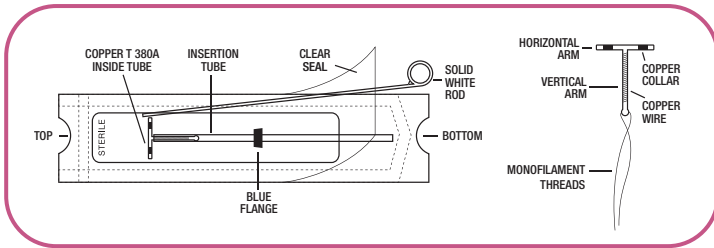


ParaGard^{T 380A}♀

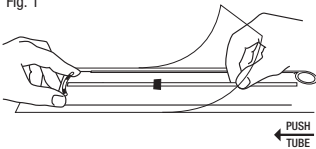
intrauterine copper contraceptive

This is a reference for the insertion of the product only. See the complete Prescribing Information regarding preparations for insertion, warnings, contraindications, adverse reactions, and other important information concerning ParaGard®.



How to Load and Place ParaGard®

Fig. 1

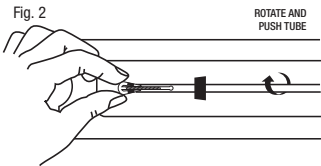


STEP 1

Load ParaGard® into the insertion tube by folding the two horizontal arms of ParaGard® against the stem and push the tips of the arms securely into the inserter tube.

If you do not have sterile gloves, you can do STEPS 1 and 2 while ParaGard® is in the sterile package. First, place the package face up on a clean surface. Next, open at the bottom end (where arrow says OPEN). Pull the solid white rod partially from the package so it will not interfere with assembly. Place thumb and index finger on top of package on ends of the horizontal arms. Use other hand to push insertion tube against arms of ParaGard® (shown by arrow in Fig. 1). This will start bending the T arms.

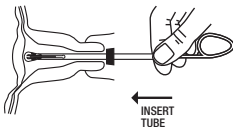
Fig. 2



STEP 2

Bring the thumb and index finger closer together to continue bending the arms until they are alongside the stem. Use the other hand to withdraw the insertion tube just enough so that the insertion tube can be pushed and rotated onto the tips of the arms. Your goal is to secure the tips of the arms inside the tube (Fig. 2). Insert the arms no further than necessary to insure retention. Introduce the solid white rod into the insertion tube from the bottom, alongside the threads, **until it touches the bottom of the ParaGard®**.

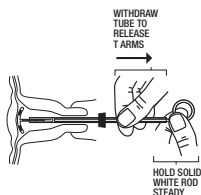
Fig. 3



STEP 3

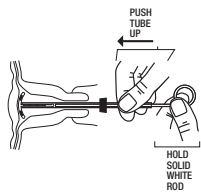
Grasp the insertion tube at the open end of the package; adjust the blue flange so that the distance from the top of the ParaGard® (where it protrudes from the inserter) to the blue flange is the same as the uterine depth that you measured with the sound. Rotate the insertion tube so that the horizontal arms of the T and the long axis of the blue flange lie in the same horizontal plane (Fig. 3). Now pass the loaded insertion tube through the cervical canal until ParaGard® just touches the fundus of the uterus. The blue flange should be at the cervix in the horizontal plane.

Fig. 4

**STEP 4**

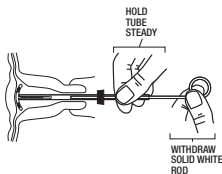
To release the arms of ParaGard[®], hold the solid white rod steady and withdraw the insertion tube no more than one centimeter. This releases the arms of ParaGard[®] high in the uterine fundus (Fig. 4).

Fig. 5

**STEP 5**

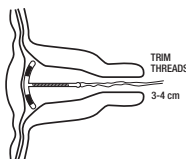
Gently and carefully move the insertion tube upward toward the top of the uterus, until slight resistance is felt. This will ensure placement of the T at the highest possible position within the uterus (Fig. 5).

Fig. 6

**STEP 6**

Hold the insertion tube steady and withdraw the solid white rod (Fig. 6).

Fig. 7

**STEP 7**

Gently and slowly withdraw the insertion tube from the cervical canal. Only the threads should be visible protruding from the cervix (Fig. 7). Trim the threads so that 3 to 4 cm protrude into the vagina. Note the length of the threads in the patient's records.

If you suspect that ParaGard[®] is not in the correct position, check placement (with ultrasound, if necessary). If ParaGard[®] is not positioned completely within the uterus, remove it and replace it with a new ParaGard[®]. Do not reinsert an expelled or partially expelled ParaGard[®].

CAUTION

Instrumentation of the cervical os may result in vasovagal reactions, including fainting. Have the patient remain supine until she feels well, and have her get up with caution.

Please see full Prescribing Information regarding continuing care.

How to Remove ParaGard[®]

Remove ParaGard[®] with forceps, pulling gently on the exposed threads. The arms of ParaGard[®] will fold upwards as it is withdrawn from the uterus. You may immediately insert a new ParaGard[®] if the patient requests it and has no contraindications.

Embedment or breakage of ParaGard[®] in the myometrium can make removal difficult. Analgesia, paracervical anesthesia, and cervical dilation may assist in removing an embedded ParaGard[®]. An alligator forceps or other grasping instrument may be helpful. Hysteroscopy may also be helpful.



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