UPLIFT

Sacrocolpopexy adapted to each patient

Robina
Group Companies

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WHAT IS IT?

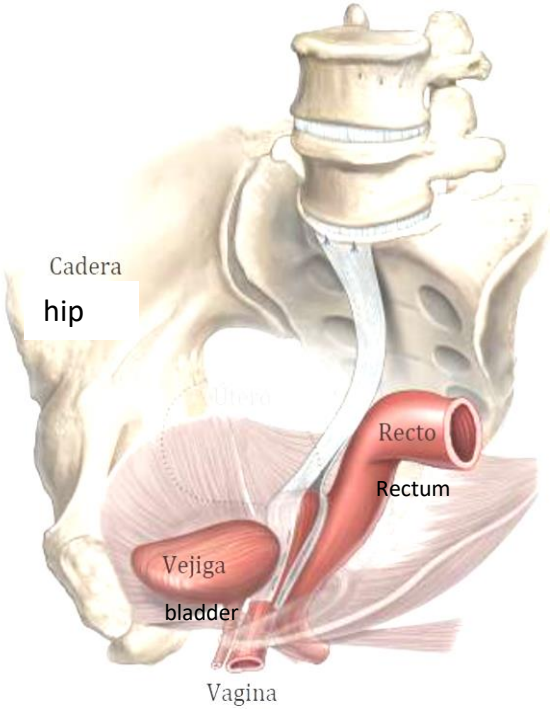
- **It is a system to correct prolapses by abdominal approach (open surgery, laparoscopy or robotic)**. This technique is known as sacrocolpopexy.
- The system consists of a mesh + anchors to fix to the promontory
- Mesh and anchors specially designed for sacrocolpopexy.

SACROCOLPOPEXY

Sacrocolpopexy is a surgical technique for abdominal POP repair with more than 50 years
It consists in fixing with mesh the bottom of the vagina (with or without uterus) to the anterior longitudinal ligament at the level of the sacral promontory.

It offers an alternative to the vaginal approach repair providing different advantages:

- Lower recurrence rate
- Lower residual POP grade
- Lower dyspareunia rate
- The resulting organ axis is more physiological
- All compartments are included



First, sacrocolpopexy was performed via laparotomy (open surgery), but with the appearance of laparoscopy and robotic surgery, some advantages have been added to the technique:

- Avoids laparotomy and offers a better visualization of the lesser pelvis.
- Less recovery time , analgesia, bleeding and hospitalization.

SACROCOLPOPEXY INDICATIONS

The main sacrocolpopexy indications are:

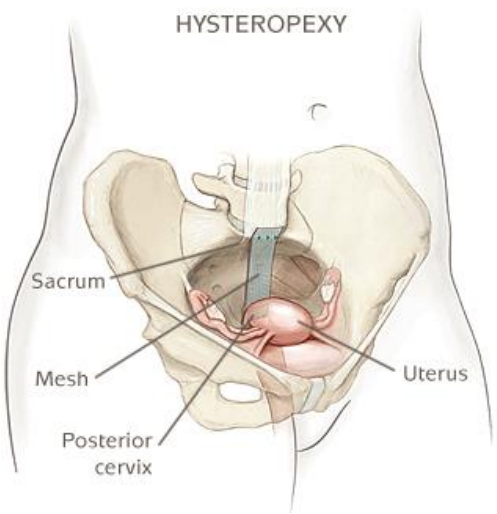
- Anterior, middle ± anterior or posterior compartment prolapse
- Sexually active patients
- Need of long durability of the anatomical correction.
- Patients at risk of recurrence:
    - Severe prolapses
    - Patients who make physical efforts
    - Obesity
- Lower risk of pelvic pain, dyspareunia and recurrence.

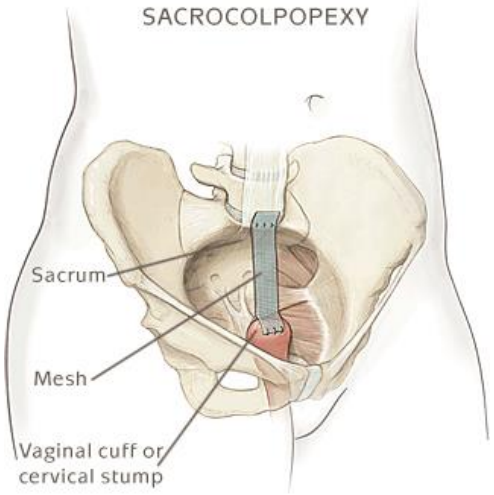
SACROCOLPOPEXY INDICATIONS

It can be performed on both patients with and without uterus.

Hysterosacropexy is a variation of sacrocolpopexy that corrects prolapse by maintaining the uterus.

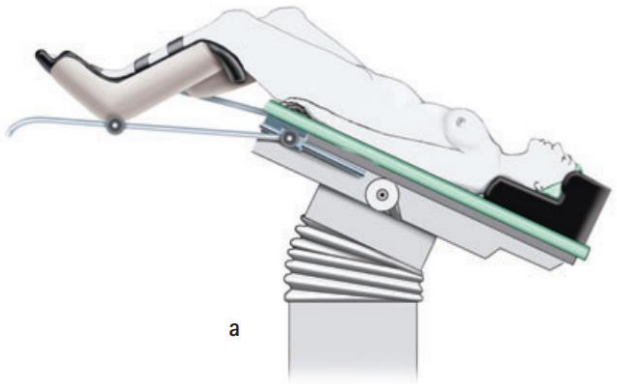
Total **sacrocolpopexy** is performed in patients without uterus (with a previous hysterectomy or those who underwent hysterectomy in the same surgical procedure



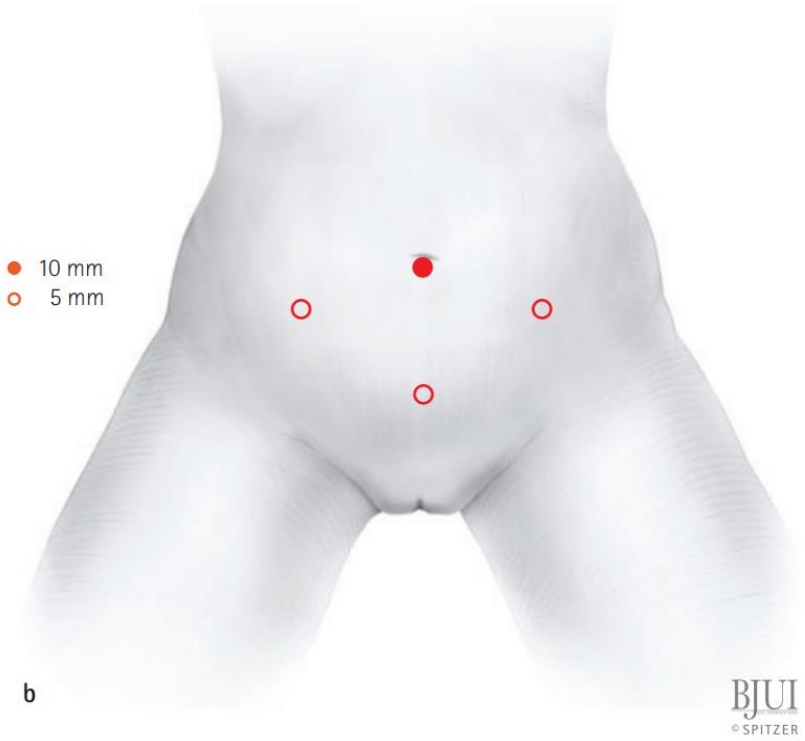


SACROCOLPOPEXY STEP BY STEP

LAPAROSCOPIC SACROCOLPOPEXY – PATIENT PREPARATION



- Trendelemburg at 30º
- Legs opened 60º, slightly bent and elastic compression bandage.

