



*Adiana*<sup>®</sup>  
Permanent Contraception

## Patient Information Booklet

Adiana Permanent Contraception is a procedure that works with your body to permanently prevent pregnancy.

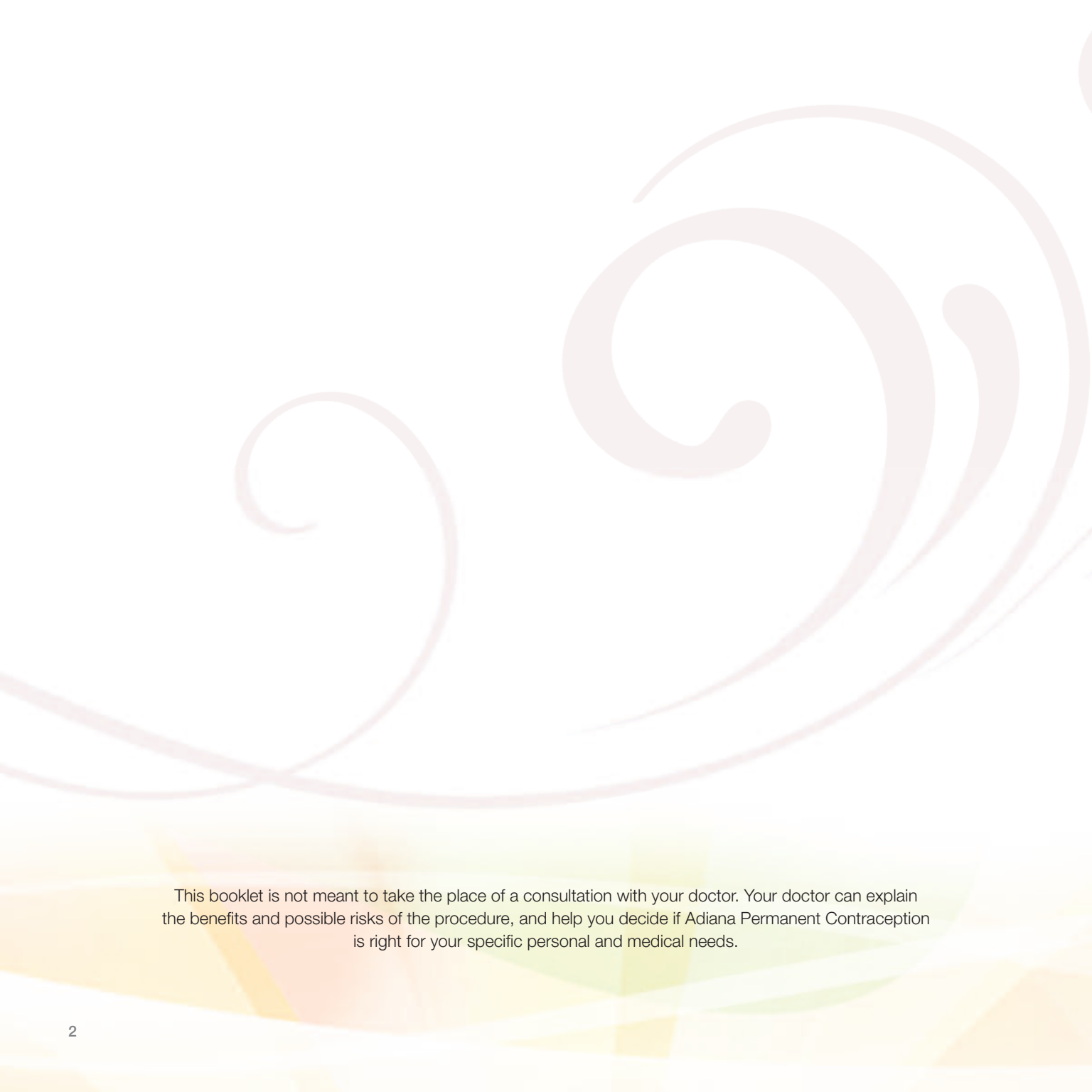






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This booklet is not meant to take the place of a consultation with your doctor. Your doctor can explain the benefits and possible risks of the procedure, and help you decide if Adiana Permanent Contraception is right for your specific personal and medical needs.



