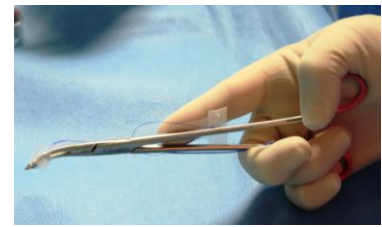




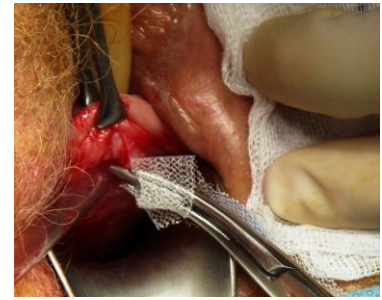
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5.- Forceps with mesh must be **palm supported** with the finger behind the sling holding the mesh extended, very important to avoid mesh twisting. The blue suture marks the midline.



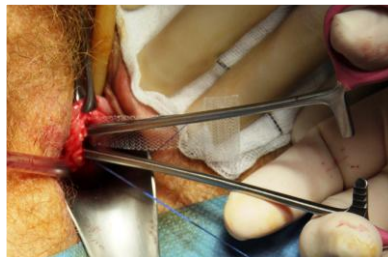
7.- Mesh insertion:

At 10 o'clock. Push the mesh with forceps **PALM SUPPORTED**, until the blue suture is 1cm deeper in reference to the urethra and extend (opening the forceps widely) the pocket inside the muscle.



Surgeons can use curved or straight forceps. **If they are using a curved one, the insertion must be performed with tip facing the surgeon.**

8.- **Withdraw the forceps semi-closing it. (not completely open, not completely closed)**



9.- Use the left hand to introduce the sling with the forceps at 2 o'clock and push it until the blue suture is in the midline. **Leave the mesh fully extended and in full contact under the urethra.**

10.- Cystoscopy (recommended, according to surgeon's protocol)
Perform a cystoscopy to check the bladder integrity.

If an intra-operative adjustment is needed; turn upside-down the forceps (with the tip facing the patient) and follow the mesh until the tip of the forceps enters into the pocket and push up to increase the sling tension.



10.- Cut the blue suture and close vaginal incision. Withdraw the catheter.

IF INSERTION TIP USED:

- Leave the traction thread of the insertion tip freely. Do not trap it during insertion.
- Do not open the forceps jaws while introducing the sling to avoid losing the insertion tip
- Remove the insertion tip always before removing the forceps