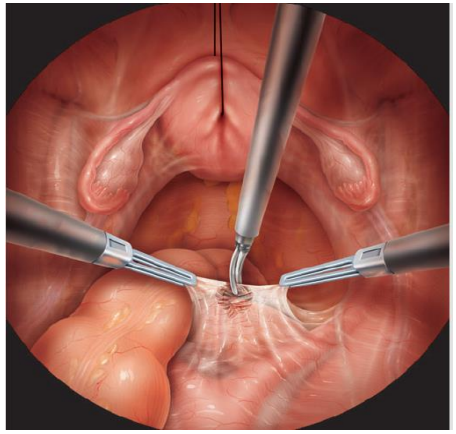


Trocar placement

SACROCOLPOPEXY STEP BY STEP

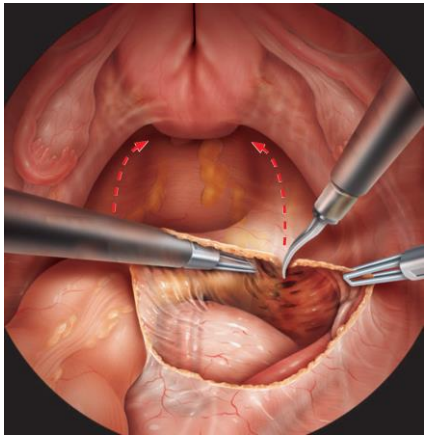
1. Promontory preparation

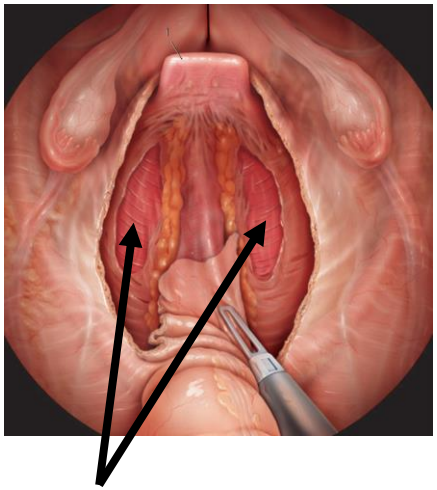
Carefully sect the overlying peritoneum and dissect the promontory fibro-fatty tissue until adequate exposure of the anterior longitudinal ligament is achieved.



2. Dissection of the rectovaginal space

Continue the incision of the peritoneum to the rectum until the levator ani muscle is exposed.

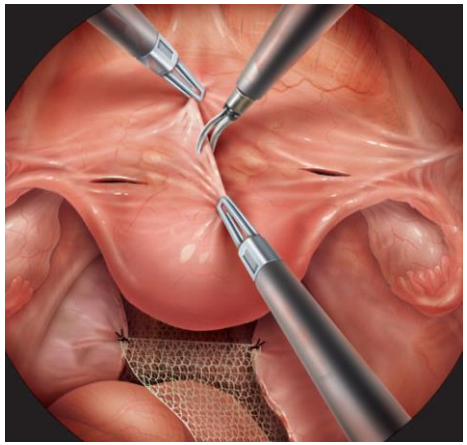




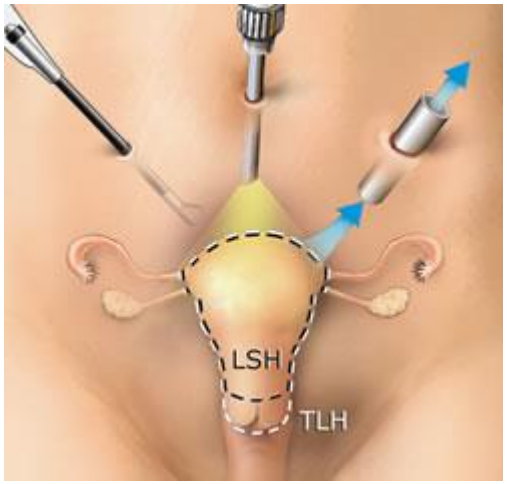
levator ani muscle

SACROCOLPOPEXY STEP BY STEP

3. Dissection of the vesicovaginal space
Sect the anterior aspect of the peritoneum and dissect the anterior aspect of the vagina placing a valve inside of it.



4. Hysterectomy (optional) In the event that the patient has an uterus, a hysterectomy may be performed to continue the **sacrocolpopexy** or a **hysterosacropexy** to keep the uterus.

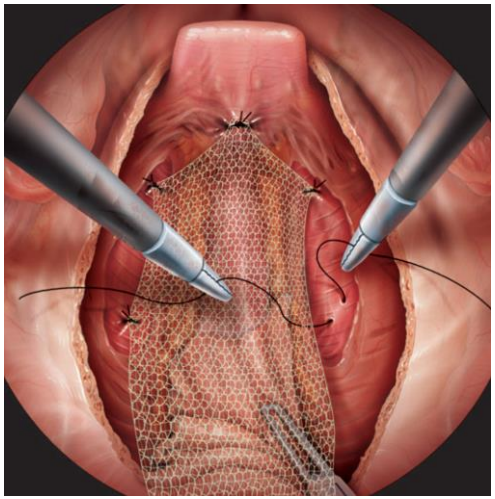


SACROCOLPOPEXY STEP BY STEP

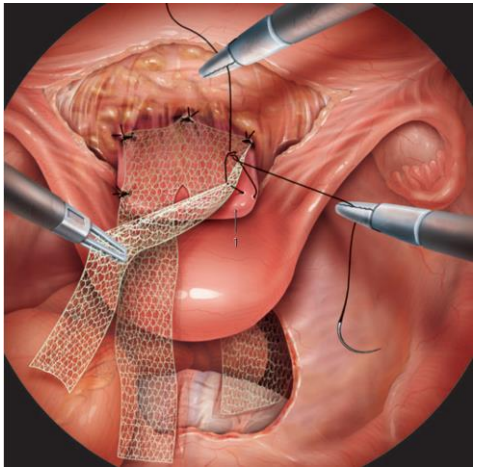
5. Mesh placement

According to mesh type, some studies show a less rate of prolapse recurrence on polypropylene meshes compared to biological meshes such as porcine dermis or fascia lata (level of evidence 3-4).

