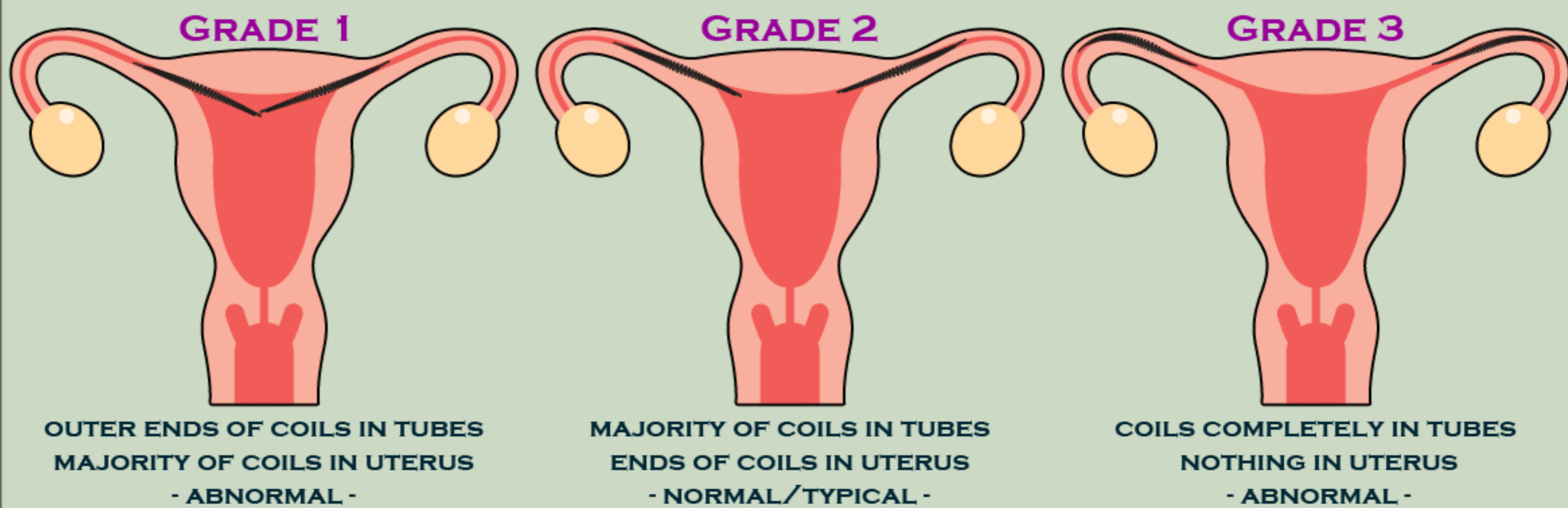


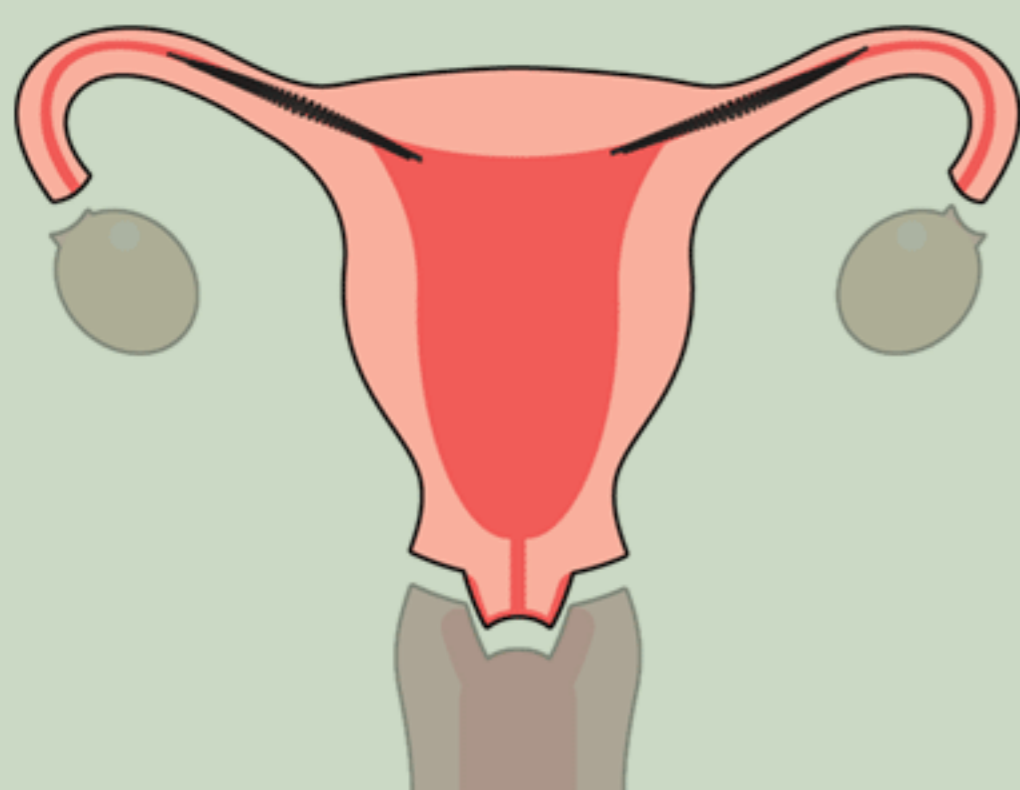
ESSURE REMOVAL

GRADES



SURGERY OPTIONS

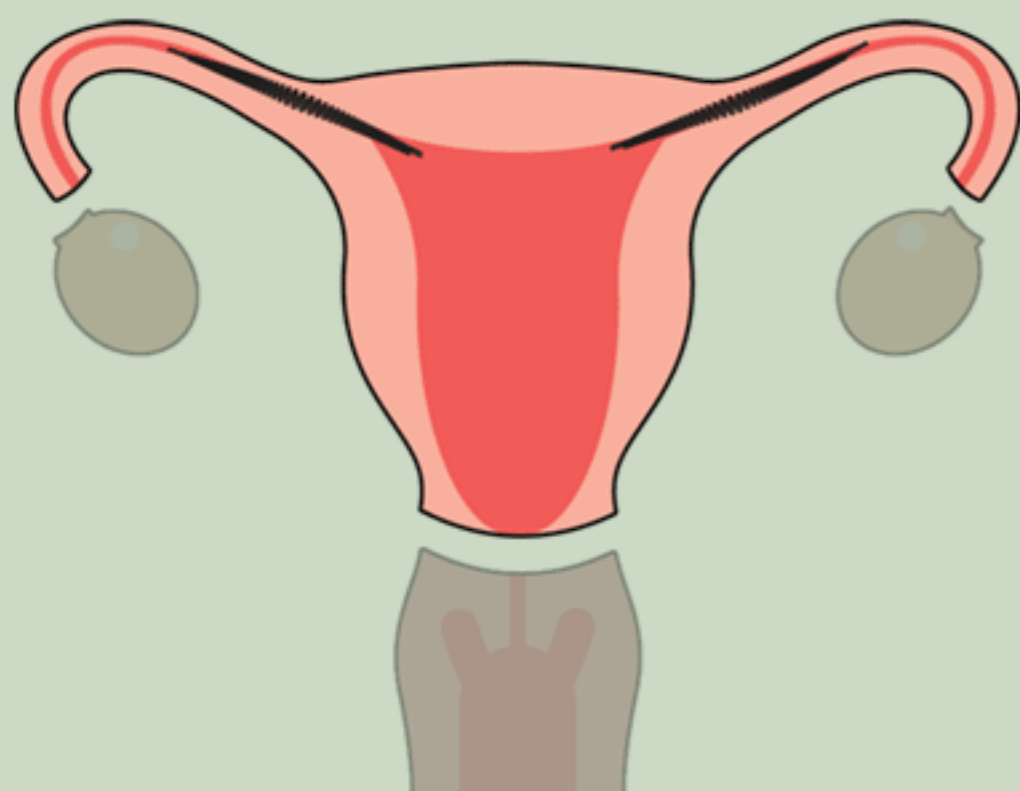
TOTAL HYSTERECTOMY & BILATERAL SALPINGECTOMY



ALSO CALLED A FULL HYSTERECTOMY.
REMOVES THE UTERUS, CERVIX, AND BOTH FALLOPIAN TUBES.
BEST SURGERY: LAPAROSCOPIC WITH VAGINAL ASSIST (LAVH) OR ABDOMINAL (TAH)