## Why choose Adiana Permanent Contraception?

It's permanent

It's safe

It's effective

It requires no incisions

It uses no hormones or drugs

It's a simple procedure with a quick recovery

It leaves nothing in the uterus that might limit future gynecologic procedures

## Glossary of medical terms

**BIRTH CONTROL** Preventing or lessening the likelihood of becoming pregnant.

**CERVIX** The narrow end of the uterus which has a small opening that connects the uterus with the vagina.

**CONTRACEPTION** The prevention of pregnancy by the use of birth control devices or agents.

**CONTRAST FLUID** The dye used in the Adiana HSG (hysterosalpingogram) Confirmation Test to confirm that the fallopian tubes are blocked.

**DELIVERY CATHETER** A slender, flexible instrument that helps the doctor place the Adiana inserts in each fallopian tube.

**ECTOPIC PREGNANCY** A pregnancy in which the fertilized egg does not implant in the uterine wall (usually in the fallopian tube, the ovary, cervix or the abdominal cavity).

**ENDOMETRIAL ABLATION** Procedure that controls heavy bleeding by removing the lining of the uterus.

**FALLOPIAN TUBES** Tubes through which an egg travels from the ovary to the uterus.

**FERTILITY** The ability to become pregnant through normal sexual activity.

**GENERAL ANESTHESIA** A drug given during surgery that acts primarily on the brain, resulting in a temporary loss of consciousness.

**GYNECOLOGIC** Relating to the diagnosis and treatment of disorders affecting the female reproductive organs. Also can refer to the routine medical care of the female reproductive tract.

**HYSTEOSALPINGOGRAM (HSG)** X-ray of the uterus and fallopian tubes. This test is used to confirm that the fallopian tubes are blocked after the Adiana procedure.

**HYSTEOSCOPE** A device that allows a doctor to see inside the uterus.



**IMMUNOSUPPRESSIVE MEDICINES** Drugs that inhibit or suppress the immune system.

**INCISION** A cut or a wound made by cutting with a sharp instrument.

**LOCAL ANESTHETIC** Medicine applied to the skin or given by injection that prevents the sensation of pain.

**OVARIES** The female organs that produce eggs and female hormones.

**OVULATION** The phase of the female monthly cycle when an egg is released from the ovary into the fallopian tube for possible fertilization.

**PELVIC INFECTION** An infection in the female reproductive tract.

**PERFORATE** Puncture (or create a hole).

**PERMANENT CONTRACEPTION** A procedure that prevents pregnancy for the rest of your life.

**RADIOFREQUENCY ENERGY** Energy that is delivered through the use of radio waves.

**REVERSIBLE** Capable of being “undone”.

**SILICONE** A material used in many medical products, including surgical implants and dental impression materials.

**STERILIZATION** The process of permanently preventing pregnancy.

**SUPERFICIAL LESION** For the purposes of this information booklet this term is defined as 'mild damage to surface tissue caused by applying heat'.

**TEMPORARY CONTRACEPTION** A reversible process or method used to prevent pregnancy.

**TUBAL LIGATION** Permanent form of birth control in which a woman's fallopian tubes are surgically cut, tied, or burned to prevent pregnancy.

**UTERUS** The female organ in which a fetus grows, also known as the womb.

**VAGINA** The female organ that begins on the outside at the vaginal opening and extends about three to five inches inside, ending at the cervix.

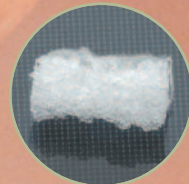
**VASECTOMY** Permanent male sterilization in which the vas deferens (tubes that carry sperm) are cut, tied, cauterized (burned or seared) or otherwise permanently interrupted.



## What is Adiana Permanent Contraception?

Adiana Permanent Contraception is a simple, safe procedure that works with your body to permanently prevent pregnancy.

This procedure requires no incisions and can be performed under local anesthesia, usually in less than 12 minutes.



The tiny, soft Adiana insert measures 3.5mm in length, about the size of a grain of rice.