The mesh is first attached at the posterior compartment level to the levator ani muscle



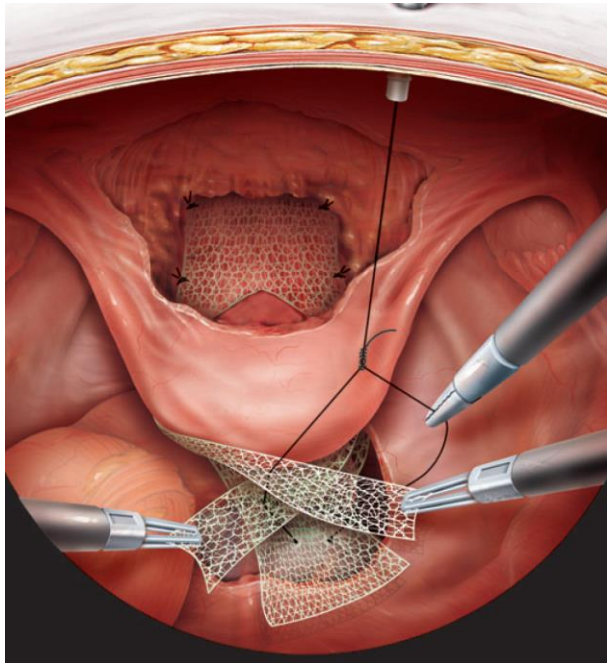
Mesh fixation on the anterior aspect of the vagina to the most distal vesicovaginal dissection level (proximity of the bladder neck)



SACROCOLPOPEXY STEP BY STEP

6. Promontofixation

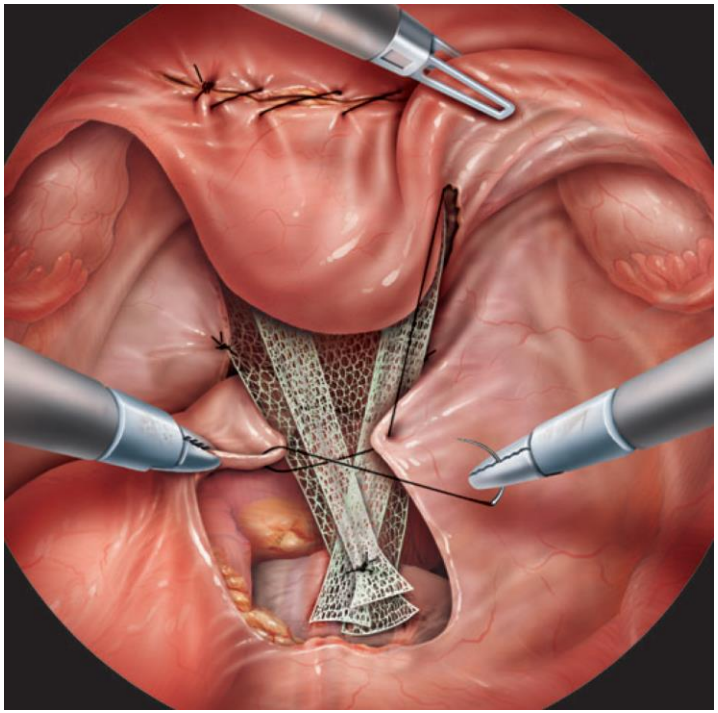
Mesh fixation to the anterior longitudinal ligament - sacral promontory. This step is the most complex in the technique due to the proximity of particularly delicate vascular structures. It can be done using sutures (requires expert surgeons) or “tackers”.



SACROCOLPOPEXY STEP BY STEP

7. Peritonization

Close the peritoneum ensuring that the mesh is not exposed. Closure of trocar incisions and end of surgery.



UPLIFT

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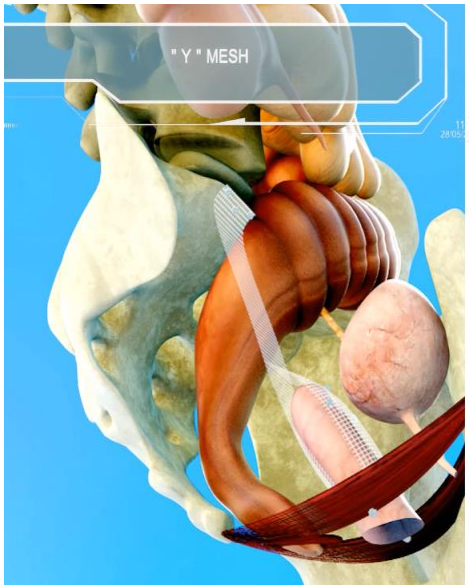
SACROCOLPOPEXY

Current sacrocolpopexy meshes are **“Y shaped”,** so the same tensión is applied to the anterior and to the posterior compartment.



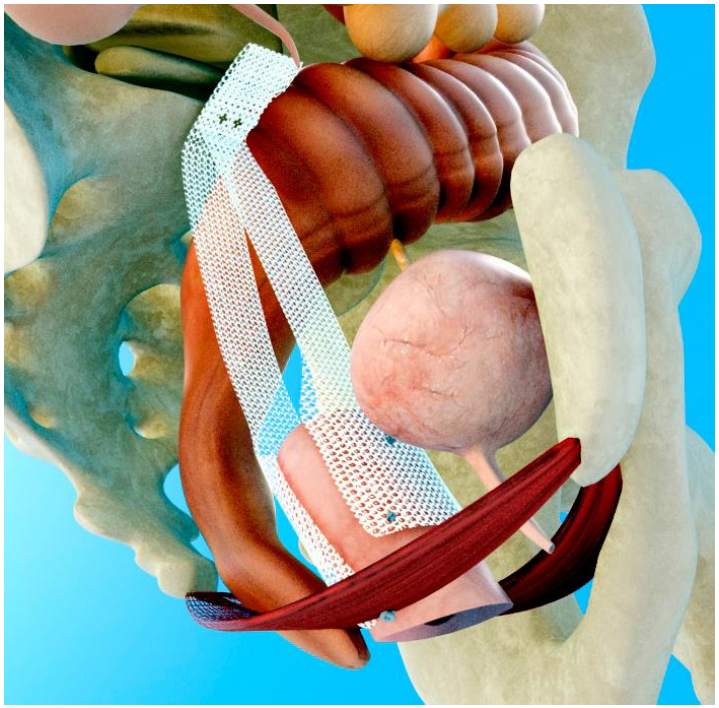
- If tension applied posterior compartment is not controlled it may cause **constipation**

Sacral promontory anterior ligament fixation is done by **sutures or tackers**

- The sacral promontory is a difficult area for suturing. Prolonged suture time or risk fixation due to tackers (designed for fixation of meshes in soft tissue (abdominal hernias))

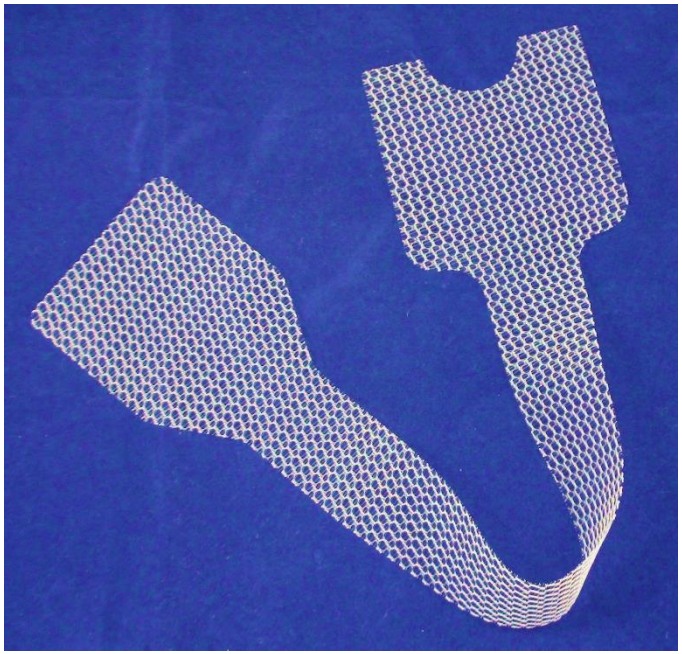
SACROCOLPOPEXY

The solution → UPLIFT



- Allows independent **tension control** of each compartment
- **Sacral promontory system fixation done with a tipless anchor** (atraumatic) for a fast and reliable fixation, without complications.