- ✓ GRADE 1, GRADE 2, GRADE 3
GOOD FOR CERVICAL & UTERINE ISSUES
SAFEST & EASIEST FOR COMPLETE ESSURE REMOVAL
- ✗ MOST INVOLVED SURGERY, POST-OP BLEEDING RISK
VAGINAL CUFF INCREASES RECOVERY TIME

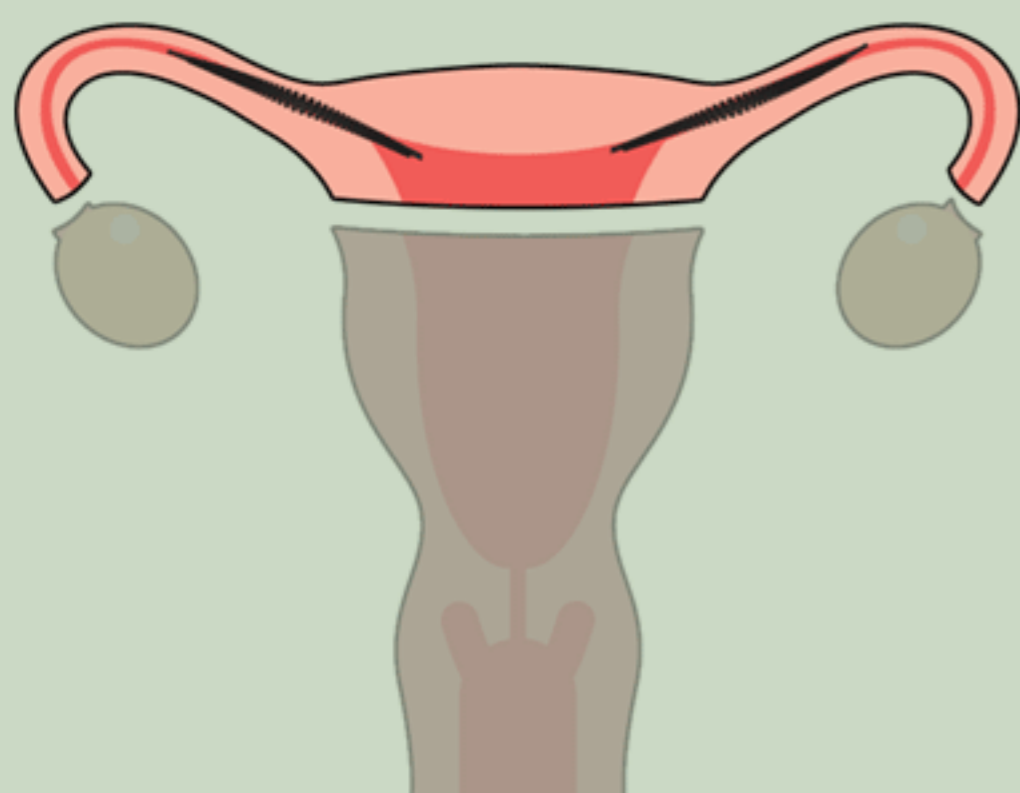
SUPRACERVICAL HYSTERECTOMY & BILATERAL SALPINGECTOMY



ALSO CALLED A SUBTOTAL OR PARTIAL HYSTERECTOMY.
REMOVES UTERUS, AND BOTH FALLOPIAN TUBES, LEAVING CERVIX.
BEST SURGERY: LAPAROSCOPIC OR ABDOMINAL

- ✓ GRADE 1, GRADE 2, GRADE 3
GOOD FOR UTERINE ISSUES
SLIGHTLY QUICKER RECOVERY WITH CERVIX INTACT
- ✗ INVOLVED SURGERY, PAP SMEARS STILL REQUIRED

