



**Pearl W. Yee, M.D. Inc.**  
*Obstetrics • Gynecology • Medical Aesthetics*  
*Fertility • Menopause • Urinary Incontinence*  
*Advanced & Minimally Invasive Female Surgery*

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## Consent for Diagnostic Hysteroscopy, Essure Procedure

I give my consent for Dr. Pearl Yee to perform a diagnostic hysteroscopy and essure procedure. The essure procedure is a non-incision surgical procedure that involves placing a small, flexible device called a micro-insert into each of your fallopian tubes. The micro-inserts are made from polyester fibers and metals (nickel, titanium, and stainless steel). These materials have been studied and used in heart and other parts of the human body for years. Over a three month period, your body tissue grows into the micro-inserts, blocking the fallopian tubes. Before the device can be used for contraception, you must have a test called a hysterosalpingogram (HSG) to make sure your tubes are blocked. Unlike the incisional methods of tubal ligation, the Essure procedure does not require incisions. It also does not involve cutting, crushing or burning of the fallopian tubes. The majority of women return to normal activity in one to two days. Almost all women rated their comfort as “good” to “excellent” within one week of the procedure. After an Essure procedure, your ovaries will continue to produce eggs until menopause. **The Essure procedure is only appropriate if you are sure you do not want any (more) children.** You should not use Essure if you have a known hypersensitivity or allergy to nickel, have had a prior tubal ligation, or are currently undergoing immunosuppressive therapy (such as steroids, chemotherapy).

I understand: (a) the procedure that my doctor plans to perform, (b) what to expect from the procedure, (c) the serious risks of this procedure and that some of these risks can happen despite all the steps being taken to prevent them, (d) other types of treatment that could be used including no treatment.

Some rare known serious risks for the procedure include severe blood loss, infection, and damage to other organs, stroke or heart attack that can lead to partial or permanent disability or death. Other possible risks are cervical laceration and uterine perforation. Adverse events which prevented reliance on Essure for contraception were reported as follows: failure to place 2 micro-inserts in first procedure (14%), initial tubal patency (3.5%), expulsion (2.2%), perforation (1.8%), or other unsatisfactory device location (0.6%). All of the patients who experience tubal patency at the 3 month HSG were found to have bilateral occlusion at a repeat HSG performed at approximately 6 months after Essure placement procedure following a micro-insert expulsion achieved successful micro-insert placement and were subsequently able to rely on Essure for contraception.

I am aware that during the procedure, other procedures might be needed. I give my consent to these procedures as needed. Additional treatments and procedures may still be necessary following surgery.

I give my consent to receive anesthesia and/or drugs I may need. I know that all procedures and anesthetics have risks like stroke, heart attack, respiratory failure and death. Some other risks are tooth and nerve damage, and skin/soft tissue injury.

I give my consent for blood and/or blood products if I need them. I know that all blood and blood products can cause allergic responses, fever and hives. I know the blood bank screens donors for infections and diseases like hepatitis and HIV/AIDS, but I am aware there is a risk of infection. I have received a copy of the “A Patient’s Guide to Blood Transfusions Informational Sheet”. If I DO NOT WANT blood or blood products, I will fill out a separate Refusal of Blood Components Form.

I know that I can change my mind about the consent at any time before treatment. I know that I must tell the health care staff caring for me if I change my mind.

\_\_\_\_\_  
Signature of Person giving consent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Health Care provider

\_\_\_\_\_  
Date