## Here are the four steps of the Adiana procedure:

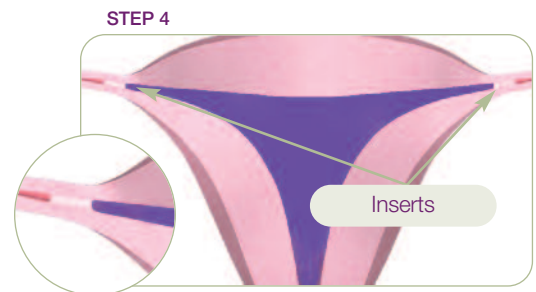
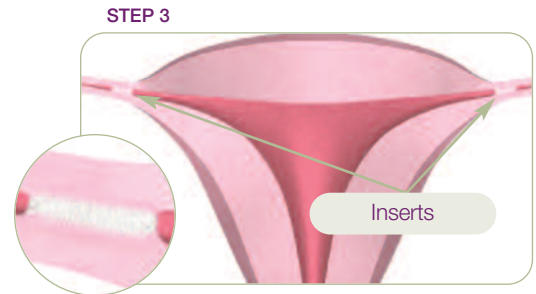
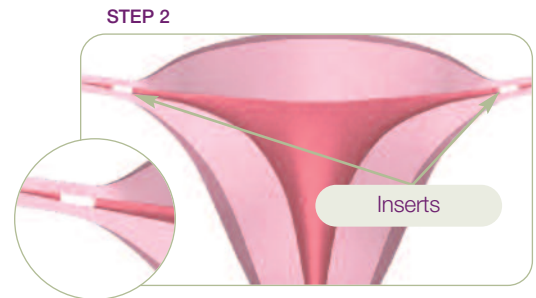
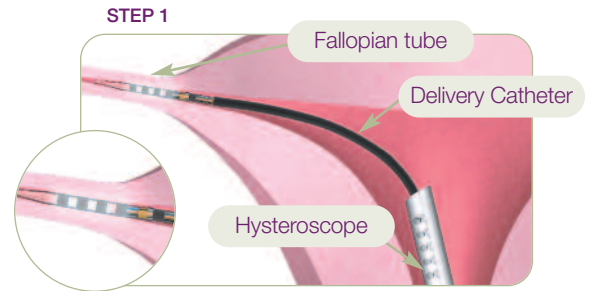
**STEP 1:** A slender, flexible instrument (delivery catheter) is passed through the body's natural openings (i.e., through the vagina and cervix and into the uterus) to deliver a low level of radiofrequency energy (i.e., energy that generates heat to create a superficial lesion) to a small section of each fallopian tube.

**STEP 2:** A tiny, soft insert - about the size of a grain of rice - is placed in each of your fallopian tubes, right where the energy was applied.

**STEP 3:** You must use another form of birth control over the next 3 months, while new tissue grows in and around the Adiana inserts, eventually blocking your fallopian tubes.

**STEP 4:** At 3 months, a special test is performed (hysterosalpingogram or HSG) to confirm that your tubes are completely blocked. This test will ensure that the procedure has been successful.

Your ovaries will continue to release eggs, however, these eggs cannot be fertilized since your fallopian tubes are completely blocked. Your unfertilized eggs will break down and be absorbed by your body.



## Is Adiana Permanent Contraception right for me?

If you are absolutely sure that you never want to have any children in the future, and would like the certainty and convenience of permanent birth control, then the Adiana procedure may be right for you.

Adiana Permanent Contraception isn't right for everyone.

**You can NOT have the Adiana procedure if you:**

- Have already had a tubal ligation (“had your tubes tied”). The fallopian tubes are accessed during the Adiana procedure and this will not be possible if you have had a tubal ligation.
- Are taking immunosuppressive medicines (any drugs that prevent or block the activity of your body's natural defenses). These drugs might interfere with the natural healing process. As a result, your tubes would not be blocked.
- Have an allergy to contrast fluid (the fluid used in the 3-month Adiana HSG Confirmation Test). You have to use an alternate form of birth control until you have confirmation that your tubes are blocked. You cannot receive this confirmation if your body cannot tolerate the HSG procedure.
- Have something abnormal about your uterus that could prevent your doctor from performing the procedure. Every woman's body is different and this procedure may not be safe for those with uterine abnormalities.
- Cannot have the procedure done in both fallopian tubes (even if one tube is thought to be blocked or you have only one tube). There is no clinical data to support the safety or effectiveness of doing so.
- Have any personal doubts about ending your fertility. The Adiana procedure prevents pregnancy for the rest of your life and is not considered reversible. You must be certain that you want to end your fertility before undergoing the procedure.

**You must delay having the Adiana procedure if you:**

- Are pregnant, or suspect you might be pregnant. The risks to you and the fetus are not known.
- Have been pregnant or given birth in the last 3 months. Your body needs time to heal after a pregnancy, and the risks of this procedure are not known if it has been less than 3 months since your last pregnancy.
- Now have clinical evidence of a pelvic infection, or recently have had a pelvic infection. The bacteria from an infection could damage your fallopian tubes. You should be fully healed from a pelvic infection before undergoing a procedure that affects your fallopian tubes.

### **It's permanent.**

Unlike temporary methods of birth control such as birth control pills, diaphragms, condoms, and spermicides, the Adiana procedure is permanent. Once your doctor confirms that your fallopian tubes are completely blocked you will no longer have to rely on a temporary method of birth control.

