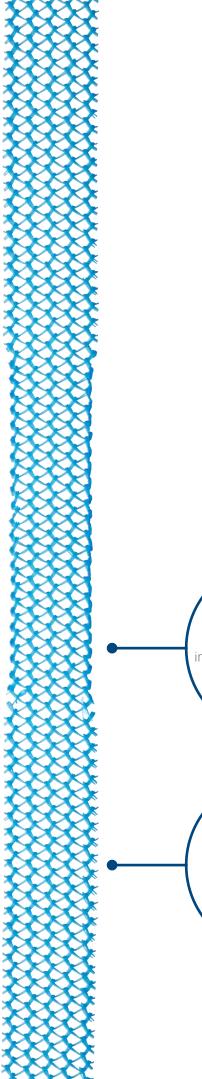




Obtryx[™] II

Transobturator Mid-urethral Sling System



Obtryx[™] II

Transvaginal Mid-urethral Sling System

How can we continue to innovate our family of mid-urethral slings that have already been the products of choice for nearly 800,000 patients? By creating the same reliable mesh in an easy-tosee, optical blue color. So whatever your preferred surgical approach, Advantage[™] Blue mesh provides improved visibility so you can treat your patients with confidence.

A smooth, de-tanged suburethral portion designed to maintain its integrity during tensioning and potentially reduce irritation to the urethral wall

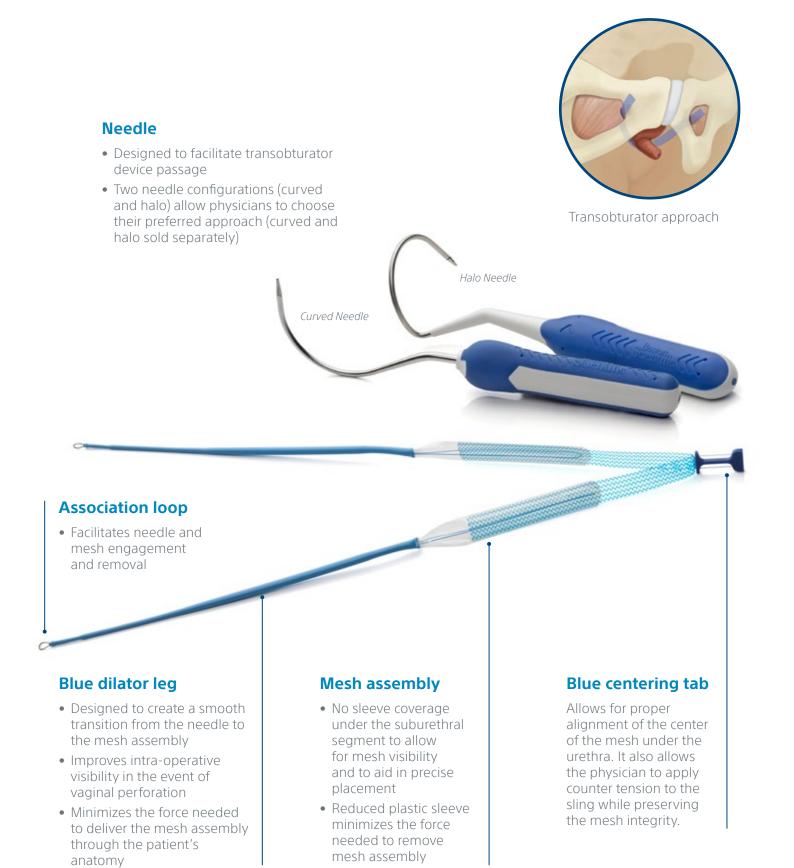
> Tanged edges outside of the suburethral portion may help to minimize mesh migration

Improved visibility. Evidence based.

