Advantage Fit™

Transvaginal Mid-Urethral Sling System

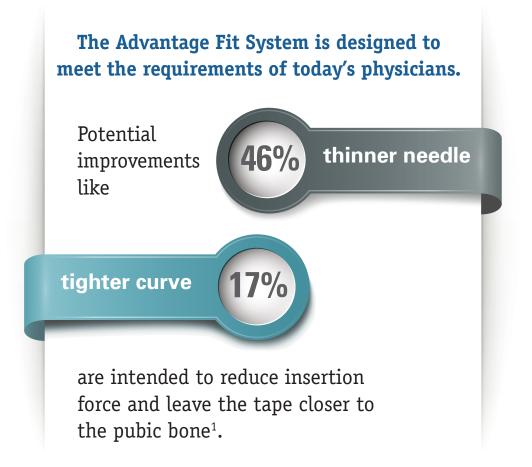


Delivering Experience in the Transvaginal Approach



Advantage Fit[™] Transvaginal Mid-Urethral Sling System

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Pathway Placement CT Scans

Advantage Fit System vs. Gynecare TVT Exact[™] System

The 2.7 mm Advantage Fit Needle has a tighter curve than the Gynecare TVT Exact System. This is intended to leave the mesh closer to the bone and further away from critical structures, as demonstrated in CT Scans, below.











Advantage[™] Mesh Over 500,000 implanted to date

Advantage Mesh Characteristics²

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

The Benefits are in the Design

Finger Pusher

The Advantage Fit System delivery device has been designed with a pusher for ergonomic finger placement that provides the user with greater needle stability and control during delivery.

Delivery Device Handle

Ergonomic handle fits into physician's hand allowing for ambidextrous use.

> Dimpled bottom designed for ergonomic grip

Curved Needle Tip

2.7mm curve is designed to fit behind the pubic bone and potentially reduce the chance of adjacent organ injury.



Allows for counter tension to be applied only on the mesh sleeve, preserving mesh integrity.

Blue Sheath

Enables easy visualization during cystoscopy.

De-tanged Polypropylene Material

De-Tanged Edges

Designed to Reduce Irritation

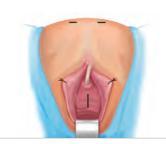
The polypropylene mesh is de-tanged in the suburethral portion to potentially reduce irritation to the anterior urethral wall.

Resists Deformation

The suburethral portion of the mesh is de-tanged to resist deformation.

Suburethral Portion

Advantage Fit[™] Transvaginal Mid-Urethral Sling Procedure

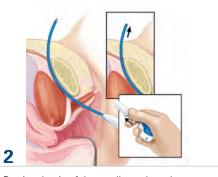


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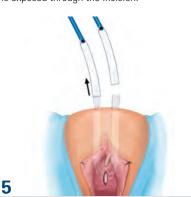
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After preparation of the lower abdominal and vaginal operative sites, create two small transverse abdominal incisions approximately 0.5cm to 1cm on each side of the midline just above the symphysis.

Incise the anterior vaginal wall and dissect bilaterally in standard fashion.



Resting the tip of the needle on the palmar surface of the non-dominant index finger, gently introduce the Delivery Device anterolaterally into the paraurethral space and perforate the endopelvic fascia. Carefully pass the Delivery Device through the space of Retzius and perforate the rectus sheath and muscle. Guide the device by palpation into the ipsilateral abdominal incision until the needle tip is exposed through the incision.



Remove the protective sleeve by pulling upwards on both dilators simultaneously and verify the tension of the mesh and adjust mesh tension, if necessary.

Always there.

for you,

for her.



When the needle tip/dilator tube assembly extends extra-abdominally, advance the tube starter on the handle forward which will cause the dilator tube to advance beyond the tip of the needle. Grasp the dilator by placing a clamp or hemostat on the free end of the dilator end to temporarily secure it extra-abdominally. Remove the needle from inside the dilator by pulling it out of the dilator and out of the vagina. The dilator tube/mesh assembly should remain in place. Repeat on the contra lateral side. At this point, the two dilator tubes will be in place and cystoscopy should be performed to confirm bladder integrity.



Once the desired tension has been achieved, gently push downward on the abdomen, cut the distal ends of the mesh and allow those ends to retract into the incision. Close the incisions in the usual manner.

Boston Scientific's dedication to you, to your patients and to this clinical space remains steadfast. Boston Scientific is committed to advancing the quality of patient care.

Here's how we are keeping our promise:

- Product Innovation
- Clinical Excellence
- Robust Professional Programs

Ordering Information

Product Code	Description	Quantity
M006 850211 0	Advantage Fit System	(1 Delivery Device and 1 Mesh Assembly)
M006 850211 1	Advantage Fit System	bx/5

1 As compared to Advantage™ Transvaginal Mid-Urethral Sling

² Moali, Pamela, et al. Tensile properties of five commonly used mid-urethral slings relative to the TVT^M Int Urogynecol J (2008) 19:655–663 DOI 10.1007/s00192-007-0499-1

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CAUTION: Federal Law (USA) 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. Refer to package insert provided with the product for complete Indications for Use, Contraindications, Warnings, Precautions, Adverse Events, and Instructions prior to using this product.





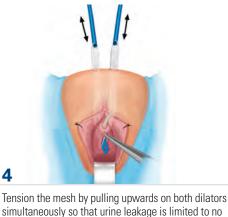
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more than one or two drops. When the appropriate

tension is attained, grasp the blue centering tab and

cut the tab through the center of the punch hole. Make sure to remove both halves of the blue tab.