UTERINE FUNDECTOMY & BILATERAL SALPINGECTOMY



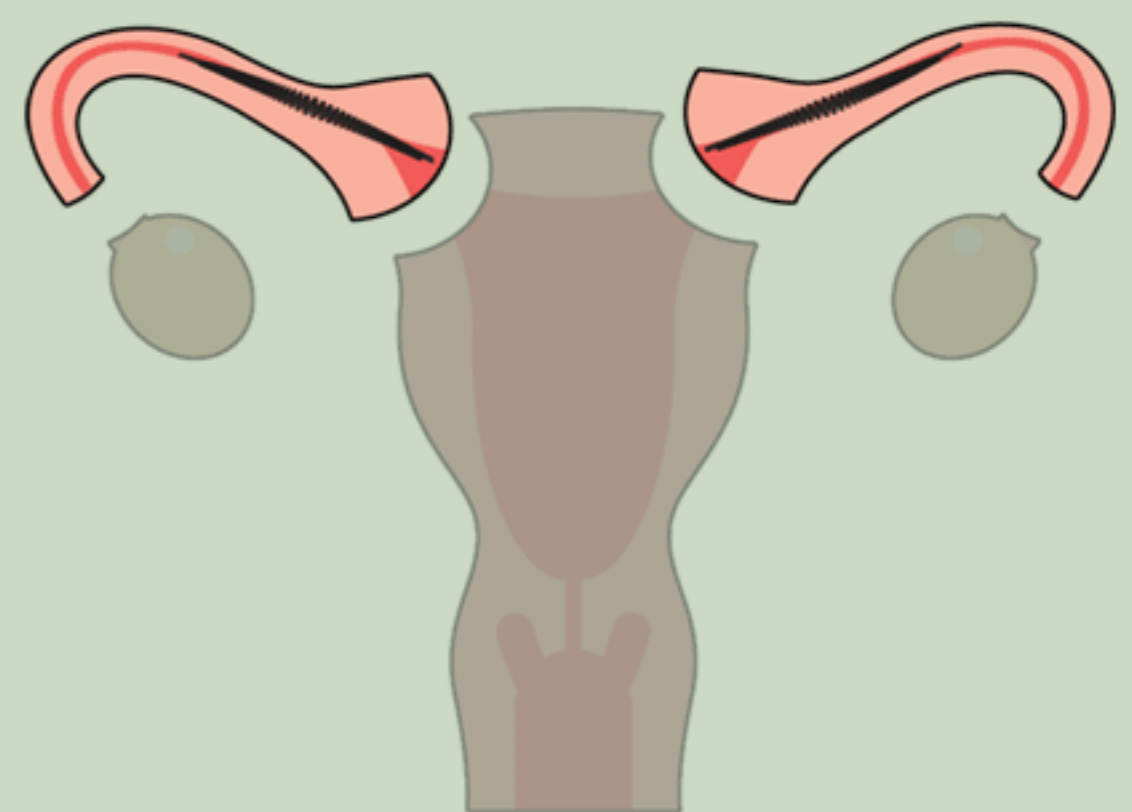
REMOVES ONLY THE TOP OF UTERUS, AND BOTH FALLOPIAN TUBES.
UNCOMMON, OFTEN CONFUSED WITH SUPRACERVICAL/PARTIAL HYSTERECTOMY.
BEST SURGERY: LAPAROSCOPIC

- ✓ GRADE 1 IF NOT TOO FAR IN UTERUS, GRADE 2
GOOD WHEN NO UTERINE ISSUES
LESS INVOLVED SURGERY
- ✗ RISK TO COILS IF GRADE 1, UNNECESSARY FOR GRADE 3
POST-OP BLEEDING RISK, MAY NEED TOTAL HYSTERECTOMY IN TIME

BILATERAL SALPINGECTOMY WITH CORNUAL RESECTION

REMOVES BOTH FALLOPIAN TUBES, AND THE CORNERS OF THE UTERUS AROUND THE TRAILING ENDS OF THE COILS.
BEST SURGERY: LAPAROSCOPIC