### **No incisions.**

The Adiana procedure avoids the risks and discomforts of more invasive surgical procedures. There are no incisions and no general anesthesia. The tiny, soft inserts used are made of medical-grade silicone, a material long known to be safe in the human body.

### **It's effective.**

Adiana Permanent Contraception is 98.4% effective in preventing pregnancy\* once your doctor confirms that your fallopian tubes are completely blocked. No method is 100% effective.

*\* Based on 3 years of clinical data.*

There is, however, a small chance that your doctor will not be able to place the Adiana inserts in one or both fallopian tubes or that one or both tubes will not be completely blocked, at which point you will be told that you cannot rely on the Adiana inserts for permanent contraception (see page 11 for more information).

### **Quick recovery.**

With no incisions to heal and no recovery time from general anesthesia, most women return to their normal activities within a day, and report little or no discomfort.

### **Uses no drugs or hormones.**

The Adiana inserts do not use drugs or hormones that can disrupt your menstrual cycle or affect your natural body chemistry.

### **Leaves nothing in your uterus.**

The Adiana inserts are completely contained inside the fallopian tubes leaving nothing in your uterus that might limit your options for future gynecologic tests or procedures.

## What are the benefits of Adiana Permanent Contraception?



## Warnings, Precautions and Potential Risks

### Are there any potential risks with Adiana Permanent Contraception?

As with all medical procedures, there are some things to consider before deciding on the Adiana procedure. You should know what the following warnings, precautions, and risks are, and carefully discuss them with your doctor.

#### Permanent contraception means forever.

- Adiana permanent contraception is meant to prevent pregnancy for the rest of your life. As with any major decision, there is always a chance you will regret the decision later. This risk is higher with younger women. That's why it's so important to consider your options very carefully.
- The Adiana procedure is considered irreversible. There are no data on the safety or effectiveness of reversing the procedure through surgery.

#### No method of birth control is 100% effective.

- Once your doctor confirms that your fallopian tubes are completely blocked, there is a 1.6% chance that the procedure will fail to prevent pregnancy\*. There is a small chance that you will not be able to rely on the Adiana inserts for permanent contraception (see page 11 for more information).

*\* Based on 3 years of clinical data.*

- If you become pregnant following the Adiana procedure, the risks to you and the fetus—both from continuing the pregnancy and from childbirth—are not known.

#### Adiana Permanent Contraception is among the newest methods of permanent birth control.

- Because Adiana Permanent Contraception is a newer procedure, it has not been studied in as many women, or for as long of a time, as other methods\*. This means there could always be risks that have not yet been identified.
- Adiana Permanent Contraception has only been used by women ages 18 to 45. There is no information available on its safety and effectiveness for women under the age of 18 or over the age of 45.

*\*Three-year clinical study data is available. Continued follow-up of women participating in the clinical study will provide more data in the future.*



**You must use an alternate form of birth control for 3 months after the procedure.**

- Talk to your doctor before the Adiana procedure about what method of birth control you will use after the procedure. You will need to use temporary birth control (such as condoms, a diaphragm, or birth control pills) for 3 months—until you have the Adiana HSG (hysterosalpingogram), your doctor confirms that your tubes are completely blocked and the procedure has been successful.
- Three months after the Adiana procedure, you will need to have a special x-ray test called an Adiana HSG. This test will determine if your tubes are completely blocked.

**There's a small chance that the procedure could take longer than 3 months to work.**

- Your 3-month Adiana HSG may show that one or both of the inserts is not yet completely blocking the fallopian tubes. If this happens, you would need to keep using an alternate form of birth control for another 3 months, and then have a repeat HSG test.

**There's a small chance that the procedure might not be successful.**

- In the clinical study of 645 women, the silicone inserts were placed in both fallopian tubes in 95% of the women. Thirty-four women (5%) could not have the silicone inserts placed in one or both fallopian tubes and could not rely on the Adiana inserts for permanent contraception.
- In the clinical study, less than 6% of women had fallopian tubes that were not blocked following the Adiana HSG. These women could not rely on the Adiana inserts for permanent contraception.

