grow into the Essure micro-inserts, eventually blocking your fallopian tubes. You **MUST** use another form of contraception during this time period until Dr. Woods confirms that the micro-inserts are in the proper position and your tubes are blocked. Alternative forms of contraception include: Birthcontrol pills, condoms, or diaphragm. An IUD cannot be used during this time period.
3. If you rely on Essure for contraception before completing the HSG, you may get pregnant, or have an ectopic pregnancy (pregnancy outside your uterus, but inside the body). Ectopic pregnancies can be life threatening.

### Hysterosalpingogram (HSG)

**What is a hysterosalpingogram (HSG)?** A hysterosalpingogram or HSG is an x-ray procedure performed to determine whether the fallopian tubes are open, or in our case to ensure that the fallopian tubes are completely blocked with the Essure micro-inserts. An HSG is an outpatient procedure that takes less than one half-hour to perform. It is usually done after menses have ended, but before ovulation, to prevent interference with an early pregnancy.

**How is a hysterosalpingogram done?** A patient is positioned under a fluoroscope (a real-time x-ray imager) on a table. The gynecologist or radiologist then examines her uterus and places a speculum in her vagina. Her cervix is cleaned, and a device (cannula) is placed into the opening of the cervix. The physician then gently fills the uterus with a liquid containing iodine (contrast) through the cannula. The contrast then enters the tubes, outlines the length of the tubes, and spills out their ends if they are open, or stays contained within the uterus if they are completely blocked. After the HSG, a patient can immediately resume normal activities, although some physicians ask that the woman refrain from intercourse for a few days.

**Is it uncomfortable?** An HSG usually causes mild or moderate uterine cramping for about five minutes; however, some women may experience cramps for several hours. The symptoms can be greatly reduced by taking Ibuprofen 800mg the morning of the HSG, again 1 hour prior to the HSG, and then every 6 hours after.

**What are the risks and complications of HSG?** An HSG is considered a very safe procedure. However, there is a set of recognized complications, some serious, which occur less than 1% of the time.

- **Infection** - The most common serious problem with HSG is pelvic infection. This usually occurs in the presence of previous tubal disease. In rare cases, infection can damage the fallopian tubes or necessitate their removal. A woman should call her doctor if she experiences increasing pain or a fever within one to two days of the HSG.
- **Fainting** - Rarely, the patient may get light-headed during or shortly after the procedure.
- **Radiation Exposure** - Radiation exposure from a HSG is very low, less than a kidney or bowel study, and there have been no demonstrated ill effects from this radiation.
- **Iodine Allergy** - Rarely, a patient may have an allergy to the iodine contrast used in an HSG. A patient should inform her doctor if she is allergic to iodine, intravenous contrast dyes, or seafood. If a patient experiences a rash, itching, or swelling after the procedure, she should contact her doctor.
- **Spotting** - Spotting commonly occurs for one to two days after the HSG. Unless instructed otherwise, a patient should notify her doctor if she experiences heavy bleeding after the HSG.

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**Please feel free to call our office if you have any questions or concerns.**