

Internal Condoms

Brown Health Services Patient Education Series

What is the Internal condom?

The internal condom, previously called the female or FC2 condom, is the first condom-like device designed for internal use. It was approved by the FDA in May 1993 for sale in the U.S. It is a loose-fitting, pre-lubricated, 7-inch nitrile or polyurethane pouch that fits into the vagina or anus. It is a barrier method of birth control, which if used correctly, can prevent semen from being deposited in the vagina. It also protects against several sexually transmitted infections (STIs), including HIV, by preventing the exchange of fluids (semen, vaginal secretions, blood) during intercourse.

How is it used for vaginal sex?

There is a flexible ring at the closed end of the thin, soft pouch. A slightly larger ring is at the open end. The ring at the closed end holds the condom in place in the vagina. The ring at the open end rests outside the vagina. If the condom is correctly placed in the vagina, it should form a “lining” against the walls of the vagina. The internal condom can be put in up to 8 hours before sex.

Follow these instructions for inserting it:

- Find a comfortable position. Three possible options are standing with one foot on a chair, squatting with your knees apart or lying down with your legs bent and knees apart.
- Hold the condom with the open end hanging down. Squeeze the inner ring (at the closed end) with your thumb and middle finger and insert it into the vagina just past the pubic bone, much like a diaphragm or cervical cap. This inner ring

lies at the closed end of the sheath and serves as an insertion mechanism and internal anchor. Make sure the condom is inserted straight and not twisted into the vagina.

- The outer ring forms the external edge of the sheath and remains outside the vagina after it is inserted. Once in place, the device should cover the labia and the base of the penis during intercourse.
- During sex, it may be helpful to use your hand to guide the penis into the vagina inside the condom. It is important that the penis is not inserted to the side of the outer ring. If the condom seems to be sticking to and moving with the penis rather than resting in the vagina, stop and add lubricant (K-Y jelly, Surgilube, Astroglide) to the inside of the condom (near the outer ring) or to the penis.
- Internal condoms should not be used simultaneously with external or male condoms because the two may stick together and cause breakage.

To remove the internal condom after intercourse:

- Squeeze and twist the outer ring to keep the semen inside the pouch.
- Remove it gently before you stand up. Wrap it in a tissue and throw it away in the garbage. Do not flush it down the toilet. Do not reuse internal condoms. Use a new one every time you have intercourse. Be careful not to tear the condom with fingernails or sharp objects.

How is it used for anal sex?

- Find a comfortable position.

- Hold the condom with open end hanging down. Squeeze the inner ring (at the closed end) with your thumb and middle finger and insert it slowly into the anus. (You can also remove the ring and use the condom without it if this is more comfortable.) If the condom is slippery to insert, let go and start over.
- With your index finger inside the pouch, push the inner ring (if you have not removed it) and the pouch the rest of the way into the anus. Insert the ring past the sphincter muscle if possible. This step may be hard to do on the first couple of attempts.
- Make sure the outside ring lies outside the anus, with about one inch of the open end of the pouch outside the body. This part of the condom may help prevent skin-to-skin transmission of STIs during sex.
- Lubricant is evenly spread is evenly spread inside the pouch by rubbing the sides of the pouch together. Apply lubricant to the outside of the anal opening and on the penis or dildo as applicable.
- During sex, it may be helpful to use your hand to guide the penis into the anus inside the condom. It is important that the penis is not inserted to the side of the outer ring. If the condom seems to be sticking to and moving with the penis rather than resting in the anus, stop and add lubricant to the inside of the condom (near the outer ring) or to the penis.

To remove the internal condom after anal intercourse:

- Squeeze and twist the outer ring to keep the semen inside the pouch.
- Remove it gently before you stand up. Wrap it in a tissue and throw it away in the

garbage. Do not flush it down the toilet because it can clog up the plumbing. Use a new one every time you have intercourse. Be careful not to tear the condom with fingernails or sharp objects.

What if the internal condom tears, doesn't stay in place during sex or bunches up inside the vagina?

If a problem occurs during the use of the internal condom, both partners should urinate and wash their genitals with soap and water immediately. Inserting one or two applicators full of spermicide into the vagina as soon as possible may help to kill any sperm. However, there is no way to be certain that no sperm have traveled up into the uterus. If there is a problem with a internal condom during intercourse, you may want to consider using emergency contraception (such as plan B). This is available at Health Services or at most local pharmacies without a prescription for women 17 years or older.

How effective is the internal condom?

Studies of the internal condom show that it provides similar protection against pregnancy as other barrier methods, such as the diaphragm. If used perfectly, only 5% of people will experience a pregnancy within the first year of use. In typical use (which includes imperfect insertion and inconsistent use), 21% of couples will experience a pregnancy within the first year. The rate of breaks or tears in the internal condom is less than 1%, compared to 4% with the external condom. Like the external condom, the internal condom does not provide complete protection against all STIs. Infections such as herpes simplex or HPV may still be transmitted by organisms on areas of the skin that are not covered by the condom.

What are the benefits?

- The internal condom provides an opportunity to share responsibility for the use of condoms with their partners.
- The nitrile and polyurethane is less likely to cause an allergic reaction than a internal latex condom. It also tears less often, as the synthetic material is stronger than latex.
- The internal condom is available over the counter without a prescription. Unlike a diaphragm, it does not need to be fitted by a medical provider (one size fits all).
- The internal condom will protect against most STIs if it is used correctly and for every act of intercourse.
- It can be inserted up to 8 hours before sex so it does not interfere with “the moment.”
- The nitrile and polyurethane is thin and conducts heat well so sensation is preserved. Some individuals find that it enhances their sexual satisfaction as the external ring may stimulate the clitoris during vaginal intercourse.

What are the disadvantages?

- The outer ring is visible outside the vagina and anus, which makes some individuals self-conscious in front of their partners.
- It makes crackling and popping noises during intercourse. Extra lubricant may help this problem.
- It has a higher failure rate than non-barrier methods such as oral contraceptive pills.
- It is somewhat cumbersome to insert.
- Each internal condom can be used just once and is more expensive than the external condom (\$2.50 vs \$1.00), but are available at Health Services.