

Obtryx™

Transobturator Mid-urethral Sling System

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Boston Scientific offers a full portfolio of solutions to treat stress urinary incontinence – giving you the control and confidence to treat patients with your preferred surgical approach.

Obtryx Transobturator Mid-urethral Sling System features Advantage™ mesh with either a curved or halo needle design.

A smooth, de-tanged suburethral portion designed to maintain its integrity during tensioning and potentially reduce irritation to the urethral wall

Tanged edges outside of the suburethral portion may help to minimize mesh migration

Evidence based.

- Nearly 800,000 patients have been treated with our patented Advantage mesh material
- Advantage mesh is documented in more than 35 publications to date

Trusted polypropylene mesh¹

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



Transobturator approach

Needle

- Designed to facilitate transobturator device passage
- Two needle configurations (curved and halo) allow physicians to choose their preferred approach (curved and halo sold separately)



Halo Needle

Curved Needle

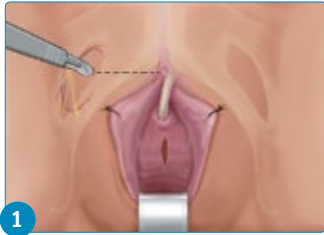
Blue centering tab

Allows for proper alignment of the center of the mesh under the urethra. It also allows the physician to apply counter tension to the sling while preserving the mesh integrity.

Attachment System

- Association Loop facilitates engagement and removal of the needle and the mesh assembly
- Dilator designed for smooth transition from the needle to mesh assembly which allows for minimal tissue disruption

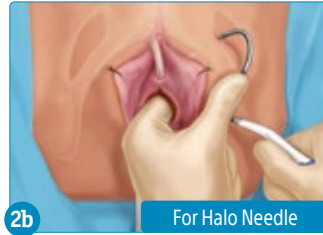
Obtryx™ Transobturator Mid-urethral Sling System Procedure



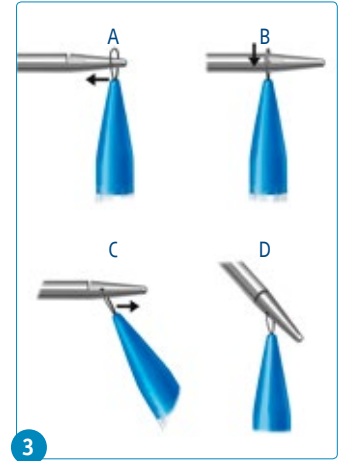
- 1**
- Prepare the skin lateral to the inferior pubic ramus and vaginal operative sites.
 - Make a 1.0 cm to 1.5 cm vertical midline incision on the anterior vaginal wall at the level of the mid-urethra. Dissect bilaterally to the inferior portion of the inferior pubic ramus at the 45 degree angle off the midline creating a vertical pathway for delivery device placement.
 - 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.



- 2a** For Curved Needle
- 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 degree 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 pubic ramus through the vaginal incision, maintaining contact with the finger.



- 2b** For Halo Needle
- 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 degree 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.



- 3**
- Engage one association loop to the distal end of the needle.



- 4**
- 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 on the contralateral side with the second needle.
 - Cystoscopy may be performed at this time, to be determined at the physician's discretion.



- 5**
- 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.
 - Grasp the blue centering tab and cut the tab through the center of the punch hole ensuring that both halves of the blue centering tab are completely removed from the vaginal canal.



- 6**
- Pull outwards on the dilators to remove the sleeves leaving the mesh in place.
 - Verify the tension of the mesh and adjust as necessary.



- 7**
- Gently push downward on the skin incisions, cut the distal ends of the mesh and confirm that the ends retract into the lateral skin incisions.
 - Close all incisions according to usual methods.

Ordering Information

Product code	Description	Quantity
M0068504000	Obtryx™ Transobturator Sling System – Curved	2 Delivery Devices and 1 Mesh Assembly
M0068505000	Obtryx™ Transobturator Sling System – Halo	2 Delivery Devices and 1 Mesh Assembly

1. Moalli PA, Papas N, Menefee S, et al. Tensile properties of five commonly used mid-urethral slings relative to theTVT. *Int Urogynecol J Pelvic Floor Dysfunct*. 2008 May;19(5):655-63.

Caution: For Female Mid-Urethral Slings: Federal (US) law 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.

CAUTION: The law restricts these devices to sale by or on the order of a physician. Indications, contraindications, warnings and instructions for use can be found in the product labeling supplied with each device. Information for use only in countries with applicable health authority registrations. Material not intended for use in France.

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