COMPLETE SYSTEM

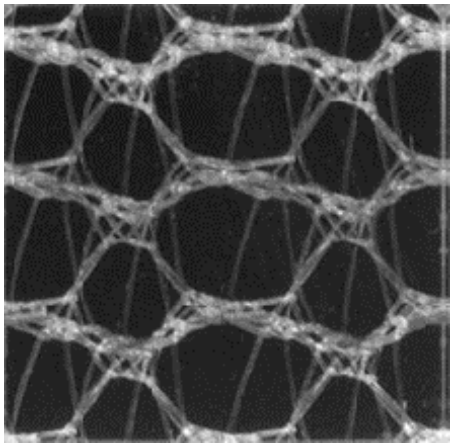


Mesh

Fixation anchor

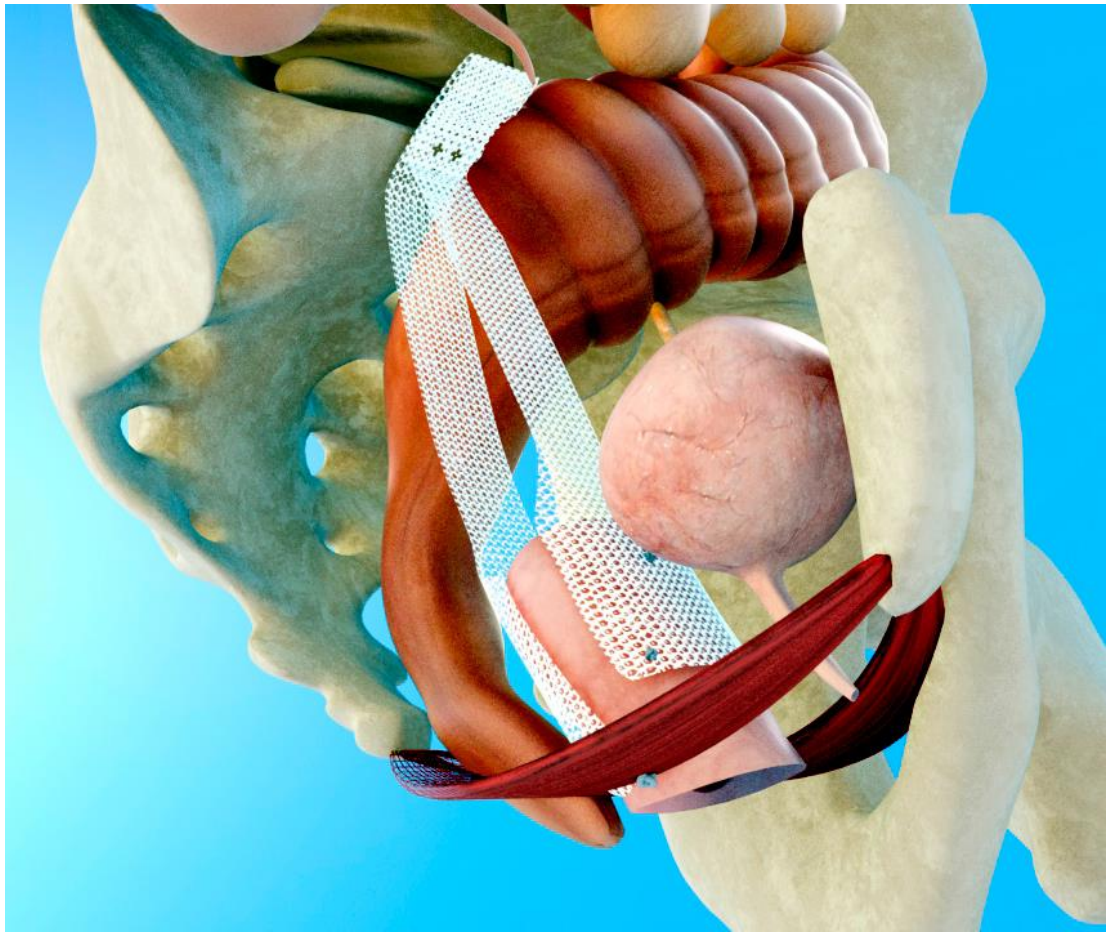
Anchor applicator

THE MESH



- **Material:** Macropore polypropylene monofilament
- **Density:** 28g/m^2 - ultralight
- **AMID Classification**: Type I (pore >70µm)
- **Tensile strength break:** 40N/cm

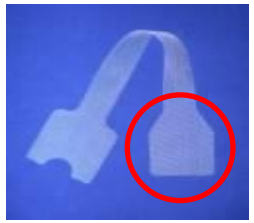
MESH PLACEMENT



Fixation to the **levator ani muscles** (posterior part of the vagina)

Fixation of the mesh to the **sacral promontory**

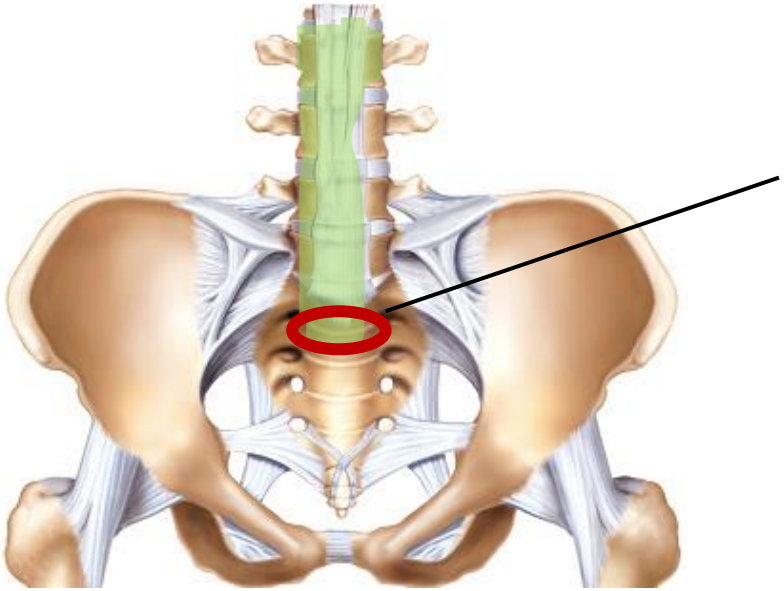
Fixation of the mesh to the **vagina anterior wall**



UPLIFT can be placed without having performed previously an hysterectomy to the patient

FIXATION TO THE SACRAL PROMONTORY

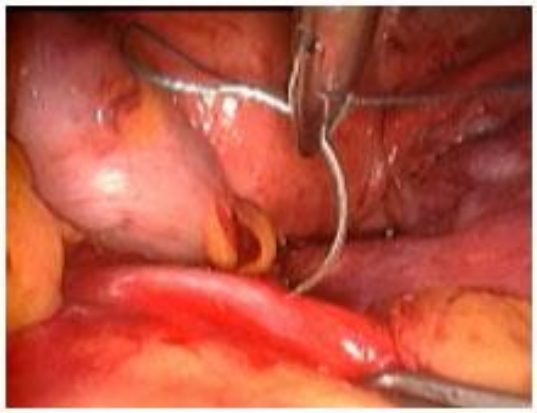
The mesh is fixed to the anterior ligament of the sacral promontory. The sacral promontory marks the entrance to the pelvis, it articulates with the last lumbar vertebra with the sacrum.



