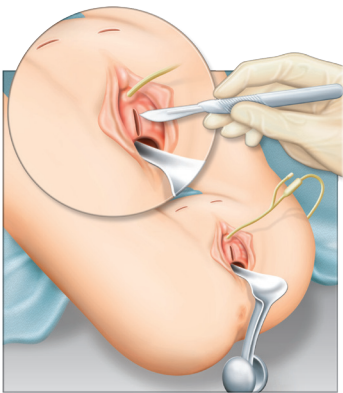


Transvaginal surgical procedure steps

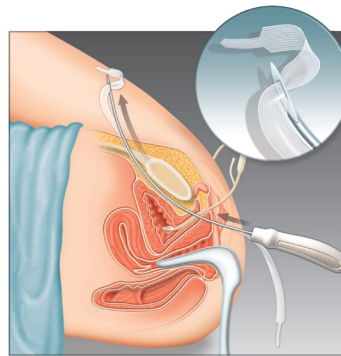
Surgery Preparation

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.

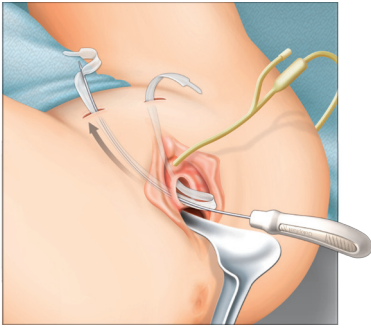
Surgical Steps



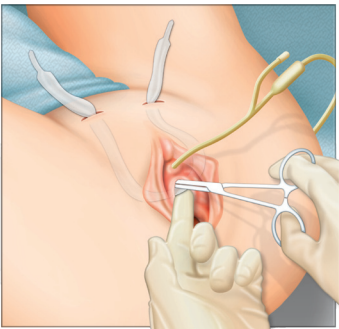
1. Make a full thickness vertical incision on the anterior vaginal wall at the junction of the middle and lower third of the urethra.
2. Perform blunt paraurethral dissection. A paraurethral tunnel is developed up to the underside of the endopelvic fascia on either side of the urethra by scissors and/or blunt dissection.
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.



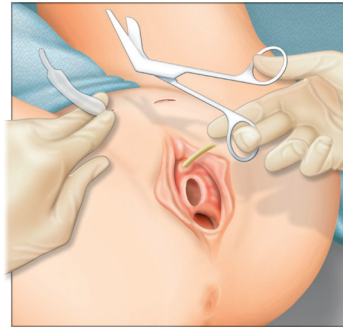
4. Attach Supris sling to the introducers by threading the sling through the eye of the Introducer. Pull the sling through the eyelet about 3-4 centimeters.
5. Insert the introducer into the vaginal incision. Introducer is passed in the paraurethral tunnel, staying close to the inferior pubic ramus, penetrating the endopelvic fascia, passing through the retropubic space and then the rectus complex to exit the skin just above the pubic tubercle 2cm from the midline. Care should be taken to avoid bladder perforation.
6. Cystoscopy should be performed after the passing of the introducer to confirm bladder integrity or to recognize bladder perforation.
7. Reverse the introducer through the incision tunnel to place the sling.



8. Repeat passage on the opposite side with the second introducer.
9. Cystoscopy should again be performed after the passing of the second introducer to confirm bladder integrity or to recognize bladder perforation.
10. Reverse the introducer through the incision tunnel to place the sling.



11. Vaginal retraction should be removed prior to tensioning. To prevent over-tensioning, there should be visible space between the urethra and sling. Make sure that the sling is lying flat under the urethra.



12. Cut off excess sling at the abdominal incisions. Push the skin down 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.
13. 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 be instructed to immediately report any onset of bleeding or dysuria that occurs at any time.