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Letter to the Editor

Probability of pregnancy after sterilization: a comparison of hysteroscopic versus laparoscopic sterilization

To the Editor:

We thank Drs. Doamekpor and Zuckerman for their interest in our paper [1] and endorsement of our call for more data on hysteroscopic sterilization. Their observation that “doctors often use at least 2 kits per patient because of difficulties in correctly threading the Essure devices in the fallopian tubes” supports our concern that using the number of Essure kits sold as the denominator for estimating pregnancy rate may have resulted in an underestimated pregnancy rate for hysteroscopic sterilization (Ref. [1], page 180). For a procedure that has been on the market for almost 15 years and is still gaining in popularity [2], we lack essential data.

Currently, there are no prospective studies on pregnancy risk after hysteroscopic sterilization. There is also a lack of studies directly comparing probability of pregnancy after hysteroscopic and laparoscopic sterilization procedures. In fact, all comparisons of these two sterilization procedures (including ours) rely on laparoscopic sterilization data from the U.S. Collaborative Review of Sterilization (CREST) that is 27–35 years old and may not reflect current outcomes for safety and effectiveness [3,4]. We commend Drs. Doamekpor and Zuckerman for bringing women’s voices to this issue by surveying 900 women from a Facebook page dedicated to lending a voice to the concerns of 14,000 Essure users. Their data further highlight the need for a large, multicenter prospective cohort of women undergoing hysteroscopic and laparoscopic sterilization that collects information on side effects, safety, need for further surgery including hysterectomy and risk of pregnancy.

While we share optimism that newer versions of the device are in progress, the primary limitation of the product lies in the inherent systemic challenge that requires a 3-month delay among the procedure, verification of occlusion and ability to rely on the contraceptive method. Product improvement that can overcome this multistep barrier and offer immediately effective occlusion would be most beneficial.

We need transparent and rigorous data about the short-term and long-term safety and effectiveness of hysteroscopic

sterilization compared with laparoscopic sterilization in order to enhance women and their physicians’ ability to make informed sterilization decisions. Could it be time for CREST 2.0?

Sincerely,

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