Anterior longitudinal ligament or anterior vertebral ligament:
It runs along the spine from the skull to the sacrum

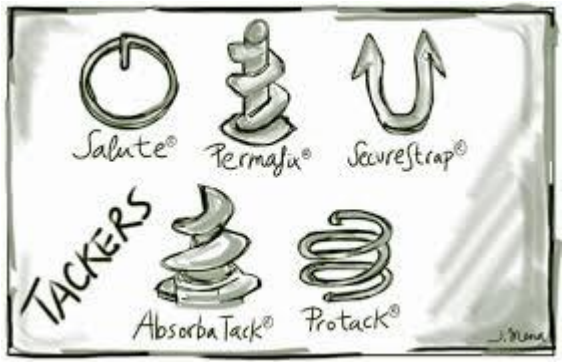
Currently, the fixation to the sacral promontory is done by:

- **Suture:** the most used, it is laborious and lengthens surgery time
- **Uplift anchor**: exclusively designed for sacrocolpopexy.
- **Tackers**: developed for fixation in soft tissues (abdominal hernias). Traumatic in sensitive areas.



Laparoscopic suture

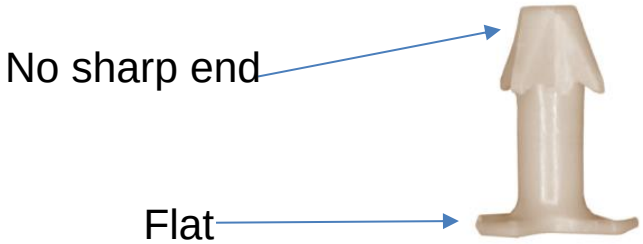
Uplift anchor



Tackers to fix to soft tissue

THE ANCHOR

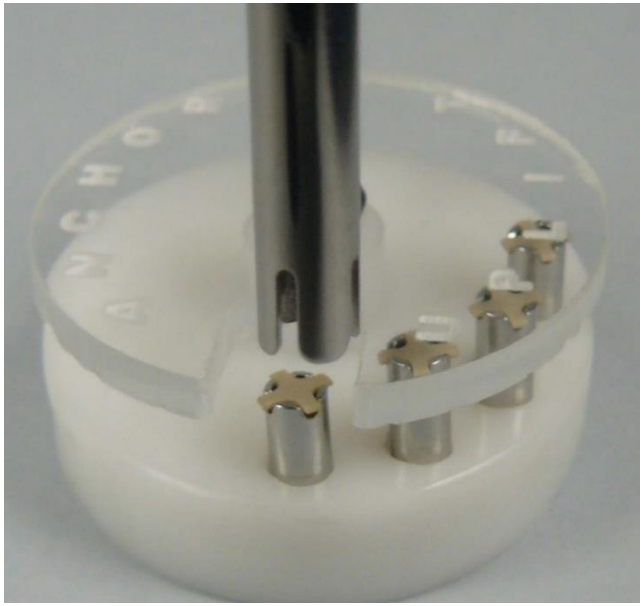
- Material: PEEK (Polyether Ether Ketone). Medical grade thermoplastic organic polymer
- 100% biocompatible
- Atraumatic: no sharp and flat end to avoid complications caused by Sharp tackers.
- Reduces surgery time



5 anchors

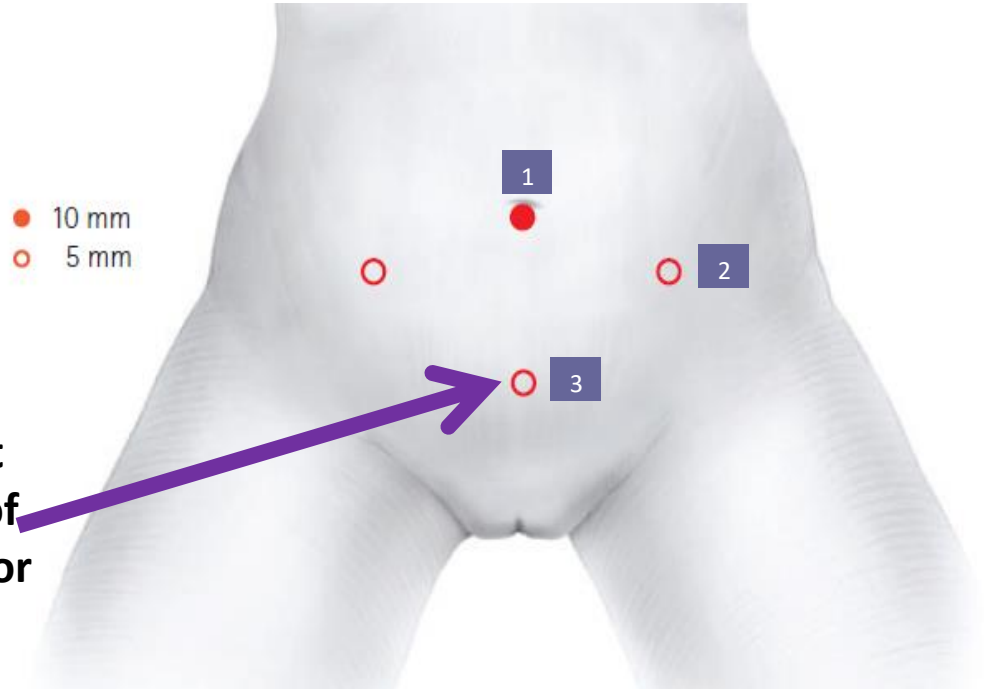
Laparoscopic aplicator (5mm x 35 cm)

APPLICATOR AND ANCHORS



1. Place the applicador over the anchor at 90º.
2. Press the applicator shaft down.
3. Remove the applicator - the anchor will be "hidden" inside the applicator

ANCHOR FIXATION



Trocar placement for the insertion of the Uplift applicator

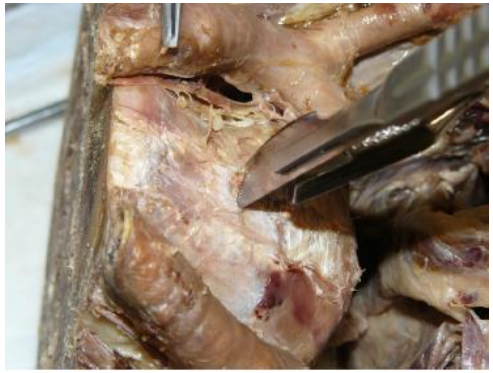
1 Place a 10mm port for the camera at the the level of the umbilicus or just below

2 Place two 5mm ports left and right at a 2/3 distance between the umbilicus and the anterior superior iliac spine.

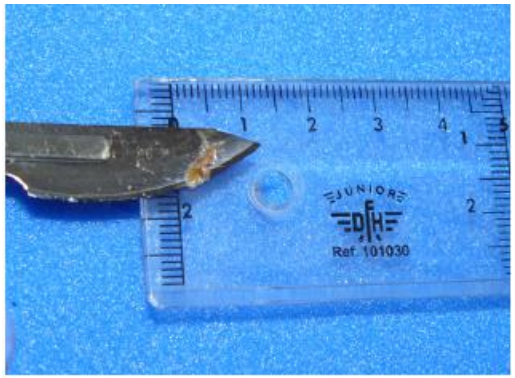
3 **A forth 5mm port is placed at 2cm of the symphysis pubis. Although this trocar is not usually used, it is necessary to highlight the placement of a trocar in this area for the correct placement of the anchors in the anterior ligament**

ANCHOR FIXATION

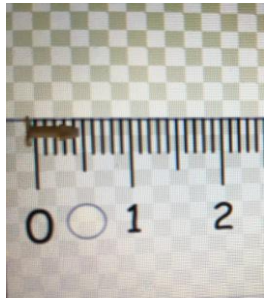
Anterior longitudinal ligament fixation, without reaching the bone to avoid possible complications.



