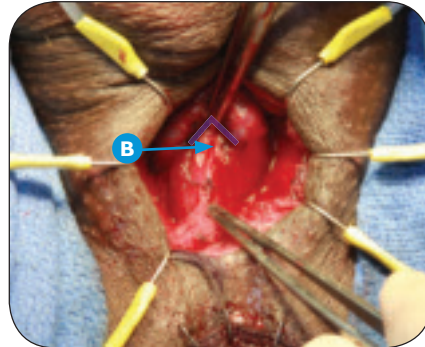
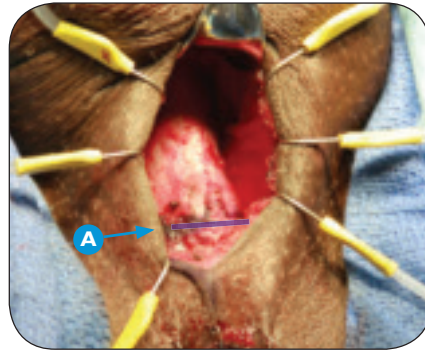


STEP 1 — PATIENT POSITIONING AND INITIAL DISSECTION

- Position the patient in a dorsal lithotomy position, with legs bent at $\leq 90^\circ$ and slightly spread
- Place a 14 Fr. foley catheter to help identify urethra
- Make a low midline perineal incision
- A Lonestar™ retractor is included to provide adequate exposure



- ### STEP 2 — MOBILIZATION OF THE BULBAR URETHRA
- Open the bulbospongiosus muscle in the midline and reflect laterally
 - Mobilize the corpus spongiosum proximally to the central tendon
 - Identify the central tendon by lifting the proximal bulb anteriorly
 - Mark or place a biodegradable tack suture (A) at the origin of the central tendon on the proximal bulb
 - Sharply release the firm, fibrous portion of the central tendon (B)



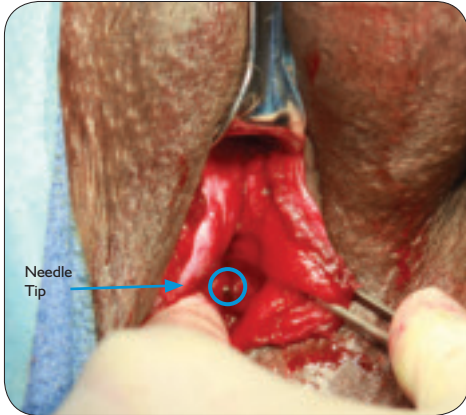
STEP 3 — LOCATE HELICAL NEEDLE INSERTION SITE

- Helical needle insertion site is – one finger breadth below each adductor longus tendon in the groin crease lateral to the ischial pubic ramus
- Identify the insertion site with either a spinal needle (included in kit) or via palpation using above mentioned landmarks



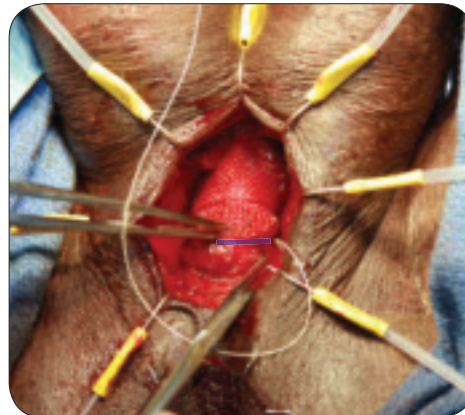
STEP 4 — HELICAL NEEDLE PASSAGE

- Hold the helical needle handle at a 45° angle to the midline incision
- Place finger of the opposite hand receiving the needle into the apex of the triangle formed by the bulbar urethra medially and the ischial pubic ramus laterally
- Insert and advance the needle tip along the lateral edge of the pubic ramus
- Once two “pops” are felt, stop advancing the needle and drop the needle handle toward the midline prior to rotating into your finger (placed at the apex of the triangle)



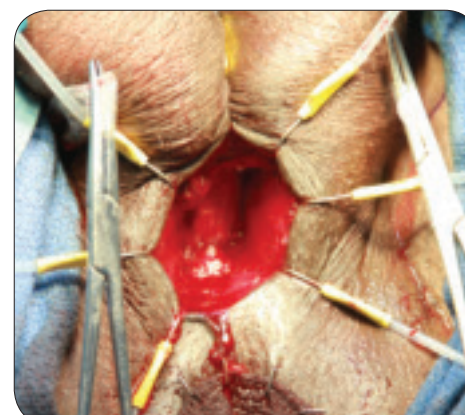
STEP 5 — CONNECTING SLING TO NEEDLE

- Connect sling to needle tip, make sure sutures are facing away from the corpus spongiosum
- Rotate the needle back along the same insertion pathway to pull sling through obturator foramen and out the stab incision
- Repeat the steps 3-5 with the contra-lateral needle



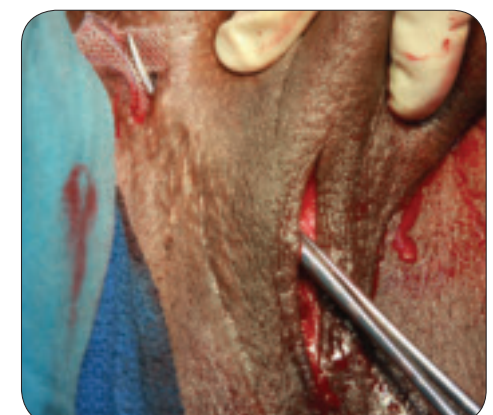
STEP 6 — SUTURE SLING TO BULB

- Ensure that the mesh is **flat** against the corpus spongiosum
- The edge of the proximal flap of the sling should be located at the origin of the central tendon (previously marked)
- Anchor with biodegradable sutures both proximal and distal in that location



STEP 7 — TENSION SLING

- Apply tension by firmly pulling both ends of the sling to achieve > 2 cm proximal movement of the bulb
- Flexible cystoscopy may be used to confirm proper sling positioning as evidenced by circular sphincteric coaptation
- Rigid cystoscope should not be used



STEP 8 — FINAL STEPS

- Cut sling ends below blue markings and remove sheaths
- Optional: Tunnel sling arms back toward the perineal incision to decrease the risk of sling migration
- Close the bulbospongiosus muscle then the rest of the incision in several layers after irrigation and hemostasis