## Additional warnings, precautions, and risks

- Women who become pregnant following the Adiana procedure (or any other method of permanent birth control, including tubal ligation) are more likely to have an ectopic pregnancy. This is a pregnancy outside of the uterus, usually in one of the fallopian tubes. Ectopic pregnancy can be a dangerous and even life-threatening condition. After the procedure, if your period is ever more than 5 days late, or if you suspect that you might be pregnant, contact your doctor immediately.
- This product does not protect from HIV infection or other sexually transmitted diseases. If you are sexually active, the best protection from HIV and other sexually transmitted diseases is the use of a latex condom.
- Sensitive electronic equipment, such as an external pacemaker or internal cardioverter defibrillator, may be adversely affected by the use of the instrument (RF Generator) that supplies the power for this procedure.
- A very rare complication that could happen during the procedure is absorbing too much of the fluid used to expand the uterus. This can result in shortness of breath.
- The Adiana procedure should be performed during the first half of your menstrual cycle, before ovulation. This will reduce the risk of an undiagnosed pregnancy at the time of the procedure, and will also make it easier for your doctor to see the openings of your fallopian tubes. Your doctor will give you a pregnancy test before the procedure to confirm that you are not pregnant.
- You should refrain from moving during energy delivery and placement of the inserts. This part of the procedure takes approximately 60 seconds. Keeping very still will increase the likelihood of successful placement of the inserts.
- In the clinical study, no women had their uterus or fallopian tubes perforated (punctured) as a result of placement of the inserts; however, if this should occur, laparoscopic or other surgery could be needed to remove the inserts. Also, another type of tubal sterilization procedure may be needed for permanent contraception.
- Anesthetics are medicines that may be used to reduce pain during the procedure. There are risks associated with the use of any medicines, even local anesthetics. Please talk to your doctor about the risks of the particular anesthetic recommended for you.
- 645 women participated in the clinical study. Some of these women reported the following symptoms during or immediately after the procedure:

26% of women experienced mild to moderate cramping	12% of women experienced vaginal spotting
10% of women experienced post-procedure bleeding	9% of women experienced pelvic pain
8% of women experienced back pain	5% of women experienced nausea

Most of these symptoms were mild and resolved quickly, without any treatment. Some women took oral medication for relief of pain.



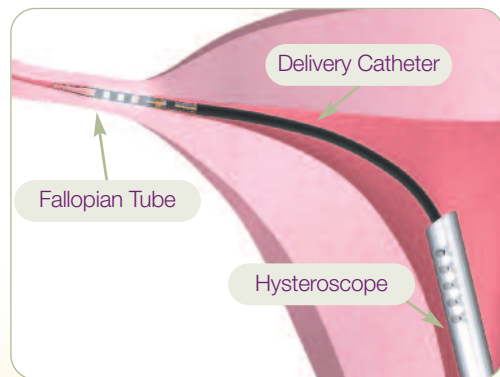


- 625 women in the clinical study were contacted after one year and reported the following side effects that may be related to the Adiana procedure:

Cramping unrelated to menstrual periods (6%)	Painful menstruation (5%)
Vaginal bleeding (4%)	Pelvic pain (3%)
Back pain (3%)	Vaginal spotting (1%)
Painful sexual intercourse (1%)	Headache (1%)
Unusually heavy or long-lasting menstrual periods (1%)	Nausea (1%)

- There are certain risks associated with the Adiana HSG. This test is necessary to confirm that the fallopian tubes are completely blocked. These risks may include infection, spotting, allergic reaction to the dye (contrast fluid), and exposure to low levels of radiation. Please ask your doctor about these and other risks associated with the Adiana HSG.
- No women in the clinical trial had allergic reactions to the Adiana inserts, and no women had their inserts removed because of pain.

## What can I expect from the Adiana procedure?



### Before the procedure

- The procedure should only be scheduled during the first half of your menstrual cycle, before you ovulate, to reduce the risk that you might be pregnant and not know it. Your doctor will give you a pregnancy test before the procedure to confirm that you are not pregnant.
- You may be given an anti-inflammatory medicine to take an hour or two before the procedure, to reduce discomfort.

### During the procedure

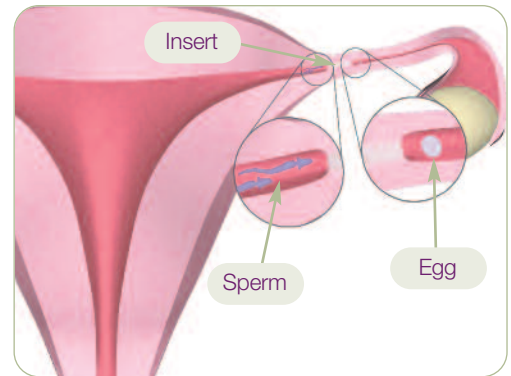
- Your doctor may inject a local anesthetic into the entrance of your uterus (cervix). No general anesthesia is required, so you will be awake during the procedure.
- A slender telescope-like instrument called a hysteroscope is inserted into your vagina and passes through the cervix and into the uterus. It lets the doctor see inside your uterus and see the openings of your fallopian tubes. To make this possible, your uterus will be expanded with fluid, so you may experience some cramping.
- Next, a narrow, flexible tube, called the delivery catheter, is passed through the hysteroscope and into your fallopian tube. Your doctor will ask you to lie still for 60 seconds while a low level of radiofrequency energy is applied. This will create a superficial lesion to a small section inside the fallopian tube.
- After the energy is applied, the delivery catheter places a tiny, soft insert in the area. This soft insert is made of silicone, and is about the size of a grain of rice.
- The procedure is then repeated in the other fallopian tube and the instruments are removed. The entire procedure usually takes less than 12 minutes.

