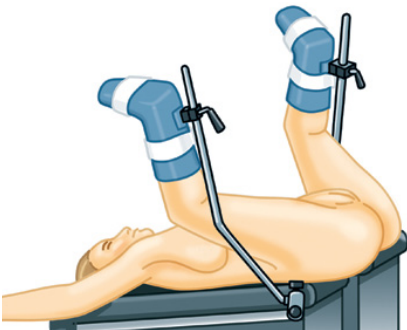


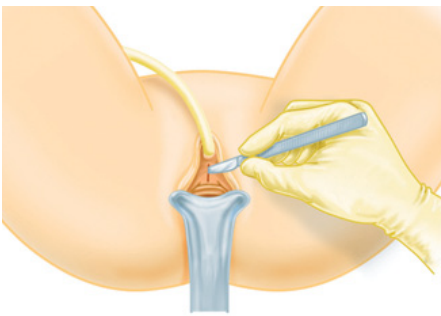
# Surgical procedure steps

## Surgery preparation

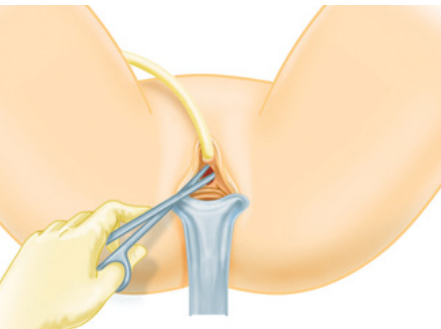
- Conduct proper anatomical evaluation of the patient.
- Apply appropriate local, regional or general anesthesia to the patient.



1. The patient is placed in hyper-lithotomy position for good access to the obturator foramina. Buttocks should be elevated and slightly off the end of the table.

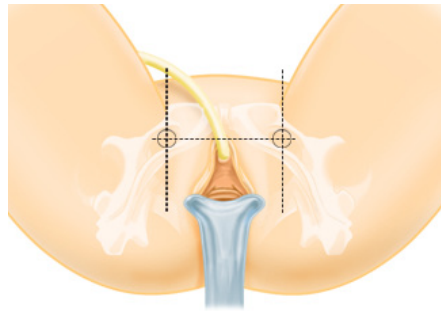


2. Make a full thickness incision on the anterior vaginal wall at the junction of the middle and lower third of the urethra.



3. Perform blunt periurethral dissection through the anterior vaginal wall incision through the vesicovaginal septum to the level of the ischiopubic ramus.

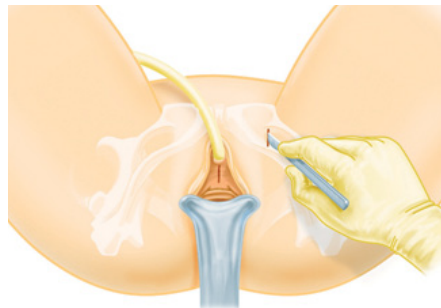
- Insert Foley catheter in urethra and empty the bladder.
- Use suitable vaginal retraction.



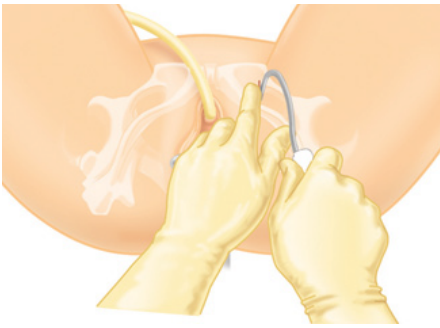
4. To locate the incision sites, line up the level of the clitoris with the ischiopubic ramus of the iliac bone and obturator foramen.



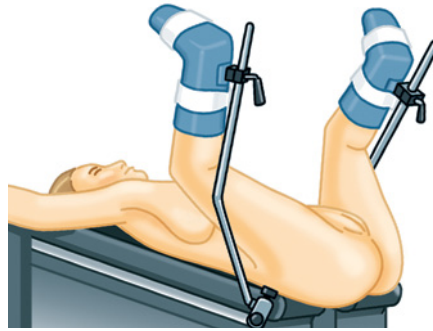
5. Manually locate the ischiopubic ramus of the iliac bone and the obturator foramen. Put an index finger in the vaginal groove and a thumb on the internal surface of the thigh. Press them together to feel the path around the ischiopubic ramus.



6. Make a small vertical incision directly above the obturator foramen. This obturator incision should be at the level of the clitoris and 1cm beyond the ischiopubic ramus.



7. Carefully insert the introducer needle into the obturator incision until it perforates the obturator membrane.

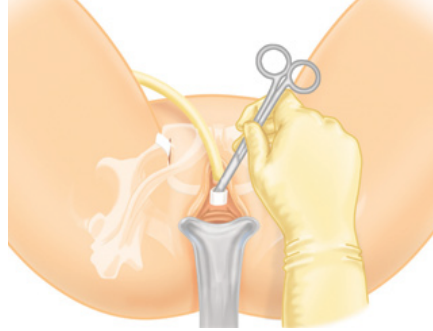


11. It is recommended to place the patient in a horizontal or reverse Trendelenburg position before tensioning the sling.

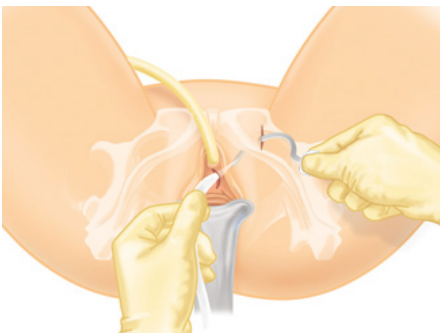
This allows the urethra to drop to a lower position.



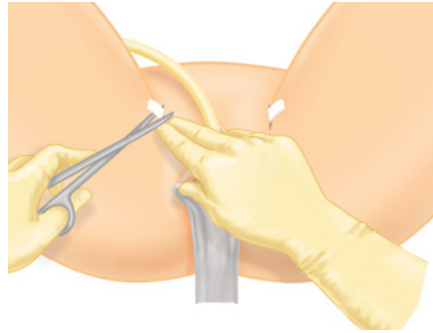
8. Rotate the introducer medially to bring the tip out the vaginal incision, using an index finger placed in the vaginal incision for guidance. Visually confirm that the introducer has not pierced the vaginal tissue.



12. Adjust the tension of the sling. To prevent over-tensioning of the sling, there should be visible space between the urethra and sling and the sling should lay flat under the urethra.



9. Attach the sling to the introducer. Reverse the introducer through the incision tunnel to place the sling.



10. Repeat steps 3-9 on the other side.

13. Cut off excess sling at the obturator incisions. Make sure that the ends of the sling are below the level of the skin.

14. Close the obturator incisions. Carefully close the vaginal incision with interrupted sutures.

## Postoperative

Standard postoperative protocols and techniques should be followed. Patients also should be advised to avoid physical strain and lifting for two to three months following their procedure.