Obtryx[®] II

Transobturator Mid-Urethral Sling System

Boston Scientific

Featuring **PrecisionBlue**[™] Design

Always there

Urology and Women's Health

PrecisionBlue Design is a set of enhanced features

that are designed to provide smooth sling placement,

intra-operative adjustability with minimal tissue disruption

and increased physician visualization that aids

in precise sling placement.

Advantage Mesh Characteristics¹

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

Obtryx II designed with blue Advantage Mesh

Commitment to Clinical Data

Boston Scientific is committed to providing clinical data across its Advantage[®] Mesh mid-urethral sling products.

Prospective Study - Randomized Controlled Trial ² 12 month follow-up				
	Obtryx Halo System	Advantage® System		
Objective Cure*	81%	77%		
(p=0.577)	(68/84)	(67/87)		
Subjective Cure	98.8%	92.6%		
(p=0.213)	(85/86)	(88/95)		

Cure defined as less th	nan 1 gram urine leak ir	standardized pad test.

Retrospective Study - Chart Review ³ 18.1 month median follow-up				
	Obtryx Halo System			
Objective Cure	98%			
(P <0.005)	(184/188)			
No longer wearing pads	93%			
(P <0.005)	(175/188)			

Blue mesh and dilator legs for better physician visualization, as compared to white or clear colored slings



• The centering tab can be used to aid in tensioning the mesh implant

The Blue Advantage® Mesh is a Polypropylene Material

Polypropylene has been proven over the years to be biocompatible in many medical applications. The blue Advantage Mesh has a suburethral segment that is de-tanged. This unique heat sealed edge is smoother allowing for these potential benefits:

- Reduced risk that the mesh will experience deformation during tensioning. The suburethral mesh segment is designed to maintain its integrity.
- The de-tanged mesh will potentially reduce irritation to the anterior urethral wall.



Suburethral portion which sits under the urethral has de-tanged edges.

Advantage Mesh Over 500,000 implanted to date

Procedural Steps

Obtryx[®] II Transobturator Mid-Urethral Sling System with PrecisionBlue[™] Design



Patient Preparation

- Prepare the skin lateral to the inferior pubic ramus and vaginal operative sites.
- Incise the anterior vaginal wall and dissect bilaterally to the interior portion of the inferior pubic ramus.
- 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.



Curved Needle - Insertion

- 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° 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 public ramus through the vaginal incision, maintaining contact with the finger.



Loop Engagement • Engage one association loop to the distal end of the needle



Needle Removal

- 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 Step 2 through Step 4.
- Cystoscopy may be performed at this time, to be determined at the physician's discretion.



Sleeve Removal

 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 center tab and cut the center tab lead located on the side of the center tab to release the tab from the mesh. Remove the center tab and center tab lead from the vaginal canal.

Ordering Information

Product Code	Description	Quantity
M006 850411 0	Obtryx [®] II Transobturator Sling System - Curved	Single Unit
M006 850411 1	Obtryx II Transobturator Sling System - Curved	5 Pack
M006 850511 0	Obtryx II Transobturator Sling System - Halo	Single Unit
M006 850511 1	Obtryx II Transobturator Sling System - Halo	5 Pack

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

² Ross, Sue. Robert, Magali, et al. Transobturator Tape Compared with Tension-Free Vaginal Tape for Stress Incontinence A Randomized Controlled Trial, *Obstetrics & Gynecology*, 114 (6), Dec 2009, 1287-93.

A handomized controlled Inal, *UDStettrics & Gynecology*, 114 (b), Ueb 2009, 1287-93. ³ Litwiller S, et al, Long Term Efficacy and Safety of the Obtryx Transobturator Mid-Urethral Sling System for Treatment of Stress Urinary Incontinence in a Community Setting. An Analysis of Outcomes and Quality of Life. AUGS 2009, Hollywood, FL

Caution: Federal Law (USA) restricts these devices 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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Halo Needle - Insertion

- 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° 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.



🕨 Mesh Adjustment

- 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.



Closing

 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.

Boston Scientific

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Ordering Information 1.888.272.1001

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