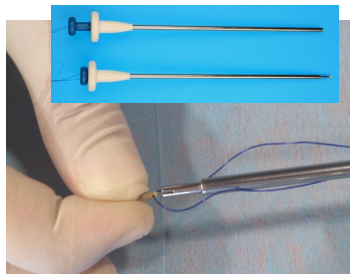


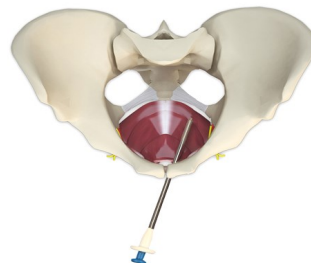


1. Dissect anterior vaginal wall laterally to the level of arcus tendineus on both directions until digitally identify the course of the Sacro-spinous ligament

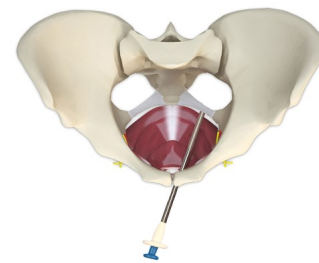


2. Prepare the Anchorsure System applicator to fix an anchor to each sacrospinous ligament.

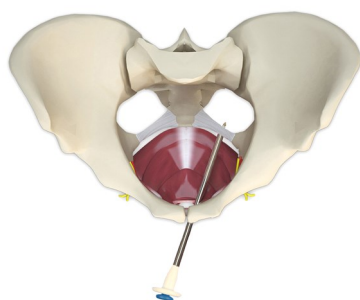
** For further details, consult our Anchorsure Surgical Guide.*



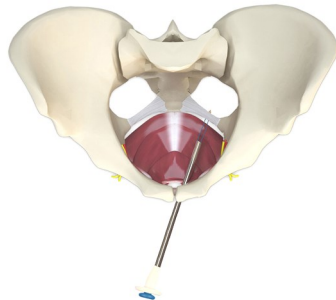
3. Insert the applicator through the vaginal incision to reach and position the applicator over the Sacro-spinous ligament about 2.5 cms posterior from the ischial spine.



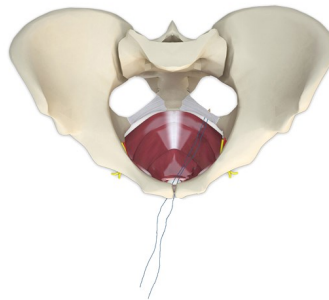
4. Place the system tip compressing the WHITE handle (external shaft) against the Sacrospinous ligament.



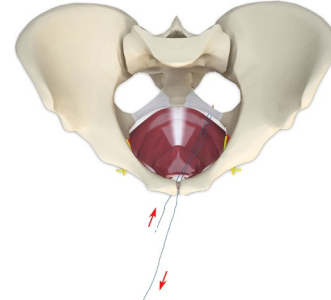
5. Maintaining the WHITE handle firmly compressed against the Sacrospinous ligament, push the internal handle down to the end.



6. Place the system tip compressing the BLUE handle (internal shaft) against the Sacrospinous ligament and start pulling out the applicator.

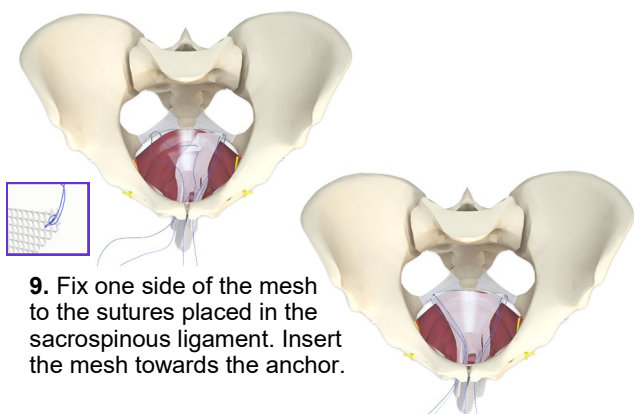


7. Unclamp the threads and pull out the applicator



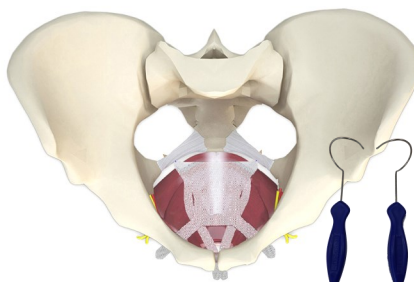
8. With the pulley system, the thread is free for any required movement.

() Avoid overpulling completely only one thread, as it will disengage the thread from the anchor.*

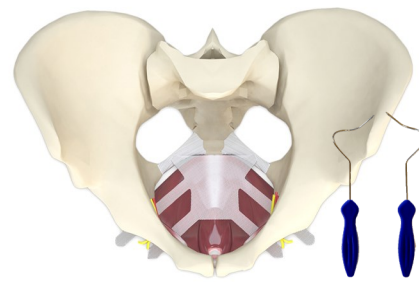


9. Fix one side of the mesh to the sutures placed in the sacrospinous ligament. Insert the mesh towards the anchor.

10. Repeat step 9 in the opposite side, in the other sacrospinous ligament.
In case adjustment of the mesh is needed in width / length, pull it out back again to re-insert the thread more proximal or distal according to patient pelvic dimensions.



11. Using the needle passer, insert the anterior arm mesh tip thread into the hole of the needle tip and pull it out through obturator muscle like a standard TOT.
Repeat it contralaterally.



12. Using the needle passer, insert the central arm mesh tip thread into the hole of the needle tip and pull it out to the skin through the obturator at the level of the Arcus Tendineus.
Repeat it contralaterally.

13. Close the vaginal incision and cut the excess of mesh at the level of the skin and close skin & vaginal incisions.