Scalpel to perforate anterior long ligament



The anterior long ligament is approx. 1cm deep.
(deeper there is bone)



The anchor is 0,5cm long.

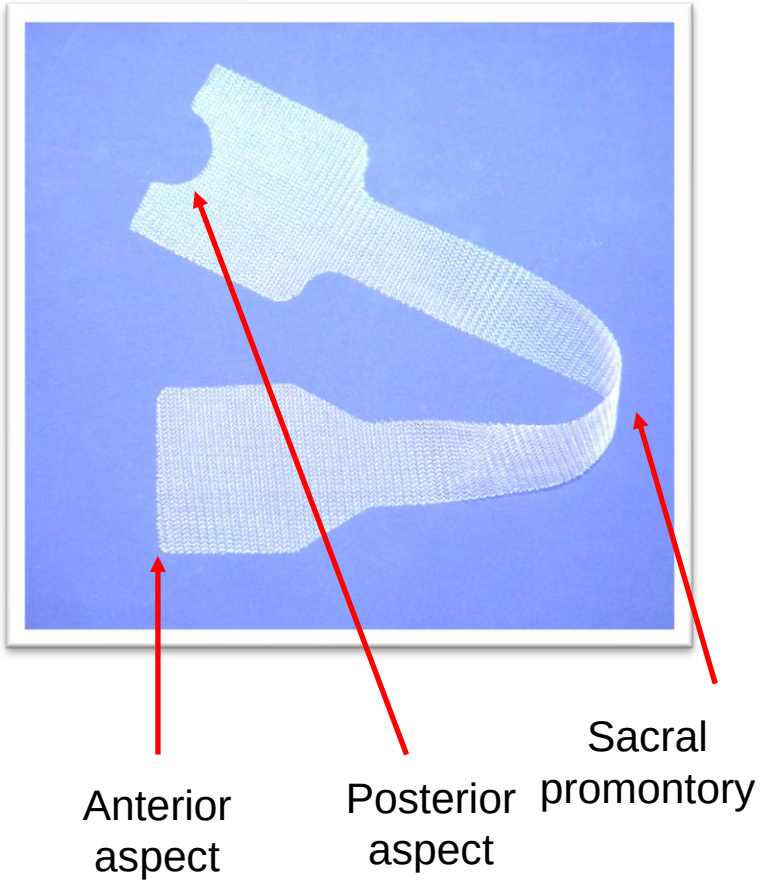
The anchor has proven to be completely safe as it avoids compromised structures

SUMMARY ADVANTATGES AND BENEFITS

- Pre-cut **Mesh** for the compartment **independent tension** procedure:
  - No tension on the posterior compartment (avoiding constipation)
  - The correct tension can be applied to the anterior compartment

- **Anchor:**
  - Specific for sacral promontory.
  - Replaces manual suturing, saving time.
  - Atraumatic anchor (tipless and flat).
  - Avoids the Sharp anchor complications
  - 100% biocompatible anchors