- The same mesh properties as our patented Advantage mesh, which is documented in more than 35 publications to date
- The easy-to-see, optical blue color helps to improve your visibility for more accurate intra-operative sling tensioning and makes it easier to locate post-operatively

Trusted polypropylene mesh¹

- Mesh thickness: 0.66 mm
- Pore size: 1182 μm
- Fiber size (diameter): 0.15 mm
- Weight: 100 g/m²



Obtryx[™] II Transobturator Mid-urethral Sling System Procedure



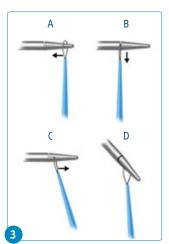
- Prepare the skin lateral to the inferior pubic ramus and vaginal operative sites.
- Make a 1.0 cm to 1.5 cm vertical midline incision on the anterior vaginal wall at the level of the midurethra. Dissect bilaterally to the interior portion of the inferior pubic ramus at the 45 degree angle off the midline creating a vertical pathway for delivery device placement.
- Create a vertical skin incision large enough to insert tip of needle just lateral to the edge of the inferior pubic ramus at the junction where the inferior pubic ramus and adductor longus muscle meet. Repeat on the contralateral side.



- Grasp the device handle and insert one needle through one skin incision, piercing through the obturator muscle and obturator membrane.
- Turn the handle at a 45 degree angle medial towards the midline.
 Place the opposite hand's forefinger into the lateral dissection of the vaginal incision, placing the fingertip on the distal end of the needle. Guide the distal end of the needle around the inferior pubic ramus through the vaginal incision, maintaining contact with the finger.



- Grasp the device handle for the patient's left side with the right hand.
- Place the left forefinger into the lateral dissection of the vaginal incision.
- Place the needle tip into the skin incision perpendicular to the skin with the handle at a 45 degree angle parallel to the thigh.
- Putting the left thumb on the outside of the needle curve, apply a downward force, piercing through the obturator muscle and membrane.
- Rotate the needle medially around the inferior pubic ramus to meet the left hand forefinger. Guide the needle tip through the vaginal incision.



• Engage one association loop to the distal end of the needle.



- Pull the needle out through the skin incision. Be sure that the mesh assembly is not twisted and lies flat under the urethra with the blue centering tab positioned suburethrally, facing outward.
- Remove the association loop from the needle.
- Repeat Steps 2 and 3 on the contralateral side with the second needle.
- Cystoscopy may be performed at this time, to be determined at the physician's discretion.



- Adjust the mesh/sleeve assembly by pulling outwards on the dilators so that the blue centering tab is centered below the urethra.
- Appropriately tension the mesh/ sleeve assembly according to physician preference.



- Once proper tension is achieved, cut the leader loop that is on the outside of the sleeve that is connecting the dilator leg and sleeve to the mesh. Pull outward on the dilator to remove the sleeve leaving the mesh in place. Repeat on the other side.
- Grasp the blue centering tab and cut the exposed white suture located on the side of the centering tab to release the tab from the mesh.
 Remove the centering tab, including white suture, from the vaginal canal.



- Gently push downward on the skin incisions, cut the distal ends of the mesh and confirm that the ends retract into the skin incisions.
- Close all incisions according to usual methods.

Ordering Information

	Product code	Description	Quantity
	M006 850411 0	Obtryx [™] II Transobturator Sling System – Curved	2 Delivery Devices and 1 Mesh Assembly
	M006 850511 0	Obtryx [™] II Transobturator Sling System – Halo	2 Delivery Devices and 1 Mesh Assembly

1. Moalli PA, Papas N, Menefee S, et al. Tensile properties of five commonly used mid-urethral slings relative to the TVT. *Int Urogynecol J Pelvic Floor Dysfunct*. 2008 May;19(5):655-63.

Caution: For Female Mid-Urethral Slings: Federal (US) law restricts this device to sale by or on the order of a physician trained in use of surgical mesh for repair of stress urinary incontinence.

CAUTION: The law restricts these devices to sale by or on the order of a physician. Indications, contraindications, warnings and instructions for use can be found in the product labeling supplied with each device. Information for use only in countries with applicable health authority registrations. Material not intended for use in France.

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