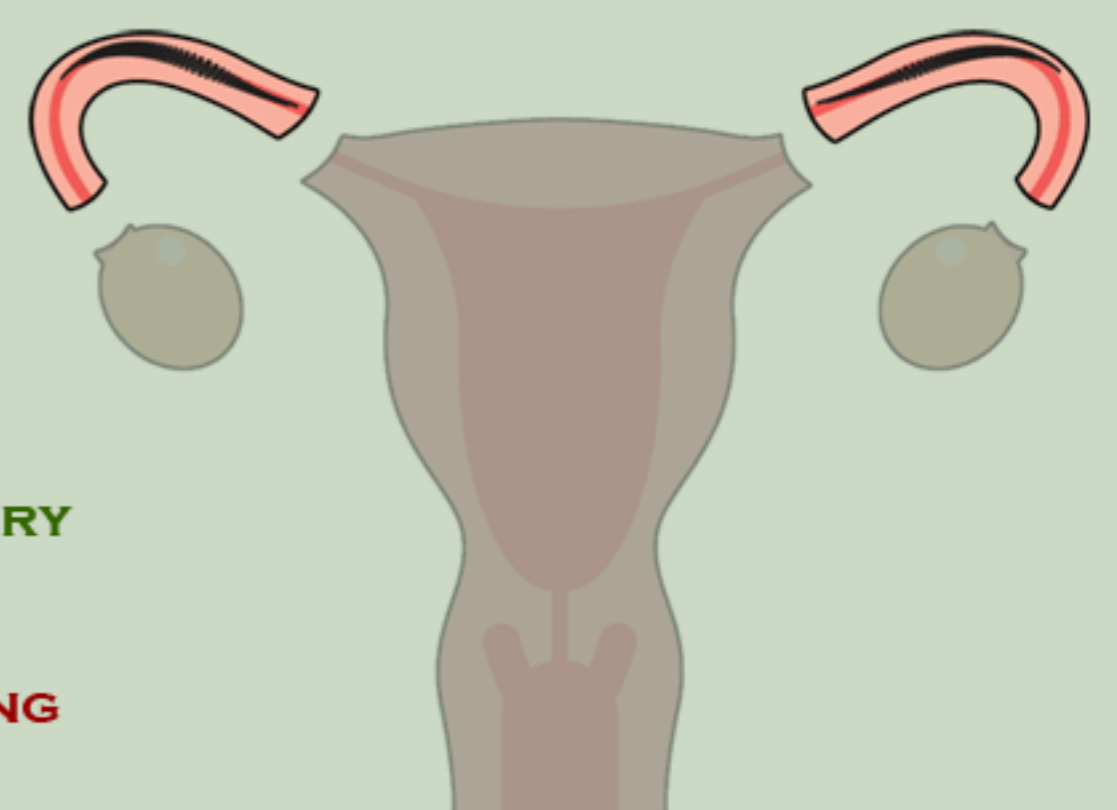
- ✓ GRADE 2 ONLY
MINIMALLY INVASIVE OPTION, WITH QUICK RECOVERY
GOOD WHEN UTERUS & CERVIX ARE HEALTHY
- ✗ NOT SUITABLE FOR GRADE 1, UNNECESSARY FOR GRADE 3. INCREASED RISK OF CUTTING COILS OR FRAGMENTATION WITH INEXPERIENCED DOCTOR