- Also for **patients with uterus**



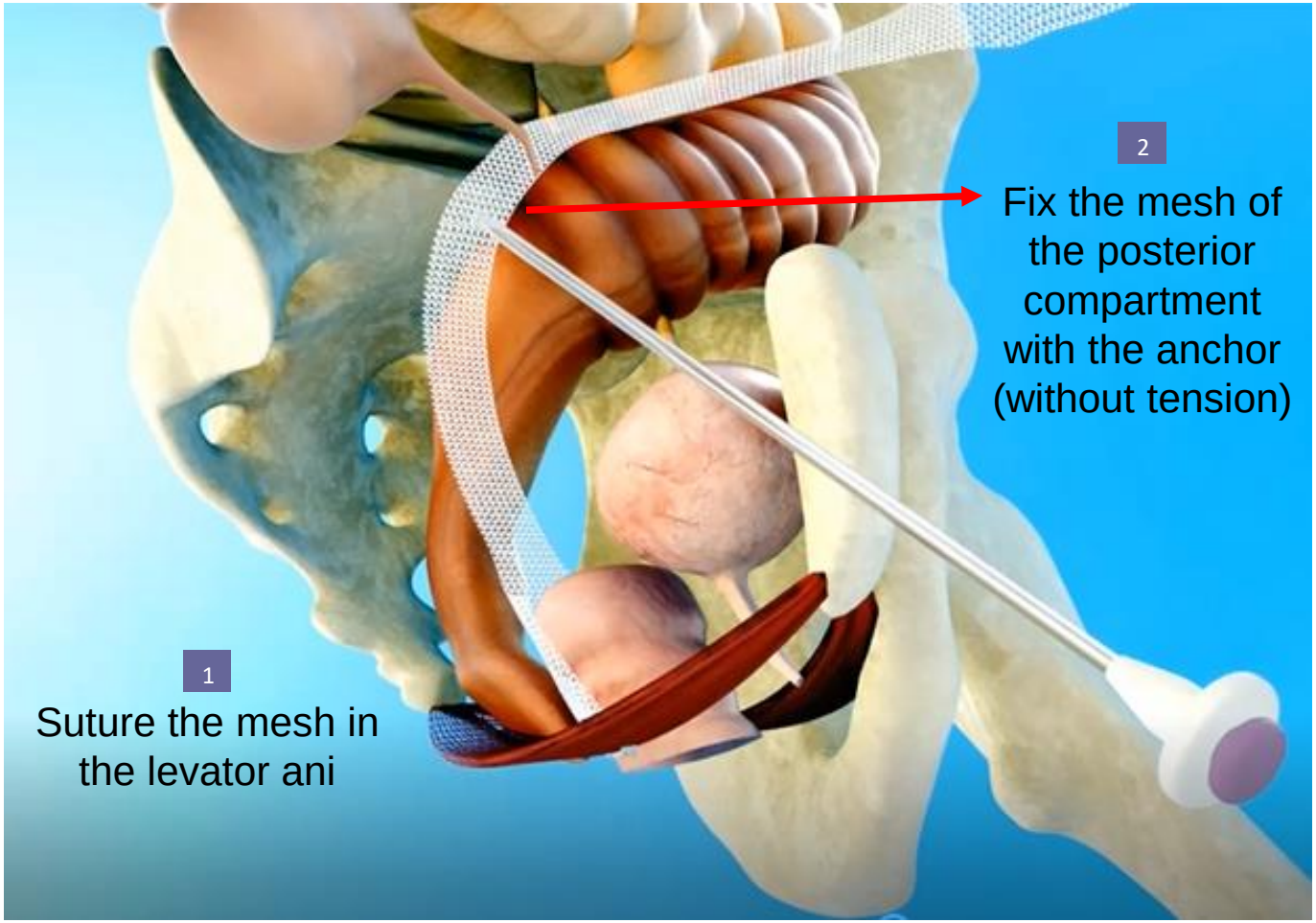
NECESSARY MATERIAL FOR SURGERY

- **KITUPL04-05**: Complete kit with single use sterile instruments

REF.: KITUPL04-05 COMPONENTS (single-use only)		
 UPLIFT MESH	 ANCHORING HANDLE	 5 MICRO-ANCHORS

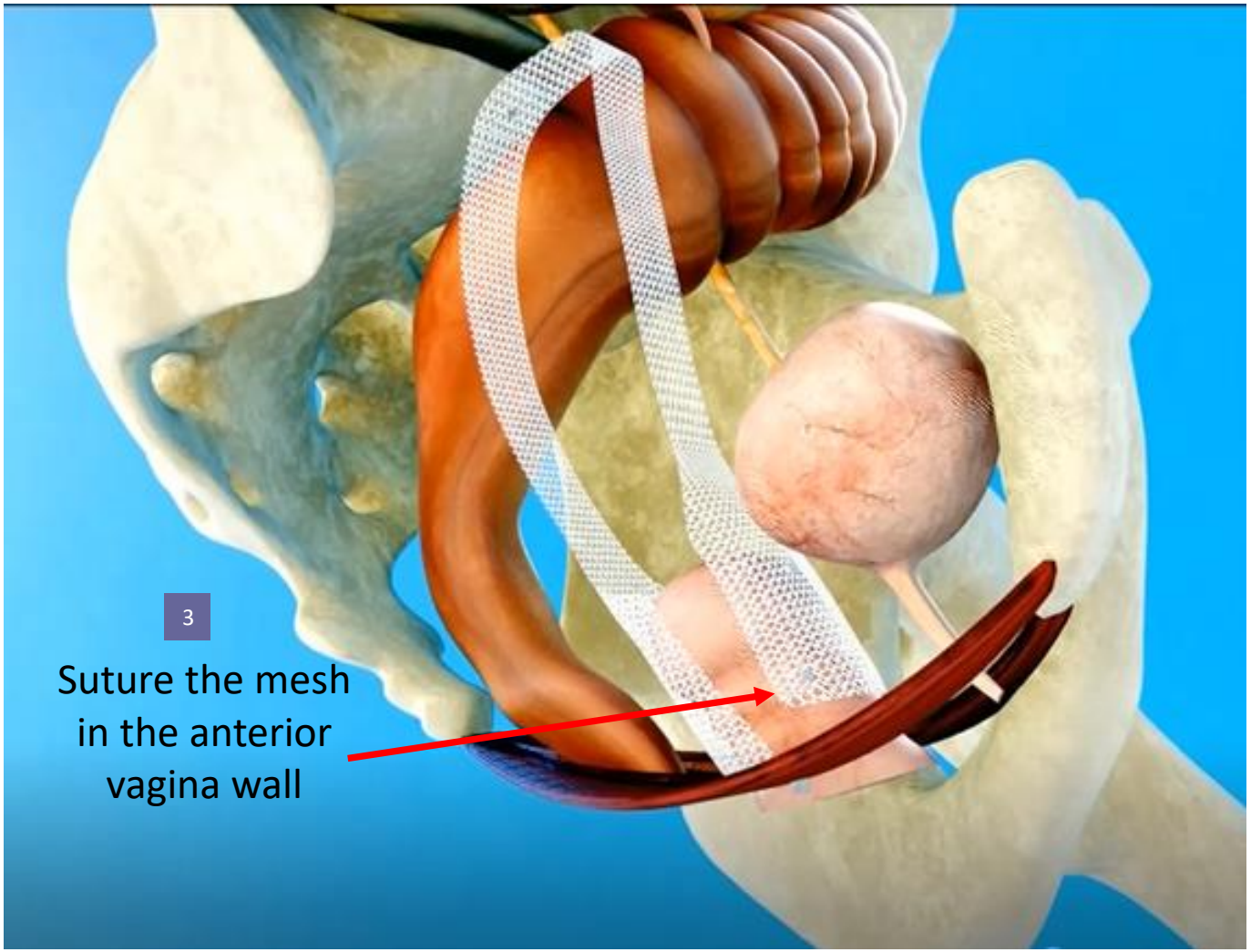
SURGICAL GUIDE

UPLIFT – STEP BY STEP

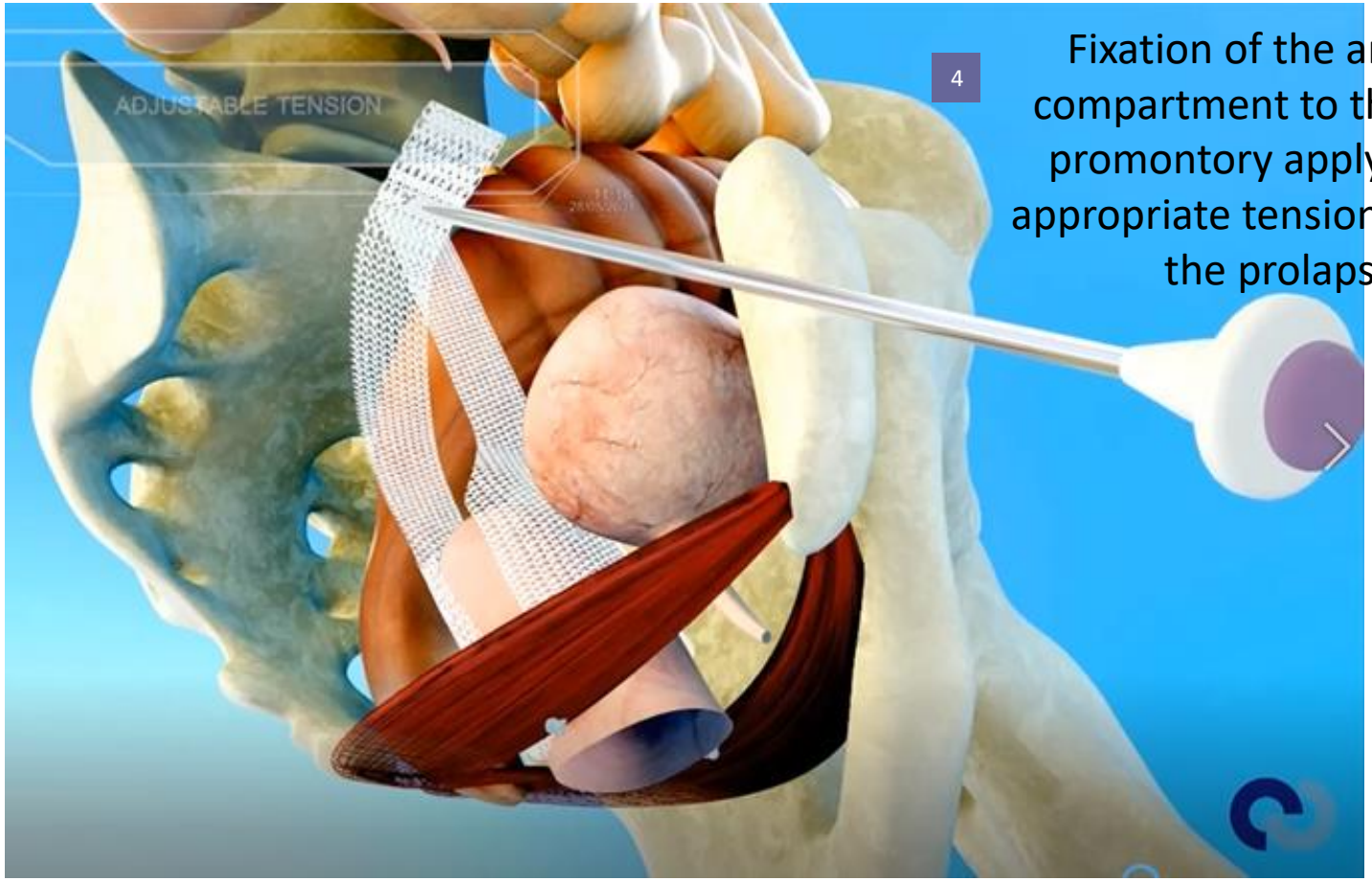


Fixation of the mesh on the sacral promontory free of tension to avoid constipation.