## Right after the procedure

- Before you leave the doctor's office, you will receive discharge instructions. These instructions typically include the following information:
  - After the procedure, you may experience mild cramping, very similar to menstrual cramps. Most women will be able to take an over-the-counter pain medicine to relieve any cramping or mild pain.
  - Spotting or light bleeding is normal after the procedure. If you have heavy bleeding, serious pain, fever or vaginal discharge, call your doctor immediately.
  - You must use an alternate form of birth control for the next 3 months. It is very important not to have unprotected intercourse until you receive the results of the Adiana HSG, confirming that your tubes are completely blocked, and you can no longer become pregnant.
- Please be sure to check with your own doctor to find out what your specific discharge instructions are.
- Most women in the clinical study reported only slight or moderate discomfort after the procedure. 90% of these women returned to their normal activities within one day or less after the procedure, and 98% within two days. 99% of these women rated their comfort level as "good" to "excellent" within one week of the procedure.

## The 3 months following the procedure

- Over the next 3 months, your body goes through a natural healing process. In the area where the energy was applied, new tissue will begin to grow through the inserts. After 3 months, this tissue should completely block your fallopian tubes.
- During this 3-month healing time, you are still fertile. It is very important that you use another form of birth control during this time.
- At the end of 3 months, you will have a special x-ray test called an Adiana HSG (hysterosalpingogram). During the Adiana HSG, your uterus is filled with a contrast fluid, which is a dye that shows up in x-rays. Several x-rays are then taken of your uterus. Your doctor will study the images to make sure that the dye stops in the uterus and does not enter the fallopian tubes. This is how your doctor will know if your tubes are completely blocked.
- After your Adiana HSG is completed and your doctor confirms that your tubes are completely blocked, you can rely on Adiana Permanent Contraception for birth control.



*Remember, the Adiana procedure is permanent and cannot be reversed. The new tissue blocking your fallopian tubes is expected to prevent pregnancy for the rest of your life.*



## Beyond 3 months

### **Will I need to use any other birth control after 3 months?**

After your Adiana HSG confirms that your tubes are completely blocked, you will not need to use any other form of birth control. Adiana Permanent Contraception is among the most effective forms of permanent contraception, with a 98.4% effectiveness rate for preventing pregnancy, based on 3 years of clinical data. This is comparable to tubal ligation (having your tubes tied).

### **What remains in my body after the Adiana procedure?**

The only foreign material remaining after the procedure are 2 tiny, soft inserts. They are made of medical-grade silicone—a material used safely for many years in devices inside the body. Since the Adiana inserts don't contain metal, they won't present a problem for women who may be allergic to some metals. Since no part of the insert protrudes into the uterus, it is less likely to limit your options if gynecologic tests or procedures are needed in the future.

### **Will my periods stay the same?**

Since the Adiana inserts do not contain any hormones, they don't affect your natural body chemistry, and your periods should return to the way they were before the procedure.

If heavy periods are a problem for you, staying on birth control pills or hormones is not the only option you have to control your bleeding. There is a safe and effective procedure you may want to discuss with your doctor called endometrial ablation. This is a treatment for the lining of the uterus that stops heavy bleeding (or may even stop your periods altogether), without hormones. If you choose the Adiana procedure for permanent contraception, you may also be able to have endometrial ablation at a later date to control your bleeding.

### **Will having Adiana cause early menopause?**

No. After the Adiana procedure, your ovaries will still release eggs, and you will continue to have your period as usual. Your unfertilized eggs will break down and be absorbed by your body. You will, of course, go through menopause eventually — but not until it's your natural time to do so.

### **A note about ending your fertility**

Making a decision to end your fertility is complex, and deeply personal. If you know that you don't want more children right now, but think you could change your mind in the future, then do not choose permanent contraception. Use a temporary form of contraception instead.

