HYSTEROSCOPIC STERILIZATION WITH ESSURE: A CUMULATIVE EXPERIENCE WITH 412 CASES


Objective: The hysteroscopic placement of Essure microinserts was approved in 2002. We evaluate the efficacy and safety with this procedure in our centre. Material and methods: Women (412) on reproductive age who underwent hysteroscopic sterilization by the Essure method between January 2005 and July 2013 have been included. Procedures were performed on an outpatient basis and without anesthesia. Confirmation of tubal occlusion was demonstrated at 3 months by hysterosalpingogram (HSG). Correct placement was confirmed by pelvic X-ray at 3 months and at 6 months by ultrasound. Mean age of the women was 37.4 years. Previous hormonal contraceptives were used by 63.7% of the women. Main outcome measures were patient's tolerance during procedure, success and failure rates of device implantation, contraceptive efficacy, adverse events, and completion of post-placement monitoring. Results: Successful placement was achieved in 89.5%, including 26 cases of two-step procedure, 7 uterine septa, and 28 women with unilateral placement because of either previous salpingectomy or previous HSG showing contralateral tubal obstruction. There were 10.4% of placement failures because of cervical stenosis, impossibility for cannulating ostia or other reasons, 2.4% of unilateral placement and failure in the second procedure, and 7% of follow-up losses. Unintended pregnancy during a five-year follow-up occurred in 2 cases (0.48%), one with unilateral placement and the other despite HSG showing bilateral tubal occlusion. Discomfort during procedure was described as mild-moderate in 18.9% and severe in 10.9%. Adverse events were reported in 6%, mainly bleeding, abdominal pain and vasovagal syncope. Conclusion: The Essure procedure appeared as a safe, easy, irreversible and a moderately invasive contraceptive method. It can be performed on an outpatient basis without anesthesia. Tolerance is acceptable.