UPLIFT – STEP BY STEP

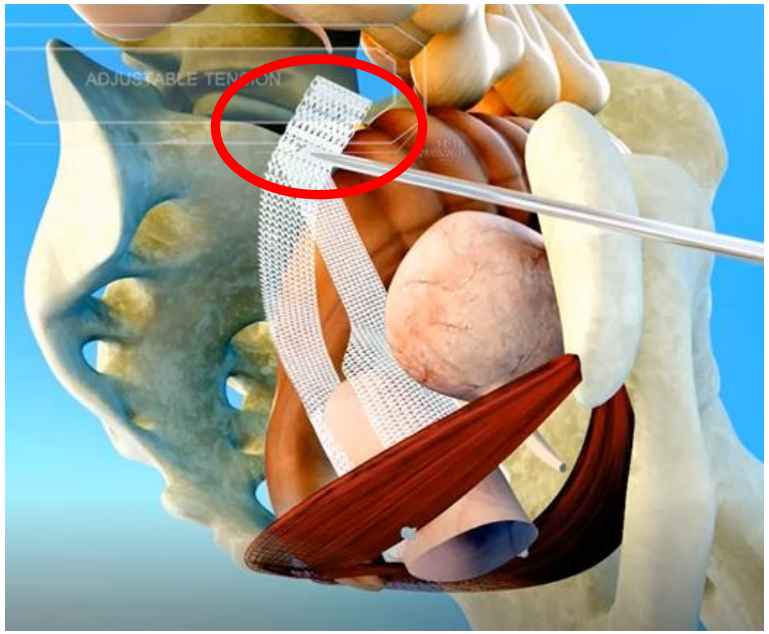


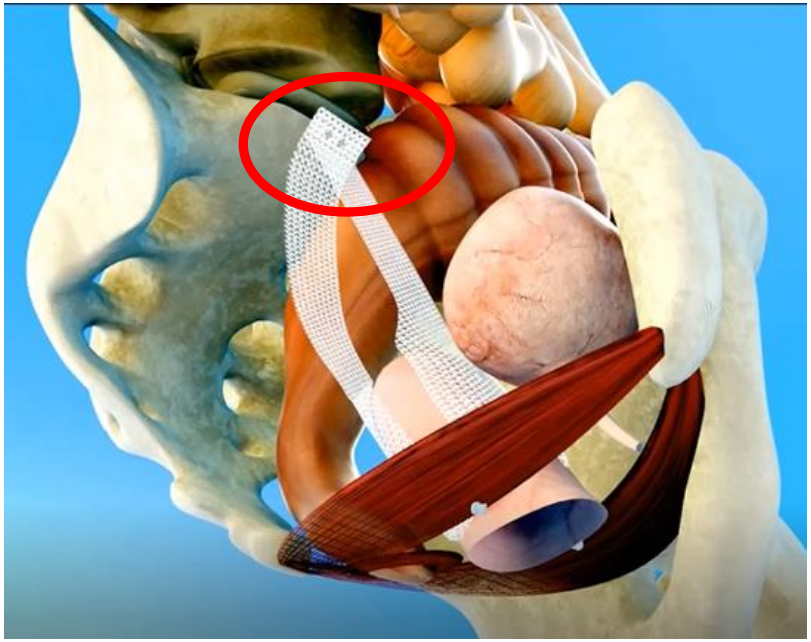
UPLIFT – STEP BY STEP



Fixation of the anterior compartment to the sacral promontory applying the appropriate tension to repair the prolapse

UPLIFT – STEP BY STEP





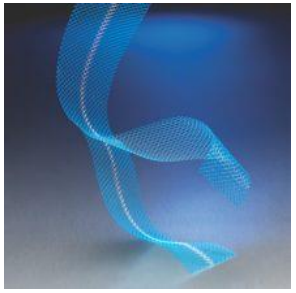
Cut the excess mesh

REMINDER FOR OPERATING ROOM

- To fix the Uplift keep the cartridge and the applicator totally vertical in a 90º angle regarding to the sacral promontory. Press firmly the applicator until a “clac” is heard.
- Remember that the flat mesh end is fixed to the anterior compartment and the “u” shaped mesh end is fixed to the posterior compartment
- Fix the posterior part of the Uplift to the levetor ani muscle and the anterior to the anterior aspect of the vagina by sutures
- The anchor applicator must be inserted into the 5mm trocar placed 1 – 2 cm over the pubis

COMPETENCE

1.Boston - **Upsylon**



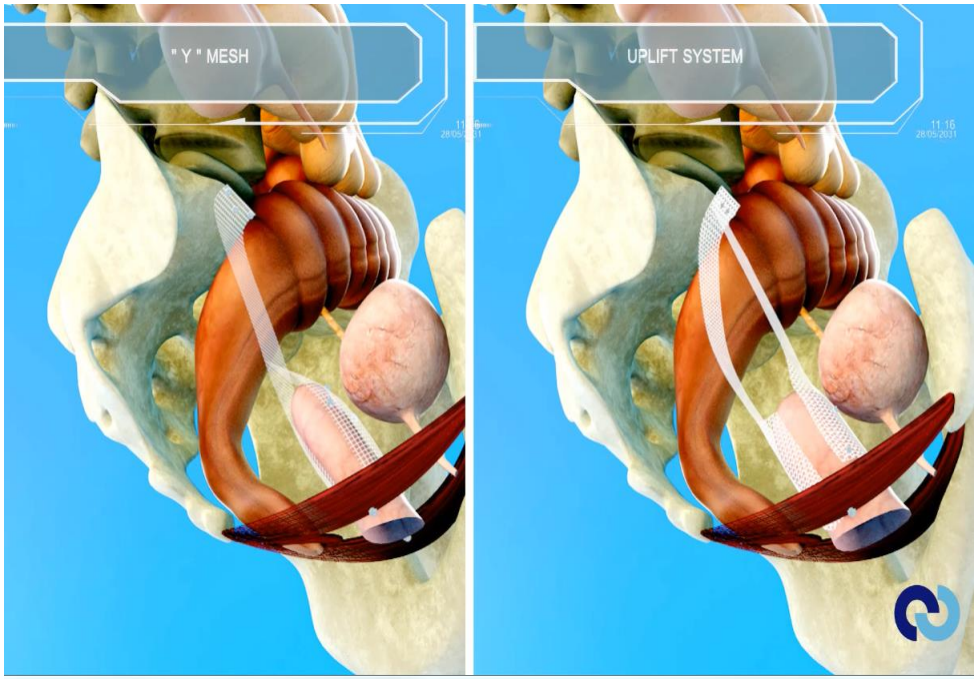
2.AMI – **EndoGynious**

3. Coloplast – **Restorelle Y**

HEALTHCARE PROFESSIONALS BENEFITS

BENEFITS AGAINST OTHER "Y" SHAPED MESHES

- Avoids constipation as the correct tension is applied to each compartment.
- Specific fixation with anchors that reduce the surgery time and avoid complications.



Same tensión in both compartments;
"Y" shaped

Tension independent control;
on each compartment

MENSAJES CLAVE

- Fixation with specific anchors
- 100% biocompatible anchors
- Atraumatic anchors
- Allows different anterior-posterior tension

THANK YOU

The Continence Company

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