

Dr. Konia Trouton at the Vancouver Island Women's Clinic poses with two devices , a Fem Cap (left) and the Diva Cup.

Photograph by: Bruce Stotesbury, Times Colonist

The director of the Vancouver Island Women's Clinic wants to get the word out that another form of contraception has finally become available -- a welcome move given the time-tested diaphragm is no longer available in Canada.

The new vaginal barrier method called FemCap is as effective as a diaphragm but "more discreet, made of (hypoallergenic) silicone and easier to get in and out," says Victoria physician Konia Trouton. FemCap was approved by the U.S. Food and Drug Administration in 2003, but only recently by Health Canada.

"We ordered them the minute we heard about it," says Trouton, whose office received the first shipment in late April and is believed to be only place in Greater Victoria where it's available. The device must be fitted for the right size, depending on pregnancy history, and costs about \$120. It's approved to last two years, and could last longer, she says.

Resembling a sailor's cap, the little silicone cup has an upturned brim that lies against the vaginal walls around the cervix, providing a seal against pregnancy. The product is suited for women who have less frequent intercourse and want to avoid implanted intra-uterine devices or hormonal methods such as birth control pills.

Other patients include women who want to control contraception without worrying about men reluctant to use condoms, she says. Unlike some cervical caps, FemCap has a snugger fit over the cervix and can be used by women who have given birth. It can be left in place for 48 hours and requires only a small amount of potentially irritating spermicide applied outside the cervix.

Reliability depends on careful and consistent use, according to FemCap's website (www.femcap.com), but it is less effective than hormonal contraception.

With spermicide, the FemCap would result in three to four pregnancies per year per 100 women, and it's best to avoid intercourse during ovulation, Trouton says. A small study cited by *Women's Health Care: A Practical Journal for Nurse Practitioners* noted the typical failure rate approaches eight women out of 100 per year of use.

"We were getting calls probably every two weeks from women who wanted diaphragms and we had to say, 'They're not making them and we don't have anything else,' " Trouton says. "And here we are."

Meanwhile, women eager to hear how Trouton's 200-woman study into the safety of re-usable internal menstrual cups compared to tampons will have to wait.

She studied whether urinary tract infections or vaginitis were more prevalent with the DivaCup, which is cheaper and more environmentally friendly. "I keep getting e-mails saying 'How's it going?' " but she is not able to disclose her findings publicly before publishing the results in a medical journal -- expected this fall. The Vancouver Island Women's Clinic can be reached at 250-480-7338.

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