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HAVING YOUR “TUBES TIED”: A THING OF THE PAST??
**Roosevelt Hospital Among *The First* To Provide ADIANA® Permanent
Contraception System for Women**

New York, NY (June 14, 2010) When it comes to permanent birth control, women are constantly looking for the best choice for their long-term contraceptive needs. Approximately 700,000 women have their “tubes tied” each year, through a process called tubal ligation (the most common form of contraception used throughout the world), which is performed under general anesthesia and requires 1-3 abdominal incisions. The male vasectomy, another sterilization option, is performed on an outpatient basis and involves a shorter recovery period and fewer complications. Despite the lower risk, tubal ligations still outnumber vasectomies two to one, but that may change with the introduction of another option. **Jacques Moritz, M.D., Director of Gynecology at Roosevelt Hospital, is among the first physicians in the country to offer patients the ADIANA® Permanent Contraception system.**

“The Adiana permanent contraception system does not require incisions or punctures to the body and there is no cutting, clipping, suturing or burning of tubes, which is appealing to many women,” says Dr. Moritz. “It is a new, safe and simple solution for women seeking relief from the uncertainty and hassle of temporary birth control methods.”

The Adiana permanent contraception procedure is minimally invasive, requires no incisions and can be performed using local anesthesia. Patients are normally able to return to work or resume their daily activities within one day. In contrast, traditional methods of permanent contraception, such as tubal ligation, require more invasive surgical procedures, are performed under general anesthesia and require four to five days recovery. These more invasive surgical procedures can pose serious health risks including anesthesia-related problems and damage to organs or blood vessels.

During the Aadiana procedure, a slender, flexible instrument passes through the body's natural openings to deliver a low level of radiofrequency (RF) energy to a small section of each fallopian tube. A tiny, soft insert, about the size of a grain of rice, is then placed in each fallopian tube in the location where the energy was applied. During the three months following the procedure, the patient continues to use temporary birth control while new tissue grows in and around the Aadiana inserts, eventually blocking the fallopian tubes. At three months, a special x-ray test (called a hysterosalpingogram or HSG) is performed to confirm the fallopian tubes are completely blocked. At this point, the patient may begin relying on Aadiana for permanent contraception.

The Aadiana procedure should be considered irreversible and is intended for women who are certain they no longer want to have children. The procedure may also be ideal for women who desire permanent birth control but who are poor candidates for surgery.

The U.S. Food and Drug Administration (FDA) recently approved Hologic's premarket approval application (PMA) for the ADIANA® permanent contraception system. In January 2009, Hologic received CE marking approval for the Aadiana system and commenced marketing and sales of this product in certain European countries.

“Many women seek relief from the uncertainty and hassle of temporary birth control methods once they know their childbearing is complete,” says Dr. Moritz. “But few know that permanent contraception is available without incisions, the use of general anesthesia or need for lengthy hospital stays.”

If you would like to interview Dr. Moritz and a patient who has undergone the Aadiana procedure, please contact Elizabeth Dowling in the public affairs office at 212/523-4047. Animation of the procedure is available for media use.

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