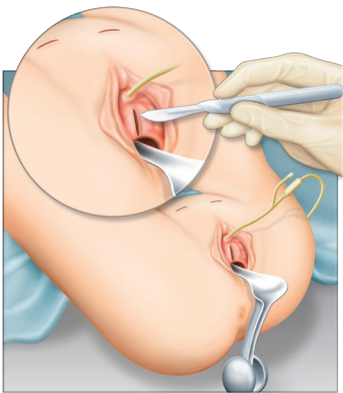


# Suprapubic surgical procedure steps

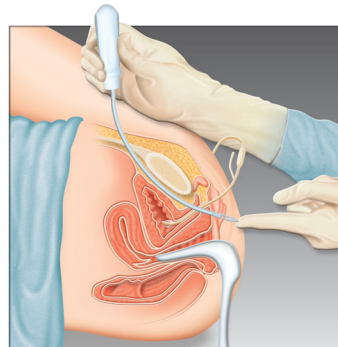
## Surgery Preparation

1. Conduct proper anatomical evaluation of the patient.
2. Apply appropriate local, regional or general anaesthesia to the patient.
3. Insert Foley catheter in urethra and empty the bladder.
4. Place patient in lithotomy position.
5. Use suitable vaginal retraction.

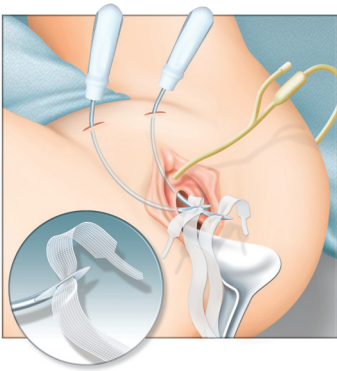
## Surgical Steps



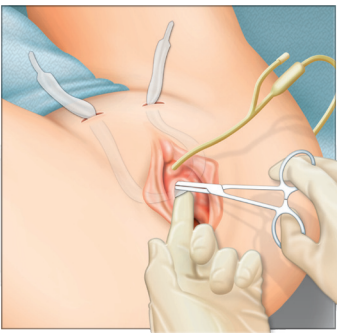
1. Infiltrate the vaginal mucosa with an appropriate local anesthetic and/or injectable agent. Make a full thickness vertical incision on the anterior vaginal wall at the junction of the middle and lower third of the urethra.
2. Perform blunt paraurethral dissection. Allow enough room for your finger to meet the tip of the needle and manually guide the introducer through the vaginal incision.
3. Make two abdominal skin incisions approximately 1 cm in length and 2 cm from the midline or one finger breath above and lateral to the pubic symphysis. Avoid incisions that may go too laterally.



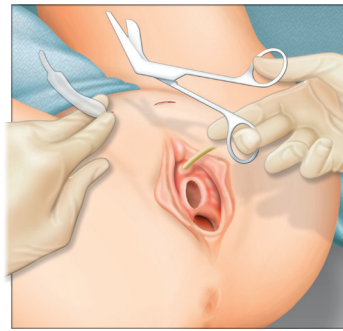
4. Insert the introducer needle into the abdominal incisions. Carefully press the needle down until it passes through the anterior rectus fascia and passes along the back of the pubic symphysis. Rotate the needle vertically to the posterior side of the pubic bone.
5. Move the needle along the posterior side of the pubic bone toward the vaginal incision. Use your finger to guide the needle through the endopelvic fascia through the vaginal incision.
6. Repeat step 5 on the opposite side with the second introducer needle.
7. Cystoscopy should be carried out with a 70-degree lens, checking at the 10 and 2 o'clock positions to appropriately rule out bladder injury.



8. Attach Supris sling to the introducers by threading the sling through the eye of the introducer. Pull the sling through the eyelet about 5-6 centimeters. Reverse the introducer through the incision tunnel to place the sling.



9. Vaginal retraction should be removed prior to tensioning. To prevent over-tensioning, a hemostat should be able to be passed between the urethra and the sling with ease. Make sure that the sling is lying flat under the urethra.



10. Cut off excess sling at the abdominal incisions. Push the skin down with without pulling on the sling. Cut the end of the Supris sling below the level of the skin. The sling should lie within the subcutaneous tissue.
11. Carefully close the vaginal incision. Close the abdominal incisions.

## Postoperative Care

1. Standard post-operative protocols should be followed.
2. Antibiotic prophylaxis should be administered.
3. A catheter and/or vaginal pack should be used at the discretion of the surgeon.
4. The patient should be informed that any future pregnancy will negate the benefits of this surgical procedure and the patient is likely to become incontinent again.
5. Patients should also be advised to avoid physical strain, sexual intercourse and lifting for one month, but can resume other normal activities after two weeks.
6. Patients should immediately report any onset of bleeding or dysuria.