If you do choose Adiana, but start to have doubts at any time before the procedure takes place, then just cancel the appointment. It's that simple. You will not need to give any reason for changing your mind.



## Understanding Your Options

When considering a procedure like Adiana Permanent Contraception, it is important for you to consider other birth control options, including permanent and temporary methods. The tables on the pages to follow provide information on various permanent and temporary birth control methods.

### Questions for your doctor

1. Is Adiana Permanent Contraception a good choice for me?
2. When will my Adiana procedure be performed?
3. Where will I have the procedure performed?
4. What do I need to do to prepare for the procedure?
5. What type of anesthetic will be used during the procedure?
6. What can I expect after the procedure?
7. Can I keep using my current method of birth control for the 3 months after the procedure?
8. Will my appointment for my Adiana HSG be made for me before I leave your office after the procedure?
9. Are there any special risks I need to be aware of?

## Permanent Contraception Methods

**Adiana Permanent Contraception:** A minimally invasive procedure that provides protection from pregnancy. It works by stimulating your body's own tissue to grow in and around tiny, soft inserts that are placed inside your fallopian tubes.

Benefits/Advantages	Risks/Disadvantages	Failure Rate
One-time, permanent procedure Procedure makes no cuts through the skin, leaves no scars General anesthesia not required Most women return to their normal activities within a day Does not involve hormones	Post surgical pain/discomfort, risk of infection Not all women are candidates for the Adiana procedure Some risk of ectopic pregnancy No protection from STDs Risks associated with anesthesia	1.1% <sup>1</sup>

**Tubal ligation:** A surgical procedure that cuts through the abdomen to reach the fallopian tubes, which are then sealed off to prevent pregnancy. Also known as “having your tubes tied” or “female sterilization”.

Benefits/Advantages	Risks/Disadvantages	Failure Rate
One-time, permanent procedure No need for temporary birth control afterwards Does not involve hormones	Post-surgical pain/discomfort, risk of infection Risks associated with general anesthesia Recovery time Some risk of ectopic pregnancy No protection from STDs	0.5% <sup>2</sup>

**Vasectomy:** A surgical procedure for men where an incision is made into the scrotum, and then the tube that carries sperm out of the testes is sealed or blocked. Afterwards, a man can still achieve orgasm and ejaculate, but there is no sperm in the fluid, so it cannot fertilize a woman's egg.

Benefits/Advantages	Risks/Disadvantages	Failure Rate
One-time, permanent procedure Does not involve hormones	Post-surgical pain/discomfort, bleeding, risk of infection No protection from STDs	0.15% <sup>2</sup>



## Temporary Contraception Methods

**Oral Contraceptives (Birth control pills):** Daily pill that either contains the hormones estrogen and progesterin, or progesterin only.

Benefits/Advantages	Risks/Disadvantages	Failure Rate
<p>More predictable menstrual cycle May reduce menstrual bleeding in some women</p>	<p>Hormone side effects may include abdominal pain, acne, back pain, weight gain, breast tenderness, moodiness Increased risk of blood clots, heart attack and stroke. Risks are increased in women over age 35 who smoke Must be taken every day at a certain time No protection from STDs</p>	8% <sup>2</sup>

**Copper IUD:** T-shaped copper device that is inserted into the uterus by a healthcare professional.

Benefits/Advantages	Risks/Disadvantages	Failure Rate
<p>Long-term protection from pregnancy (up to 10 years, depending on type) Reversible at any time by removing No hormones</p>	<p>Risk of heavier/longer menstrual bleeding, cramps Risk of pelvic inflammatory disease Increased risk of ectopic pregnancy Risk of expulsion (the device becoming dislodged) No protection from STDs</p>	0.8% <sup>2</sup>

**IUC (LNG-IUS Mirena™):** T-shaped plastic device inserted into the uterus that releases the hormone progesterin. Inserted by a healthcare professional. For use in women who have had a baby.

Benefits/Advantages	Risks/Disadvantages	Failure Rate
<p>Long-term protection from pregnancy (up to 5 years) Reversible at any time by removing Hormones delivered locally, not systemically May result in lighter menstrual bleeding</p>	<p>Hormone side effects may include abdominal pain, acne, back pain, breast tenderness, moodiness Risk of irregular menstrual bleeding Risk of spotting between periods Higher risk of ectopic pregnancy Risk of expulsion (the device becoming dislodged) No protection from STDs</p>	0.2% <sup>2</sup>

**Patch (OrthoEvra™):** Skin patch that releases the hormones estrogen and progesterone. A new patch is applied once a week for 3 consecutive weeks, and left off for one week per month.