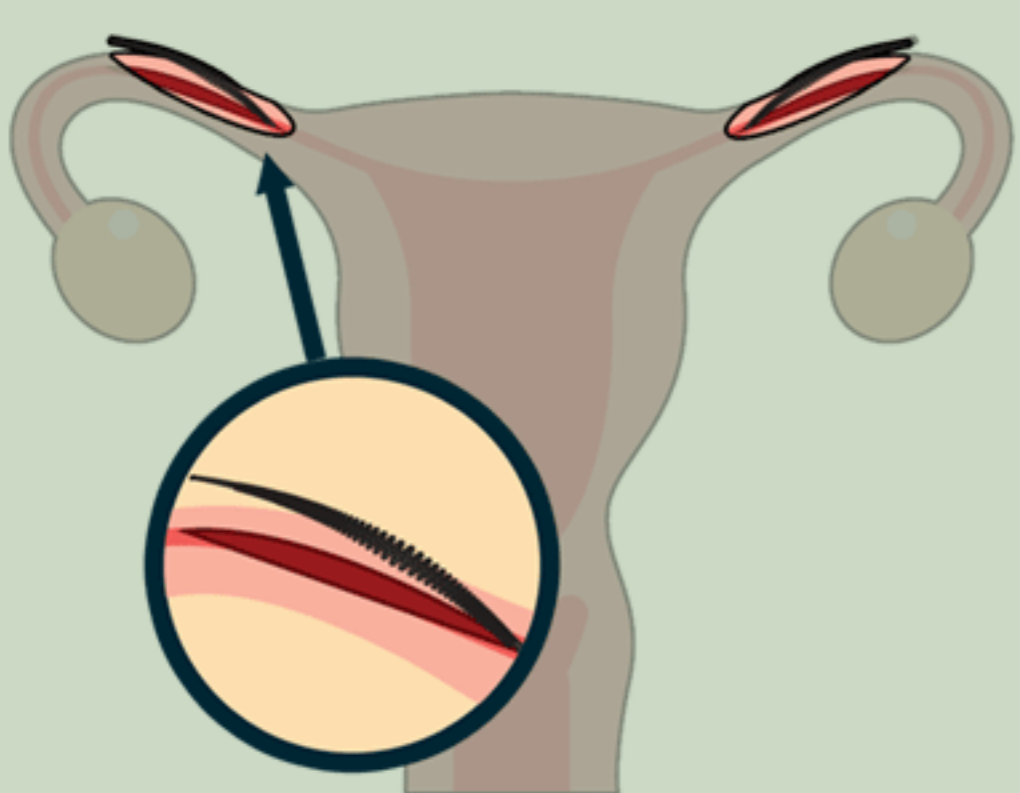
BILATERAL SALPINGECTOMY

REMOVES BOTH FALLOPIAN TUBES ONLY.
BEST SURGERY: LAPAROSCOPIC

- ✓ GRADE 3 ONLY
MINIMALLY INVASIVE OPTION, WITH VERY QUICK RECOVERY
GOOD WHEN UTERUS & CERVIX ARE HEALTHY
- ✗ NOT SUITABLE FOR GRADE 1 OR 2. HIGH RISK OF CUTTING COILS WITH INEXPERIENCED DOCTOR



REVERSAL



SPECIFIC REMOVAL TECHNIQUE DETERMINED BY SPECIALIST, MAY INVOLVE A SALPINGOSTOMY AND/OR TUBOUTERINE IMPLANTATION.
REMOVES COILS ONLY. HIGHLY SPECIALISED MICROSURGERY, TO BE PERFORMED BY EXPERIENCED SURGEONS ONLY.

- ✓ ANATOMY IS KEPT INTACT AND FUNCTION RESTORED
POSSIBILITY OF FUTURE CONCEPTION
MINIMALLY INVASIVE
- ✗ VERY FEW EXPERIENCED SURGEONS, NOT COVERED BY INSURANCE. ONLY SUITABLE IN CERTAIN CASES, FERTILITY RESTORATION NOT GUARANTEED

DEFINITIONS:

HYSTERECTOMY: REMOVES UTERUS
SALPINGECTOMY: REMOVES FALLOPIAN TUBE
OOPHORECTOMY: REMOVES OVARY
BILATERAL: BOTH LEFT & RIGHT SIDE

EXPLANATION:

EACH PART OF THE ANATOMY HAS ITS OWN SURGICAL STATUS AND NEEDS TO BE LISTED ON PAPERWORK IN ORDER TO BE REMOVED. IF A PART HAS A LEFT & RIGHT SIDE, 'BILATERAL' IS WRITTEN SO BOTH ARE REMOVED.