Benefits/Advantages	Risks/Disadvantages	Failure Rate
<p>Convenience Applied only once a week</p>	<p>Visibility May fall off, increasing risk of pregnancy Forgetting to change patch on correct day requires use of backup contraception Side effects may include nausea, skin irritation, breast tenderness, and mood swings Increased risk of blood clots, heart attack and stroke. Risks are increased in women over age 35 who smoke No protection from STDs</p>	<p>8%<sup>2</sup> (less effective in women who weigh more than 198 pounds)</p>

## Temporary Contraception Methods (Continued)

**Implant (Implanon™):** A small, thin rod that releases the hormone progestin. It is inserted just under the skin on the upper arm by a healthcare professional and left in place for up to 3 years.

Benefits/Advantages	Risks/Disadvantages	Failure Rate
Long-term protection from pregnancy (up to 3 years) Reversible at any time by removing	Side effects may include irregular periods, weight gain, acne, headaches No protection from STDs	0.05% <sup>2</sup> (May be less effective in women who are very overweight)

**Vaginal Ring (NuvaRing™):** A flexible plastic ring inserted into the vagina once a month, slowly releasing the hormones estrogen and progestin.

Benefits/Advantages	Risks/Disadvantages	Failure Rate
Inserted only once a month	Side effects of ring may include vaginal infections, irritation Hormone side effects may include abdominal pain, acne, back pain, breast tenderness, moodiness Increased risk of blood clots, heart attack and stroke. Risks are increased in women over age 35 who smoke Risk of ring falling out. If it remains out for more than 3 hours, must use backup contraception No protection from STDs	8% <sup>2</sup>

**Hormone shot (Depo-Provera™ injection):** An injection of the hormone progestin given every 3 months.

Benefits/Advantages	Risks/Disadvantages	Failure Rate
Only needed once every 3 months May lessen menstrual bleeding	Hormone side effects may include irregular periods, spotting, weight gain, breast tenderness, headaches Prolonged use may result in bone loss—therefore not recommended for use for more than 2 years Possible delayed return to fertility after stopping the injections No protection from STDs	3% <sup>2</sup>

**Male condom (latex):** Disposable latex sheath placed on penis.

Benefits/Advantages	Risks/Disadvantages	Failure Rate
Best protection from STDs No hormones	May break Can only be used once Risk of allergic reactions	15% <sup>2</sup>

## Temporary Contraception Methods (Continued)

**Female condom:** Similar to a male condom, inserted into vagina with a flexible ring at the closed top.

Benefits/Advantages	Risks/Disadvantages	Failure Rate
Some protection from STDs No hormones	Can only be used once Risk of allergic reactions May extend outside of vagina	21% <sup>2</sup>

**Diaphragm w/ spermicide:** Flexible, dome-shaped rubber disk used to cover the cervix each time a woman has intercourse. Spermicide is applied before insertion into the vagina. Must be fitted by a healthcare professional.

Benefits/Advantages	Risks/Disadvantages	Failure Rate
No hormones	Must be inserted correctly Must be left in place at least 6 hours after intercourse Additional spermicide must be used for repeated intercourse Risk of toxic shock syndrome if not removed within 24 hours No protection from STDs	16% <sup>2</sup>

**Spermicide alone:** A foam, cream, jelly, suppository, or film that contains nonoxynol-9, an ingredient that kills sperm.

Benefits/Advantages	Risks/Disadvantages	Failure Rate
Only used when needed	Less effective May cause irritation, allergic reactions, or urinary tract infections No protection from STDs	29% <sup>2</sup>

<sup>1</sup> 1-year pregnancy rate based on Adiana pivotal clinical trial data

<sup>2</sup> 1-year, typical use pregnancy rates (Adapted from: Trussell J. Contraceptive efficacy. In Hatcher RA, Trussell J, Nelson AL, Cates W, Stewart FH, Kowal D. Contraceptive Technology: Nineteenth Revised Edition. New York NY: Ardent Media, 2007.)


**I'd like to learn more about Adiana Permanent Contraception.  
What's next?**

- **Talk to your doctor**

Your doctor can explain the various options for permanent contraception, and help you decide if Adiana Permanent Contraception may be right for you.

- **Visit [www.adiana.com](http://www.adiana.com)**

Online information is also available for Adiana Permanent Contraception.



<b>Adiana Procedure</b>	<b>HSG Confirmation Test</b>
Date: _____	Date: _____
Time: _____ AM/PM	Time: _____ AM/PM

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